**A Reference Guide**

**for the Management of**

**Supervised Support**

**following**

**Dental Foundation Training**

**in**

**England**

**Applicable to Dentists in England undertaking assessment to demonstrate Satisfactory Completion following the award of an Outcome 6C by Final Review of Competence Progression (RCP) Panels in July and August 2020**

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**Definitions**

**Supervised Support Period** - A period of support set by a Final RCP Panel, not normally exceeding five months, to provide the former Foundation Dentist (FD) with the opportunity to fully demonstrate the competencies required to be awarded a Certificate of Satisfactory Completion of Dental Foundation Training (CSCDFT).

**Supervised Support Dentist (SSD)** –- the former FD who requires further experience/support as set out in the Outcome 6C Personal Development Plan

**Parent Office** – The HEE Local Office where Dental Foundation Training (DFT) took place

**Host Office** – The HEE Office or Deanery area where the SSD is undertaking Supervised Support (may be the same as to the Parent Office)

**Supervised Support Location** – The workplace where the Supervised Support will take place. NB – Supervised Support funding is only available in primary care dental practice locations

**Location Provider** – The Provider (Contract holder) - normally a dental practice – where the Supervised Support will take place

**Supervisor** – The Dentist who is providing Supervised Support in the workplace

**Purpose of Supervised Support**

* Foundation Dentists whose training has been disrupted by Covid-19 will have had the opportunity to demonstrate the majority of the competencies set out in the Dental Foundation Training Curriculum. However, for a number of Foundation Dentists, the disruption will have prevented them from fully demonstrating one or more of the competencies set out in the Curriculum.
* These dentists will have had their development reviewed by a Final Review of Competence Progression (Final RCP) Panel and a Certificate of Completion of Dental Foundation Training issued. In these circumstances, the Panel will award an Outcome 6C with the requirements to fully demonstrate the remaining competency or competencies set out and the time period for completion. **It is anticipated that the majority of SSDs will complete the required activity within the timescale set by the Final RCP Panel.**
* The purpose of a period of Supervised Support is to provide the former Foundation Dentist with the opportunity to demonstrate any additional competence requirements set by a Final RCP Panel. The management of these will be through a structured Personal Development Plan (PDP) and demonstration will enable the dentist to be assessed for the award a Certificate of Satisfactory Completion of DFT at a later date.
* Outcome 6C requirements will be very specific to one or more elements of the Curriculum. In all other respects, the former Foundation Dentist should be regarded as being capable of independent practice and should not require supervision for any other clinical activity.

**Supervised Support Model**

* Supervised Support may take place at any location in the UK approved by the Postgraduate Dental Dean for the area where the Supervised Support will take place.
* When a dentist is in a position to carry out procedures to demonstrate the outstanding competencies, they will apply to the Parent Office where they undertook DFT to join the Supervised Support programme. Where the Supervised Support is taking place in a different area, the Parent Office will then ask the Host Office to advise on and approve the proposed Supervised Support Provider/Location and Supervisor
* Once approved, the location and Supervisor will then be agreed and the Parent Office will notify the SSD.
* An allocated Supervised Support Provider (practice) will be entitled to receive a payment during the agreed period of Supervised Support from the Parent Office.

**Supervised Support Basics**

* The maximum period of funded Supervised Support will normally be for up to five months in total from the point when the dentist is able to undertake the relevant activity.
* Assessment of the relevant clinical activities should take place in time specifically set aside from other clinical activities.
* Supervised Support will normally be provided as a continuous programme but may be delivered in ‘blocks’, provided the overall period does not exceed five months.
* Supervised Support must be completed by former Foundation Dentists within 24 months of the termination of Dental Foundation Training (i.e. by 31 August 2022) except in exceptional circumstances. Funding for Supervised Support will not be available after that date.
* Former Foundation Dentists with Outcome 6C may need to consider alternative mechanisms to demonstrate Satisfactory Completion if working in Scotland, Wales, or Northern Ireland.

