

All-Wales Oral Surgery DES

Accreditation Panel

Guidance for Applicants

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Introduction

A Dentist with Enhanced skills (DES) is a clinician who has achieved accreditation status to deliver Level 2 complex dental care in one of the 13 dental specialties. An Oral Surgery DES can safely and competently perform dental procedures identified as Level 2 complexity in Oral Surgery. Once accredited, the DES can work in an appropriately commissioned service providing Level 2 services. Level 2 care (sometimes termed intermediate care) is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register.

In Wales, Oral Surgery Level 2 complexities have been further separated into intermediate (Level 2a) and specialist (Level 2b) to adequately reflect the scope of treatments provided by DES and Oral Surgery specialists in primary care. The procedures defined as Oral Surgery Levels 2a and 2b complexities are outlined in the *'All Wales Oral Surgery Referral Handbook for General Dental Practitioners'*¹, a summary of which can be found in Appendix 1 on pages 17-20.

For the avoidance of doubt, Oral Surgery DES practitioners in Wales are only expected to perform procedures classified as Level 2a and not Level 2b. For the remainder of this document, the term 'Level 2' can be assumed to refer to Level 2a treatment only.

¹Southeast Wales Oral Surgery Managed Clinical Network. All Wales Oral Surgery Referral Handbook for General Dental Practitioners. <https://primarycareone.nhs.wales/files/information-for-dental-service/all-wales-oral-surgery-referral-handbook-for-general-dental-practitioners-pdf>

Document Scope & Purpose

This document is for use by strategic advisory forums, health boards, managed clinical networks, aspiring Oral Surgery DES clinicians, and current accredited clinicians. It provides useful information on how a dental practitioner can gain DES accreditation, and the evidence of competency that they are required to submit. It also contains information on the structure and responsibilities of the Oral Surgery DES Accreditation Panel.

The process of accreditation must be fair and transparent for all applicants. This document outlines quality management of the accreditation process to ensure it is robust and clear. It lays out the process which should be in place and the roles and responsibilities of different stakeholders to maintain fairness and equality surrounding the accreditation process.

This document applies to Oral Surgery only, and the information contained herein is not necessarily applicable to other dental specialities. This document provides Wales specific guidance, and is not generalisable to the rest of the United Kingdom or elsewhere. DES accreditation in Wales does not indicate nor guarantee accreditation outside of Wales.

Equality Statement

This document ensures a quality assured accreditation process for DES in Oral Surgery, which is robust and transparent. Promoting equality and addressing health inequalities are at the heart of Health Education and Improvement Wales' core values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

and

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

The process of recruitment of Level 2 providers must embody a comprehensive approach to equality and diversity and everyone must be treated in a fair, open and honest manner and the value of each individual must be recognised. No individual must be treated less favourably than another on the grounds of ethnic origin, nationality, age, disability, gender, sexual orientation, race or gender.

If you feel that you require additional support or reasonable adjustments in order to complete your application due to a protected characteristic, please contact us via email on HEIW.DES@Wales.nhs.uk or via post and we will be happy to discuss this with you.

Socio-Economic Duty

HEIW as a public body have a statutory duty to ensure that our policies and processes are fair to those facing socio-economic hardship.

If you feel that you are unable to submit your portfolio in PDF form due to financial hardship or access to technology, please contact us on HEIW.DES@Wales.nhs.uk or via post so that we can make alternative arrangements.

The argument for Level 2 provision in primary care

Evidence shows that giving patients access to Level 2 services within a primary care setting is more convenient for patients and reduces wait time to appointment.² There is also a clear patient need for this type of service: between April 2020 and May 2021, thirty percent (n=14155) of all referrals made by dentists in Wales were for Oral Surgery procedures. Extraction of (impacted or buried) teeth and roots is the most common reason a dentist refers patients to Oral Surgery secondary care services in Wales.

