

Working Pattern Declaration – from Sept 2024

Practice Name	
Current Scheme	
Educational Supervisor 1	
Educational Supervisor 2 – if applicable	
Educational Supervisor 3 – if applicable	

Foundation Dentist Working Pattern

Please complete the timetable below to show when your FD is working at the Training Practice. Please remember that a normal working week in practice is **35 hours**, with no more than eight working hours in one day and no more than six working days in a week. If there is a Study Day, the practice working time is 27 hours in that week.

It may be acceptable for the working week to be 32 *hours* every week IF there is no Fridays working in the practice in weeks with no Study Day. This will require active local monitoring at a practice level to ensure that your FD by the end of the year has worked an **average of 35 hours** per week.

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						
Daily hours worked						

Total hours worked on average per week

Notes

Please use this section to tell us about any differing working patterns (such as working across two sites or any other additional information you need to share.

Educational Supervisors Working Pattern

Please complete the timetable below to show each Educational Supervisor is present at the Practice. Educational Supervisors need to be present in the practice at the same time as the FD for a minimum of three days per week (or, in the case of joint ESs for a minimum of three days a week in the same practice in the aggregate).

Educational Supervisor 1

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						

Educational Supervisor 2 – if applicable

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						

Educational Supervisor 3 – if applicable

ES Name

Please complete using 24-hour clock – please leave blank if the session is not a working one

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning start time						
Morning end time						
Afternoon start time						
Afternoon end time						

Clinical Supervisors – please list registrant details on page 4

In the event of an ES not being present in practice for a clinical session, please provide a narrative summary about the clinical support your FD will access within the practice when an ES(s) is not available. We need details for both planned/booked leave and emergency leave.

For some training practices joint ES working patterns may naturally provide crossover. For other training practices arrangements will be more complicated and require greater explanation.

Clinical Supervisor Details

Clinical Supervisor 1 – if applicable

Name	
GDC Number	
Number of years since qualification	

Clinical Supervisor 2 – if applicable

Name	
GDC Number	
Number of years since qualification	

Clinical Supervisor 3 – if applicable

Name	
GDC Number	
Number of years since qualification	

Proposed Nursing Support for your Foundation Dentist

It is important that your Foundation secures stable support from a suitably experienced dental nurse. NHS England Midlands request that the nurse(s) that work with your FD should be qualified unless there are truly exceptional circumstances (this must be discussed with your Scheme TPD and the Associate Dean).

We would not expect more than three nurses to be working with an FD in a typical week as this will negatively impact stability of support for your trainee.

Please list the details of nurses you anticipate will be working with your FD.

Nurse One

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FD	

Nurse Two

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FD	

Nurse Three – if applicable

First Name	
Last Name	
GDC Number	
Anticipated working sessions with FD	

Comments/notes

Please use the space below if there is any additional information you need to share that is not capture in any other section of the form

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Working Hour form completed by:

Completed by	
Role	
Date	
Signature	

Please ensure that your practice name is include in the file name when saving this form

For example - Diamond Smile Clinic Working Hours Form 24-25.pdf