

Guidance to Level/Tier 2 Accreditation for practice of Oral Surgery in Primary Care

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Background

In September 2015, NHS England published guide for commissioning Oral Surgery as part of *Five Year Forward View* in response to the consensus on the need for change and the shared ambition for the future of commissioning and delivery of consistent dental service across the spectrum of providers. The procedures within the remit of Oral Surgery were divided in four levels depending on their level of procedural complexity.

Level 1 - Procedures/conditions to be performed or managed by a clinician with a level of competence as defined by the Curriculum for Dental Foundation Training or equivalent.

Level 2 – Level 2 care is defined as procedural and/or patient complexity requiring a *clinician with enhanced skills and experience that may or may not be on a specialist register*.

Level 3a – Procedures/conditions to be performed or managed by a *clinician recognised as a specialist at the GDC defined criteria and on a specialist list or by a consultant*.

Level 3b – Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, Managed Clinical Network (MCNs) guidance and deliver specialist training. Oral Surgery is to be delivered by Consultants in Oral & Maxillofacial Surgery who have the necessary competencies. ***The consultant team may include trainees and SAS grades.***

In summary, **Level/Tier 2 Oral Surgery Accreditation (intermediate care)** refers to care delivered by dental practitioners, who have demonstrated a competency level beyond that of a dentist. This includes the dentists who have completed Dental Foundation Training (or equivalent), but are not at the level of a registered specialist.

The care may require additional equipment or environment standards but can be provided in primary care. Providers of Level 2 care will need a formal link to a specialist to quality- assure the outcome of pathway delivery.

The intention of Tier 2 Accreditation is to allow practitioners to be able to deliver NHS services that are not covered by GDS mandatory services via a referral service within a local managed clinical network (MCN). Once accredited, these performers will be able to work in an appropriately commissioned service providing Level 2 services within specialty of oral surgery. The contract sits with providers who tender for the bid to deliver Level 2 services with accredited practitioners delivering the services from premises that fulfil the essential equipment criteria.

The process is robust and recognise that applicants have varied educational and training backgrounds. The process is set to recognise the required competencies irrespective of where, when, and how the relevant knowledge and skills have been achieved. The assessment process includes submission of robust documentary evidence by the applicant that allows decisions to be made based on objective, reproducible and equitable criteria fulfilling the expected competencies criteria.

A national standardised approach does not exist and the processes can vary from one region to another. In addition to portfolio of evidence, regional variations may include, practical tests and/or face-to-face interviews. In some regions even the Specialists in Oral Surgery who are on oral surgery specialist list are also required to submit a portfolio of evidence. Each region has a Local Accreditation Panel (LAP) that is responsible for appraising the applications. Exact details for a particular area should be sought from Local Area Team for that region that sits within the NHSE Team.

The Accreditation Process

The practitioner is required to submit a completed application form, Curriculum Vitae and portfolio of evidence and a clinical logbook.

The LAP will consider the above evidence and will arrive to a decision to:

- Award a full accreditation
- Partial accreditation,
- Accreditation deemed inappropriate
- Provide detailed feedback to all candidates including those who require additional training or evidence for full accreditation.

Partial accreditation would cover some Level 2 procedures, but with further evidence and/or training full accreditation could be achieved. A practitioner may be able to work with conditional restrictions during this time.

Portfolio Of Evidence

It is expected that the portfolio of evidence will include a number of elements mapped to the relevant Level 2 competences that are described in the Local Service Specifications for Oral Surgery Services being tendered. Following is an illustration of what the portfolio should include.

1. Curriculum Vitae

Contents of CV should have the following in Chronological order:

- Qualifications – one may include any prizes and notable achievements during undergraduate years.
- Any formal relevant examinations – i.e. MJDF, MFDSRCS, FGDS, FFD.
- Relevant posts held – should include dates, duration and names of supervising colleagues.
- Relevant clinical experience acquired in each post.
- Evidence of involvement in provision of teaching and training – it is important to include contribution to teaching in the relevant Level 2 field.
- Evidence and level of engagement with clinical governance with an evidence of clinical audits and quality assurance and improvement projects.
- Evidence of clinical leadership in relevant education, service delivery and/or service modernisation – this may include a programme design its delivery, assessment and quality management.
- Membership, participation and contribution to relevant committees and specialist societies.

- Evidence of relevant enabling activities such as mentorship and guidance to develop staff and teams.
- Details of relevant publications and research – one could show its relevance to Level 2 work being carried out.

