

**HEALTH EDUCATION ENGLAND LKSS
EDUCATIONAL AGREEMENT
DENTAL FOUNDATION THERAPY TRAINING SCHEME IN GENERAL DENTAL PRACTICE**

THE PURPOSE OF THIS EDUCATIONAL AGREEMENT IS TO SET OUT THE TERMS OF YOUR PARTICIPATION AS A FOUNDATION THERAPIST ON THE HEALTH EDUCATION ENGLAND LKSS DENTAL FOUNDATION THERAPY TRAINING SCHEME. THIS IS NOT A CONTRACT OF EMPLOYMENT.

This is to confirm that:

NAME:

██████████

ADDRESS: Cricklewood Dental Practice

has been successfully appointed to a Dental Foundation Therapy Training (DFT) place within LKSS and

[combined NWP].

Your allocated practice is

[Cricklewood Dental Practice] ('the Practice') and your allocated Educational Supervisor (ES) is

██████████

The training place will be for one year commencing on

[August/September 2022] and ending on

[July/August 2023].

This educational agreement should be read in conjunction with the Committee of Postgraduate Dental Deans and Directors (COPDEND) approved national DFT contract ('the Contract'). The Contract will be provided to you by the Practice. It is your contract of employment with the Practice and must be signed by you; your Educational Supervisor; and the Practice. Please return a copy of it by email to

██████████

As the Foundation Therapist (FT) named above you agree to comply with the requirements set out below and shall carry out, to the best of your abilities, the duties listed below for the period of your DFT placement,:

1. Take up the FD placement at the Practice; enter into the nationally agreed Contract with your Educational Supervisor and Practice and abide by its terms in all respects.
2. Devote your whole time to the Practice during the agreed hours of work, as set out in the Contract except where required to take part in other educational activities prescribed by the Postgraduate Dental Dean or the Associate Dean for Dental Foundation Training or required by the Postgraduate Dental Dean or the Associate Dean for Dental Foundation Training to be redeployed to support the NHS respond to a public health emergency
3. Not to work any additional hours, outside the agreed hours of work, for additional monies within or outside the practice without the prior written consent of your Educational Supervisor and the Postgraduate Dental Dean/Director.
4. Not [without prior written consent of your Educational Supervisor and the Postgraduate Dental Dean] be employed (or otherwise engaged as a consultant, worker or as a director or partner), concerned or interested in any other trade or business or profession (unless a registered holder of not more than 5% of the total issued share capital).
5. Participate in an initial Personal Development Planning interview with your Educational Supervisor to identify your strengths and weaknesses and work with your Educational Supervisor to draw up and work to a personal development plan (PDP). Personal Development Planning is an integral part of the DFT programme. You agree to make your record of undergraduate experience and activity, provided by your dental school, available to your Educational Supervisor at the meeting to support the planning process.
6. Work under the direction of your Educational Supervisor and nominated dentist; seek advice and help on clinical and administrative matters where necessary.
7. You must immediately inform the Postgraduate Dental Dean/Director, Practice and your Educational Supervisor of any alteration in your circumstances which might affect this Educational Agreement and the progression of your training. This includes any prolonged absence from training due to sick leave, maternity, paternity or shared parental leave
8. In the interests of good patient care and the good management of the practice, draw your Educational Supervisor's attention to any problems encountered immediately when they become apparent.
9. Attend regular tutorials (usually bi-monthly) within normal working hours (such tutorials to be of at least one hour's duration and recorded and reflected upon in the DFT e-Portfolio).
10. Participate in all study day courses and equivalent prescribed virtual or on-line activities as are set out in the published programme and you shall not, except in case of illness or other unavoidable cause, fail to attend any such course without the prior consent of both your Educational Supervisor and Health Education England LKSS. Such consent will only be allowed in exceptional circumstances and is subject to the agreement of the Training Programme Director, Associate Dean/Regional Dental Foundation Training Advisor and the

Postgraduate Dental Dean/Director following your written application at least 6 weeks in advance. If granted, you will be expected to make up any study days missed with suitable equivalent training/education, agreed in advance with the Associate Dean/Regional Dental Foundation Training Advisor. All study day courses and equivalent prescribed virtual or online activities must be attended from the UK unless in exceptional circumstances and where prior written agreement is given by the **Dental Postgraduate Dean and Education Supervisor**.

11. Co-operate with your Educational Supervisor and the Practice to ensure that you make the most of the facilities and opportunities provided, particularly training opportunities, so that a wide range of NHS practice is experienced and so that, as far as is reasonably possible, you are fully occupied.
12. You must undertake such educational studies as may be reasonably advised from time to time by the Regional Foundation Training Advisor/Associate Dean/DFT Training Programme Director of DFT or your Educational Supervisor.
13. Work with your Educational Supervisor and nominated dentist to ensure that your progress and professional development are assessed and monitored, using the DFT e-Portfolio and any other material provided for this purpose; and to ensure that the relevant documentation is kept up-to-date. You must maintain and complete your eportfolio regularly and in a timely manner.
14. Undertake any specified activities as part of the assessment process within DFT. This includes making yourself available for work-based assessments and any scheme specific requirements, such as case studies, coursework, or clinical audits as required by Health Education England LKSS and responding in a timely fashion to its requests for information, feedback and questionnaires sent to you.
15. Act as a full and committed member of the dental practice team at the training Practice, participating in Practice meetings, following proper Practice protocols and cooperating with Practice staff in all respects.
16. Take out and maintain professional indemnity cover throughout the training period and practise according to General Dental Council and other relevant professional guidelines.
- 17.
18. In the event of disagreement or dispute with your Educational Supervisor and/or the Practice, you should first try to resolve this informally with your Educational Supervisor and/or the Practice. Where this is not possible you should bring this matter to the attention of the Training Programme Director / who will take appropriate steps to resolve the disagreement or dispute. You are required to assist Health Education England LKSS to resolve any disagreement or dispute that may arise. The DFT TPD shall be made aware of any problems within the training environment without delay.

19. You acknowledge and agree that your personal data will be collected and processed by Health Education England and that your personal data may be shared with others who have responsibility for the organisation, management and delivery of the Dental Foundation Therapy Training Scheme where it is needed to manage your training.

You accept that potential breaches of this Educational Agreement will be reviewed by the Postgraduate Dental Dean and/or DFT's Associate Dean/ Regional Foundation Training Advisor and/or TPD.

If at any time, when your health and welfare is a major concern, the Health Education England LKSS may suspend you from training placement at the Practice. Such a suspension is a neutral act to allow the Health Education England LKSS to review any issues that may have arisen and, where appropriate, to investigate those concerns. Any suspension will be kept under review by the Health Education England LKSS.

Serious breaches of this Educational Agreement may result in the termination of your place on the DFT programme.

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>

SIGNATURE:



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[ADD NAME], Postgraduate Dental Dean/Director

SIGNATURE:



Foundation Therapist

DATE:

Please sign and date both copies of this agreement. One copy is for your records and one copy is to be returned to:

