NATIONAL HEALTH SERVICE SCOTLAND

SCOTTISH PUBLIC DENTAL SERVICE

TERMS AND CONDITIONS OF SERVICE

Scottish Government Health and Social Care Directorates

Effective from 1 April 2013
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PART 1

INTRODUCTION

1. The terms and conditions of service set out in this handbook have been approved by Scottish Ministers under Regulations 2 and 3 of the National Health Service (Remuneration and Conditions of Service) (Scotland) Regulations 1991 (SI 1991 No 537) and under Section 105(7) of and paragraph 5 of Schedule 1 and paragraph 7 of Schedule 5 to the National Health Service (Scotland) Act 1978.

2. The Terms and Conditions of Service set out in this handbook shall incorporate, and be read subject to, any amendments which are from time to time the subject of negotiation by the appropriate negotiating bodies, principally the Scottish Joint Negotiating Forum (SJNF) and are approved by Scottish Ministers after considering the results of such negotiations.

3. Where reference is made to employers or NHS Boards in these terms and Conditions of Service, this should be taken as including the Special NHS Boards, the island Health Boards and the Common Services Agency (NHS National Services Scotland).

4. This Handbook should be read in conjunction with the former General Whitley Council Conditions of Service (or its successor body). In situations where a given issue arises which is not covered by the scope of this document, the provisions of the former General Council Conditions of Service (or its successor body) shall continue to apply.
 SECTION 1: GRADING DEFINITIONS

1. Within this handbook the following grading definitions will apply:

Clinical Posts

**Dental Officer** – A dentist who is registered with the General Dental Council and has a Vocational Training number (or equivalent) in order to provide General Dental Services.

**Senior Dental Officer** – A dentist who is registered with the General Dental Council and has a Vocational Training number (or equivalent) in order to provide General Dental Services and who:

(i) has an additional relevant postgraduate qualification and experience;
(ii) has been appointed to undertake clinical functions related to that qualification and experience for the majority of his or her contracted hours whilst also providing a full range of general dental services to patients;
(iii) has significant experience of providing NHS dental services; and
(iv) has recorded recent experience of the clinical role in which he or she would be employed during the above employment.

**Specialist Dental Officer** – A dentist who is registered with the General Dental Council and has a Vocational Training number (or equivalent) in order to provide General Dental Services and who:

(i) has an additional relevant postgraduate qualification and experience and is on the specialist list of the General Dental Council;
(ii) has been appointed to undertake clinical functions during their contracted hours related to this specialism;
(iii) significant experience of providing NHS dental services;
(iv) will normally access patients on referral from other practitioners within the NHS services and work within a clinical network;

and

(v) has recorded experience in the clinical specialism.

Clinical Leadership Posts

**Assistant Clinical Director** - An assistant clinical director would be a registered dentist who:

(i) meets the essential criteria for a senior or specialist dentist;
(ii) has been appointed to undertake a specific service-wide professional clinical leadership role in addition to a predominantly senior /specialist clinical role;

and

(iii) has recorded recent experience in the main aspects of professional leadership; clinical appraisal, performance management and clinical governance.

**Clinical Director** - A clinical director would be a registered dentist who:

(i) meets the essential criteria for a senior or specialist dentist;

(ii) has an additional qualification and experience in management /clinical leadership;

(iii) has been appointed to provide strategic service-wide clinical leadership and management whilst maintaining a clinical commitment;

and

(iv) has recorded recent experience of working strategically to improve patient care and develop services.

**Chief Administrative Dental Officer (CADO)** - A CADO would be a registered dentist who:

(i) meets the essential criteria for a senior or specialist dentist;

(ii) has an additional qualification and experience in public health and/or management;

(iii) has been appointed to provide strategic Board-wide clinical leadership and management whilst maintaining a clinical commitment;

and

(iv) has recorded recent experience of working strategically to improve oral health and develop services.
PART 2

SECTION 2: PAY

Rates of Pay

1. Dentists will be paid at the rates set out in Annex A and subject to the terms and conditions of service set out elsewhere within this handbook.

Equal Pay

2. The salary scales in Annex A and all terms and conditions of service will apply equally to all dentists irrespective of age, gender, marital status, race, religion, creed, sexual orientation, colour or disability.

Starting Salary, Incremental Dates and Counting of Previous Service

3. Except as provided for elsewhere in these Terms and Conditions of Service, dentists shall on their first appointment in the grade be paid at the minimum point of the scale. Their incremental date shall be the anniversary of the date of taking up their appointment.

4. All previous regular service in the NHS, including any absence on authorised leave, will be counted in full in determining the starting salary and incremental date. Where dentists are appointed to a post having already given substantive service in one or more posts in that grade, all such service shall be counted in determining their starting salary and incremental date.

5. Employers may set basic salary at a higher incremental point to recognise non-NHS experience at an equivalent level.

Counting of Service Whilst on Leave

6. Absence on leave with pay for annual leave, public and statutory holidays, sick leave, study leave, special leave and paid or unpaid maternity, paternity, parental or adoption leave shall count for incremental purposes.

Pay Progression

7. Dentists will become eligible for increments at the intervals set out in Annex A on their incremental date.

Overtime

8. Dentists who are required to work additional hours in excess of their normal contracted hours will be given time off in lieu subject to the exigencies of the service.
SECTION 3: ALLOWANCES

1. Details of the rates for the allowances listed below are set out at Annex B.

A. Out of Hours/On Call Allowance

Out of Hours

2. Out of Hours refers to the requirement for hours to be worked outwith the normal contracted hours during evenings, weekends and public holidays to deal with dental emergencies. It will be up to each NHS Board to determine the level of out of hours working required and this will be set out in the job plan.

3. Each emergency out of hours session will be a minimum of 3 hours for which a sessional rate will be paid as detailed in Annex B. A pro-rata sum appropriate to the sessional rate will be paid for each hour or part of hour worked in excess of the initial 3 hour session.

On Call

4. On Call refers to the requirement for a dentist when, as part of an established arrangement with their employer, they are available outside their normal working hours – either at the workplace, at home or elsewhere – to work as and when required.

5. All new dentists appointed to the service will be expected to provide on call and out of hours support. This would follow familiarisation, training and shadowing of more experienced colleagues.

Transitional Arrangements

6. As part of the transfer to the new contract, all existing dentists will also be expected to provide on call and out of hours support. Issues regarding the competencies of the practitioner and patient safety will be taken into account. Support through training and development along with familiarisation and shadowing will be provided and the individual will be expected to participate in the on call and out of hours arrangements within a 3 year period. The frequency of participation will be determined by the local Health Board.

Payment Arrangements

7. A dentist who is required to undertake emergency out of hours work or participate in on call will be paid an additional allowance on a quarterly basis (e.g., 1 April to 30 June) in arrears. The value of the allowance will depend on the intensity of the out of hours work undertaken or the on call commitment within that quarter. There are 3 levels of intensity as follows:
**High intensity** - 6 or more out of hours emergency sessions and/or 6 or more on call periods, as defined by the NHS Board, in a quarter;

**Medium intensity** – 3 to 5 out of hours emergency sessions and/or 3 to 5 on call periods, as defined by the NHS Board, in a quarter;

**Low Intensity** – 1 to 2 out of hours emergency sessions and/or 1 to 2 on call periods, as defined by the NHS Board, in a quarter;

A dentist with no out of hours or on call commitment in any quarter will receive no allowance for that quarter.

8. A dentist may elect to undertake additional out of hours sessions beyond that required by the NHS Board and detailed in the job plan. In these circumstances the out of hours sessional rate outlined above will be paid but the additional sessions will not be included in the calculation of the intensity payment on a quarterly basis.

**B. Vocational Training Allowance**

9. This allowance is payable to Dental Officers who are vocational trainers and who supervise vocational trainees employed by an NHS Board. The conditions of entitlement for the payment of the allowance are as follows:

   (a) the trainer is employed as a dental officer by an NHS Board;

   (b) the trainer’s application to act as a trainer in a vocational training scheme for general dental practice has been approved by the Postgraduate Dental Dean;

   (c) the NHS Board has engaged a trainee under a contract of service as an assistant who will be supervised by the trainer for a period of one year full time (or an equivalent period of part time) or for such additional periods, not exceeding three months’ full-time or the part-time equivalent, as the Postgraduate Dental Dean has authorised as necessary for the completion of vocational training, and the trainee is for the time being employed by the NHS Board under such a contract; and

   (d) the trainer agrees to meet all the conditions of the assessment system required for satisfactory completion as set down by NHS Education for Scotland.

10. Vocational training duties may be shared, e.g. 2 part-time dental officers may supervise the vocational trainee between them. Those dental officers who supervise trainees on a part-time basis will be able to receive a pro-rata allowance on the basis of a whole-time week of 37½ hours.

1. This allowance is only available to Dental Officers.

2. The allowance will be paid monthly in arrears in 12 equal instalments.
C. Training Grade (DF1/DF2) and Student Clinical Supervision Allowance

11. This allowance is payable to Dental Officers who undertake training/supervision duties with Training Grades (DF1/DF2). The conditions of entitlement for payment of the allowance are as follows:

   (a) the trainer’s application to act as a trainer in the Training Grade (DF1/DF2) training scheme for general dental practice or student training scheme has been approved by the Postgraduate Dental Dean/Clinical Director Community Dental Services;

   (b) the trainer agrees to meet all the conditions of the training and assessment system required for satisfactory completion (Training Grades DF1/DF2) or for student teaching standards as set down by NHS Education for Scotland and the student academic supervisor;

   (c) ‘student’ is defined as student dental therapist, student dental hygienist or dental undergraduate student.

12. This allowance is payable on the basis of 40 full time weeks. Pro-rata payments should be made on that basis.

13. This allowance is payable from the Scottish Public Dental Services budget and will be paid monthly in arrears in 12 equal instalments.

D. Lecturing Fees

14. Where a dentist gives a lecture on a professional subject for which a fee is payable and the lecture is given in or substantially in contracted hours, the fee shall be paid directly to the NHS Board or on receipt by the dentist, remitted to the NHS Board. Where the lecture is given outside or substantially outside contracted hours the fee may be retained by the dentist. The rate paid will depend on the basis on which the lecture is being undertaken and there are different rates for the following circumstances:

   a) For lectures to non-medical and non-dental staff given by Clinical Directors and CADOs, Assistant Clinical Directors and Specialist Dental Officers;
   b) For lectures to non-medical and non-dental staff given by Senior Dental Officers/Dental Officers;
   c) For lectures to a group of doctors and/or dentists by any grade of staff.

15. Where a fee is payable, travelling and subsistence expenses may also be paid, where appropriate, in line with normal rates.
E. Remote Areas Allowance

16. The remote area allowance is payable to those dentists classified as “remote dentists”. The definition of a remote dentist is “a dentist who is employed by a Health Board to provide dental services on an island in Scotland or in an area which has less than 0.5 persons per hectare”.

17. A dentist who is employed otherwise than full-time as a remote dentist shall receive a pro-rata allowance calculated on the basis of a whole-time week of 37½ hours.

. Only one allowance shall be payable to a dentist in a year.

. This allowance will be paid monthly in arrears in 12 equal instalments.

F. Recruitment Allowance

18. A recruitment allowance is payable to those dentists going to work in a ‘designated’ area and Boards are informed of these areas by Scottish Government Circular, the most recent being PCA(D)2012(5). Any changes to these designated areas will be agreed and notification given via PCA.
PART 3: TERMS AND CONDITIONS OF SERVICE
SECTION 4: HOURS OF THE WORKING WEEK

1. The standard hours of all full-time dentists covered by these Terms and Conditions will be 37½ hours, excluding meal breaks. Working time will be calculated exclusive of meal breaks, except where individuals are required to work during meal breaks, in which case such time should be counted as working time.

2. The standard hours may be worked over any agreed reference period, eg 150 hours over four weeks or annualised hours, with due regard for compliance with employment legislation, such as the Working Time Regulations.
SECTION 5: EXTRA CONTRACTUAL WORK

1. Dentists are expected to co-operate with their Board in protecting their Health and Safety and that of patients, colleagues and members of the public by abiding by the principles of the Working Time Regulations and NHS Circular MEL (1999)1, Working Time Regulations – Implementation in NHS Scotland. The legislation and circular place limits on the hours of work per week, and detail required breaks and rest periods.

