

GUIDANCE FOR SUPERVISORS OF

Dentists included with Agreement Terms to the NHS England Dental Performers' List

This guidance refers to Dentists who have **Agreement Terms** relating to their inclusion on the **NHS England Dental Performers' List**. These Terms usually apply to those who have not previously worked for the NHS in England in a primary care setting, have never worked in the UK in a professional capacity, or those returning to NHS primary care dental work following a period out of such service for any reason. The basic condition normally applied in these circumstances often reads:

Work within an approved practice with an approved workplace supervisor(s) to oversee your clinical practice during the period of the conditions. The level of workplace supervision should be an average of 75% of your working time.

or similar wording.

There are usually other terms agreed which are intended to provide patient safety assurance and to support any additional professional learning that has been identified during the application process.

Compared to the role of a Foundation Dental Educational Supervisor (Trainer) for a Foundation Dentist in a salaried scheme, the role as a Supervisor for a Dentist with Agreement Terms on their initial inclusion on the NHSE Dental Performers' List is likely to be less onerous, but still very significant and requires the Supervisor to be proactive.

The level of involvement of Supervisors will vary depending on the post-graduate clinical and general dental practice experience of the Dentist in training. For a Dentist with little or no postgraduate clinical experience, the support required from the Supervisor(s) will be greater. Where NHS experience is limited, there will also be a requirement to be clear with the new Dentist about what can and cannot be undertaken, at what level and what the pathways are within the wider NHS, for example with different types of referrals.

All Dentists commencing the training and experience process in NHS England South East (NHSE SE) will have had a **Clinical Assessment** or **Training Needs Review (TNR) meeting** with a **Dental Clinical Adviser** (known as DCA or just CA) appointed by NHSE SE. The Adviser will have discussed the Dentist's undergraduate and postgraduate clinical experience with them and also any general dental practice experience the applicant Dentist has had. As a result of this meeting, recommendations for an **Educational Clinical Support Plan (ECSP)** will be agreed. This will detail the CPD/courses the applicant Dentist needs to attend; the other CPD

activities required and will detail any specific areas where additional training is recommended. This will also include training to be provided by the Supervisor(s). Most of the CPD can be accessed online.

It is important that you ensure you have seen and understand the Agreement Terms and Educational Clinical Support Plan prior to the Dentist commencing in practice. This will enable you to plan any pre-start training and ensure you have the information you require on learning plans (see below) and any **DOPs** (direct observation of procedures) that are required.

There are the usual **induction** issues that any practice has with any Dentist new to a practice. Practices will be expected to use a comprehensive checklist for this. It is usual that all members of the dental team are involved in the induction so that the most appropriate member of the team advises on the specific issue.

There may be some specific clinical issues associated with varying undergraduate training or practicing variations in different countries. For example, in some countries, the Dentists do not take radiographs but refer for these. We have experience of similar issues with regard to extractions.

As such, as part of the ECSP recommendations and/or Agreement Terms on inclusion, specific **learning plans/learning logs** may have been advised. These require discussions with the new Dentist prior to undertaking the procedure and then for the Supervisor to observe procedures and record these. These learning plans/logs should be completed for the first few occasions that the new Dentist undertakes those specific procedures, to ensure they have the knowledge and competence to undertake the procedure.

As part of the in-practice training programme, specific one-to-one training sessions or **tutorials** will be required, and the Supervisor will be expected to provide these. These are usually up to an hours' duration and will require preparation by the Supervisor and Dentist in training.

After the Dentist has been at the practice for around three months, a Dental Clinical Adviser for NHS England will arrange to **visit and undertake a records review**. For continuity, this is usually the same DCA who conducted the initial Clinical Assessment/TNR meeting. This visit is also an opportunity for the Adviser to discuss in detail all the requirements of the Dentist's agreed **Personal Development Plan** with them and how to complete the requirements, which will have previously been advised to the Dentist. By this stage, most of the learning plans/logs will have been completed and should be available for review by the Dental Clinical Adviser.

The Supervisor(s) will also have the opportunity at this visit to discuss any queries or concerns with the Adviser.

The new Dentist will probably have no knowledge of how the NHS works in general dental practice, local referral arrangements, and the raft of legislation and good practice guidance that exists. There will inevitably be questions as to what one can provide within the NHS in general dental practice. The role of the Supervisor is to be able to advise on these issues and help the dentist acquire this knowledge to enable them to be able to practice independently.

