# 

# East Midlands Postgraduate Dental School

# Westbridge Place, Leicester

# Dental Registrants in Difficulty (DRID)

# Remediation Support Application Form

|  |  |
| --- | --- |
| PART ONE | Requirements |

1. **East Midlands Dental School Contact**

New requests for mentoring/PDP meetings that are instigated as a result of the involvement of the LAT, GDC or NCAS should be directed in the first instance to:

John Cottingham, BDS DGDP (UK) M Med Sci.

Postgraduate Dental Adviser and Trainee Support Tutor

[John.Cottingham@hee.nhs.uk](mailto:John.Cottingham@hee.nhs.uk)

Telephone 07850366315 **Please text Mr Cottingham in the first instance to request a call back.**

*(The Dental School will accept self-referral from registrants where there have been no complaints made to any registration organisation. Please complete part 4 of the application process and explain why you are requesting Deanery educational support.)*

John Cottingham will remain the point of contact throughout the suggested programme of remediation. Individuals should **not contact** other administrative members of Dental School.

1. **Application form**

Please complete and submit the application form in **Part 4**

* **Part 5 declaration should only be completed following the initial meeting with the Regional Advisor.**

1. **Curriculum Vitae**

Your up-to-date CV should be submitted with this application form.

1. **Period of notice for official letters/reports to relevant bodies**

If you require a letter to be sent from the Dental School confirming your remediation, personal development activity, a minimum of 2 weeks’ notice will be required.

Please provide LAT/GDC/NCAS or other hearing dates information in your initial application or at your earliest convenience if notified at a later date, following the confirmation of the meeting.

|  |  |
| --- | --- |
| PART TWO | Details of DRID Service |

**Initial meeting (approx. 45 minutes to 1 hour) this meeting will usually be conducted by telephone conference.**

John Cottingham will conduct the initial meeting. The adviser is likely to make contact with case workers and legal representatives, so the attached form will need to be signed to give permission for these discussions to take place. The purpose of the meeting is to outline and discuss the presenting issue, then to decide on what further support might be needed.

**Remediation Plan**

If a remediation plan is needed, it is likely to require the development of a detailed Personal Development Plan. The school will arrange meetings with an experienced advisor who will have a wide knowledge of developing PDPs, CPD and providing assistance in addressing the actions outlined in the agreed remediation plan. Each session will last for approximately 1-1.5 hours. It is likely that three meetings will be required to develop the plan and review progress against agreed objectives, but up to four meetings are covered in the initial cost.

|  |  |
| --- | --- |
| PART THREE | Costs |

* There is no cost for the initial meeting. The first meeting is to establish the issues and to determine whether the remediation programme is suitable for the registrant.
* The formal programme will normally require no more than four PDP planning meetings and will cost the following
* **Dentists - £660,** **payable in advance.**
* **DCP’s - £132 payable in advance**
* If it is agreed with the individual and the advisor that further meetings are required these will be charged at
* **Dentists - £165** **each session**, **payable in advance**.
* **DCP’s - £32 each session payable in advance**
* Payment must be made by Direct Credit Transfer to:

Bank: Nat West

Account name: GBS re Health Education England

Account no: 10017410

Sort Code: 60 70 80

You should quote a personal reference, which is essential for us to identify and correctly allocate the payments. Use your full name so that we can identify who the payment has come from.

* The payment must be cleared **before** any meetings are arranged

## 

|  |  |  |
| --- | --- | --- |
| **Remediation Support Application Form** | | |
|  | | |
| PART FOUR | Your Personal Details | |
| Name: | |  |
| GDC Registration Number: | |  |
| Correspondence Address: | |  |
| Telephone Number: | |  |
| Email Address: | |  |
| Defence Union (DDU or DPL) Case Worker Name:  Contact Details: | |  |
| GDC  Case Worker Name :  Contact Details: | |  |
| Legal Representative:  Name:  Contact Details: | |  |

|  |
| --- |
| **Notes:**  Please include details of your case, GDC conditions and hearing dates (where applicable)  and any other relevant information.  (Please add to this page additional notes as you feel necessary) |

|  |  |
| --- | --- |
| PART FIVE | Declaration |

Only complete this part following the first initial meeting with the Workforce Advisor.

To ensure provision of the best possible support to you, the Health Education England East Midlands (HEE EM) Dental School will:

* Assign only qualified and experienced professionals to assist with your remediation
* Maintain the confidentiality of your details and:
* Only share your details with relevant bodies with your express permission (see below) or if required by law

For your part, please sign and date this form as indicated below to confirm your agreement with the following:

* To the best of my knowledge, the details I have provided are complete, up-to-date and accurate
* I give my consent to the HEE EM Dental School and members of staff nominated by HEE EM to contact the case workers involved in my case, when necessary
* I will only discuss my case with nominated members of the HEE EM Dental School Staff
* I enclose my up-to-date CV
* I have paid the appropriate fee to cover the cost of up to four meetings.

|  |  |
| --- | --- |
| **Signed:** |  |
| **Date:** |  |