**Supervised Support Locations**

* The Outcome 6C Supervised Support model allows for flexibility in the location and nature of the workplace where support can take place. Approval of the Supervised Support location is the responsibility of the Host Office. For Supervisor approval see [page 5](#Supervisors).
* The workplace should be a safe environment and comply with all relevant statutory regulations to ensure a safe environment is in place for the SSD. Relevant CQC reports should be made available to confirm this.
* It is anticipated that the majority of the requirements required to ‘convert’ an Outcome 6C to Outcome 6 within the predefined period will be facilitated in primary care dental practices that have an NHS commitment. Other suitable locations could include Community Dental Clinics/Primary Dental Services, non-NHS practices and DCT placements within secondary care (if the placement is relevant to some or all of the identified requirements). Further guidance on secondary care placements can be found on page 4.
* Locations should afford the SSD a minimum of 7 hours support per week, working clinically in a dental environment with appropriate supervision.
* Approval of both location and supervisor is required for the place where Supervised Support will take place and the time period of the placement. Dentists enrolled for Supervised Support may work in any location outside the hours set aside for Supervised Support and this may or may not be the location where the Supervised Support takes place. For example, a DCT trainee working in secondary care may demonstrate some of their Outcome 6C requirements in that location whilst undertaking Supervised Support to demonstrate other elements in a primary care dental practice.

**Approval of Locations**

* The principle/owner of the location should agree to be able to provide the SSD with a sufficient patient base to allow the reasonable experience needs to be met as detailed in the SSD’s e-Portfolio.
* The practice/location should have sufficient capacity to support the SSD in order to meet the minimum requirement of, on average 7.0 hours of Supervised Support per week. The practice/location must submit a timetable to the Host Office, that highlights the total sessional commitment provided for the SSD, together with details of how the Supervised Support will be organised, e.g. sessionally or more flexibly.
* For supervision locations that have no current or recent training history with HEE (or other UK location), a practice visit may be required to ensure that the location meets the requirements set by the Host Office for training of dentists in primary care. As a minimum, the most recent CQC report (or equivalent) should be made available.
* All training locations in Primary Care must be approved, in advance, by the Host Local Office.

**Table 1: Location and Supervisor Models**

|  |  |  |
| --- | --- | --- |
| **Location** | **Review Required** | **Supervisor Training Required** |
| Current DFT/DTFT/PLVE location | No | No |
| Past DFT/DTFT/PLVE location (within 2 years) if no performance or delivery issues | No (unless significant change in interim) | No (providing allocated supervisor has ES experience) |
| Community Dental Service location | Not normally required if already training (e.g. DCT) | May need training in assessment |
| Other Primary Care locations | Yes | Yes |
| Secondary Care location (DCT) | See guidance below |

**Secondary Care Supervision**

* Where some former Foundation Dentists will be working as a DCT trainee some secondary care sites may provide a suitable location to enable some or all of the Outcome 6C requirements to be met. Whilst formal approval of these locations is not required, the DCT trainee’s Educational or Clinical Supervisor must be able to carry out Direct Observation of Procedural Skills (DOPS) assessments and, where necessary, Case-based Discussions (CbDs) to enable the dentist to provide evidence of demonstrating some or all of the requirements set out in the Outcome 6C award.
* It is the responsibility of the DCT trainee to identify opportunities for assessment and to arrange for the assessment(s) to be carried out.
* Supervised Support funding is not available to secondary care sites.

**Approval of Supervisors**

* The Supervisor should have a minimum of 4 years’ experience as a dentist since qualification and be able to provide Supervised Support to the SSD for at least 7.0 hours per week at the approved location.
* The Supervisor should be aware of and agree the following commitments:
	+ Develop, with the SSD, a Personal Development Plan (PDP) specifically to deliver the requirements of the Outcome 6C award and monitor the SSD’s progress towards meeting those requirements
	+ Ensure that the SSD has access to a suitable number and mix of patients to enable the SSD to meet the requirements set out in the Personal Development Plan.
	+ Allow the SSD computer access to enable them to undertake assessments and upload these into their e-Portfolio
	+ Carry out assessments (DOPS), and, where necessary, Case-based Discussions (CbDs), as set out in the e-Portfolio to enable the SSD to provide evidence relating to their Outcome 6C requirements
	+ Provide supervision that meets the minimum requirements for Supervised Support
	+ Provide clinical advice and feedback to the SSD when requested
	+ Provide clinical assistance if required
	+ Liaise with Parent Office representatives in a timely manner to raise any concerns they may have with any aspect of the supervision or the SSD’s performance.
	+ Provide confirmation of the validity of the evidence supplied by the SSD for review by the Parent Office.
* The Supervisor should be able to demonstrate the requirements set out in Table 1.
* All Supervisors must be approved, in advance, by the Host Office.
* Existing Educational Supervisors may be considered to provide Supervised Support for the SSD concurrent with other training commitments, subject to the agreement of the Host Office.

