

Applicants Guide

Applying for a Dental Foundation Training Number

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Introduction

A dentists wishing to work as Principal or Associate Dentist within Northern Ireland must have their name included on the Northern Ireland Dental List. Applications for inclusion are made by submitting to the Health and Social Care Board (HSCB) the completed relevant application (HS48). More information can be found at <http://www.hscbusiness.hscni.net/services/2668.htm>

To progress the HS48 application the applicant must hold a Dental Foundation training number which is awarded following successful completion of a recognised Dental Foundation Programme.

In absence of this number the dentist must in conjunction with their application to the HSCB also apply to NIMDTA for allocation of a dental foundation training number by completing the HS48A form (appendix 1).A dentist may apply for a foundation training number on the grounds of the following categories dictated by The General Dental Services (Amendment) Regulations (Northern Ireland) 2017 available at: <http://www.legislation.gov.uk/nisr/2017/10/made>

1 He / she has completed a course of dental foundation training

Or

2 He / she is exempt from the requirement to complete a course of dental foundation training

Or

3 He / she may apply for a Dental Foundation training number on the grounds of equivalence.

Please note a HS48A application cannot be considered unless the applicant has already completed and submitted a HS48 form to the HSCB.

Process for Applications Under Category

He / she has completed a course of dental foundation training

Or

He / she is exempt from the requirement to complete a course of dental foundation training

A **HS48A** form is completed with the relevant declarations selected and supporting evidence included as original documents (see appendix 1 & 2). It is the applicant's responsibility to ensure they have submitted all the required evidence in support of their application.

Completed forms and evidence are submitted by post to:
Dental Foundation Training Team
N I Medical & Dental Training Agency
Beechill House
42 Beechill Road
Belfast, BT8 7RL
Or if applicable by email: DentalFoundation.nimdt@hscni.net,
Acknowledgment of receipt of application will be sent within 7 working days

Applications will be considered solely on the presented information in the application and supporting evidence by an officer designated for the purpose by NIMDTA.

The designated officer may request further information to inform a determination. This request will be sent to the applicant in writing by email.

Determinations of applications will be forwarded to the applicant by email within 14 days beginning from the date the application was received by NIMDTA. In a situation where further supporting evidence is required to complete a determination the 14 days period will commence from the date the additional information is received.

Should an applicant be unhappy with the decision appeals can be submitted within 28 days of receiving notice of the determination. Appeals contesting the determination should be submitted in writing to Mr Edward Murphy from the Department of Health NI.
email: Edward.Murphy@health-ni.gov.uk
Appeals will be managed by the appeals body appointed by the Department of Health NI.

NIMDTA will not forward determinations regarding outcomes of applications to the Health and Social Care Board this will be the responsibility of the applicant.

Process for Applications Under Category

He / she may apply for a Dental Foundation training number on the grounds of equivalence.

A **HS48A** form is completed with the relevant declarations selected and supporting evidence included as original documents (see appendix 1 & 2). It is the applicant's responsibility to ensure they have submitted all the required evidence in support of their application.

When applying to be considered by equivalency to dental foundation training it is important to provide evidence of gained experience related to the aims and objectives of the dental foundation training programme (Appendix 3).

Completed forms and evidence are submitted by post to:
Dental Foundation Training Team
N I Medical & Dental Training Agency
Beechill House
42 Beechill Road
Belfast, BT8 7RL
Or if applicable by email: DentalFoundation.nimmdta@hscni.net,
Acknowledgment of receipt of application will be sent within 7 working days

Applications will be considered solely on the presented information in the application and supporting evidence by a panel formed for the purpose by NIMMDTA.

The panel may request further information to inform a determination. This request will be sent to the applicant in writing by email accompanied by a reasonable deadline for submission. Should the additional information not be submitted within the time frame the application may become void.

Determinations of applications will be forwarded to the applicant by email within 12 weeks beginning from the date the application was received by NIMMDTA. In a situation where additional supporting evidence is required to complete a determination the 12 week period will commence from the date the additional information is received.

Should an applicant be unhappy with the determination appeals can be submitted within 28 days of receiving notice of the decision. Appeals contesting the decision should be submitted in writing to Mr Edward Murphy from the Department of Health NI, email: Edward.Murphy@health-ni.gov.uk. Appeals will be managed by the appeals body appointed by the Department of Health NI.

NIMMDTA will not forward determinations regarding outcomes of applications to the Health and Social Care Board this will be the responsibility of the applicant.

HSC IN NORTHERN IRELAND

DENTAL FOUNDATION TRAINING PANEL

APPLICATION FOR A DENTAL VOCATIONAL TRAINING NUMBER

You are required to complete this form, ensuring that you provide all information requested, so that NIMDTA can determine your entitlement to a Dental Vocational training number.

PART 1: PERSONAL DETAILS

Surname _____ Date of UK registration as a dentist ___/___/_____
Registration No. (issued by GDC) _____
Other names _____ Qualification which enables you to be registered as a dentist
_____ _____
Private address _____ Date of gaining that qualification ___/___/_____
_____ Please state the country where it was gained
Postcode _____
Telephone _____ Nationality _____
Date of Birth ___/___/_____
Email Address _____

I have applied to be included in the dental list of _____ LCG, HSCB

PART 2: DECLARATION

Please select from section 2.1, 2.2 or 2.3 below.

