**Health Education England North West**

**PERFORMERS LIST VALIDATION BY EQUIVALENCE**

**EDUCATIONAL AGREEMENT**

**This is an Educational Agreement between the Postgraduate Dental Dean or their representative and a Validation Supervisor (VS) under Regulation 30(2)(c) of the National Health Service (Performers Lists) (England) Amendment Regulations 2013 SI 2013 No. 335**

***INSERT VALDATION SUPERVISOR NAME***

**The purpose of this agreement is to set out the terms of your accreditation as a vs in respect of a Validation by Experience Dentist (VED) undertaking a programme of Performers List Validation by Experience (PLVE). This is not a contract of employment.**

**This training agreement is limited to the training programme in connection with the VED named below. Nothing in this agreement should be construed as approval for the vs to act as an Educational Supervisor in formal one-year Dental Foundation Training.**

As the approved vs 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 VED]**

|  |
| --- |
| * Work in the same premises as the VED, in a surgery which allows ready access to and for the VED, for not less than three days a week.
* Provide no more than 10,000 UDAs per annum personally unless I can evidence that the excess are provided by a Therapist.
 |
| * Ensure that the VED has access to adequate administrative support and the full-time assistance of a suitably experienced dental nurse.
 |
| * Conduct an initial assessment interview to identify the VED’s strengths and weaknesses and draw up the VED’s personal development plan (PDP), which must be agreed with the Postgraduate Dental Dean or their nominated deputy. The development plan should be aimed at delivering those requirements which a HEE Local Office Assessment Panel has identified as necessary for the VED to demonstrate experience equivalent to the 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 conduct appropriate tutorials (such tutorials to be of suitable duration and recorded in the VED’s portfolio).
 |
| * Provide satisfactory clinical and other facilities for the VED.
 |
| * Provide relevant training opportunities so that a wide range of NHS practice is experienced.
 |
| * To monitor and assess the VED’s progress and professional development using the methods required by the Postgraduate Dental Dean or their representative as evidenced by the relevant document provided for this purpose; to give feedback to the VED; and to liaise with the HEE Local Office nominated representative as necessary.
 |
| * Ensure that the portfolio and the processes involved in assessment of the VED 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 vs within the context of the training programme identified by the HEE Local Office Assessment Panel.
 |
| * Ensure that the VED has access to appropriate dental reference material within the practice. (Journals, CD Roms, books, Department of Health documentation, etc.)
 |
| * Advise on the final certification of the VED at the completion of the Performers List Validation by Equivalence programme. Inform the PGDD (in writing) if the circumstances of either the vs, the VED or the practice change in such a way as to alter the contract of employment of the VED, or the ability of the VED or the VS to meet the obligations of this Educational Agreement.
 |
| * Provide e-mail access linking the VED and VS with the HEE Local Office.
 |
| * To advise on the final certification of the VED with regard to satisfactory demonstration of completion of PLVE
 |

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 VS by **HEENW.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SIGNATURE:** |  | **TPD for PLVE** |  | **Date** |
| **SIGNATURE:** |  | **VALIDATION SUPERVISOR** |  | **Date** |

|  |
| --- |
| **Collection & use of personal information:** The data collected about you will be stored on Health Education England’s North West database. The information held will be used to communicate with you and may be shared with NHS and other related organisations in relation to your employment, training and assessment within Health Education England. These organisations include the Department of Health, GDC, Royal Colleges/Faculties and Trusts. 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 0116 4788 625 or write to Christopher Brady, FOI, Data Protection and Briefing Lead, Health Education England, Westbridge Place, 1 Westbridge Close, Leicester LE3 5DR |
|  |
| I acknowledge the importance of these responsibilities. If I fail to meet them I understand that the Postgraduate Dental Dean or their representative 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:** |  | **VALIDATION SUPERVISOR** |  | **Date** |