**Placement Process**

* When the SSD in a position to undertake Supervised Support, the SSD should notify the Parent Office of their intention to undertake Supervised Support together with proposed location and Supervisor. Where the Supervised Support will be taking place in a different area, the Parent Office will notify the proposed Host Office and that office will carry out the necessary approval process and inform the Parent Office of its decision. Where the Supervised Support will be taking place in the same area as the Parent Office, the Parent Office will carry out the approval process.
* Once approval has been given, the Parent Office should send copies of the Educational Agreements to the SSD ([Appendix E](#AppC)) and the Supervisor ([Appendix F](#AppD)). These must be signed and returned to the Parent Office at the start of the Supervised Support Period. The Parent Office should also send a copy of the Supervisor’s Declaration ([Appendix D](#AppC0)) to the Supervisor for completion and return once the SSD is able to provide evidence of demonstration of the requirements.

**Management of the SSD Placement**

* Once the Supervisor and practice/location have been approved the SSD should meet with the Supervisor to create a specific Personal Development Plan relating to the timely delivery of the Outcome 6C requirements, The Personal Development Plan should have an attached Supervision Agreement completed by the Supervisor and SSD that details the support anticipated in relation to various requirements and the activities to demonstrate the evidence required for submission to the Parent Office. These documents should be sent to the Parent Office for approval at the start of the Supervised Support period.
* Activities to demonstrate evidence include:
	+ observation by the Supervisor of the Competency being demonstrated (required)
	+ simulated exercises on artificial teeth if necessary
	+ discussions in relation to anticipated treatment and potential areas for learning
	+ clinical support which normally would involve a debrief before/during or after the clinical procedure.
* All activities related to the Supervised Support process must be recorded in the e-Portfolio and include at least one formal Direct Observation of Procedural Skills (DOPS) relating to each clinical requirement. A sample of the form and guidance on its completion will be found in [Appendix C](#AppB).
* Once the Supervisor is satisfied that the SSD has demonstrated the requirements set out in the Outcome 6C document and the actions in the associated Personal Development Plan have been carried out, the Supervisor should complete and sign the Supervisor’s Declaration. The Supervisor’s Declaration and supporting evidence (e.g. DOPS forms) should be sent to the Parent Office as soon as this has been done. A sample of the Supervisor’s Declaration will be found in [Appendix D](#AppC0).

**Concerns**

* If the Supervisor has concerns in relation to the SSD, the Parent Office should be informed and its advice sought.
* If either the Parent or Host Office have significant concerns in relation to the Supervised Support arrangement, the arrangement will be reviewed and, if necessary, associated payments may be terminated.

**Changes to Placements**

* The period of Supervised Support will normally take place in one location and as a continuous process. However, the Supervised Support period can be paused and restarted in the same, or a different location, provided the overall period of Supervised Support does not exceed 5 months.
* If it is proposed that the Supervised Support is paused or the location of the Supervised Support is changed, the reasons for the proposed changes must be submitted in advance to the Parent and Host Offices so that approval can be considered. The remaining funding will be paid to the new location. Where a change takes place part way through a month, payment for that month will be made to the location where the majority of Supervised Support has taken place in that month.
* Any changes to the agreed Supervised Support arrangements or any alterations to the original PDP or the Supervision Agreement can only be made with the prior approval of the Parent Office.

**Funding of Placements**

* Funding of up to 5 months for Supervised Support is normally available for a maximum of 2 years after the SSD leaves the DFT Programme (i.e. until 31 August 2022). Supervisor Support payments will be made to the Provider where the Supervised Support takes place. All requests for funding of Supervised Support must be made to the Parent Office. Extension of funding for either period will be at the discretion of the Postgraduate Dental Dean based in the Parent Office and approval will only be given in exceptional circumstances.
* Once approved Supervised Support commences, the Supervising Practice will be paid £1000 per calendar month until the SSD evidence of completion of the Outcome 6C requirements submitted by the SSD is signed off by the Parent Office or the period of Supervised Support set by the Final RCP Panel ends, whichever is sooner.
* Supervised Support and the associated funding can only commence once the Parent Office has notified the SSD and the Host Office (where necessary) that the Supervised Support application has been approved and notifies the date of commencement.

