



GIG
CYMRU
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WALES

Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

Dentists with Enhanced Skills (DES)

Applicant Name: Click or tap here to enter text.

Essential / Desirable	Section 1: General Evidence	YES Evidence satisfactory	NO Evidence Not satisfactory
E	BDS or equivalent certificate	<input type="checkbox"/>	<input type="checkbox"/>
E	GDC registration certificate (in good standing with the GDC)	<input type="checkbox"/>	<input type="checkbox"/>
E	Personal statement for DES accreditation briefly explaining motivations to apply for DES and career plans.	<input type="checkbox"/>	<input type="checkbox"/>
E	Curriculum Vitae	<input type="checkbox"/>	<input type="checkbox"/>
E	Description of formal or informal Oral Surgery clinical experience include dates, duration, and supervising staff	<input type="checkbox"/>	<input type="checkbox"/>
E	Evidence of involvement in relevant committees and specialist societies	<input type="checkbox"/>	<input type="checkbox"/>
D	Evidence of formal qualifications / examinations passed of relevance to the competencies required, e.g.: MFDS, MSc	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
Section 2: Evidence of Clinical Competence		YES Evidence satisfactory	NO Evidence Not satisfactory
<i>Applicants are expected to have substantial provable hands-on experience in Oral Surgery; however, it is understood that some applicants may need to submit alternative evidence to demonstrate their Oral Surgery skills if they do not possess clinical treatment logs. Panels will need to consider alternative evidence on a case-by-case basis.</i>			
E	A. [Preferred] Comprehensive logbook of Level 2a Oral Surgery procedures spanning at least 3 years, <u>stating clearly how many were supervised / unsupervised</u> ; OR	<input type="checkbox"/>	<input type="checkbox"/>
	B. [Alternative] Non-logbook evidence of clinical experience, including details of complexity and case-mix, with justification for the absence of a clinical logbook.	<input type="checkbox"/>	<input type="checkbox"/>
E	Evidence of working under the direct supervision of an Oral Surgery Consultant, Oral and Maxillofacial Consultant, or Specialist Oral Surgeon. This should equate to a minimum of 46 sessions, e.g. one session per week for a year. Applicants have been asked to provide the contract where possible. There is no time limit on this.	<input type="checkbox"/>	<input type="checkbox"/>

E	Evidence of skill managing unwell patients: e.g.: ILS, ALS or other relevant experience	<input type="checkbox"/>	<input type="checkbox"/>
<i>Applicants must also supply evidence of <u>one or more</u> of the following:</i>			
E	A. [Preferred] 10 relevant Directly Observed Procedures (DOPs) with feedback, signed off by an OS / OMFS specialist or Consultant AND / OR	<input type="checkbox"/>	<input type="checkbox"/>
	B. [Alternative] 5 relevant Case Based Discussions (CBDs) signed off by an OS / OMFS specialist or Consultant AND / OR	<input type="checkbox"/>	<input type="checkbox"/>
	C. [Alternative] A reflective log of relevant interesting, challenging or unusual cases and significant events e.g. treatment complications, with discussion of applicant's learning	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
Section 3: Clinical References (two required):		YES Evidence satisfactory	NO Evidence Not satisfactory
E	At least one reference must be from a OMFS Consultant or Specialist Oral Surgeon who has directly observed the applicant's work. The second reference may be from a senior Local Health Board Dental Staff Member confirming the applicants' suitability to provide Level 2a services. References should include comment on the applicant's: <ul style="list-style-type: none"> • Level of clinical skills and experience • Level of teaching/training/supervising ability • Personal qualities and communication skills 	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
Section 4: Professional, leadership and management skills		YES Evidence satisfactory	NO Evidence Not satisfactory
E	Involvement in Audit or QI (with 2+ cycles, including reflection and evidence of the changes implemented)	<input type="checkbox"/>	<input type="checkbox"/>
E	Equality and diversity training	<input type="checkbox"/>	<input type="checkbox"/>
D	Quality Improvement Training, for example completing IQT Bronze (now called Foundations in Improvement)	<input type="checkbox"/>	<input type="checkbox"/>
D	Leadership and management experience. This could include committee or other positions of responsibility held;	<input type="checkbox"/>	<input type="checkbox"/>