2. When considering the limits on weekly working hours, hours worked for other organisations contribute to the maximum hours to be worked. Dentists should not enter into other employment which would breach these limits and in taking up appointment with a Board a dentist is required to be aware of these limits in relation to any other employment that may interfere with their position within the organisations or in any other way adversely affect the proper performance of their work with their Board. In particular, dentists may not work for another organisation or in a self-employed capacity when on sick leave or suspension during hours normally worked for the Board.
SECTION 6: PERIODS OF NOTICE

1. Three months’ notice in writing of termination of employment will be given and is required. A shorter or longer period of notice may be applied where agreed by both parties and confirmed in writing.
SECTION 7: ANNUAL LEAVE AND PUBLIC HOLIDAYS

Leave Year

1. The leave year of all dentists regardless of length of service in the grade, shall run from 1 April to 31 March.

2. Dentists will receive the entitlement to annual leave and public holidays as set out in Table 1 below. This will be pro-rata for part-time dentists.

Reckonable Service

3. A dentist’s continuous previous service with any NHS employer counts as reckonable service in respect of annual leave. Employers have discretion to take into account any period or periods of employment with employers outside the NHS, where these are judged to be relevant to NHS employment.

<table>
<thead>
<tr>
<th>Length of service</th>
<th>Annual leave and general public holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>On appointment</td>
<td>27 days + 8 days</td>
</tr>
<tr>
<td>After five years’ service</td>
<td>29 days + 8 days</td>
</tr>
<tr>
<td>After ten years’ service</td>
<td>33 days + 8 days</td>
</tr>
</tbody>
</table>

4. Local arrangements to consolidate some or all of the public holidays into annual leave may operate, subject to agreement at local level.

5. Part-time dentists will be entitled to paid public holidays no less than pro-rata to the number of public holidays for a full-time worker, rounded up to the nearest half day.

6. Part-time dentists’ public holiday entitlement shall be added to their annual leave entitlement, and they shall take public holidays they would normally work as annual leave.

Carry Forward of Annual Leave

7. Dentists can carry over a maximum of 5 days annual leave regardless of working pattern, subject to agreement with their line manager and in line with the NHS Board’s Annual Leave Policy.
SECTION 8: SICKNESS ABSENCE

1. These arrangements are intended to supplement statutory sick pay to provide additional payment during absence due to illness, injury or other disability.

Scale of Allowances

2. Dentists absent from work owing to illness will be entitled, subject to the conditions of this agreement, to receive sick pay in accordance with the scale below.

- during the first year of service – one month’s full pay and two months’ half pay;
- during the second year of service – two months’ full pay and two months’ half pay;
- during the third year of service – four months’ full pay and four months’ half pay;
- during the fourth and fifth years of service – five months’ full pay and five months’ half pay;
- after completing five years of service – six months’ full pay and six months’ half pay.

3. In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

4. The definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work. This would be based on the previous three months at work or any other reference period that may be locally agreed. Local partnerships can use virtual rotas showing what hours the employee would have worked in a reference period had he or she been at work.

5. Full pay needs to be inclusive of any statutory benefits (so as not to make sick pay greater than normal working pay). The combined addition of statutory sick pay to half pay must not exceed full pay.

Calculation of allowances

6. The period during which sick pay should be paid and the rate of sick pay for any period of absence is calculated, by deducting from the employee’s entitlement on the first day of sickness, the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. In aggregating periods of absence due to illness no account will be taken of:

- unpaid sick absence;
- injuries or diseases sustained to members of dentists in the actual discharge of their duties, through no fault of their own;
• injury resulting from a crime of violence, not sustained on duty but connected with or arising from the employee’s employment, where the injury has been the subject of payment by the Criminal Injuries Compensation Authority (Scotland).

• as above, but an injury which has not been the subject of payment by the Board on grounds that it has not given rise to more than three weeks' loss of earnings or was not one for which compensation above the minimum would arise.

7. Sick pay paid to an employee under this scheme when added to any statutory sickness, injuries or compensation benefits, including any allowances for adult or child dependants, must not exceed full pay (see paragraph 4 above).

Conditions for contractual sick pay

8. Employees will not be entitled to an additional day off if sick on a public holiday.

9. Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

• dentists with more than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place;

• staff with less than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

10. Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

11. These arrangements will be in accordance with local sickness absence procedures and will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.

12. Employers will also have discretion to extend the period of sick pay on full or half pay beyond the scale set out in paragraph 2.

• where there is the expectation of return to work in the short term and an extension would materially support a return and/or assist recovery, particular consideration should be given to those staff without full sick pay entitlements;

• In any other circumstance that the employer deems reasonable.
13. During the rehabilitation period employers should allow employees to return to work on reduced hours or, where possible, encourage employees to work from home without loss of pay. Any such arrangements need to be consistent with statutory sick pay rules.

14. Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.

15. An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. Employers will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme, providing the employee repays the full amount of sickness allowance to the employer, when damages are received. Once received the absence shall not be taken into account for the purposes of the scale set out in paragraph 2 above.

16. Employers may, at any time, require an employee absent from work due to illness to attend an examination by a medical practitioner. Furthermore, dentists do not need to be off sick to be referred by their employer for a medical. The employer will meet the cost of any medical examination.

17. After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of the employee returning to work, employers will have the option to terminate employment before the employee has reached the end of the contractual paid sick absence period, subject to the employers' agreed sickness absence policies and procedures.

18. Notification procedures and payment of sick absence pay when injuries are connected with other insured employment will be for local determination.

19. Payment of NHS Temporary Injury Allowance for workplace injuries or disease should be in accordance with the NHS Injury Benefit Scheme regulations.

20. Any termination of employment on the grounds of ill health will be in line with the NHS Boards’ Promoting Attendance policy.
SECTION 9: INJURY BENEFITS

1. This section contains provision for an injury allowance to be paid to eligible employees (1) who, due to work-related injury, illness or other health conditions are on authorized sickness absence or phased return to work with reduced pay or no pay. It also makes provision for the protection of pay in certain circumstances.

2. This section should be read in conjunction with Section 14 and Annex Z of the Agenda for Change Terms and Conditions Handbook. It does not confer an additional period of sickness absence entitlement to eligible employees.

Eligibility

3. Eligible employees who have injuries, diseases or other health conditions that are wholly or mainly attributable to their NHS employment, will be entitled to an injury allowance, subject to the conditions set out in this Section. The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee’s duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee’s employment.

4. The attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice. In all cases the employer should use the civil burden of proof – “on the balance of probability” (more likely than not) – to determine the outcome. Where the employee disagrees with the employer’s decision then they are entitled to appeal the decision through local grievance procedures.

5. Employees claiming injury allowance are required to provide all relevant information, including medical evidence, that is in their possession or that can reasonably be obtained, to enable the employer to determine the claim.

6. Payment of injury allowance is not dependent on length of service.

(1) For employees not covered by the NHS Terms and Conditions of Service Handbook or who are no longer working for an NHS employer, the provisions in this Section will apply as specified in individuals’ contracts of employment and should be read alongside the relevant contractual documents.
7. The following circumstances will not qualify for consideration of injury allowance:

- injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties:

- sickness absence as a result of disputes relating to employment matters, conduct or job applications;

- injury, disease or other health condition due to or seriously aggravated by the employer’s own negligence or misconduct.

**Scale of Injury Allowance**

8. Injury allowance will be paid to eligible employees as a top up to their sick pay or earnings, when on phased return on reduced pay. This calculation will include any contributory state benefits received by the employee to 85% of pay as defined in paragraph 14.4.

9. The injury payment is subject to National Insurance Contributions and income tax but is not subject to pensions contribution deductions.

10. Contributory state benefits received for loss of earnings will be offset at the rate at which they are actually received by the employee. All other benefits or payments received should be ignored.

11. Eligible employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to their employer. Timely notification will ensure that overpayments of injury allowance are not made. Employers will require repayment when an overpayment is made.

**Payment Period**

12. The allowance will be restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies.

**Using Injury Allowance to Support Return to Work**

13. Eligible employees who make a phased return to work can receive the injury allowance as a pay top up to 85% of pay as defined in paragraph 14.4, if their pay is reduced during an employed approved period of rehabilitation, subject to the timescales set out in paragraph 22.12 (See also Annex Z for details of phased return arrangements).

**Pay Protection**

14. Eligible employees who have to change jobs permanently to a position on lower pay due to a work related injury, illness and/or other health condition, will receive a period of protected pay that is the same as local provision for pay protection during organisational change.
Recovery of Overpayment of Injury Allowance

15. An employer can seek to recover any overpayments made to an employee. Where recovery is necessary, employers should take into account the period of time the overpayment was in place when agreeing the programme of repayments.

Dispute Resolution

16. Any disputes that arise due to the local application of injury allowance provisions should be handled via local grievance procedures.
SECTION 10: STUDY LEAVE

1. Professional or study leave is granted for postgraduate purposes approved by the NHS Board and includes study (usually, but not exclusively or necessarily, on a course), research, teaching, examining or taking examinations and attending conferences.

2. Professional or study leave will normally be granted up to a maximum of 21 days over 3 years subject to the exigencies of the service.

3. An NHS Board may, at their discretion, grant professional or study leave in addition to the amount set out in paragraph 2 above.

4. Only training and development needs identified and agreed as part of the performance appraisal process will be considered for approval by NHS Boards for study leave.
SECTION 11: TRAVEL AND SUBSISTENCE

General Provisions

1. The primary purpose of travel and subsistence allowances is to reimburse the necessary extra costs of meals, accommodation and travel arising as a result of official duties away from home. Business expenses which may arise, such as the cost of a fax or official telephone calls may be reimbursed with certificated proof of expenditure.

General Conditions of Night Subsistence

Short Overnight Stays in Hotels, Guest Houses and Commercial Accommodation

2. When a dentist stays overnight in a hotel, guest house or other commercial accommodation with the agreement of their line manager, the overnight costs will be reimbursed as follows:

   (a) the actual, receipted cost of bed and breakfast up to a normal maximum limit of £55: plus

   (b) a meals allowance of £20 per 24 hour period to cover the cost of a main evening meal and one other day time meal.

3. In exceptional cases where the maximum limit is exceeded for genuine business reasons (eg the choice of hotel was not within the dentist’s control or cheaper hotels were fully booked) additional assistance may be granted at the discretion of the NHS Board.

Short Overnight Stays in Non-Commercial Accommodation

4. Where a dentist stays for short overnight periods with friends or relatives, a flat rate of £25 is payable. This includes an allowance for meals. No receipts will be required.

5. Dentists staying in accommodation provided by the NHS Board or host organisation shall be entitled to an allowance to cover meals which are not provided free of charge (up to a total of £20).

6. Where accommodation and meals are provided without charge to the dentist eg on a residential training course, an incidental expenses allowance of £4.20 will be payable. All payments of this allowance are subject to the deduction of appropriate tax and national insurance contributions via the payroll system.

Travelling Overnight in a Sleeping Berth (Rail or Boat)

7. The cost of a sleeping berth (rail or boat) and meals, excluding alcoholic drinks, will be reimbursed subject to the production of receipts.
**Short Term Temporary Absence Travel Costs**

8. Travel costs between the hotel and temporary place of work will be separately reimbursed on an actual cost basis.

**Long Term Overnight Stays**

9. After the first thirty nights stay in the same location, the entitlement to night subsistence shall be reduced to a **maximum of £35 per night.** Meals allowances are not payable to these dentists. Those who continue to stay in non-commercial accommodation will continue to be entitled to an **allowance of £25 per night.**

**Conditions for a Day Meals Subsistence**

10. A meal allowance is payable when a dentist is necessarily absent from home and more than five miles from headquarters by the shortest practical route, on the business of the NHS Board. **The day meal allowance rate is £5.00.** These meals are not paid where meals are provided free at the temporary place of work.

11. A day meals allowance is payable only when a dentist necessarily spends more on a meal/meals than would have been spent at the dentist’s headquarters. The dentist shall certify accordingly on each occasion for which day meals allowance is claimed but a receipt is not required.

12. Normally a dentist claiming a lunch meal allowance would be expected to be away from their base for a period of more than five hours and covering the normal lunch time period of 1200 hours to 1400 hours. To claim an evening meals allowance, a dentist would normally be expected to be away from base for more than ten hours and unable to return to base or home before 19.00 hours and as a result of the late return is required to have an evening meal. Dentists may qualify for both lunch and evening meal allowance in some circumstances. There will be occasions where, due to the time of departure, there will be the necessity to take a meal but the conditions relating to the time absent from the base are not met. This, and any other exception to the rules, may be met at the discretion of the NHS Board.

13. The scope and level of any other payments will be determined by the employing NHS Board according to local needs on a receipted basis.

**Late Night Duties Expenses**

14. A dentist who is registered to work late at night in addition to a day duty may be paid **an evening meal allowance of £3.25.** It will be for the NHS Board to determine who will be entitled and in what circumstances.