**Process for Review of Outcome 6C Requirements**

* If possible, evidence of the demonstration of the Outcome 6C requirements should be received by the Parent Office within two weeks of the end of the Supervised Support period, unless alternative arrangements have been agreed, to enable the evidence to be reviewed in a timely manner.
* Evidence submitted will be reviewed by a Panel in the Parent Office i.e. where the Dental Foundation Training took place, normally within 8 weeks of submission.
* The Panel should comprise the Parent Office Associate Dean for Dental Foundation Training and a TPD who was not the TPD for the SSD’s DFT Scheme.
* The purpose of the review is solely to decide whether or not a Certificate of Satisfactory Completion of Dental Foundation (CSCDFT) should be issued based on the evidence submitted.
* If a CSCDFT is not awarded at that time, the Panel Report must include details of any outstanding evidence required

Further submissions with additional accredited evidence can be submitted after the end of the formal Supervised Support period. However, if a CSCDFT has not been issued within two years of the date of completion of Dental Foundation Training, the Parent Office will inform NHS England that this is the case and the Performers List status of the Dentist may be reviewed.**APPE****NDIX A**

**Supervised Support Process Flowchart**

Supervised Support Payments made by Parent Office to Location Provider. (**Monthly in line with the timescales in the Supervised Support Period**)

SSD notifies Parent Office of intention to start Supervised Support Period and proposes Supervisor, location and start date

SSD decides able to carry out activities to demonstrate Outcome 6C (O6C) evidence requirements

Activities to demonstrate O6C evidence requirements assessed as met

**Supervised Support Period ends**

**CSCDFT issued**

SSD, Host Office and NHSE notified.

Supervised Support payments cease – Location Provider notified

Evidence requirements not submitted or assessed as not met by end of 5 months. Unless exceptional circumstances, Supervised Support Period terminates. SSD, Supervisor, Host Office and Location Provider notified.

Evidence may be submitted after Supervised Support Period but NHSE notified if CSCDFT not issued within 24 months (i.e. by 31 August 2022)

Activities to demonstrate O6C evidence requirements assessed as not met. SSD, Host Office notified

SSP continues

(up to 5 months in total)

Parent Office reviews submitted evidence

SSD completes the activities to demonstrate O6C evidence requirements and submits evidence to Parent Office

**Supervised Support Period commences**

Supervisor and location approved and start date agreed with Parent Office.

SSD, Supervisor, Location Provider (and Host Office) notified

Supervisor and/or location not approved – SSD required to reapply.

SSD, Supervisor, Location Provider and (Host Office) notified

Parent Office reviews proposal or seeks review and advice from Home Office (if different area).

**APPENDIX B**

**Sample Letter to Prospective Supervisory Practice**

Dear Colleague

Newly qualified UK dental graduates, as a requirement to obtain a Performer Number and to work as a GDP in NHS Primary Care Dental Services are required to undertake Dental Foundation Training (DFT) which is managed by local HEE offices. Training is extensive and involves numerous workplace assessments and the completion of a portfolio of evidence to support a Review of Competence Progression (RCP) panel’s decision to award a Certificate of Satisfactory Completion of DFT.

Following an extended period of inactivity in clinical practice due to the COVID-19 outbreak, some Foundation Dentists (FDs) have outstanding experiential learning needs in relation to certain specified clinical procedures. These FDs have been assessed as capable of independent practice, as they have demonstrated the majority of the competencies set out in the DFT Curriculum. The FDs will also have gained significant experience in the majority of the core skills expected of a GDP but still require further experience in one or more areas.

To enable these dentists to continue to work in the NHS Primary Care Dental Services, the dentist has been awarded a Certificate of Completion of DFT with the requirements where additional support would be of benefit set out. HEE has developed a process known as Supervised Support to enable the dentist to gain the necessary additional experience in a quality assured manner. Depending on the nature of the support required a period of up to 5 months for a minimum of 7 hours per week has been made available and, to recognise the commitment to this supervision period, HEE will contribute £1000 per month to an approved practice location **for the period set by the Final RCP Panel**. The funding may be used to cover any additional commitment required from the practice.

The dentist would work in your location under a standard associate agreement, being expected to complete UDAs which would be paid in the usual manner.