It is quicker for patients requiring care of Level 2 complexity to be seen in primary care settings. Wait times to access specialist care are lengthy, and the pandemic has not helped this situation. Due to the geography of Wales, patients may be required to make long journeys to access secondary care facilities, often with limited availability of public transport. These journeys would not be necessary if patients had access to Level 2 care within their community. *A Healthier Wales* sets out the agenda to move care into the community, meaning patients have better accessibility to Level 2 services in their own local area, reducing the need for lengthy journeys to secondary care settings.³ There are also environmental advantages, such as increased opportunities for sustainable transport to appointments due to the shorter distances involved. Treating more patients in the community avoids unnecessary delays for those patients who truly require their dental treatment to be carried out within a secondary care environment.

Development of Level 2 primary care services provides an alternative career pathway for dentists wanting to gain enhanced skills without undertaking extensive specialist training. Recent trainee feedback events carried out by HEIW show there is a clear desire among newly qualified dentists to develop their Oral Surgical skills without necessarily completing full specialty training, or leaving the primary care environment. As Level 2 accreditation is awarded on the basis of accumulated knowledge and experience, this inherently allows for flexibility in the trainee pathway and is supportive of non-linear career trajectories. This is in keeping with the proposals set out in Higher Education England's review into dental education and training *Advancing Dental Care*.⁴

²Rooney, E., 2015. The Evolution of Dentists with Enhanced Skills. *Faculty Dental Journal*, 6(2), pp.66-69.

³ GOV.WALES. 2021. *A healthier Wales: long term plan for health and social care* | GOV.WALES. [online] Available at: <<https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>> [Accessed 1 September 2021].

⁴ <https://www.hee.nhs.uk/our-work/advancing-dental-care>

The All-Wales process for DES accreditation

Oral Surgery DES Accreditation may appeal to clinicians from a wide range of backgrounds and experience levels. Therefore, potential applicants have been divided into three groups by evidence level (Table 1).

Phase one of developing the DES accreditation pathway is currently underway, focusing on accreditation of applicants in Group A only. It is anticipated that HEIW and the Oral Surgery SAF will work with Local Health Boards to extend and develop this pathway in the future, to enable opening applications for Group B, and eventually Group C applicants.

Specialists in Oral Surgery are not required to attain DES status for Level 2 complexity commissioning purposes.

Group A	<p>Already possess the evidence required, for example, by DES training and / or demonstrated competency to provide independent Level 2a Oral Surgery services.</p> <p>These practitioners can apply directly to the DES Accreditation Panel for DES status.</p> <p style="text-align: center;">Applications for 'Group A' practitioners are open.</p>
Group B	<p>Possess the knowledge and many of the skills required but do not have sufficient evidence, including sign off clinical cases, and would benefit from specific areas of development such as support for portfolio development and reflective practice, for example.</p> <p>These practitioners may need to complete a period of targeted DES training before submitting their application to the DES Accreditation Panel.</p> <p>Application to the Panel will identify themselves as aspiring to achieve future DES status, and will enable HEIW to identify direct them towards appropriate training for their educational needs.</p> <p style="text-align: center;">Currently these applications are closed.</p>

<p>Group C</p>	<p>Aspire to achieve Level 2a DES accreditation but are at the beginning of this journey and require more substantial support including clinical training.</p> <p>These practitioners may need to undertake significant training to achieve DES standard in Oral Surgery. This may include recommendation of a DCT or similar full-time post, or regular placement with qualified Oral Surgeons.</p> <p>Currently these applications are closed.</p>
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Table 1 – Applicant Groupings