2.1 I have completed dental foundation training which commenced on or after 1 October 1993, YES NO

Please state the full names and registered addresses of your Foundation Training practices

OR

2.2 I am exempt from the requirement to complete dental foundation training because:

- a) I am an EC national holding a recognised European diploma, YES NO or,
b) My name has been included in a dental list of the HSCB/ another YES NO
UK NHS Commissioning organisation within the period of five years immediately
before my application to be included in the above dental list,

Please note that where exemption of the requirement to undergo dental foundation training is claimed on the ground that your name has been included in a dental list of HSCB/ UK NHS Commissioning organisation within the period of five years immediately preceding your current application to the HSCB/ UK Commissioning organisation you should state below your previous practice address(es) and contact number(s).

or,

- c) I have completed a course of vocational training under a YES NO
voluntary scheme,

or,

- d) I have previously practised in primary dental care for at least YES
NO
four years, in either the Community Dental Service or the Armed
Forces of the Crown, and have practised in primary dental care in
either of those services within the period of four years immediately
before my application to be included in a dental list,

PLEASE PROVIDE FURTHER DETAILS BELOW

or,

- e) I was, at 1 October 1993, employed as a Senior House Officer YES NO
or Registrar in a hospital in the United Kingdom,

PLEASE PROVIDE FURTHER DETAILS BELOW

or,

- f) I was, at 1 October 1993, enrolled on a course intended to lead to a Masters degree or a membership Diploma in clinical dentistry, YES NO
PLEASE PROVIDE FURTHER DETAILS BELOW

OR

- 2.3 I consider that I have acquired experience and/or training which should be regarded as equivalent to vocational training.** YES NO

Please note that if you are applying for a Vocational Number under section 2.3 that you are required to submit all supporting evidence in order for the panel to make their consideration at the time of application.

PART 3: OTHER INFORMATION

Where you indicate that certificates are enclosed with your application, you are reminded that **original documents, and not photocopies, should be submitted.**

If you need more space in any section of the form, please use a separate sheet of paper and detail to which part of the application form it refers.

By signing this form below, you are declaring that all information provided is true and correct.

Signature _____

Date _____

After completion the form should be sent, together with any necessary supporting certificates and information, to:

Dental Foundation Training Team
N I Medical & Dental Training Agency
Beechill House
42 Beechill Road
BELFAST
BT8 7RL

The HS48A form can be emailed to DentalFoundation.nimda@hscni.net, but original certificates must be sent via normal mail.

Appendix 2 Supporting Documentation Guidance

1. The following documents must be included for an application relating to a dentists declaring that they have completed Dental Foundation training

Dental foundation satisfactory completion certificate (original copy) Please note an electronic copy may be accepted should it not be possible to access a hard copy.	✓ <input type="checkbox"/>
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2. The following documents must be included for an application relating to a dentists declaring that they are exempt from the requirement to complete a course of dental foundation training

Undergraduate Degree Certificate (original copy)	✓ <input type="checkbox"/>
Evidence of being an EU citizen	<input type="checkbox"/>

3. The following documents must be included for an application relating to a dentist declaring that they are Applying on the grounds of equivalence

Evidence of an undergraduate Dental Degree (original copy)	✓ <input type="checkbox"/>
GDC registration number	<input type="checkbox"/>
A full Curriculum Vitae providing full career history and all periods worked in General Dental Practice in the NHS, indicating whether full or part-time.	<input type="checkbox"/>
Details of range and scope of all General Dental Practice work undertaken including details of audits completed.	<input type="checkbox"/>
3 Written references – The responsibility for providing the written references is entirely the responsibility of the applicant. It is helpful if referees are given a copy of the aim and objectives of foundation training. References strengthen applications and are particularly useful when they include details such as the period of employment, the duties undertaken and, in the case of general dental practice, whether the Principal has, or would be happy to leave	<input type="checkbox"/>

the applicant to manage the practice.	
<p>CPD certificates and a list of all CPD courses –</p> <p>1. All applicants must provide original documentary evidence for each item of verifiable CPD.</p> <p>2. All applicants must provide a list of all CPD courses. The list must provide a description of each item of CPD completed and whether it is verifiable CPD (include the title, date, topic, number of hours) venue and provider where applicable).</p> <p>The importance of <i>attendance</i> at courses is emphasised, and applicants should not rely solely on on-line certificates.</p>	
All Clinical Audit evidence or Significant Event Analysis report.	
Copies of any further qualifications. (original copies)	

Remember – Please include any further information you feel supports your application. It is your responsibility to demonstrate that your experience should be considered equivalent to foundation training. Please refer to the aims and objectives of dental foundation training below.

Appendix 3 Aim and learning objectives for Dental Foundation Training

The General Dental Services (Amendment) Regulations (Northern Ireland) 2017 Schedule 11, Constituent Elements in Dental Foundation Training

Overall Aim

To enhance clinical and administrative competence and promote high standards through relevant postgraduate training and in particular to—

- (a) enable the dental practitioner to practise and improve their skills;
- (b) introduce the dental practitioner to all aspects of dental practice in primary care;
- (c) identify the dental practitioner's personal strengths and weaknesses and balance them through a planned programme of training;
- (d) promote oral health of, and quality dental care for, patients;
- (e) develop and implement peer and self-review, and promote awareness of the need for professional education, training and audit as a continuing process.

Objectives

- (a) make competent and confident professional decisions including decisions for referrals to other services,
- (b) demonstrate that the dental practitioner is working within the guidelines regarding the ethics and confidentiality of dental practice,
- (c) implement regulations and guidelines for the delivery of safe practice,
- (d) know how to obtain appropriate advice on, and practical experience of, legal and financial aspects of practice, and
- (e) demonstrate that they have acquired skill and knowledge in the psychology of care of patients and can work successfully as a member of a practice team.”

Referenced Documents

The General Dental Services (Amendment) Regulations (Northern Ireland) 2017 available at: <http://www.legislation.gov.uk/nisr/2017/10/made>