You may be approached by your HEE Local Office to enquire if you would be prepared to offer the required support, or may be contacted by a dentist who has recently completed DFT who is seeking the necessary support. Further details can be obtained from **[INSERT LOCAL OFFICE CONTACT DETAILS]**

**APPENDIX C**

## Direct Observation of Procedural Skills

This assessment should observe the SSD during a clinical procedural requirement set out in the Outcome 6C documentation. The assessment is used to record judgements on the performance of the SSD following an evaluator’s observation of a specific patient encounter or case. The Assessor should give feedback as soon as possible after the event, whereby the SSD’s insight into their own performance will also be evaluated and their progress in demonstrating the Outcome 6C requirement recorded.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of assessment**  |  |  |  |  |
| **Description of case/encounter** |  |
|  |  |  |  |  |
| **Please grade the following areas using the 1 to 4 scale:** | **Serious Concerns** | **Specific training required** | **Supervision required** | **Acceptable** |
| **1** | **2** | **3** | **4** |
| Procedural knowledge |  |  |  |  |
| Technical ability |  |  |  |  |
| Diagnosis and treatment planning |  |  |  |  |
| Communication with patients |  |  |  |  |
| Communication with team members |  |  |  |  |
| Professionalism |  |  |  |  |
| Time management and organisation |  |  |  |  |
| **After feedback given on the assessment, please rate:** |
| SSD’s insight into own performance  |  |  |  |  |
| Areas of good performance: |  |
| Specific areas for development relating to the Outcome 6C requirement |  |
| Minutes spent observing: |  |  |  |  |
| Minutes spent giving feedback: |  |  |  |  |
| SSD’s comments, if any: |  |
|  |  |  |  |  |
| **Supervisor’s name and signature:** |  |  |
| **SSD’s name and signature:** |  |  |

**APPENDIX D**

**Supervisor’s Declaration**

|  |  |
| --- | --- |
| **Name of Supervised Support Dentist** |  |
|  |
| **Name of Supervisor:** | **GDC Number:** |
|  |
| ***Please complete Parts 1 to 3 below and return to the HEE Local Office where Dental Foundation Training was undertaken.*** |
|  |
| **Part 1** I confirm that I have carried out Direct Observation of Procedural Skills (DOPS) and other relevant assessments of the above-named dentist in line with the requirement(s) set out in the Outcome 6C documentation. I attach the completed form(s). |
|  |
| **Part 2** As a result of the observed and assessed procedures, I confirm that I have no specific concerns with the abilities of the Supervised Support Dentist to undertake the procedures set out in the Outcome 6C requirements. I also confirm that I support the submission of the evidence documentation to a Review of Competence Progression (RCP) Panel by the Supervised Support Dentist. |
|  |
| **Part 3** Signed: | Date: |
| Practice Address: |

**Please return this completed form to [Insert Co-ordinator’s Name and Contact Details] by [Insert Date]**

**(Please include completed DOPS forms and any other supporting evidence**

**APPENDIX E**

**Health Education England [INSERT LOCAL OFFICE]**

**SUPERVISED SUPPORT PROGRAMME**

**EDUCATIONAL AGREEMENT**

**This is an Educational Agreement between the Postgraduate Dental Dean and** **the Dentist undertaking a period of Supervised Support (SSD)**

***[INSERT SSD’s NAME]***

**The purpose of this agreement is to set out obligations of a Dentist undertaking a period of Supervised Support. This is not a contract of employment. This educational agreement is limited to the period of set out in the educational requirements document (unless an extension is agreed by the Postgraduate Dental Dean).**

As the SSDnamed above I agree to carry out, to the best of my abilities, the duties listed below for a period of **[INSERT NUMBER]** months, commencing on **[INSERT DATE]**.

I agree to meet the obligations listed below

|  |
| --- |
| * Conduct an initial planning exercise with my Supervisor based on the requirements set out in my Outcome 6C award and draw up a personal development plan (PDP) to demonstrate these requirements, which must be agreed with a representative of the HEE Local Office in whose area I undertook Dental Foundation Training (DFT). This development plan should be aimed at delivering those requirements which the HEE Local Office Assessment Panel has identified as necessary for me to undertake to demonstrate Satisfactory Completion of Dental Foundation Training.
 |
| * Be prepared to seek guidance and help in both clinical and administrative matters where necessary.
 |
| * Take part in appropriate tutorials relevant to the PDP
 |
| * Submit my completed portfolio of evidence for assessment by one month before the end of the Supervised Support period.
 |
| * Participate in identified learning when necessary within the context of the requirements set by the HEE Local Office Assessment Panel.
 |

Failure to meet any of the obligations listed above will be considered a breach of this agreement which may result in immediate withdrawal of approval as a SSD by the HEE Local Office.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE:** |  | **Postgraduate Dental Dean or nominated representative** |  | **Date** |
| **SIGNATURE:** |  | **Dentist undertaking Supervised Support** |  | **Date** |
|  |
| **Collection & use of personal information:** The data collected about you will be stored by the Health Education England Local Office where your Dental Foundation Training took place. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to your performance within the Supervised Support programme. These organisations include NHS England and the GDC. Health Education England will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead on [**INSERT DETAILS**] or write to [**INSERT DETAILS**] |
|  |
| I acknowledge the importance of these responsibilities. If I fail to meet them, I understand that the Postgraduate Dental Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment. |
| **SIGNATURE:** |  | **Dentist undertaking Supervised Support** |  | **Date** |

