FOUNDATION TRAINING FOR DENTAL THERAPISTS

Application forms for Prospective Trainers and Dental Therapists

Please note - applications will only be accepted on this original form.
West Midlands Foundation Training Scheme in General Dental Practice for Dental Therapists

1. Trainer Name ........................................................................................................................................

2. Practice Address .................................................................................................................................

........................................................................................................................................... Postcode ................................

Email Address: ........................................................................................................................................

Tel (with STD Code) Day ......................................... Evening ......................................................

3. Please indicate PCT ........................................................ Personal No ..............................................

National Insurance No .............................................. GDC No ......................................................

4. Qualifications (with dates and School) ................................................................................................

..........................................................................................................................................................

5. Date of Birth ........................ Protection Society ...........................................................................

6. Number of years in general dental practice .........................................................................................

7. How long have you worked in the present practice? ............................................................................

8. What is your status in the practice? Associate/Sole owner/Partner (please give details)/other

..........................................................................................................................................................

9(i). Have you been involved in a Vocational Training Scheme as a Trainer or a VDP? 
If so give details

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9(ii). Have you had a previous VT practice visit? If so, when? ............................................................... 

10. Please indicate all other dental appointments held since qualification

Present ........................................................................................................................................................

Previous ......................................................................................................................................................

11(i). Please list the postgraduate courses you have attended in chronological order over the past three years and the subject matter of any audits or peer reviews you have undertaken including dates. Highlight when you attended the core CPD requirements. It is recommended you use the separate sheet when including this information.

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11(ii). What experience have you got of fair recruitment and selection procedures? Please give details.

………………………………………………………………………………………………………………

12. If you have had any dispute with the General Dental Council or a Health Authority/PCT, please give details.

………………………………………………………………………………………………………………

13. Please indicate the staff in your practice.

<table>
<thead>
<tr>
<th>Full time</th>
<th>Part time (No of sessions)</th>
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<tbody>
<tr>
<td>Dentists</td>
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<tr>
<td>Partners</td>
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<tr>
<td>Other Providers/Performers</td>
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<tr>
<td>Hygienists or Therapist</td>
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<tr>
<td>Dental Nurses</td>
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<tr>
<td>Receptionists</td>
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<tr>
<td>Others (please specify)</td>
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14. How many surgeries are there in the practice?

a) Fully equipped .................................................................

b) Partly equipped ..............................................................

15. Are there any aspects of dental care not provided in the practice? (Please specify)

………………………………………………………………………………………………………………

16. Please indicate where the technical work required for your practice is undertaken.

Acrylic.................................................................................................................................

Crown & bridge....................................................................................................................

Orthodontic ........................................................................................................................

Other .....................................................................................................................................

17. Are there any restrictions on the type of patients accepted for treatment in your practice? (Please specify)

………………………………………………………………………………………………………………

18. Do patients in the practice have freedom to choose their own dentist?

………………………………………………………………………………………………………………
19. Have you worked with a Therapist in practice before? ..........................................................

How many days work per week will be available to the FT? .....................................................

20. Will you be prepared to engage in a formal fortnightly discussion period during normal working hours?

..........................................................................................................................................................

21. Would you be willing to complete a termly report on the FT’s progress?

..........................................................................................................................................................

22. When would you like a FT to commence? .............................................................................

23. Please show the sessions when you would be present in the practice and carrying out clinical work at the same time as the F.T.

<table>
<thead>
<tr>
<th></th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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I understand that if I am approved as a Trainer:-

(i) I will be required to employ my Foundation Therapist a minimum of 3 days a week, to include the Study Day in NHS General Dental Practice.

(ii) I accept that the decision of the Selection Committee is final and is not subject to appeal

(iii) To comply with the Data Protection Act 1998, I consent to the data contained in this application being processed for the purpose of FD recruitment and to my practice details being published on the Committee of Postgraduate Dental Deans & Directors’ (COPDEND) or West Midlands Deanery website.

Signature ........................................................................................................ Date .........................

Please complete the above form and the details of the Dental Therapist you are employing and return to the address below.

NHS West Midlands Workforce Deanery
St Chad’s Court
213 Hagley Road
Edgbaston
Birmingham, B16 9RG
Foundation Training for Dental Therapists
Dental Therapist Details:

1. Name …………………………………………………………………………………………....

2. Contact Address …………………………………………………………………………………

E-mail ……………………………………………………………………………………………

Tel (with STD Code)  Day ………………………………..  Evening ……………………………

E-Mail  ……………………………………………………………………………………………

3. Qualifications (with dates and School) ………………………………………………………...

4. Date of Birth  Protection Society ………………………………………………………

5. Previous work experience …………………………………………………………………

6. Practice Details ……………………………………………………………………………

7. Proposed Start Date ……………………………………………………………………….

I intend to start work at the above practice on the date indicated and would like to be involved in the West Midlands Foundation Training Scheme for Dental Therapists.

Signed ..............................................,  Date ..........................................................
Notes for completion of this table

a. Where you fulfil the criteria listed indicate by placing a tick in fourth column. Please note evidence may be requested.
b. Any additional supporting information for any of the criteria listed should be detailed in the fifth column.
c. For criteria marker with an asterisk, supporting evidence will also be requested from your VT advisor for your scheme.
d. Following completion sign and return with your application form.