15. Late Night Duties Allowance will be subject to deduction of appropriate tax and national insurance contributions via the payroll system.
Subsistence Allowances

16. A full schedule of subsistence allowances is at Annex C

Travelling Expenses

Reimbursement of Travelling Expenses on Official Journeys

17. Reimbursement of travelling expenses on official journeys, other than journeys for which dentists use their private motor vehicles, shall be governed by the following rules:-

17.1 Payment shall be made in respect of expenses necessarily incurred by a dentist travelling on business approved by the NHS Board.

17.2 The sum paid shall not exceed the amount spent by the dentist,

17.3 Expenses incurred in travelling from holiday leave to duty, or vice versa, shall not be allowed unless the dentist was recalled for special reasons.

17.4 The cost of journeys or parts of journeys between home and headquarters is not allowable. When a dentist travels directly from home to the place visited, or vice versa, the actual cost of the journey (subject, however to an appropriate abatement where part of the journey lies over the normal route between home and headquarters or base) may be reimbursed up to an amount not exceeding the expense of travelling between the dentist’s headquarters or base and the place visited.

17.5 Second class fares shall be payable to other dentists except when travelling with a member of the NHS Board or with another employee who is entitled to travel first class. All dentists shall take the fullest possible advantage of any available cheap fares.

17.6 The sum paid may include the amount of extra expenditure necessarily incurred on reservation of seats, and deposit or carrying of luggage.

17.7 Where a dentist makes an overnight journey by rail or boat, the cost of a sleeping berth and meals, excluding alcoholic drinks, will be reimbursed subject to the production of receipts.

17.8 Taxi or cab fares and any reasonable gratuity shall be payable only in cases of urgency or in other cases in which transport is reasonably required and an adequate public service is not available, but where these conditions are not fulfilled a dentist using a taxi or cab shall be entitled to claim the sum they would have paid had they travelled by public service vehicle.

17.9 Payment for travel by a hired motor vehicle other than a taxi or cab shall not exceed the mileage allowance which would have been payable had
the vehicle belonged to the dentist who hired it; provided that where the NHS Board so approves, payment may be increased to an amount not exceeding the actual cost of the hiring.

17.10 Payment of travel by air shall not exceed the cost of travel by appropriate alternative means of transport together with an allowance equivalent to the amount of any saving in subsistence expenses consequent on travel by air; provided that where the NHS Board decides that the saving in time is so substantial as to justify payment of the fare for travel by air, there may be paid an amount not exceeding:

17.10.1 the ordinary, or any available cheap fare for travel by regular air service; or

17.10.2 where no such service is available or in case of urgency, the fare actually paid by the dentist.

17.11 For journeys for which employees use their private motor vehicles or Crown cars – see Section 24 of the General Whitley Council Handbook.
SECTION 12: JOB PLANNING AND PERFORMANCE APPRAISAL

Job planning and performance appraisal are a mandatory part of the new contract of employment for the Scottish Public Dental Service and should be undertaken on an annual basis. Further details on the job planning and performance appraisal process are set out in Appendices A and B. A Competency Framework for each of the grades is also included as Appendix C and should be used as part of the appraisal process and for determining development needs.
SECTION 13: DISCIPLINARY PROCEDURES

Personal Conduct

1. Disciplinary issues relating to personal conduct such as timekeeping, behaviour/conduct etc should be dealt with through the NHS Board’s Management of Employee Conduct policy.

Performance Concerns

2. If an issue of clinical practice or the dentist is not competent in certain issues, then clinical coaching and mentoring should be put in place to improve performance. Additional support can be given through the annual job planning and appraisal system.

Professional Issues

3. If an adverse report is received from the Dental Reference Officer or from any other source raising professional concerns this will be dealt with through the NHS Board’s Employee Conduct policy in the normal way.
SECTION 14: REDUNDANCY

Introduction

1. This section sets out the arrangements for redundancy pay for employees dismissed by reason of redundancy who, at the date of termination of their contract, have at least 104 weeks of continuous full-time or part-time service. It also sets out the arrangements for early retirement on grounds of redundancy and in the interests of the service, for those who are members of the NHS Pension Scheme and have at least 2 years of continuous full-time or part-time service and two years of qualifying membership in the NHS Pension Scheme.

Definition of Redundancy

2. The Employment Rights Act 1996 Section 139 states that redundancy arises when employees are dismissed in the following circumstances:

- “where the employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed; or where the employer has ceased, or intends to cease, to carry on the business in the place where the employee was so employed; or

- where the requirements of the business for employers to carry out work of a particular kind, in the place where they were so employed, have ceased or diminished or are expected to cease or diminish”.

Qualification for a Redundancy Payment

3. To qualify for a redundancy payment the member of staff must be an employee, working under a contract of employment for an NHS employer. “NHS employer” means any of the organisations listed at Annex A in this Handbook and any predecessor or successor body. Non-executive directors of NHS organisations do not qualify. Contracts of employment may be written or verbal, and can be for a fixed period or be continuous. In law, employees have a contract as soon as they start work and in accepting and undertaking the work required they accept the terms and conditions offered by the employer. To qualify for a redundancy payment the employee must also have at least 104 weeks of continuous full-time or part-time service.

Definition of Continuous Service

4. “Continuous service” means full-time or part-time employment with the present or any previous NHS employer. If with more than one NHS employer, there must not have been a break of more than a week (measured Sunday to Saturday) between employments.

Definition of Reckonable Service

5. “Reckonable service” for the purposes of an NHS redundancy payment, which is calculated on the basis of the service up to the date of termination of the contract,
means continuous full-time or part-time employment with the present or any previous NHS employer but with the following additions:

- where there has been a break in service of 12 months or less, the period of employment prior to the break will count as reckonable service:

- periods of employment as a trainee with a general medical practitioner, in accordance with the provisions of the Trainee Practitioner Scheme, will count as reckonable service;

- at employer discretion, any period or periods of employment with employers outside the NHS, where these are judged to be relevant to NHS employment can be included in reckonable service.

6. The following employment will not count as reckonable service:

- Employment that has been taken into account for the purposes of a previous redundancy, or loss of office payment by an NHS employer;

- Where the employee has previously been given pension benefits, any employment that has been taken into account for the purposes of pension benefits.

**Definition of a month’s pay**

7. “Month’s pay” means whichever is the more beneficial of the following calculations:

- 4.35 times a week’s pay, calculated in accordance with the provisions of Section 221 to 229 of the Employment Rights Act 1996;

- An amount equal to 1/12th of the annual salary in payment at the date of termination of employment.

**Calculation of Redundancy Payment**

8. The redundancy payment will take the form of a lump sum, dependent on the employee’s reckonable service at the date of termination of employment. The lump sum will be calculated on the basis of one month’s pay for each complete year of reckonable service, subject to a minimum of 2 years’ (104 weeks’) reckonable service and a maximum of 24 years’ reckonable service being counted.

9. Fractions of a year of reckonable service will not be taken into account.

**Early Retirement on Grounds of Redundancy for Employees Entitled to Pension Benefits**

10. Members of the NHS Pension Scheme who are made redundant and meet the conditions set out above in paragraphs 3 to 6, may choose to retire early without reduction in the value of pension benefits, as an alternative to receiving the full lump
sum benefit set out in paragraph 8. To qualify for early retirement the member of staff must:

- Be a member of the NHS Pension Scheme;
- Have at least 2 years’ continuous service and two years’ qualifying membership;
- Have reached the minimum pension age. The Finance Act 2004 allows for protection of a minimum pension age of 50, for members who had the right to take reduced benefits at that age on 5 April 2006. This protection may continue as long as members retiring early after 6 April 2010 take all their benefits payable under scheme rules. In the NHS Pension Scheme, for those without this protection, members who first joined and some who returned to the scheme after 6 April 2006 minimum pension age will change from 50 to 55 from 6 April 2010.²

**Definition of Qualifying Membership**

11. ‘Qualifying membership’ is membership that counts towards entitlement for benefits. Pensionable membership is membership that counts when benefits are calculated. This may be different from reckonable service for the purposes of a redundancy payment as it can include pensionable service from previous periods of employment with the NHS or another employer, and periods of part-time working.

²Subject to consultation, for those who are in the new pension scheme (with a normal pension age of 65), minimum pension age will be 55 from when the scheme is set up.
Use of Redundancy Payment to Pay for Early Retirement

12. If the redundant member of staff chooses to take early retirement with an unreduced pension under these arrangements, they will receive immediately the full value of their qualifying pension benefits at the point of redundancy, without the actuarial reduction that would occur with voluntary early retirement. Their employer will pay the relevant NHS pension scheme a sum equivalent to the capitalised cost of paying the pension and lump sum early.

13. This sum will be paid from the lump sum redundancy payment that otherwise would have been paid to the employee. If the cost to the employer of paying by single payment for early retirement is less than the value of the redundancy payment that the member would have received under paragraph 8, then the redundant employee will also receive from the employer a redundancy payment equivalent to the difference between the two sums. The cost to the employer would therefore normally be the same as if the employee had chosen to take a redundancy payment without unreduced early retirement. However, if the cost of early retirement is more than the redundancy payment due, the employer will pay the additional cost.

Treatment of Concurrent Pensionable Employment

14. Where there is concurrent pensionable employment, members may choose between:

- Ceasing all pensionable employment and taking early retirement on the terms set out below in respect of each employment, in which case they cannot be pensionable again in the current scheme (normal pension age of 60). (An employment may continue if it is not more than 16 hours a week, without affecting the payment of enhanced benefits, but it will not be pensionable in the scheme); and

- Taking benefits only in respect of the employment that is being terminated, in which case they can continue being pensionable in other employments. After 6 April 2010 this will not apply if taking benefits under the age of 55.

³It is open to qualifying members to take early retirement under the normal scheme arrangements for voluntary early retirement or normal age retirement.
15. Members with concurrent practitioner and non-practitioner employments, who choose to cease all pensionable employments, will receive only their non-practitioner benefits on redundancy grounds. Where appropriate, benefits for practitioner membership may be taken on an early retirement basis with an actuarial reduction or preserved for payment at age 60. (4) (5)

16. The employer who authorises early retirement will be responsible for the pension costs accruing from other terminating employment. If a member returns to work after taking their pension, their pension will be abated, if the combined value of their pension and salary is greater than they earned prior to retirement. This will continue until they reach their normal retirement age.

Exclusion from Eligibility

17. Employees shall not be entitled to redundancy payments or early retirement on grounds of redundancy if:

- They are dismissed for reasons of misconduct, with or without notice; or
- At the date of the termination of the contract have obtained without a break, or with a break not exceeding four weeks, suitable alternative employment with the same or another NHS employer; or
- Unreasonably refuse to accept or apply for suitable alternative employment with the same or another NHS employer; or
- Leave their employment before expiry of notice, except if they are being released early (see paragraphs 20 to 21 below); or
- They are offered a renewal of contract (with the substitution of the new employer for the previous NHS one); and
- Where their employment is transferred to another public service employer who is not an NHS employer.

Suitable Alternative Employment

18. Employers have a responsibility, before making a member of staff redundant or agreeing to early retirement on grounds of redundancy, to seek suitable alternative employment for that person, either in their own organisation or through arrangements with another NHS employer. Employers should avoid the loss of staff through redundancy wherever possible, to retain valuable skills and experience where appropriate within the local health economy.

(4) Where practitioner membership ended 12 months or more before the date of non-practitioner retirement on redundancy, and all other posts have ceased, practitioner benefits will be paid at the same time as the redundancy benefits and associated pension costs will be met by the NHS employer authorising retirement.

(5) Practitioners are general medical and dental practitioners.
19. “Suitable alternative employment”, for the purposes of paragraph 17, should be determined by reference to Sections 138 and 141 of the Employment Rights Act 1966. In considering whether a post is suitable alternative employment, regard should be had to the personal circumstances of the employee. Employees will, however, be expected to show some flexibility.

20. For the purposes of this scheme any suitable alternative employment must be brought to the employee’s notice in writing or by electronic means agreed with the employee, before the date of termination of contract and with reasonable time for the employee to consider it. The employment should be available not later than four weeks from that date. Where this is done, but the employee fails to make any necessary application, the employee shall be deemed to have refused suitable alternative employment. Where an employee accepts suitable alternative employment the ‘trial period’ provisions in Section 138(3) of the Employment Rights Act 1966 apply.

**Early Release of Redundant Employees**

21. Employees who have been notified of the termination of their employment on grounds of redundancy, and for whom no suitable alternative employment in the NHS is available, may, during the period of notice, obtain other employment outside the NHS.

