

**Practitioner & Counter Fraud Services**

**Questions for dentists joining a new practice**

Use this form to tell us about recent or planned moves between practices

Ref	Question	Answer
<b>About you</b>		
1	Dentist name	
1a	GDC number	
1b	Contact telephone number	
1c	Secure NHS email address	
<b>About your previous practice/ position</b>		
2	List number at previous practice (if no list number in Scotland within the last 12 months provide information in respect of current practice/position and go to question 3)	
2a	Date of resigning list number at previous practice in Scotland	
2b	Contracted hours per associate agreement/employment contract or otherwise worked at previous practice in Scotland – number of hours/week	
2c	Is the previous list number resigned? If not, when will it be resigned (confirm with local NHS Board if required).	
<b>About your current or proposed practice/position</b>		
3	List number at new practice	
3a	Type of listing – associate, assistant, and whether the practice is a listed dental body corporate	
3b	Date of starting at new practice	
3c	Contracted hours as per associate agreement/employment contract or otherwise worked at new practice – number of hours/week	
<b>More information about your current or proposed practice/position</b>		
4	Are you taking over the patient list of another dentist at the new practice, in full or in part (answer Yes/No)	
4a	Name and list number of dentist list being taken over	
4b	If 4=Yes then full or part of the list (what percentage/proportion)	
4c	If 4b=part then what is happening to the remaining proportion of the patient list?	
4d	Has a request for a bulk transfer been made? If so please provide the date of the transfer (if known).	

Other information	
5	If 4= No, then please explain on what basis your income would be earned had COVID restrictions not been in place
6	If you are on a NHS Board list at either your previous or new practice, please confirm that you are providing telephone consultations to patients and that you have access to the practice to provide telephone consultations to patients.
7	If you are on a NHS Board list at either your previous or new patient practice, please confirm that you have not refused to work in emergency treatment centres if you have been requested to do so by the NHS Board

I confirm that the information provided above is correct and complete to the best of my knowledge. If it is found not to be, appropriate action may be taken against me. I understand that the information on this form may be used for the purposes of detection and prevention of fraud, calculation of payments and for statistical purposes.

Personal data is processed by NHS National Services Scotland in accordance with our data protection notice <https://nhsnss.org/services/practitioner/data-protection>.

Signed	
GDC number	
Date	