National Health Service Scotland General Dental Services

Determination XI Quality Improvement Allowance QI002



This Form should only be used if you are claiming part of the QI allowance due to being unable to complete all QI activities. If you have completed all three QI activities, you should claim under QI001 Form. Please refer to the Quality Improvement Allowance section within <u>Determination XI PCA(D)(2024)</u>

FORMS WILL ONLY BE ACCEPTED FROM A PERSONAL/PRACTICE NHS EMAIL Handwritten submissions will not be accepted

The fields marked with an asterisk (*) are mandatory

PART 1: DENTIST'S DETAILS

- 1. *Forename
- 2. *Surname
- 3. *Contact Number
- 4. *GDC Number
- 5. *Personal/Practice NHS Email
- 6. *NHS Board

7. *Dentist List Number

PART 2	2: PARTICU	LARS OF	DENTIST
			PENNOI

8. *Have you participated in the Team-based Practice Reflective Report?	Yes	No If Yes Date Completed	(dd/mm/yyyy)
9. *Have you completed your Online Equality and Diversity Training (NES Module)?	Yes	No If Yes Date Completed	(dd/mm/yyyy)
10. *Have you participated in the Practice Workforce Census?	Yes	No If Yes Date Completed	(dd/mm/yyyy)

If you have completed all 3 activities under boxes 8,9 or 10 above, you should not have completed this form, instead please complete QI FORM 1(QI001).

11. *Practice Name and Address

12. *Town

13. *Postcode

PART 3: DECLARATION BY DENTIST

*I have read and understood the conditions set out in <u>PCA(D)(2024)2</u> and confirm that I satisfy these to be eligible to claim this allowance.

*My name is on the sub-part A of the 1st part of the dental list and have completed the above declared **Quality Improvement Allowance** elements for the 2022-25 Audit Cycle.

*I confirm that I am eligible to claim for the partial payment of the Quality Improvement Allowance as declared above in Section 2 boxes 8,9 and 10.

*I agree that all the information I have provided is correct and completed to the best of my knowledge and understand that if I knowingly give wrong/or incomplete information that results in a payment being made, this may be subject to court proceedings. I understand that NSS may use this information to assure accurate payments and for the prevention and detection of fraud and share it with other bodies responsible for auditing or administering public funds. Further information is available at:

www.nss.nhs.scot/publications/practitioner-services-data-protection-notice/

PART 4: AUTHORISATION

*Personal Identification Number (PIN) (This is the 6 digit number you use for signing off eDental claims)

*Declaration Date (dd/mm/yyyy)

Completed forms **must be saved and submitted in a PDF** format and sent via personal/practice NHS email to **NSS.qidentalclaims@nhs.scot** labeling the subject field with your individual **List Number** (e.g. 56789) and "QI Allowance".