22. If they wish to take this up before the period of notice of redundancy expires the employer will, unless there are compelling reasons to the contrary, release such employees at their request on a mutually agreeable date. That date will become the revised date of redundancy for the purpose of calculating any entitlement to a redundancy payment under this agreement.

**Claim for Redundancy Payment**

23. Claims for redundancy payment or retirement on grounds of redundancy must be submitted within six months of the date of termination of employment. Before payment is made the employee will certify that:

- They had not obtained, been offered or unreasonably refused to apply for or accept, suitable alternative health service employment within four weeks of the termination date;

- They understand that payment is made only on this condition and undertake to refund it if this condition is not satisfied.

24. If a retrospective pay award is notified after the date of termination of employment, then the redundancy payment and/or pension will be recalculated, any arrears due paid.
Disputes

25. An employee who disagrees with the employer’s calculation of the amount of redundancy payment or the rejection of a claim for redundancy payment, should make representations to the employer via local grievance procedures. See also paragraph 22 about making a claim for redundancy payment.

Early Retirement in the Interests of Efficiency of the Service

26. Members of the NHS Pension Scheme will receive payment of benefits without reduction if they retire early in the interests of the efficiency of the service, and they satisfy the qualifying conditions set out in paragraph 10. Retiring early, in the interests of the service is a flexibility available at employer discretion. In these cases, no redundancy payment is due. In agreeing to retirement in the interests of the service, the employer undertakes to pay the costs of paying the pension and lump sum early. Employers will need to ensure that they exercise this discretion appropriately and will be conscious of the implications of any potential discrimination on grounds of age, sex, race, religion or disability.

27. These arrangements are aimed at employees who have given valuable NHS service in the past but are no longer capable of doing so. This might be because of new or expanded duties or a decline in the ability to perform existing duties efficiently but not so as to qualify them for ill health retirement. Employers would be expected to consider alternatives before agreeing to early retirement.

28. The relevant NHS pension scheme certifies the grounds on which early retirement is taking place. The scheme does so on the basis of the information provided by the employer. In each case, therefore, an appropriate senior manager should authorise the early retirement, ensuring that the relevant criteria have been met.

Employer Responsibilities

29. Employer contributions to the NHS Pension Scheme do not cover the costs of early retirement benefits. There is a requirement for NHS employers to pay these costs if they retire staff early on grounds of redundancy or in the interests of the service.
PART 4:  POLICIES AND PROCEDURES

With the exception of the terms and conditions outlined in the previous sections, local Board policies and procedures will apply in all other instances, save for instances where the General Whitley Council Conditions of Service apply (see paragraph 4 of introduction).
APPENDIX A

JOB PLANNING

General Principles

Job planning is based on a partnership approach and is a mandatory part of the new contract of employment for the Public Dental Service. It should be undertaken on an annual basis at the same time as and forming a key element of the wider appraisal process. The clinical director or equivalent and the dentist will both normally prepare a draft job plan, which will then be discussed and agreement sought. The discussion should focus on the prospective timetable and list all the duties of the dentist, the number of hours for which the dentist is contracted and paid, a schedule for these duties, the dentist’s objectives and agreed supporting resources. The dentist must fulfil their agreed duties and make best endeavours to meet their objectives.

In developing the Job Plan the following points should be considered:

- it should be developed in partnership;
- it is an agreement that sets out objectives (both professional and personal), duties and responsibilities for the coming year;
- resources and support should be identified and agreed;
- it should cover all aspects of a dentist’s professional practice;
- it should cover the requirements of the organisation/employer;
- it may be built onto the previous year’s plan;
- the plan may include team activities;
- the process is separate from, but linked to appraisal;
- it should contribute to a flexible and responsive service delivery

There should be an annual review of the Job plan. Information required in the Job plan is similar to that required for the appraisal process and therefore each process should take place as close together as possible. The purpose of the review will be to determine:

- what factors affected the achievement or otherwise of objectives;
- adequacy of resources to meet objectives;
- any possible changes to duties or responsibilities;
- ways of improving management of workload;
- the planning and management of the dentist’s career.
2. JOB PLAN REVIEW

The job plan will be reviewed annually as a key component of the annual appraisal process. The annual review will examine all aspects of the job plan and should be used to consider amongst other possible issues, what factors affected the achievement or otherwise of objectives, adequacy of resources to meet objectives, the impact on patient care and ways of improving services, any possible changes to duties or responsibilities, ways of improving management of workload and the planning and management of the dentist’s career. The annual job plan review may result in a revised prospective job plan.

The dentist and clinical director or equivalent may conduct an interim review of the job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the year. In particular, in respect of the agreed objectives in the job plan, both the dentist and the clinical director or equivalent will keep progress against those objectives under review. They should identify to each other any problems in meeting those objectives as they emerge or propose an interim job plan review if it appears that the objectives may not be achieved.

3. JOB CONTENT

The job plan will set out all of a dentist’s NHS responsibilities and duties and the service to be provided. The job plan will also include duties undertaken for other NHS organisations.

4. JOB SCHEDULE

This will set out, as far as practically possible; how, when and where the dentist’s responsibilities and duties will be delivered. The clinical director or equivalent will confirm the schedule after full discussion with the dentist, taking into account the dentist’s views on resources and priorities.

The employer will be responsible for ensuring that a dentist has the facilities, training and development and support needed to deliver the commitments in the job plan.

Non-emergency work (outside contracted working hours) during weekdays or at weekends will only be scheduled by mutual agreement between the dentist and their clinical manager, or in accordance with the dentist’s contracted responsibilities or hour of work.

Where a dentist participates in an on-call rota as part of their role, the job plan will reflect the commitment required.
5. **MANAGERIAL AND ACCOUNTABILITY ARRANGEMENTS**

The job plan will set out where applicable the dentist’s management responsibilities. It will also set out the dentist’s accountability arrangements, both professional and managerial.

6. **OBJECTIVES**

The job plan will include personal objectives that have been agreed between the dentist and their clinical director or equivalent. It will set out the relationship between these personal objectives and local service objectives.

The objectives will set out a mutual understanding of what the dentist will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation. They will:

- be based on past experience and on reasonable expectations of what should be achievable over the next period;
- be underpinned by the relevant competencies from the competency framework for the appropriate band of post;
- reflect different, developing phases in the dentist’s career;
- reflect the needs of the organisation;
- be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors out-with the dentist’s control, which will be considered in the job plan review.

The nature of the dentist’s personal objectives will depend in part on their role, but they may include objectives relating to the following:

- competencies relevant to the dentist’s pay band;
- clinical quality;
- high quality patient care;
- activity and efficiency;
- local service objectives;
- service development;
- management of resources, including efficient use of NHS resources;
- multi-disciplinary team working.

Objectives may refer to protocols, policies, patient care, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.

7. **SUPPORTING RESOURCES**

The job plan review should also identify the resources that are likely to be needed to meet these job plan commitments and objectives. They will also be
used in identifying any potential organisational or system barriers that may affect the dentist’s ability to meet these commitments or objectives.

8. MEDIATION AND APPEALS

Wherever possible, disagreements over job planning should be resolved by referral to the medical director or equivalent for mediation to be arranged between the dentist and the clinical director or equivalent. If matters cannot be resolved in this way there shall be access to an appeal process.

9. GUIDANCE ON THE COMPLETION OF THE JOB PLAN FORM

This guidance note provides helpful information to assist in completing the job plan form.

The job plan form is broken down into eleven sections as follows:

- Personal Details – please provide the details requested.
- Weekly schedule – this section provides a summary of duties and responsibilities in the working week, including the number of hours an activity takes up and any differences in location.
- Objectives – this section outlines any personal objectives and identifies the relationship between personal and organisational objectives
- Supporting resources – please provide details of any supporting resources such as administrative, clerical or secretarial support, IT resources and other forms of support and as well as any comments.
- Accommodation – please provide details of the facilities available, such as office accommodation or clinical accommodation and any comments.
- Equipment – please provide details of the type of equipment available. Please include comments on suitability of equipment, whether any equipment requires updating or is not available etc.
- External Duties – please provide details of any activities for other organisations.
- Additional Work – this section clarifies whether any other work is undertaken.
- Other comments or agreements – this section allows for any additional comment or agreement not covered elsewhere in the job plan.

Sign off – both the dentist and his or her clinical manager are to agree and sign off the job plan.
# Job plan Form

Name:

Job Title:

Grade:

Contract: Full Time/Part Time

Principal Place of Work:

Other Regular Places of Work:

Participation in an on-call rota: Yes/No

If yes, frequency of rota:

Managerially Accountable to:

Clinically Responsible to:

Effective Date of Job plan:

## Weekly Schedule

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**Total Sessions/ Hours**
## Objectives

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**Supporting Resources**

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### External Duties

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### Additional Work

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<th>1. Are you undertaking:</th>
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<th>If yes, how many sessions and at what times?</th>
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<td>a. Any other NHS work?</td>
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<td>b. Any other professional non-NHS work?</td>
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<td>c. Any other paid employment (working time directive)?</td>
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### Sign off and agreement

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<th>Dentist name</th>
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<th>Clinical director (or equivalent) name</th>
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PERFORMANCE APPRAISAL

Introduction

1. This appraisal guidance has been agreed in conjunction with the British Dental Association and will be a requirement for all dentists within the new Public Dental Service.

Definition and Aims of Appraisal

2. Appraisal is a professional process of constructive dialogue, in which the dentist being appraised has a formal, structured opportunity to reflect his/her work and to consider how his/her effectiveness might be improved.

3. It is a positive employer led process to give dentists feedback on their performance, to chart their continuing progress and to identify developmental needs.

4. It is not the primary aim of appraisal to scrutinise a dentist to see if they are performing poorly but rather to help them consolidate and improve on good performance, aiming towards excellence. However, it can help to recognise at an early stage poor performance, ill health or other factors which may be affecting practice.

5. The aims and objectives of the appraisal scheme are to enable the employer and the dentist to:

- Review regularly an individual’s work and performance, utilising the relevant core competency frameworks issued in conjunction with the appraisal system itself which support the development/reward arrangements.

- Optimise the use of skills and resources in seeking to achieve the delivery of service priorities.

- Consider the dentist’s contribution to the quality and improvement of services and priorities delivered locally.

- Set out personal and professional development needs and agree plans for these to be met, incorporating any organisational objectives.

- Identify the need for the working environment to be adequately resourced to enable any service objectives in the agreed job plan review to be met.

- Provide an opportunity for the dentist to discuss and seek support for their participation in activities for the wider NHS.
Utilise the annual appraisal process and associated documentation to support the requirements for GDC revalidation.

**Appraisal Timetable**

6. Appraisals must be carried out annually. All dentists must participate fully and positively in the appraisal process as both the appraisal and annual job planning process are essential criteria for progression through the pay band. Refusal by a dentist to participate is a disciplinary matter and will be dealt with as appropriate under the NHS Board’s disciplinary procedure.

7. It is good practice to undertake a formal review at the six month point to ensure that the dentist is progressing against their objectives, to highlight any areas which may not be met and to agree any action required.

**Links with General Dental Council (GDC) Recertification and Revalidation**

8. It is anticipated that the appraisal process will support the GDC requirements for recertification/revalidation. To this end, appraisal discussions and evidence gathering should be sufficiently broad to support the essential requirements of recertification/revalidation.

9. By this means, appraisal will provide a regular, structured system for recording progress towards recertification/revalidation and identifying development needs.

**Role of the Clinical Director**

10. The Clinical Director is personally accountable for ensuring that all dentists undergo an annual appraisal.

11. The Clinical Director must ensure that the appraisers are properly trained and in a position to undertake this role, and where appropriate the interlinked process of job plan review. The Medical Director should also ensure necessary links exist between the appraisal process and other internal processes concerned with clinical governance, quality and risk management and the achievement of service priorities.

12. In discharging this accountability, the Clinical Director or equivalent, will have confidential access to any documentation used in the appraisal process. In these circumstances the individual concerned will be informed.

13. The Clinical Director will be accountable for overseeing the appraisal process. This includes ensuring and confirming that:

   - Annual appraisals have been conducted for all dentists;
   - Any issues arising out of the appraisals are being managed appropriately and action taken where necessary;
   - Personal development plans are in place for all dentists.
Who undertakes the Appraisal?

14. The Clinical Director or senior dentist or doctor on the dental or medical register should undertake the appraisal. The Clinical Director will nominate the appropriate dentist or doctor, to whom the dentist is usually accountable, to undertake the appraisal. The appraiser should be able to cover both clinical aspects and matters relating to service delivery.