**APPENDIX F**

**Health Education England [INSERT LOCAL OFFICE]**

**SUPERVISED SUPPORT PROGRAMME**

**EDUCATIONAL AGREEMENT**

**This is an Educational Agreement between the Postgraduate Dental Dean (PGDD) and a Supervised Support Programme Supervisor**

***[INSERT SUPERVISOR’S NAME]***

**The purpose of this agreement is to set out the terms of your accreditation as a Supervisor in respect of a Dentist undertaking Supervised Support (SSD) This is not a contract of employment.**

**This agreement is limited to the Supervised Support programme in connection with the SSD named below. Nothing in this agreement should be construed as approval for the Supervisor to act as a Supervisor in any Health Education England training programme.**

As the approved Supervisor named above I agree to carry out, to the best of my abilities, the duties listed below for a period of **[INSERT NUMBER]** months commencing on **[DATE]**.

I agree to meet the obligations listed below in respect of **[INSERT NAME OF SSD]**

|  |
| --- |
| * Work in the same premises as the SSD whilst they are undertaking activity associated with the requirements set out in their Outcome 6C award in Dental Foundation Training.
 |
| * Ensure that the SSD has sufficient access to clinical activity to eanble the SSD to meet the requirements of the Outcome 6C award.
 |
| * Ensure that the SSD has access to adequate administrative support and the assistance of a suitably experienced dental nurse.
 |
| * Conduct an initial assessment interview with the SSD based on the requirements set out in their Outcome 6C award and draw up a personal development plan (PDP) to demonstrate these requirements which must be agreed with the Postgraduate Dental Dean or their nominated deputy. This development plan should be aimed at delivering those requirements which the HEE Local Office Assessment Panel has identified as necessary for me to undertake to demonstrate Satisfactory Completion of Dental Foundation Training.
 |
| * Be available for guidance in both clinical and administrative matters and provide help on request or where necessary.
 |
| * Prepare and deliver appropriate tutorials relevant to the PDP
 |
| * Provide satisfactory clinical and other facilities for the SSD.
 |
| * To monitor and assess the SSD’s progress using the methods required by the Postgraduate Dental Dean as evidenced by the relevant document provided for this purpose; to give feedback to the SSD; and to liaise with the HEE Local Office nominated representative as necessary.
 |
| * Ensure that the e-Portfolio and the processes involved in assessment of the SSD are documented and kept up-to-date and ensure that the completed portfolio is available to the HEE Local Office for assessment at least one month before the end of the prescribed period..
 |
| * Participate in identified training at my own expense when necessary to undertake the role of Supervisor within the context of the programme
 |
| * Advise on the final submission of the SSD to provide the evidence to demonstrate Satisfactory Completion of DFT.
 |
| * Inform the PGDD (in writing) if the circumstances of either the Supervisor, the SSD or the practice change in such a way as to alter the arrangements to support the SSD, or the ability of the SSD or the Supervisor to meet the obligations of this Educational Agreement
 |

Failure to meet any of the obligations listed above will be considered a breach of the agreement which may result in immediate withdrawal of approval as a Supervisor by **[INSERT HEE LOCAL OFFICE].**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE:** |  | **Postgraduate Dental Dean or nominated representative**  |  | **Date** |
| **SIGNATURE:** |  | **Supervisor** |  | **Date** |
| **Collection & use of personal information:** The data collected about you will be stored by the Health Education England Local Office where Dental Foundation Training took place. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to the Supervised Support programme. These organisations include NHS England and the GDC. Health Education England will process all personal data in accordance with the eight principles of good practice as set out in the Data Protection Act (1998). Should you have any questions regarding the use of your data please contact the Data Protection/FOI Lead on [**INSERT DETAILS**] or write to [**INSERT DETAILS**] |
|  |
| I acknowledge the importance of these responsibilities. If I fail to meet them, I understand that the Postgraduate Dental Dean may require me to meet with him/her to discuss why I have failed to comply with these conditions. I understand that this document does *not* constitute an offer of employment. |
| **SIGNATURE:** |  | **Supervisor** |  | **Date** |