

## Side letter to: Full-Time Dental Foundation Training in the General Dental Services Contract



Name of Foundation Dentist: .....

I/we.....

Address(es).....

..... (Educational Supervisor and host site owner/partner)

confirm that the Foundation Dentist named above will have the opportunity to engage in clinical dental activity at the above practice(s) for 35 hours a week in a fully equipped and staffed environment, except those weeks when there are Health Education England **[INSERT LOCAL OFFICE]** organised study days or events where the hours will be reduced pro rata.

I/We will nominate a suitably qualified and experienced dentist with an NHS Performers List Number to support and supervise the Foundation Dentist's clinical work on the same premises when the Educational Supervisor is not on the same premises or otherwise unavailable and inform HEE **[INSERT LOCAL OFFICE]** and LEAD EMPLOYER of the name of the nominated individual;

I/We also confirm that the Foundation Dentist named above will, subject to any restrictions outlined above, have the opportunity to undertake a full range of NHS dental treatments at this practice (these practices), including the following treatments and have the appropriate clinical support in these areas:

- Minor oral surgery, to include: division of roots or reflection of simple flap, bone removal, removal of roots, suturing.
- Complete and partial removable prostheses
- Conventional and adhesive indirect full and partial coverage restorations
- Conventional and adhesive bridgework
- Endodontics, to include multi-rooted teeth
- Posterior direct composite restorations to include 2 or more surface restorations
- Stainless steel crowns
- Cobalt chrome dentures

I/We also confirm that the Foundation Dentist will undertake predominantly NHS treatment during their training placement and any private treatment undertaken will not normally exceed more than 5% of the Foundation Dentist's overall workload. I/We confirm that FDs will only undertake an element of private procedure as part of a NHS course

of treatment providing this complies in full with current NHS regulations and there is demonstrable educational and training benefit, which could not be met via NHS routes. I/We understand that the indemnification arrangements of the DFT's Lead Employer will not cover private procedures

I/We also confirm that the Foundation Dentist will not be allowed to work outside the parameters of their indemnity cover and clinical dentistry as described in General Dental Council - Scope of Practice.

Should the Government or NHS England issue guidance or impose restrictions on primary care dentistry that significantly curtail the ability of the Dental Practice to provide a full range of clinical dental activity, alternative arrangements may apply. I/We agree to work with Health Education England to redeploy the Foundation Dentist to support their continued education and training and/or to support the response to a public health emergency. Should NHS England apply an abatement to the service costs to the contractor under the GDS/PDS contract, HEE reserves the right to apply a similar abatement to the service costs of the Dental Foundation Training contract.

I/We agree to refund to HEE **[INSERT LOCAL OFFICE]** via NHS England, any payments associated with Dental Foundation Training due to, for example, a period of sick pay or maternity leave.

Signed Educational Supervisor.....  
Print name: .....  
Signed Practice owner/partner.....  
Print name.....  
Practice Address:  
.....

(Please return with the Foundation Contract to Health Education England **[INSERT LOCAL OFFICE]** and the Lead Employer and retain one copy)