<table>
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<tr>
<th>Factors</th>
<th>E/D</th>
<th>Criteria</th>
<th>Supporting information</th>
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</table>
| Education and Professional Qualifications| Essential | • BDS or equivalent and registered with the GDC  
• Appointed as a Dental VT trainer in last 3 years and recent satisfactory completion of year as trainer.                                         | REQUESTED ON THE MAIN APPLICATION FORM                       |
|                                          | Desirable | • Holding or working towards MFDS, MJDF or other relevant qualification  
• Holding or working towards a relevant qualification in educational practice | REQUESTED ON THE MAIN APPLICATION FORM                       |
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<th>Criteria</th>
<th>Supporting information</th>
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| Experience/Training     | Essential | - At least 4 years full-time equivalent experience in NHS Primary Dental Care – excluding time spent in Vocational Training or Dental Foundation Training  
- Management experience appropriate to service type (GDS/SDS), and be able to demonstrate involvement in and influence on decisions about e.g. staff recruitment and or training, purchasing etc.  
- CPD meets GDC requirements over the five complete calendar years proceeding the relevant training year.  
- A minimum of 37.5 hours CPD in this period has been undertaken by attendance at recognised courses  
- To have attended CPR training within the calendar year preceding the relevant DT training year  
- To have attended a recognised course in recruitment and selection within the last three years.  
- To be coincident in the practice with the therapist on the 3 contracted days  
- Up to date and current working Knowledge of the full range of NHS (GDS) and procedures as evidenced by current work in NHS GDS  **(Note 1a page 11)** | REQUESTED ON THE MAIN APPLICATION FORM      |
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<th>Factors</th>
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<th>Criteria</th>
<th>Supporting information</th>
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<tr>
<td>Desirable</td>
<td></td>
<td>• Practice owner</td>
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<td>• Financial/budget management experience</td>
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<td>• Minimum of 12 months experience in the proposed training practice</td>
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<td>• Has undertaken courses in Complaints Handling, in Child Protection and in Legal and Ethical Issues</td>
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<td>• Has a personal development plan that demonstrates a balance between requirements for clinical and educational roles</td>
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<td>• A more in depth or substantial current working Knowledge of the NHS GDS and procedures as evidenced by current work in NHS GDS (Note 1b page 11)</td>
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<td>Factors</td>
<td>E/D</td>
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<td><strong>Specific aptitude and abilities</strong></td>
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<td>• Knowledge of the educational requirements around Lifelong Learning set out by the GDC*&lt;br&gt;• Awareness of current priority issues within NHS dentistry*&lt;br&gt;• Evidence of team working and inter-professional learning within primary dental care*&lt;br&gt;• IT proficient*&lt;br&gt;• Able and willing to undertake assessment of trainees and to give feedback*&lt;br&gt;• Can demonstrate knowledge and skills required to train in the clinical context of primary dental care*&lt;br&gt;</td>
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<td><strong>Desirable</strong></td>
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<td>• Able to deliver small group teaching relevant to DT*&lt;br&gt;• Training/experience as a mentor/coach*&lt;br&gt;</td>
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<td><strong>Interpersonal skills</strong></td>
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<td>• Effective communication skills*&lt;br&gt;• Able to motivate, engage and influence others*&lt;br&gt;</td>
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<td>• Can demonstrate effective presentation skills&lt;br&gt;• Can demonstrate effective negotiation and relationship-building skills</td>
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April 2010
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<th>Factors</th>
<th>E/D</th>
<th>Criteria</th>
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</table>
| Other factors |     | **Essential**  
- To have a base in NHS general/salaried dental practice which meets current vocational training standards*  
- Provide a full range of NHS services to all categories of patients.  
- No history of concerns regarding probity or compliance with GDS regs  
- No evidence of poor performance  
- Based in the practice a minimum of 3 days a week  
- Favourable recent practice inspection reports*  

**Desirable**  
- Based full-time in the training practice |

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<th>Supporting information</th>
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I certify that the above information is correct to the best of my knowledge

Signed .................................................................................................................................

Date .................................................................................................................................
Note 1

Essential and Desirable requirements of NHS GDS provision

a. Essential requirement:
“Up to date and current working knowledge of the full range of NHS General Dental Services (GDS) and procedures as evidenced by current work in NHS GDS. “

Evidenced by:
“Documentary evidence, provided by declared superannuable pay, of current NHS delivery provided by applicant. Would normally expect only those that had a minimum level of 20% average full time superannuable pay (one day per week) within the General Dental Service would be able to demonstrate the range and complexity required.”

b. Desirable:
“More in depth or substantial current working knowledge of the NHS GDS and procedures as evidenced by current work in the NHS GDS.
Evidenced by:
“Documentary evidence, provided by declared superannuable pay, of current NHS delivery provided by applicant. Would normally expect only those that had a minimum level of 60% average full time superannuable pay (3 days per week) within the General Dental Service would be able to demonstrate the range and complexity required.”