The Supervisor should also oversee the submissions that the Dentist makes to the NHS BSA to ensure they are appropriate and accurate, or other arrangements should have been made for this with their NHS Provider (NHS contract holder) as to who will do this.

A Supervisor should expect to be asked **advice** on many clinical and non-clinical issues. Non-clinical could include infection control, consent, record-keeping, etc.

Clinically, a Supervisor should have sufficient clinical experience to judge what treatments should be done in GDP and what is better referred. The guidance from NHSE Workforce, Training, and Education (NHSE WT&E, formerly HEE) is that a Supervisor should typically have been qualified and included to the NHSE Dental Performers' List themselves for a period of at least 4 years and should not be the subject of any current investigation or concern by any professional or regulatory body.

The Supervisor, or one of the Deputy or Joint Supervisors, is expected to be present for at least 75% of the time that the new Dentist is at work. In the South East, the Professional Standards team exercise preference for provision of a Lead and Deputy Supervisor, or other named Dentist, to provide assurance that there is support for the trainee at all times.

At present, there is no generic training required or available for this role and, unlike Dental Foundation Training via the salaried schemes, there is no additional NHS remuneration for performing this role. There are various mentoring or coaching courses available which may be helpful.

If a Supervisor feels that their knowledge regarding NHS Rules and Regulations is not adequate to support another Dentist, then we would recommend attending an **Introduction to NHS Rules and Regulations** course. These run approximately every three months. Details can be obtained via the NHSE WT&E (was HEE) online booking system.

Specific items commonly included in ECSPs for Dentists with conditions on inclusion which require assistance/input from Supervisors (and other dental team members) include:

- Induction
- In-Practice & Local Arrangements for:
 - Infection Control
 - Medical Emergencies
 - Radiography
 - Record Keeping
 - Patient Referrals
 - Safeguarding
 - Treatment Planning and Communicating Treatment Plans to Patients
 - The Use and Safe Handling Of Amalgam, Sharps and Local Anaesthetics
 - Complaints Handling
 - Information Governance and Data Protection
 - Dental Recalls
 - Drug Prescribing
 - Health & Safety

A document listing links to relevant guidance and legislation will be issued to your new Dentist.

Your new Dentist will be provided with a link to an online folder to store the evidence that demonstrates fulfilment of their Agreement Terms and ECSP. This will be expected to contain items which evidence input by supervisors, including:

- Their Practice Induction Checklist
- A summary list of:
 - Tutorials
 - Case-Based Discussions, and
 - Any Other In-Practice Learning
- Multisource Feedback (MSF) –
 - A feedback form will be issued to you as Supervisor(s). You (or a Manager you may delegate this task to) will need to issue the form to team members and others who work alongside the new Dentist. The forms should be issued after the new Dentist has been at your practice for several months, preferably only a few weeks before they are due to complete their Agreement Terms. The completed forms then need to be collated and summarised to compile a report. The completed report should be emailed to the Case Manager supporting the Dentist or to england.seplmt@nhs.net
- Any logs of learning plans and observed treatments that have been issued to your new Dentist.

Additional guidance on expected UDA coverage for dentists with conditions on their inclusion on the NHSE Dental Performers' List relating to training

Foundation Dentists (who are new graduates) on a Health Education England salaried scheme are expected to deliver about 1870 UDAs in their training year.

Dentists who are not salaried will have more incentive to ensure they deliver UDAs, but any target should be realistic.

Supervisors will be aware that UDAs are very dependent on the patient mix – a list with mostly new patients with high caries levels will lower the UDAs delivered. It therefore needs to be remembered that a Dentist has to offer all clinically necessary treatment and to finish a course of treatment prior to them being able to submit this to the NHS BSA, so there will be very few UDAs in the first couple of months.

As this is a training post, there should not be pressure on a Dentist to over perform beyond their capabilities. There should however be good guidance on structuring treatment plans, so these are realistic and comply with the NHS regulations.

So, to summarise, the expected UDAs delivered should not be based on that of an experienced associate, but the above factors should result in a figure which is **usually no more than 50% of that experienced associate and frequently may be less than that.**

The converse is that the dentist should have sufficient UDAs allocated from the practice contract to enable them to gain a broad range of experience within primary care NHS practice.

Whilst we have endeavoured to include all relevant and helpful information, this advice is not exhaustive and there may be additional issues that a Supervisor or potential Supervisor may wish to raise, or requirements of a Supervisor which occur on a case-by-case basis.

Updated May 2023