15. In exceptional circumstances, the Clinical Director will be responsible for nominating a suitable alternative.

16. Ideally the appraiser should be the same person who undertakes the associated job plan review. Where the appraiser is not the appropriate person to agree the job plan, the Clinical Director or equivalent should ensure alternative arrangements are in place.

17.. If the Clinical Director or equivalent is not undertaking the appraisal, they must be fully consulted by the dentist and appraiser before the appraisal meeting. They should also ensure that the appraiser and dentist consider all relevant issues at the appraisal meeting. This may be best achieved through an agreed contribution to the appraisal meeting and outcome report.

18. The Clinical Director will be responsible for ensuring any necessary action arising from the appraisal is taken. If the appraiser is not the dentists’ Clinical Director or equivalent, the appraiser will be responsible for submitting to the Clinical Director the details of any action considered necessary. The Clinical Director or equivalent will be held accountable to the Medical Director/Chief Executive for the outcome of the appraisal process.

Option for Specialty Review

19. The assessment of some of the more specialist aspects of the dentist’s clinical performance is best carried out by those who are fully acquainted with the relevant areas of expertise and knowledge. Where it is apparent that a specialist component is an essential part of the appraisal, the appraiser and the dentists should plan this into the timetable in advance of the appraisal interview.

20. In some small Boards it may not be possible to identify suitable appraisers to conduct the specialist aspects of the appraisal ie those in which specialist knowledge is essential. In these instances, two or more Boards might collaborate to ensure that an appraiser with appropriate specialist knowledge is available to contribute to the appraisal process. Specialist societies and professional organisations may be able to help employers identify appraisers with such knowledge.

21. During the appraisal, if it becomes apparent that more detailed discussion of any aspect is necessary, either party may request an internal or external review. This should normally be completed within one month and a further meeting
scheduled as soon as possible (within two months) to complete the appraisal process.

22. As a matter of routine, the results of any other internal or external review carried out (eg by an educational body, a professional body, or similar bodies) will need to be considered at the next appraisal meeting. This will not prevent the Board from following its normal processes in dealing with external reviews.

Dentists working for more than one Board

23. Where a dentist holds separate contracts of employment with more than one Board (eg two separate part-time contracts of employment with different Boards), it is expected that a separate appraisal will be required for each post held.

The Appraisal Process

Preparation

24. All those involved in the appraisal process must receive appropriate training before beginning an appraisal.

25. The timing, location and people involved in the appraisal need to be confirmed about a month before the appraisal. It is important that the appraisal is planned in diaries well ahead and the time protected in the diary. Ad-hoc arrangements will fail the dentist and the appraiser.

26. A successful appraisal depends on both parties giving their contribution some thought beforehand. Both parties should give themselves sufficient time to draft, exchange and consider any necessary documents. Best practice would be for this to be a few weeks before the planned appraisal date rather than a few days. Where a third party needs to contribute this should be discussed and agreed well in advance.

27. Adequate time should be allocated for preparation for both the appraiser and the dentist. Employers should recognise that preparation time and time for carrying out the appraisal are instead of, rather than additional to, the dentist’s existing duties and workload, and therefore should take place during normal working hours. In order to prepare for appraisals, individuals should be explicitly released from other duties for a specified period of time.

Preparation by the Dentist

28. The dentist being appraised should prepare for the appraisal by identifying those issues which he/she wishes to raise. The dentist may wish to consider the following questions before the appraisal meeting:

- How would I rate my own performance as a dentist?
- How up to date am I?
- How well do I work in a team?
- What resources and support do I need?
- How well am I meeting my service objectives?
- What evidence do I have to demonstrate my competencies and achievement of objectives?
- What are my development needs?

29. Every dentist should prepare an appraisal folder. This is a systematically recorded set of documents, information, evidence and data which will help inform the appraisal process. Examples of suitable documents and information are given in the competency frameworks at Appendix C.

30. The folder should contain original documents, a record of what the appraisal process concluded and what actions were agreed. Model documentation has been produced.

31. The appraisal process itself will not result in the generation of significant amounts of new evidence or information but will capture the information that already exists. Information going into the folder should be obtained from relevant clinical activity, the job planning process and other existing sources. The appraisal should offer an opportunity to capture areas of achievement and excellence in performance together with records of training and qualifications achieved from the previous year. The folder should be updated as required.

**Preparation by the Appraiser**

32. The appraiser should prepare a workload summary with the dentist. Early discussions should take place on what data is relevant and required. This will include data on patient workload, teaching, management and any pertinent internal and external comparative information. The dentist should also submit any other data which they consider relevant to the appraisal.

33. The primary purpose of the workload summary is to inform the appraisal and job plan review and to facilitate departmental planning and development. It will highlight any significant changes which might have arisen over the previous 12 months and which require discussion.

34. Discussions should be based on accurate, relevant up to date and available data. This should be supplemented by any information generated as part of the regular monitoring of organisational performance undertaken by the employer.

35. In advance of the appraisal meeting, the appraiser should gather the relevant information as specified above and consult in confidence, where appropriate, the Clinical Director or equivalent, other dental leads and members of the immediate team. The information and paperwork to be used in the appraisal meeting should be shared at least two weeks in advance, to allow for adequate preparation for the meeting and validation of supporting information.

**Appraisal Meeting**

36. A model appraisal form has been produced. The document is designed to provide a formal, supportive and consistent structure to the appraisal process. It
covers the process in sequence and suggests the information and evidence which can be used. Sections A and B should be completed by the dentist prior to the appraisal meeting.

37. This is divided into four sections:
   - Section A relates to personal information;
   - Section B should contain the evidence which the dentist intends to use to demonstrate their progress towards or maintenance of the band specific competencies;
   - Section C is for the documentation of the appraisal interview. This is divided into the same sub-headings as the competency framework;
   - Section D is for the documentation of any agreed actions and personal development plan;
   - Section E is the final agreement form.

Outcomes of Appraisal

38. The maximum benefit from the appraisal process can only be realised where there is openness between the appraiser and the dentist.

39. The appraisal should identify areas where there are gaps to be filled or where data needs to be better collated or presented. The process should also identify individual needs to be addressed through the personal development plan. The plan will also provide the basis for a review with specialty teams of their working practices, resource needs and clinical governance issues. All records will be held on a secure basis and access/use must comply fully with the requirements of the Data Protection Act.

40. Appraisal meetings will be conducted in private. The key points of the discussion and any outcomes must be fully documented and copies held by private parties.

41. Following appraisal, both parties must complete and sign the appraisal document and send a copy, in confidence, to the Medical Director or Clinical Director as appropriate.

42. In exceptional circumstances, copies may be sent to the Chief Executive. This would usually occur where the Clinical Director or equivalent have any concerns or where the Chief Executive is sampling the quality of the appraisal process.

43. Where any agreement cannot be resolved during the appraisal, it should be recorded. A further meeting between the appraiser and dentist may be arranged in the presence of the Clinical Director or equivalent in the first instance, or the Medical Director, to discuss the specific points of the disagreement. At this meeting the
dentist may also be accompanied by a dental colleague or their trade union representative.

**Personal Development Plan**

44. As an outcome of the appraisal, key development objectives for the following year and, where appropriate, subsequent years should be set. These objectives may cover any aspect of the appraisal including personal development needs, training goals and organisational issues, eg, acquisition or consolidation of new skills and techniques, and aligned with personal and organisational needs.

45. The Clinical Director is accountable for arrangements being in place for reviewing and implementing the personal development plan. The review of the personal development plan must ensure that key areas have been covered, ensure that all relevant training is being provided and identify any employer wide issues which might be addressed on an organisational basis, eg clinical audit priorities.

**Should Concerns Arise During the Appraisal**

46. Both the appraiser and the dentist need to recognise that as a registered dentist they must protect patients when they believe that a colleague’s health, conduct or performance is a threat to patients (GDC’s Standards for Dental Professionals part 1, paragraph 1.7 and its supplement Principles of Raising Concerns).

47. If, as a result of the appraisal process the appraiser believes that the activities of the dentist will put patients at risk, appropriate action should be taken. Nothing in the operation of the appraisal process can override the basic professional obligation to protect patients.

**Serious Issues Relating to Poor Performance**

48. Serious issues relating to poor performance will most often arise outside of the appraisal process and must be addressed at that time. It is not acceptable to delay dealing with such issues until the next scheduled appraisal. These concerns should be addressed in accordance with the normal employer procedures.

49. If it becomes apparent during the appraisal that there is a potentially serious performance issue requiring further discussion or examination, the appraiser must immediately refer the matter to the Clinical Director or Medical Director to take appropriate action. This may for example include referral to any support arrangements that may be in place.
PUBLIC DENTAL SERVICE
Annual Appraisal Documentation

Section A: Personal Information

Name: ..........................................................................................................................

GDC Registration

Registration Number: ..................................................................................................

Date of registration: ..................................................................................................

Type of registration currently held: ..............................................................................

Specialist Registration

Date of grant of any specialist registration/qualification in the UK and any specialty in which you were registered:
..........................................................................................................................

Date and country of grant of any specialist registration/qualification outside the UK and any specialty in which you were registered:
..........................................................................................................................

Any other specialties or sub-specialties in which you are registered:
............................................................................................................................
**Employment Information**

Title of post currently held: .................................................................Start date: .........................

Previous Employment History:
(List all the posts in which you have been employed, including honorary and part-time posts, in the NHS and elsewhere in the past five years)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date from</th>
<th>Date to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other relevant personal details**
(For example, membership of medical/dental and specialist societies) Please indicate if you have any official role or status?

.................................................................................................................................................................
.................................................................................................................................................................
.................................................................................................................................................................
.................................................................................................................................................................
Section B: Supporting Evidence

In this section you should list the documents used to inform your appraisal interview and demonstrate performance against the pay band competencies. You should keep copies of these documents in your appraisal folder.

This section should be completed prior to the appraisal interview.

*Clinical Competencies (including DRO reports, activity data)*

- 
- 

*Communications*

- 
- 

*Management and Leadership*

- 
- 

*Professionalism*

- 
- 

*Teaching and Training*

- 
-
## Section C: Appraisal Interview

### Summary of achievements since previous appraisal


### Details of competencies maintained and/or achieved

#### Clinical Competencies

**Progress:**

**Areas for development:**

**Any additional information:**

#### Communications

**Progress:**

**Areas for development:**

**Any additional information:**
Management and Leadership

Progress:

Areas for development:

Any additional information:

Professionalism

Progress:

Areas for development:

Any additional information:

Teaching and Training

Progress:

Areas for development:

Any additional information:
In this section you should note any concerns raised or problems encountered during the year on either of the issues noted below:

Clinical

Health

Probity

Any other issues or points agreed
Section D: Personal Development Plan

This should be used to inform discussion on development. It should be updated whenever there has been a change - either when a goal is achieved or modified or where a new need is identified.

<table>
<thead>
<tr>
<th>What development needs have I?</th>
<th>How will this relate to organisational and/or personal needs?</th>
<th>How will I address them?</th>
<th>Date by which I plan to achieve the development goal</th>
<th>Outcome</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explain the need.</td>
<td>Explain how this may fit in with your personal needs and within those of the organisation</td>
<td>Explain how you will take action, and what resources you will need?</td>
<td>The date agreed with your appraiser for achieving the development goal.</td>
<td>How will your practice change as a result of the development activity?</td>
<td>Agreement from your appraiser that the development need has been met</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION E: FINAL AGREEMENT

We agree that the above is an accurate summary of the appraisal discussion and agreed action, and of the agreed personal development plan.

Checklist of activities:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>YES/ NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal completed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job plan objectives have been met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstration of competencies achieved</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appraiser: .................................................................  GDC Number: ..................................................  
Job Title of Appraiser: ...........................................  
Dentist: .................................................................  
Date: .................................................................  

Record here the names of any third parties who contributed to the appraisal and indicate the capacity in which they did so:  
..................................................................................................................................................................................  
..................................................................................................................................................................................  
..................................................................................................................................................................................  
..................................................................................................................................................................................  
..................................................................................................................................................................................  
..................................................................................................................................................................................  
..................................................................................................................................................................................  