	completion of leadership courses such as Edward Jenner Program; leadership fellowships; management responsibilities within the practice.		
D	Critical appraisal and peer review (e.g., attendance at journal club or relevant CPD certificates)	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
Section 5: Personal Development within specialty		YES Evidence satisfactory	NO Evidence Not satisfactory
E	Up to date CPD Log	<input type="checkbox"/>	<input type="checkbox"/>
E	Evidence of ongoing Oral Surgery appropriate CPD which links to the Level 2a competencies	<input type="checkbox"/>	<input type="checkbox"/>
E	Up to date PDP with relevance to refreshing of/furthering own Oral Surgery skills	<input type="checkbox"/>	<input type="checkbox"/>
D	Certificates of completing relevant courses e.g. CBCT training; conscious sedation training	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			
Section 6: Other Optional Supporting Evidence		YES Evidence seen	NO Evidence Not seen
<i>Although not essential, applicants may wish to submit some of the following as evidence to strengthen their application:</i>			
D	Evidence of maintaining good clinical practice e.g., <ul style="list-style-type: none"> • Reflections on relevant courses attended • Study Day Log with reflections • Clinical governance activities 	<input type="checkbox"/>	<input type="checkbox"/>
D	Evidence of good working relationships e.g.: <ul style="list-style-type: none"> • Relevant patient feedback / thank you cards • Multi Source Feedback e.g. 360° • PREMS / PROMS 	<input type="checkbox"/>	<input type="checkbox"/>
D	Records demonstrating contribution to teaching e.g.: <ul style="list-style-type: none"> • Peer review of teaching • Feedback from trainees or supervisors 	<input type="checkbox"/>	<input type="checkbox"/>
D	Other awards, achievements and commendations relevant to Oral Surgery	<input type="checkbox"/>	<input type="checkbox"/>

D	Publications, presentations, posters and other academic work of relevance to Oral Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Click or tap here to enter text.			

Overall Assessment & Recommendations: *Please also make comment on the applicant's breadth and quantity of clinical experience.*

Click or tap here to enter text.

PRINT PANELIST NAME: Click or tap here to enter text.

Appendix 1 – Indicative Clinical Experience Numbers.

These figures are intended to serve as indicative guidance and not a strict cut-off. The applicant should demonstrate sufficient competency across a reasonable range of domains, covering all work expected to be routinely undertaken by a Tier 2A practitioner in Oral Surgery.

Breadth of Clinical Experience	Indicative Min	YES Competence Demonstrated	NO Competence not Demonstrated
<i>Teeth</i>			
Surgical removal of teeth or roots, including those at risk of OAC	30	<input type="checkbox"/>	<input type="checkbox"/>
Management of uncomplicated erupted third molars	20	<input type="checkbox"/>	<input type="checkbox"/>
Surgical removal of impacted third molars, including those requiring bone removal and tooth/root division	10	<input type="checkbox"/>	<input type="checkbox"/>
Removal of simple erupted supernumerary teeth	No min	<input type="checkbox"/>	<input type="checkbox"/>
Coronectomy of third molars [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
Surgical exposure of tooth via buccal/labial approach, with or without bonding of orthodontic bracket [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
Apicectomy of single-rooted anterior teeth [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pathology</i>			
Enucleation of non-suspicious radicular (periapical) cysts	5	<input type="checkbox"/>	<input type="checkbox"/>
Excision of non-suspicious lesions of oral soft tissues e.g.: fibro-epithelial polyp	15	<input type="checkbox"/>	<input type="checkbox"/>
Drainage of dentoalveolar abscess via intra-oral approach	No min	<input type="checkbox"/>	<input type="checkbox"/>
<i>Management of complications</i>			
Closure of oro-antral communication or fistula	3	<input type="checkbox"/>	<input type="checkbox"/>
Management of hemorrhage following tooth extraction	No min	<input type="checkbox"/>	<input type="checkbox"/>
Management of the medically complex patient ASA III+ [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
<i>Other</i>			
Placement of uncomplicated dental implants [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
Conscious Sedation – IV [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>
Conscious Sedation – RA [Desirable]	No min	<input type="checkbox"/>	<input type="checkbox"/>