

**HEALTH EDUCATION ENGLAND SOUTH WEST  
DENTAL THERAPIST FOUNDATION TRAINING (DTFT) SCHEME IN GENERAL DENTAL  
PRACTICE**

**1 September 2021 to 31 August 2022**

**THIS IS AN EDUCATIONAL AGREEMENT BETWEEN HEALTH EDUCATION  
ENGLAND SOUTH WEST THE EDUCATIONAL SUPERVISOR (ES): -**

**NAME:** [REDACTED]

**ADDRESS:** [REDACTED]

The purpose of this agreement is to set out the terms of your approval as an Educational Supervisor (ES). Nothing in this document should be construed as creating an employment relationship or conferring upon you any rights, statutory or otherwise, as an employee. This is not a contract of employment.

As the ES named above you agree to carry out, to the best of your abilities, the duties listed below for the period following your appointment up to 31/08/22.

In accordance with the requirements of the HEE South West, approval may be renewed at the absolute discretion of the Postgraduate Dental Dean (PGDD) on the advice of the Associate Dental Dean for DFT.

You agree that you will:

1. Ensure that the Foundation Dental Therapist (FDT) is employed by the practice at which they are in training.
2. Understand that the contract cannot start until the FDT has registered with the GDC.
3. Before the FDT starts work, ensure that a copy of the Contract (signed by you, the Training Practice and the FDT) is deposited with the Postgraduate Dental Dean through HEE South West.
4. Seek agreement from the PGDD before amending or allowing the Training Practice to amend the Contract, whether before the FDT is employed or during his/her employment with the Training Practice.
5. Ensure that there is lead contact at the Training Practice and that person's name is provided to HEE South West prior to the FDT commencing work at the Training Practice. (This may not be the ES when issues surrounding the contract are raised)
6. Be readily available to support the Foundation Dentist at the same premises to allow the Foundation Dentist to fulfil his/her obligations under the contract, for a minimum of two days per week, not including programmed study days.

7. Ensure that the FDT receives adequate administrative support and the full-time assistance of a suitably experienced dental nurse, preferably the same nurse for at least the first three months.
8. Nominate a suitably qualified and experienced dentist with an NHS Performers List Number to support the FDT's clinical work when the Educational Supervisor is not on the same premises or otherwise unavailable and inform Health Education England South West of the name of the nominated individual.
9. Conduct an initial interview to identify the FDT's strengths and weaknesses and draw up a development plan using the Dental Foundation Training e-Portfolio.
10. Act as the FDT's ES and be available for guidance in both clinical and administrative matters and provide help to the FDT on request or where necessary.
11. Prepare and conduct regular FDT's (and a minimum of 22 annually) tutorials within normal working hours (such to orials to be of at least one hour's duration and recorded in the Dental Foundation Train ng e-Portfolio).
12. Allow and require the FDT to attend the HEE South West study course programme (normally 12 days) and ensure that the FDT is not absent from the study course.
13. Allow the FDT to undertake educational activities outside the practice environment as prescribed by the Postgraduate Dental Dean/ Director. for a maximum of three days per week inclusive of study da
14. Support the redeployment of the FDT by the Postgraduate Dental Dean/Director should such redeployment be required to support the NHS respond to a public health emergency.
15. At all times ensure that the FE I<sup>r</sup> is provided with a training environment where he/she is treated with dignity and resp a place free from bullying, any form of harassment, discrimination, or victimisation and where no such actions are tolerated.
16. Ensure that the FDT is provided with satisfactory facilities (including an adequate supply of handpieces and instruments, sufficient to allow them to be sterilised between patients) and appropriate dental reference material for the use of the FDT within the Practice. (Journals, Internet access, books, Department of Health documentation, etc.).
17. Provide relevant training oppor unities for the FDT so that a wide range of NHS practice is experienced and so that, as far as is reasonably possible, the FDT, working within his/her Scope of Practice, c mpletes the required competencies in the Dental Therapist Foundation Training urriculum.
18. Assess and monitor the FDT s progress and professional development using the relevant sections of the Dental Foundation Training e-Portfolio and any other material

provided for this purpose, to give feedback and to liaise with the Dental Foundation Training Programme Director as necessary.

19. Ensure that the FDT's e-Portfolio is completed in a timely fashion and that the FDT's documentation involved in workplace-based assessments is completed and kept up-to-date as required in the e-Portfolio.
20. Attend ES training when requested by the PGDD and ensure that the Training Practice's Equality and Diversity training is kept up to date. This training may be delivered virtually or electronically if circumstances dictate.
21. Attend ES meetings and end-of-scheme review sessions as required by the PGDD. These meetings may take place virtually or electronically if circumstances dictate.
22. Not to encourage [or, where](#) possible, allow the FDT to work additional hours for additional monies within or outside the practice whilst working within the terms of the Contract.
23. Set time aside to be available for Dental Foundation Training Programme Director visits, as required, including visitations in connection with Quality Management and Quality Assurance.
24. Advise on the final certification of the FDT's completion of the Dental Therapist Foundation Training year and participate in the completion process.
25. Provide e-mail linking for the FDT with the Postgraduate Dental Foundation Training Office and the Dental Therapy Foundation Training Programme Director.
26. Inform the PGDD immediately in writing if the circumstances of the Training Practice; you or the FDT change in such a way as to alter this agreement; the Contract or the FDT's educational agreement with Health Education South West.
27. Inform the PGDD immediately should the FDT have a cumulative sickness absence greater than 10 days during the duration of the Contract or should the FDT notify the Training Practice that the FDT intends to take Maternity, Paternity or Shared Parental Leave.
28. Inform the PGDD immediately if the Training Practice, you or the FDT are investigated by any NHS body and/or the GDC and/or the CQC.

If at any time, the health and welfare of you or the FDT is a major concern, Health Education England as a neutral act, may suspend the FDT's training and/or your appointment under this agreement. Such a suspension is a neutral act to allow Health Education England to review any issues that may have arisen and, where appropriate, to investigate those concerns. Any suspension will be kept under review by Health Education England.

Any grievance made by the FDT to the Training Practice should be brought to the immediate attention of the Associate Dental Dean for DFT and may result in the suspension of the FDT's training while the matter is investigated.

Any breach of the obligations listed above may result in immediate withdrawal of your approval as a Dental Therapist Foundation Training ES by the PGDD of Health Education England South West. A breach may also result, on request from the PGDD, in the FDT being suspended pending a full investigation.

In all other circumstances, Health Education England can terminate your appointment under this agreement by giving you one month's notice.

You shall not assign or subcontract any of your obligations under this agreement without the consent in writing of the PGDD.

In signing this agreement you confirm that you have read and accepted the terms of the Health Education England privacy notice <https://www.hee.nhs.uk/about/privacy-notice>

[Redacted Signature]

**SIGNATURE:**

\_\_\_\_\_

[Redacted] FDT Associate Dean  
[Redacted] Educational Supervisor

**DATE :** \_\_\_\_\_/2

PLEASE PRINT SIGN AND DATE THIS AGREEMENT, THEN SCAN AND RETURN TO THE EMAIL ADDRESS BELOW KEEPING A COPY FOR YOUR RECORDS:

XXXXXXXXXX [Redacted]