BB0010AUG2013  63
# Public Dental Service - Competency Framework

## Section 1: Competencies for Dental Officer

### Clinical

<table>
<thead>
<tr>
<th>Competency</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient examination and diagnosis</td>
<td>- Clinical logs&lt;br&gt;- Clinical evidence&lt;br&gt;- Audit of cases&lt;br&gt;- Case mix statistics&lt;br&gt;- Compliments and complaints&lt;br&gt;- Training evidence&lt;br&gt;- CPD records&lt;br&gt;- Record of training</td>
</tr>
<tr>
<td>Treatment planning and patient management</td>
<td>Plans and manages care for a range of patients</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td>Plans, develops, implements and evaluates appropriate interventions to prevent disease and promote health for individual patients</td>
</tr>
<tr>
<td>Medical and dental emergencies</td>
<td>Can identify commonly occurring medical emergencies and lead the dental team in the appropriate first line management of the emergency, using appropriate techniques, equipment and drugs</td>
</tr>
<tr>
<td>Anaesthesia and pain control</td>
<td>Uses appropriate local anaesthetic and patient management approaches to control pain and anxiety during dental treatment</td>
</tr>
<tr>
<td>Sedation</td>
<td>Use of sedation where required</td>
</tr>
<tr>
<td>Periodontal therapy and management of soft tissue</td>
<td>Undertakes the diagnosis, selection of appropriate periodontal techniques and delivery of periodontal care in an effective way</td>
</tr>
<tr>
<td>Hard and soft tissue surgery</td>
<td>Routine exodontia and/or simple surgical exodontias</td>
</tr>
<tr>
<td>Non-surgical management of the hard tissues of the head and neck</td>
<td>Undertakes appropriate assessment of patients to determine the need for specialist advice.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Management of the developing dentition</td>
<td>Undertakes appropriate investigations during patient examination to determine the need for specialist advice in the management of the developing dentition</td>
</tr>
<tr>
<td>Restoration and replacement of teeth</td>
<td>Undertakes the diagnosis, selection of appropriate restorative technique and delivery of restoration or replacement of teeth in an effective way</td>
</tr>
</tbody>
</table>

### Communications

| Patient and family | Communicates with a range of patients, and their families, on individual clinical issues and an awareness of when a patient lacks capacity. |
| Clinical team and peers | Communicates with all members of the clinical team and peers in an appropriate manner |
| Other professionals | Communicates appropriately with other health and social care professionals involved in the care of patients |

**Suggested Evidence**
- Minutes of user groups
- Patient notes and records
- Communication audit
- Patient surveys/questionnaires
- Certificates of Incapacity

### Management and Leadership

| Personal and practice organisation | Responsible for the running of the immediate clinical environment him/herself, and the immediate dental team |
| Legislative | Understands the legislative framework governing the delivery of oral health care in Scotland |
| Financial | Understands the financial framework governing the delivery of oral health care in Scotland and the constraints that might impose on service delivery |

**Suggested Evidence**
- Appraisal (self and staff)
- CPD records
- Finance activity records
- Standards of
<table>
<thead>
<tr>
<th>Leadership and training</th>
<th>Understands and puts into practice the leadership of the immediate dental team</th>
<th>Better Health compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>Understands responsibility for Health and Safety issues</td>
<td>- Job plans</td>
</tr>
<tr>
<td>Governance</td>
<td>Participates in clinical governance</td>
<td>- Incident reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff sickness &amp; absence reports</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Staff turnover</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Suggested Evidence</td>
<td></td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td>Ethics</td>
<td>Demonstrates the application of the principles of ethical behaviour relevant to dentistry, including honesty, confidentiality, personal and professional integrity, and compliance with the standards for dental professionals laid down by the GDC.</td>
<td></td>
</tr>
<tr>
<td>Patients</td>
<td>Offers and provides care to patients within a sound ethical and professional framework.</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Demonstrates a professional clinical approach including participation in appraisal, peer review, clinical audit and continuing professional development activities.</td>
<td></td>
</tr>
<tr>
<td>Clinical team and peers</td>
<td>Behaves in a professional way towards the clinical team and peers, and understands his/her responsibilities with regard to issues such as poor or under performance.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teaching and Training</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Participates in the training of individuals on a local clinical basis.</td>
</tr>
<tr>
<td>Teaching</td>
<td>May undertake teaching/supervision as part of a predetermined programme.</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>Participates in dental epidemiological fieldwork.</td>
</tr>
<tr>
<td>Research</td>
<td>Participates in clinical research under the direction of approved and registered research lead.</td>
</tr>
</tbody>
</table>

- Appraisal
- PDP
- Audit
- Complaints (Self and patients)
- Clinical incidents
- Job plan
- List of training and teaching delivered
- Publications
- Presentations
- Student/trainee feedback
Section 2: Competencies for Senior Dental Officer
(Note: for these posts, particular emphasis should be placed on the clinical and communication competencies.)

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient examination and diagnosis</strong></td>
<td>Undertakes thorough examination and assessment of patients</td>
</tr>
<tr>
<td><strong>Treatment planning and patient management</strong></td>
<td>Plans and manages care where there are complex medical co-morbidities or the situation requires the involvement of other professionals and/or carers to resolve complex patient management issues</td>
</tr>
<tr>
<td><strong>Health promotion and disease prevention</strong></td>
<td>Plans, develops and implements programmes to prevent disease and promote health in target groups within the population</td>
</tr>
<tr>
<td><strong>Medical and dental emergencies</strong></td>
<td>Can identify commonly occurring medical emergencies and lead the dental team in the appropriate first line management of the emergency, using appropriate techniques, equipment and drugs. Keeps up to date with developments in this area and/or able to advise other members of the team. Takes responsibility for organising the training and resources for the acute management of medical emergencies within the service.</td>
</tr>
<tr>
<td><strong>Anaesthesia, sedation and pain control</strong></td>
<td>Uses appropriate local anaesthetic and patient management approaches to control pain and anxiety during dental treatment. This may include the use of sedation.</td>
</tr>
<tr>
<td>Periodontal therapy and management of soft tissue</td>
<td>Undertakes the diagnosis, selection of appropriate periodontal techniques and delivery of periodontal care in an effective way</td>
</tr>
<tr>
<td>Hard and soft tissue surgery</td>
<td>Routine exodontia and/or simple surgical exodontia</td>
</tr>
<tr>
<td>Non-surgical management of the hard tissues of the head and neck</td>
<td>Undertakes appropriate assessment of patients to determine the need for specialist advice</td>
</tr>
<tr>
<td>Management of the developing dentition</td>
<td>Undertakes appropriate investigations during patient examination to determine the need for specialist advice in the management of the developing dentition</td>
</tr>
<tr>
<td>Restoration and replacement of teeth</td>
<td>Undertakes the diagnosis, selection of appropriate restorative technique and delivery of restoration or replacement of teeth in an effective way Undertakes a range of restorative techniques utilising developed skill resulting in more efficient delivery of restorative care</td>
</tr>
</tbody>
</table>

**Communications**

| Patient and family | Communicates with a range of patients and families on complex clinical issues and/ or in difficult situations issues and an awareness of when a patient lacks capacity. | Minutes of user groups, Patient notes and records, Communication audit, Patient surveys/questionnaires, Certificates of Incapacity |
| Clinical team and peers | Communicates with the clinical team and peers in a range of clinical and/or leadership situations in a professional and appropriate manner, which inspires confidence, motivation and teamwork. |
| Other professionals | Communicates with other health and social care professionals on a range of issues relating to oral health and oral health care |
| Organised User Groups | Communicates with a range of user groups of carers and families on complex clinical issues and/ or in difficult situations |
### Management and Leadership

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal and practice organisation</td>
<td>Responsible for the wider clinical environment, or has responsibilities for specific organisational or clinical issues within a service</td>
<td>Appraisal (self and staff), CPD records, Finance activity records, Standards of Better Health compliance, Job plans, Incident reports, Staff sickness and absence reports, Staff turnover</td>
</tr>
<tr>
<td>Legislative</td>
<td>Has sufficient knowledge and experience of the legislative framework to provide advice or support on such matters to other members of the dental team</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Has sufficient knowledge and experience of the financial framework to provide advice or support on such matters to other members of the dental team</td>
<td></td>
</tr>
<tr>
<td>Leadership and training</td>
<td>Provides leadership and training in specific areas to a range of staff</td>
<td></td>
</tr>
<tr>
<td>Additional Management competencies</td>
<td>Understands responsibility for Health and Safety issues and can advise others in the service on these issues</td>
<td></td>
</tr>
<tr>
<td>Governance</td>
<td>Participates in and leads teams</td>
<td></td>
</tr>
</tbody>
</table>

### Professionalism

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethics</td>
<td>Has sufficient knowledge, confidence and experience to provide advice and/or support to colleagues or managers on ethical issues</td>
<td>Appraisal, PDP, Audit, Complaints (Self and patients), Clinical incidents</td>
</tr>
<tr>
<td>Patients</td>
<td>Involved in providing care which requires the application of sound ethical and professional principles in a more complex clinical, physical, social or intellectual context</td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Demonstrates a professional clinical approach, including participation in appraisal, peer review, clinical audit and continuing professional development activities. Has sufficient knowledge confidence and experience to appraise others or lead peer review, clinical audit or CPD activities</td>
<td></td>
</tr>
<tr>
<td>Clinical team and peers</td>
<td>Has sufficient knowledge, confidence and experience to deal professionally with issues of poor or underperformance in colleagues and other members of the dental team</td>
<td></td>
</tr>
<tr>
<td>Teaching and Training</td>
<td>Suggested Evidence</td>
<td></td>
</tr>
<tr>
<td>-----------------------</td>
<td>--------------------</td>
<td></td>
</tr>
</tbody>
</table>
| Training              | Organises clinical training programmes, delivers training and supports others in that role | ● Job plan  
|                       |                     | ● List of training and teaching delivered  
| Teaching              | Organises clinical teaching / supervision programmes, delivers teaching and supports others in that role | ● Publications  
| Epidemiology          | Organises dental epidemiology programmes and may train examiners. May be involved in data analysis and reporting | ● Presentations  
| Research              | Participates in clinical research under the direction of approved and registered research lead and may take the lead in clinical research projects falling within their competencies | ● Student/trainee feedback |
**Section 3: Competencies for Specialist Dental Officer**
(Note: for these posts, particular emphasis should be placed on the clinical and communication competencies for the relevant specialist field.)

**Clinical**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient examination and diagnosis</td>
<td>- Clinical logs&lt;br&gt;- Clinical evidence&lt;br&gt;- Audit of cases&lt;br&gt;- Case mix statistics&lt;br&gt;- Compliments and complaints&lt;br&gt;- Training evidence&lt;br&gt;- CPD records&lt;br&gt;- Record of training delivered</td>
</tr>
<tr>
<td>Treatment planning and patient management</td>
<td>Plans and manages care where there are complex medical co-morbidities or the situation requires the involvement of other professionals and/or carers to resolve complex patient management issues</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td>Plans, develops and implements programmes to prevent disease and promote health in target groups within the population</td>
</tr>
<tr>
<td>Medical and dental emergencies</td>
<td>Can identify commonly occurring medical emergencies and lead the dental team in the appropriate first line management of the emergency, using appropriate techniques, equipment and drugs. Keeps up to date with developments in this area and/or able to advise other members of the team. Takes responsibility for organising the training and resources for the acute management of medical emergencies within the service</td>
</tr>
<tr>
<td>Anaesthesia, sedation and pain control</td>
<td>Uses appropriate local anaesthetic and patient management approaches to control pain and anxiety during dental treatment. This may include the use of sedation</td>
</tr>
<tr>
<td>Specialist clinical skills</td>
<td>Undertakes a full range of clinical procedures within the competency framework of the specialist training curriculum.</td>
</tr>
<tr>
<td>General clinical skills</td>
<td>Refers patients not requiring specialist treatment to the most appropriate clinician for on-going care.</td>
</tr>
</tbody>
</table>
## Communications

<table>
<thead>
<tr>
<th>Patient and family</th>
<th>Communicates with a range of patients and families on complex clinical issues and/or in difficult situations and an awareness of when a patient lacks capacity.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical team and peers</td>
<td>Communicates with the clinical team and peers in a range of clinical and/or leadership situations in a professional and appropriate manner, which inspires confidence, motivation and teamwork</td>
</tr>
<tr>
<td>Other professionals</td>
<td>Communicates with other health and social care professionals on a range of issues relating to oral health and oral health care</td>
</tr>
<tr>
<td>Organised User Groups</td>
<td>Communicates with a range of user groups of carers and families on complex clinical issues and/or in difficult situations</td>
</tr>
</tbody>
</table>

### Suggested Evidence

- Minutes of user groups
- Patient notes and records
- Communication audit
- Patient surveys/questionnaires
- Certificate of Incapacity
### Management and Leadership