2. Postgraduate Education and Training

The knowledge and skills required to deliver Level 2 services can be achieved through a range of postgraduate educational and training opportunities based in a variety of environments. This may include:

- Any Postgraduate Certificate, Diploma or MSc (clinical/medical Education) – Where possible include programme/syllabus for the relevant degree.
- Certificates of any formal courses, webinars & conferences attended over past 5 years.

3. Logbook demonstrating reflective experience in level 2 procedures

The purpose of this section is to provide evidence of the applicant's experience in terms of clinical caseload, complexity and the case-mix. It should ideally demonstrate a reflective practice that leads to discernible progress in the quality of care delivered rather than time spent in carrying out procedures. It should have:

- A personal detailed clinical treatment record of level 1 and level 2 cases (supervised and/or non-supervised relevant to the service specification within the last 3 years of clinical practice. This should be supported with the copies of relevant radiographs. Indicative minimum numbers will be provided where appropriate.
- Evidence of reflection on the clinical cases, such as recognition of problems, complications, suboptimal outcomes and affecting factors together with consideration of future options, which may overcome reoccurrences.
- Where possible, details of supervision e.g. full/reduced/no supervision and reflective feedback from trainers should be included. If already part of a local MCN, this may include relevant Structured Learning Events (SLEs) i.e. Direct Observed Practices (DOPs), Case Based Discussions (CBDs).
- For those performers with a high volume of cases demonstrating Level 2 care complexity, it would be prudent to select a broad range of cases with a focus on those with a special interest or merit and supported with reflective notes.

4. References

Two references confirming the applicant's professional and clinical suitability to provide Level 2 service. This can include local consultants, specialists or any other suitably qualified person, to support the application.

Look out for regional variations for references. In some regions there is a preference for one reference from a Consultant in Oral & Maxillofacial Surgery.

References should include comments on a practitioner's level of clinical skill and degree of relevant experience. If appropriate, the reference should also include feedback on teaching, training, ability to supervise, communication skills, probity and degree of self-reflection.

5. Other Evidence

- Letters of support from dentists and administration, for the applicant to work within an MCN (if available)
- Letters of support from dentists (referrers) and patients
- Any clinical or service improvement initiatives
- Quality Improvement Outcome data
- Adverse incidence reports and reflections
- Complaints data
- Patient satisfaction survey.
- Multi-Source Feedback (MSF) and 360-degree appraisals.

6. Personal Statement

Personal statement should demonstrate an aptitude for self directed learning and future aspirations.

Maintaining Accreditation

Successful applicants are expected to undertake revalidation every 5 years. Re-validation is based on a case-based peer review, and can include audit activity, patient feedback, and other appropriate quality indicators led by the local MCN or LDN.

Please note that these processes may vary region-to-region and may not be formalised currently. Some regions are also working towards introducing Annual Appraisal/ mentoring led by the MCN Chair. This would be particularly helpful for Tier 2 practitioners who may be working within an isolated clinical environment in the primary care setting.

Continuing Professional Development (CPD) should be relevant to the practice undertaken and set out in the General Dental Council (GDC) enhanced CPD requirements.

Conclusions:

There are significant variations in the accreditation process for Tier 2 Oral Surgery in one region to another. Currently there is no national list of accredited performers. Therefore once accredited in one region does not necessarily allow one to work in another region. In the current landscape if one decides to work in more than one region, one would need to follow the separate application process required in the each region for accreditation in each particular region.

For further information on the procedures included in each level and the application process itself please refer to all documents among references. All documents are equally important and will facilitate a successful application. We also recommend a reference to local MCNs for one's particular region.

References

1. Guides for Commissioning Dental Specialties and their implementation
<https://www.england.nhs.uk/primary-care/dentistry/dental-commissioning/dental-specialities/>
2. Guide for Commissioning Oral Surgery and Oral Medicine. NHS England. 2018
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf>
3. Provider Assurance Framework for Commissioning of Level 2 Complexity Services- Facilities and Equipment. NHS England. 2018
<https://www.england.nhs.uk/wp-content/uploads/2018/09/provider-assurance-framework-for-commissioning-of-providers-of-level-2-complexity-v28.pdf>
4. Guidance for Commissioners on the Accreditation of Performers of Level 2 Complexity Care. NHS England. 2018.
<https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-the-accreditation-of-performers-of-level-2-complexity-care-dec-2018.pdf>
5. Accreditation of Performers of Level 2 Complexity Care- Application Bundle. NHS England. 2018.
<https://www.england.nhs.uk/wp-content/uploads/2018/09/guidance-for-the-accreditation-of-performers-of-level-2-v24.pdf>