<table>
<thead>
<tr>
<th>Personal and practice organisation</th>
<th>Responsible for the wider clinical environment, or has responsibilities for specific organisational or clinical issues within a service</th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| Legislative                       | Has sufficient knowledge and experience of the legislative framework to provide advice or support on such matters to other members of the dental team | - Appraisal (self and staff)  
- CPD records  
- Finance activity records  
- Standards of Better Health compliance  
- Job plans  
- Incident reports  
- Staff sickness and absence reports  
- Staff turnover |
| Financial                         | Has sufficient knowledge and experience of the financial framework to provide advice or support on such matters to other members of the dental team |                |
| Leadership and training           | Provides leadership and training in specific areas to a range of staff |                |
| Additional Management competencies| Understands responsibility for Health and Safety issues and can advise others in the service on these issues |                |
| Governance                        | Participates in and leads teams |                |

### Professionalism

<table>
<thead>
<tr>
<th>Ethics</th>
<th>Has sufficient knowledge, confidence and experience to provide advice and/or support to colleagues or managers on ethical issues</th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| Patients | Involved in providing care which requires the application of sound ethical and professional principles in a more complex clinical, physical, social or intellectual context | - Appraisal  
- PDP  
- Audit  
- Complaints (Self and patients)  
- Clinical incidents |
| Self | Demonstrates a professional clinical approach, including participation in appraisal, peer review, clinical audit and continuing professional development activities  
Has sufficient knowledge confidence and experience to appraise others or lead peer review, clinical audit or CPD activities |                |
<p>| Clinical team and peers | Has sufficient knowledge, confidence and experience to deal professionally with issues of poor or underperformance in colleagues and other members of the dental team |                |</p>
<table>
<thead>
<tr>
<th>Teaching and Training</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td>Organises clinical training programmes, delivers training and supports others in service development in the specialist field</td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
<td>Organises clinical teaching / supervision programmes, delivers teaching and supports others in that role in the specialist field</td>
</tr>
<tr>
<td><strong>Epidemiology</strong></td>
<td>Organises dental epidemiology programmes and may train examiners. May be involved in data analysis and reporting</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>Participates in clinical research under the direction of approved and registered research lead and may take the lead in clinical research projects falling within their competencies</td>
</tr>
</tbody>
</table>

- Job plan
- List of training and teaching delivered
- Publications
- Presentations
- Student/trainee feedback
Section 4: Competencies for Assistant Clinical Director
(Note: for these predominantly clinical posts, particular emphasis should be placed on the management and leadership competencies for which the post has a specific remit.)

**Clinical**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient examination and diagnosis</td>
<td>Undertakes thorough examination and assessment of patients</td>
<td>• Clinical logs</td>
</tr>
<tr>
<td>Treatment planning and patient management</td>
<td>Plans and manages care where there are complex medical co-morbidities or the situation requires the involvement of other professionals and/or carers to resolve complex patient management issues</td>
<td>• Clinical evidence</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td>Plans, develops and implements programmes to prevent disease and promote health in target groups within the population</td>
<td>• Audit of cases</td>
</tr>
<tr>
<td>Medical and dental emergencies</td>
<td>Can identify commonly occurring medical emergencies and lead the dental team in the appropriate first line management of the emergency, using appropriate techniques, equipment and drugs</td>
<td>• Case mix statistics</td>
</tr>
<tr>
<td></td>
<td>Keeps up to date with developments in this area and/or able to advise other members of the team</td>
<td>• Compliments and complaints</td>
</tr>
<tr>
<td></td>
<td>Takes responsibility for organising the training and resources for the acute management of medical emergencies within the service</td>
<td>• Training evidence</td>
</tr>
<tr>
<td>Anaesthesia, sedation and pain control</td>
<td>Uses appropriate local anaesthetic and patient management approaches to control pain and anxiety during dental treatment</td>
<td>• CPD records</td>
</tr>
<tr>
<td></td>
<td>This may include the use of sedation</td>
<td>• Record of training delivered</td>
</tr>
<tr>
<td>Periodontal therapy and management of soft tissue</td>
<td>Undertakes the diagnosis, selection of appropriate periodontal techniques and delivery of periodontal care in an effective way</td>
<td></td>
</tr>
<tr>
<td>Hard and soft tissue surgery</td>
<td>Routine exodontia and/or simple surgical exodontia</td>
<td></td>
</tr>
<tr>
<td>Non-surgical management of the hard tissues of the head and neck</td>
<td>Undertakes appropriate assessment of patients to determine the need for specialist advice in the management of the hard tissues of the head and neck</td>
<td></td>
</tr>
<tr>
<td>Management of the developing dentition</td>
<td>Undertakes appropriate investigations during patient examination to determine the need for specialist advice in the management of the developing dentition</td>
<td></td>
</tr>
<tr>
<td>Restoration and replacement of teeth</td>
<td>Undertakes the diagnosis, selection of appropriate restorative technique and delivery of restoration or replacement of teeth in an effective way. Undertakes a range of restorative techniques utilising developed skill resulting in more efficient delivery of restorative care</td>
<td></td>
</tr>
</tbody>
</table>

**Communications**

| Patient and family | Communicates with a range of patients and families on complex clinical issues and/or in difficult situations and an awareness of when a patient lacks capacity. | Suggested Evidence |
| Clinical team and peers | Communicates with the clinical team and peers in a range of clinical and/or leadership situations in a professional and appropriate manner, which inspires confidence, motivation and teamwork. |
| Other professionals | Communicates with other health and social care professionals on a range of issues relating to oral health and oral health care |
| Organised User Groups | Communicates with a range of user groups of carers and families on complex clinical issues and/or in difficult situations |

- Minutes of user groups
- Patient notes and records
- Communication audit
- Patient surveys/questionnaires
- Certificates of Incapacity
## Management and Leadership

<table>
<thead>
<tr>
<th>Management and Leadership</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personal and practice organisation</strong></td>
<td>Responsible for the wider clinical environment, or has responsibilities for specific organisational or clinical issues within a service</td>
</tr>
<tr>
<td><strong>Legislative</strong></td>
<td>Has sufficient knowledge and experience of the legislative framework to provide advice or support on such matters to other members of the dental team. Understands the legislative framework of specialist registration and the provision of specialist and specialised care</td>
</tr>
<tr>
<td><strong>Financial</strong></td>
<td>Has sufficient knowledge and experience of the financial framework to provide advice or support on such matters to other members of the dental team. Has sufficient knowledge of business planning, budget setting and management.</td>
</tr>
<tr>
<td><strong>Leadership and training</strong></td>
<td>Provides managerial and clinical leadership to a service operating across multiple sites, with several staff groups and providing a varied portfolio of differing clinical services</td>
</tr>
<tr>
<td><strong>Staff</strong></td>
<td>Can lead appraisals and personal development for clinical and non-clinical staff. Can manage clinical performance, including the quality of care. Can manage clinical staff, including job planning. Can manage external relationships with senior managerial and clinical colleagues.</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td>Leads service wide integrated governance</td>
</tr>
</tbody>
</table>

- Appraisal (self and staff)
- CPD records
- Finance activity records
- Standards of Better Health compliance
- Job plans
- Incident reports
- Staff sickness and absence reports
- Staff turnover
### Professionalism

<table>
<thead>
<tr>
<th>Role</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ethics</strong></td>
<td>- Appraisal</td>
</tr>
<tr>
<td></td>
<td>- PDP</td>
</tr>
<tr>
<td></td>
<td>- Audit</td>
</tr>
<tr>
<td></td>
<td>- Complaints (Self and patients)</td>
</tr>
<tr>
<td></td>
<td>- Clinical incidents</td>
</tr>
<tr>
<td>Involved in providing care which requires the application of sound ethical and professional principles in a more complex physical, social or intellectual context</td>
<td></td>
</tr>
<tr>
<td><strong>Self</strong></td>
<td>Demonstrates a professional clinical approach, including participation in appraisal, peer review, clinical audit and continuing professional development activities</td>
</tr>
<tr>
<td></td>
<td>Has sufficient knowledge confidence and experience to appraise others or lead peer review, clinical audit or CPD activities</td>
</tr>
<tr>
<td><strong>Clinical team and peers</strong></td>
<td>Has sufficient knowledge, confidence and experience to deal professionally with issues of poor or underperformance in colleagues and other members of the dental team</td>
</tr>
</tbody>
</table>

### Teaching and Training

<table>
<thead>
<tr>
<th>Role</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
<td>- Job plan</td>
</tr>
<tr>
<td></td>
<td>- List of training and teaching delivered</td>
</tr>
<tr>
<td>Organises clinical training programmes, delivers training and supports others in their role</td>
<td></td>
</tr>
<tr>
<td><strong>Teaching</strong></td>
<td>- Publications</td>
</tr>
<tr>
<td></td>
<td>- Presentations</td>
</tr>
<tr>
<td></td>
<td>- Student/traine e feedback</td>
</tr>
<tr>
<td>Organises clinical teaching / supervision programmes, delivers teaching and supports others in their role</td>
<td></td>
</tr>
<tr>
<td><strong>Epidemiology</strong></td>
<td>- Publications</td>
</tr>
<tr>
<td></td>
<td>- Presentations</td>
</tr>
<tr>
<td></td>
<td>- Student/traine e feedback</td>
</tr>
<tr>
<td>Organises dental epidemiology programmes and may train examiners. May be involved in data analysis and reporting</td>
<td></td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>- Publications</td>
</tr>
<tr>
<td></td>
<td>- Presentations</td>
</tr>
<tr>
<td></td>
<td>- Student/traine e feedback</td>
</tr>
<tr>
<td>Participates in clinical research under the direction of approved and registered research lead and may take the lead in clinical research projects falling within their competencies</td>
<td></td>
</tr>
</tbody>
</table>
### Section 5: Competencies for Clinical Director / CADO
(Note: for these posts, particular emphasis should be placed on the management and leadership competencies.)

#### Clinical

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient examination and diagnosis</td>
<td>• Clinical logs</td>
</tr>
<tr>
<td></td>
<td>• Clinical evidence</td>
</tr>
<tr>
<td></td>
<td>• Audit of cases</td>
</tr>
<tr>
<td></td>
<td>• Case mix statistics</td>
</tr>
<tr>
<td>Treatment planning and patient management</td>
<td>• Compliments and complaints</td>
</tr>
<tr>
<td></td>
<td>• Training evidence</td>
</tr>
<tr>
<td></td>
<td>• CPD records</td>
</tr>
<tr>
<td></td>
<td>• Record of training delivered</td>
</tr>
<tr>
<td>Health promotion and disease prevention</td>
<td></td>
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<td>Hard and soft tissue surgery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Undertakes thorough examination and assessment of patients
- Plans and manages care where there are complex medical co-morbidities or the situation requires the involvement of other professionals and/or carers to resolve complex patient management issues
- Plans, develops and implements programmes to prevent disease and promote health in target groups within the population
- Can identify commonly occurring medical emergencies and lead the dental team in the appropriate first line management of the emergency, using appropriate techniques, equipment and drugs. Keeps up to date with developments in this area and/or able to advise other members of the team. Takes responsibility for organising the training and resources for the acute management of medical emergencies within the service
- Uses appropriate local anaesthetic and patient management approaches to control pain and anxiety during dental treatment. This may include the use of sedation. Responsible for organising training and resources in support of the availability of sedation in all or part of the service
- Undertakes the diagnosis, selection of appropriate periodontal techniques and delivery of periodontal care in an effective way.
- Routine exodontia and/or simple surgical exodontia
| Non-surgical management of the hard tissues of the head and neck | Undertakes appropriate assessment of patients to determine the need for specialist advice |
| Management of the developing dentition | Undertakes appropriate investigations during patient examination to determine the need for specialist advice in the management of the developing dentition |
| Restoration and replacement of teeth | Undertakes the diagnosis, selection of appropriate restorative technique and delivery of restoration or replacement of teeth in an effective way. Undertakes a range of restorative techniques utilising developed skill resulting in more efficient delivery of restorative care |

### Communications

<table>
<thead>
<tr>
<th></th>
<th>Suggested Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient and family</td>
<td>Communicates with a range of patients and families on complex clinical issues and/or in difficult situations</td>
</tr>
<tr>
<td></td>
<td>Minutes of user groups</td>
</tr>
<tr>
<td></td>
<td>Patient notes and records</td>
</tr>
<tr>
<td></td>
<td>Communication audit</td>
</tr>
<tr>
<td></td>
<td>Patient surveys/questionnaires</td>
</tr>
<tr>
<td>Clinical team and peers</td>
<td>Communicates with the clinical team and peers in a range of clinical and/or leadership situations in a professional and appropriate manner, which inspires confidence, motivation and teamwork</td>
</tr>
<tr>
<td>Other professionals</td>
<td>Communicates with other health and social care professionals on a range of issues relating to oral health and oral health care</td>
</tr>
<tr>
<td>Organised User Groups</td>
<td>Communicates with a range of user groups of carers and families on complex clinical issues and/or in difficult situations</td>
</tr>
</tbody>
</table>
## Management and Leadership

| Personal and practice organisation | Provides professional leadership and takes managerial responsibility for an entire clinical service across multiple sites and staff groups  
Can manage a clinical service, including horizon scanning  
Can manage in a changing environment (political and clinical) | Suggested Evidence  
• Appraisal (self and staff)  
• CPD records  
• Finance activity records  
• Standards of Better Health compliance  
• Job plans  
• Incident reports  
• Staff sickness and absence reports  
• Staff turnover  
• Dental Public Health Reports  
• Briefings to NHS Board |
| Legislative | Has sufficient knowledge and experience of the legislative framework to provide advice or support on such matters to other members of the dental team  
Understands the legislative framework of specialist registration and the provision of specialist and specialised care  
Has a detailed understanding of the statutory framework on employment, premises management and the provision of services to the public |
| Financial | Has sufficient knowledge and experience of the financial framework to provide advice or support on such matters to other members of the dental team, with additional skills in the financial modelling of specialist care  
Has a fundamental knowledge of business planning, budget setting and management. |
| Leadership and training | Provides managerial and clinical leadership to a service operating across multiple sites, with several staff groups and providing a varied portfolio of differing clinical services |
| Staff | Can lead appraisals and personal development for clinical and non-clinical staff  
Can manage clinical performance, including the quality of care  
Can manage clinical and non-clinical staff, including job planning  
Can manage external relationships with senior managerial and clinical colleagues  
Understands and develops user and carer involvement and engagement |
| Governance | Leads service wide integrated governance |
| Dental Public Health (for CADO posts) | Provides strategic leadership in all dental and oral health improvement issues  
Can commission, interpret and report on epidemiological surveys, service developments and oral health improvement initiatives  
Can develop, evaluate and continually improve high quality responsive dental services |
| Dental Public Health (for CD posts) | Has a sufficient knowledge and experience of epidemiological surveys, service development reports and oral health improvement initiatives to incorporate results into future planning assumptions |
### Professionalism

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| **Ethics**          | Has sufficient knowledge, confidence and experience to provide advice and/or support to colleagues or managers on ethical issues | • Appraisal  
                   |                                                                                                           | • PDP  
                   |                                                                                                           | • Audit  
                   |                                                                                                           | • Complaints (Self and patients)  
                   |                                                                                                           | • Clinical incidents |
| **Patients**        | Involved in providing care which requires the application of sound ethical and professional principles in a more complex physical, social or intellectual context |                                                                                                           |
| **Self**            | Demonstrates a professional clinical approach, including participation in appraisal, peer review, clinical audit and continuing professional development activities  
                   | Has sufficient knowledge confidence and experience to appraise others or lead peer review, clinical audit or CPD activities |                                                                                                           |
| **Clinical team and peers** | Has sufficient knowledge, confidence and experience to deal professionally with issues of poor or underperformance in colleagues and other members of the dental team |                                                                                                           |

### Teaching and Training

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Suggested Evidence</th>
</tr>
</thead>
</table>
| **Training**        | Organises clinical training programmes, delivers training and supports others in their role               | • Job plan  
                   |                                                                                                           | • List of training and teaching delivered  
                   |                                                                                                           | • Publications  
                   |                                                                                                           | • Presentations  
                   |                                                                                                           | • Student/trainee feedback |
| **Teaching**        | Organises clinical teaching / supervision programmes, delivers teaching and supports others in their role |                                                                                                           |
| **Epidemiology**    | Organises dental epidemiology programmes and may train examiners. May be involved in data analysis and reporting |                                                                                                           |
| **Research**        | Participates in clinical research under the direction of approved and registered research lead and may take the lead in clinical research projects falling within their competencies |                                                                                                           |
ANNEX A

CURRENT PAY SCALES

Salaried and Community Dentist Pay Scales from 1 April 2013

<table>
<thead>
<tr>
<th>Pay Point</th>
<th>Pay Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Band A: Dental Officer</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>£38,095</td>
</tr>
<tr>
<td>2</td>
<td>£42,328</td>
</tr>
<tr>
<td>3</td>
<td>£48,677</td>
</tr>
<tr>
<td>4</td>
<td>£51,851</td>
</tr>
<tr>
<td>5</td>
<td>£55,026</td>
</tr>
<tr>
<td>6</td>
<td>£57,142</td>
</tr>
<tr>
<td>Band B: Senior Dental Officer</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>£59,259</td>
</tr>
<tr>
<td>8</td>
<td>£61,375</td>
</tr>
<tr>
<td>9</td>
<td>£64,549</td>
</tr>
<tr>
<td>10</td>
<td>£66,137</td>
</tr>
<tr>
<td>11</td>
<td>£67,725</td>
</tr>
<tr>
<td>12</td>
<td>£69,311</td>
</tr>
<tr>
<td>Band C Assistant Clinical Director</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>£70,899</td>
</tr>
<tr>
<td>14</td>
<td>£73,015</td>
</tr>
<tr>
<td>15</td>
<td>£75,131</td>
</tr>
<tr>
<td>Specialist Dental Officer</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>£70,899</td>
</tr>
<tr>
<td>14</td>
<td>£73,015</td>
</tr>
<tr>
<td>15</td>
<td>£75,131</td>
</tr>
<tr>
<td>16</td>
<td>£77,248</td>
</tr>
<tr>
<td>Clinical Director/Chief Administrative Dental Officer</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>£70,899</td>
</tr>
<tr>
<td>14</td>
<td>£73,015</td>
</tr>
<tr>
<td>15</td>
<td>£75,131</td>
</tr>
<tr>
<td>16*</td>
<td>£77,248</td>
</tr>
<tr>
<td>17*</td>
<td>£79,364</td>
</tr>
<tr>
<td>18*</td>
<td>£81,481</td>
</tr>
</tbody>
</table>

*Pay points 16, 17 and 18 are the maximum salary points used to recognise service complexity. There are 3 complexity weightings: standard, medium and high. All CADOs and Clinical Directors will be able to progress to pay point 16. Eight Clinical Directors will be eligible to progress to the medium service complexity pay point (17), two of which will then also be eligible to progress up to the high service complexity pay point (18).
Service Complexity (Scotland)

A service complexity weighting for Band C managerial dentists has been introduced to recognise the local variations in service management complexity.

- Standard complexity maximum pay point 16
- Medium complexity maximum pay point 17
- High complexity maximum pay point 18

Rewarding additional clinical leadership complexity

In recognition of the varying levels of managerial complexity and size between Boards, Band C managerial dentist posts will be weighted to reflect the relative managerial complexity of the Health Board. There are three complexity weightings: standard, medium and high.

Point 13 represents the minimum pay point for all complexities. Points 16, 17 and 18 of the spine respectively will represent the maximum pay point for each of these weightings.

Existing Clinical Directors

All clinical directors will assimilate to Band C – managerial dentists as per the agreed assimilation process.

Complexity Issues

As a guide, the Executive Pay Grade for each Board Chief Executive has determined the relative managerial complexity weighting for each Health Board. This has also been used to determine the level of the Board Medical Directors management allowance and therefore it is considered that it is appropriate to use also for the managerial complexity points for the clinical Directors within the Public Dental Health Service. There are currently five levels based on the Chief Executive Grades as follows:

**Level 1**
- NHS Greater Glasgow and Clyde
- NHS Lothian

**Level 2**
- NHS Grampian
- NHS Lanarkshire
- NHS Tayside

**Level 3**
- NHS Ayrshire and Arran
- NHS Forth Valley
NHS Fife
NHS Highland

Level 4

NHS Borders
NHS Dumfries and Galloway

Level 5

NHS Orkney
NHS Shetland
NHS Western Isles

It is considered appropriate that Levels 4 and 5 are classed as Standard Complexity, Levels 2 and 3 are classed as Medium Complexity and Level 1 is classed as High Complexity. This would therefore give the following definitions:

**Standard service complexity NHS Boards (Max point 16)**

- Borders
- Dumfries and Galloway
- Grampian (as the 3 separate CHP units)
- Orkney
- Shetland
- Western Isles

**Medium service complexity (Max point 17)**

- Ayrshire and Arran
- Fife
- Forth Valley
- Highland
- Lanarkshire
- Tayside

**High service complexity (Max point 18)**

- Greater Glasgow and Clyde
- Lothian
ANNEX B

CURRENT RATES OF ALLOWANCE (as at (implementation) date).

A. Out of Hours/On Call Intensity Payment

The amount of allowance to be paid by an NHS Board to a dentist per annum shall be:

(a) where a dentist is required to provide out of hours emergency treatment as a single handed practitioner - £4,600. This allowance shall be paid monthly in arrears in 12 equal payments;

(b) where a dentist shares duties as part of an out of hours rota the allowance shall be paid quarterly (eg 1 April to 30 June) in arrears based on the level of intensity in that quarter. There will be 3 levels of intensity:

High – 6 or more three hour emergency sessions and/or 6 or more out of hours on call periods, as defined by the NHS Board, in a quarter.

Medium – between 3 and 5 three hour emergency sessions and/or between 3 and 5 out of hours on call periods, as defined by the NHS Board, in a quarter.

Low – 1 or 2 three hour emergency sessions and/or 1 or 2 out of hours on call periods, as defined by the NHS Board, in a quarter.

The rates are as follows:

<table>
<thead>
<tr>
<th>Level of Intensity</th>
<th>Allowance Per Quarter* effective from 1 April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>£900</td>
</tr>
<tr>
<td>Medium</td>
<td>£600</td>
</tr>
<tr>
<td>Low</td>
<td>£300</td>
</tr>
</tbody>
</table>

A dentist with no out of hours commitment in a given quarter will not receive any allowance for that quarter.

*The allowance will be paid quarterly in arrears.

B. Vocational Training Allowance

Rate per annum with effect from 1 April 2013 £3,500

C. Training Grade (DF1/DF2) and Student Clinical Supervision Allowance

Rate per annum with effect from 1 April 2013 £3,500
D. Lecture Fees

<table>
<thead>
<tr>
<th>Description</th>
<th>With effect from 1 April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>For lectures to non-medical and dental staff given by Clinical Directors and CADO's;</td>
<td>59.29</td>
</tr>
<tr>
<td>For lectures to non-medical and non-dental staff given by Clinical Dental Officers;</td>
<td>47.46</td>
</tr>
<tr>
<td>For lectures on a professional subject to a group of doctors and/or dentists;</td>
<td>75.86</td>
</tr>
</tbody>
</table>

E. Remote Areas Allowance

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate per annum (£) with effect from 1 April 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist who has not yet completed 3 years continuous employment as a remote dentist</td>
<td>4,500</td>
</tr>
<tr>
<td>Dentist who has completed 3 years continuous employment as a remote dentist</td>
<td>9,000</td>
</tr>
</tbody>
</table>

Note: Should the 3 years continuous employment referred to above be reached within the year, the higher rate would be payable from the date on which this occurs.

F. Recruitment Allowance

A recruitment allowance is payable to those dentists going to work in a ‘designated’ area and Boards are informed of these areas by Scottish Government Circular, the most recent being PCA(D)2012(5). Any changes to these designated areas will be agreed and notification given via PCA.
SUBSISTENCE ALLOWANCES

Schedule of Recommended Allowances

1. Night Allowances: First 30 Nights
   
   Actual receipted cost of bed and breakfast up to a maximum of £55.

2. Meals Allowance
   
   Per 24 hour period: £20.00

3. Night Allowances in non-commercial accommodation
   
   Per 24 hour period: £25.00

4. Night Allowances: After First 30 Nights
   
   Married employees and employees with responsibilities equivalent to those of married employees
   
   Maximum amount payable: £35.00

   Employees without responsibilities equivalent to those of married Employees and those staying in non-commercial accommodation
   
   Maximum amount payable: £25.00

5. Day Meals Subsistence Allowances
   
   Lunch allowance (more than five hours away from base, including the lunchtime period between 12.00 pm to 2.00 pm)
£5.00

Evening Meal Allowance (more than ten hours away from base and return after 7.00 pm)

£15.00

6. Incidental Expenses Allowance (this allowance is subject to a tax liability)

   Per 24 hour period: £4.20

7. Late night Duties Allowance (this allowance is subject to a tax liability)

   Per 24 hour period: £3.25