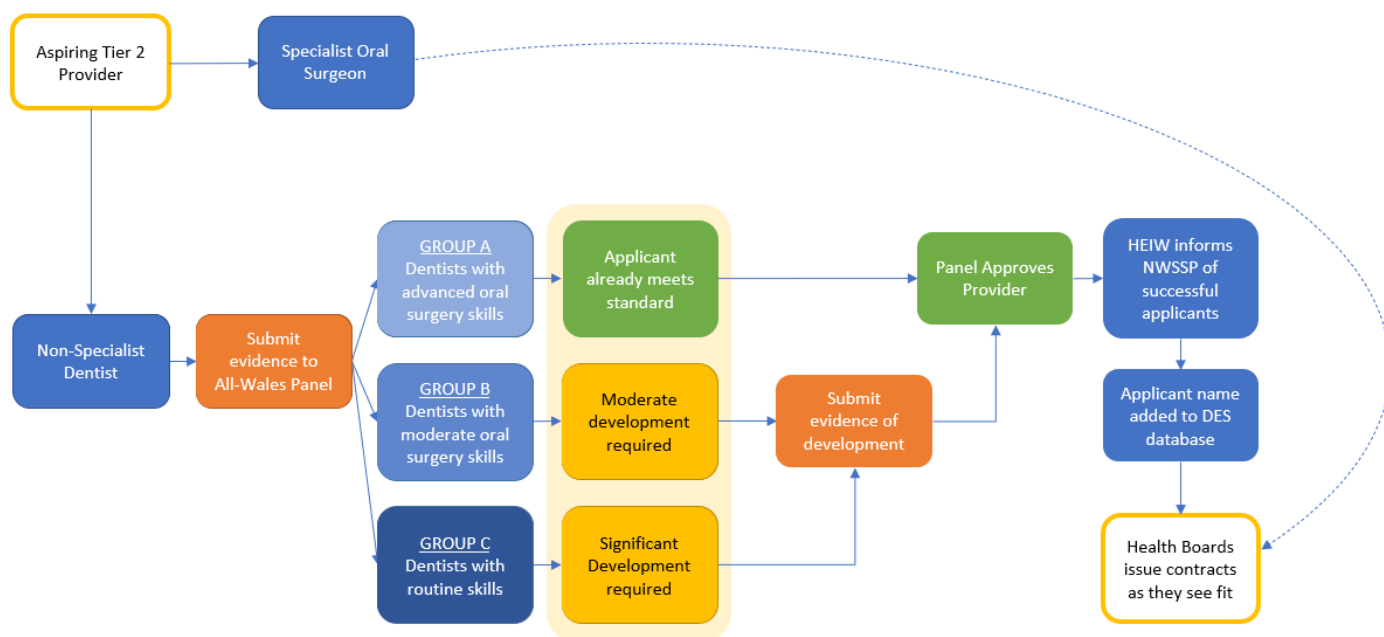
The All-Wales DES Database

Once a dentist is recommended for DES Accreditation by the All-Wales Panel for Oral Surgery DES Accreditation, their Local Health Board will be notified, and their information will be passed via HEIW to NHS Shared Services Partnership (NWSSP) who will manage the All-Wales DES database. NWSSP will place a dentist on the database only following recommendation by the All-Wales Panel for Oral Surgery DES Accreditation.

Information on the database will include the clinicians name, GDC Number, Welsh Performer number and specialty within which they are accredited to deliver Level 2 services (in this case Oral Surgery). It is envisaged that as this pathway develops, clinicians will be accredited in other specialties and use the same database.

Being on the All-Wales database qualifies the clinician to work as an Oral Surgery DES in any health board in Wales (pending agreement from all LHBs). Currently DES status cannot be transferred to other areas of the UK such as England. As it stands clinicians must apply locally for accreditation in that region should they wish to practice as a DES performer outside of Wales.

All-Wales Tier 2 Pathway for Oral Surgery



The All-Wales Panel for DES accreditation

The purpose of this panel is to assess and approve applications for a clinician to gain Oral Surgery DES accreditation and join the All-Wales Dentist with Enhanced Skills (DES) database held by NWSSP.

The All-Wales Panel for Oral Surgery DES Accreditation will meet approximately twice a year to review applications for accreditation.

The maximum number of applications considered at each panel meeting will be capped at 15. HEIW reserves the right to screen applications for compliance with basic requirements, and to make rejections at this stage if necessary. If more than 15 applications progress through screening in a single cycle, those taken forward will be on a first-come first served basis excepting any re-submissions which may be given priority at the Panel Chair's discretion.

If a large volume of applications is received, HEIW reserves the right to convene an extraordinary panel meeting, or to hold any remaining applications until the next application cycle where they will then be considered as a priority, subject to the Panel Chair's discretion.

Any applications received after the cut-off date will be held until the following cycle.

Panel Composition

The panel shall be composed of:

- Two Oral Surgery clinicians (one specialist and one consultant) working in different Local Health Boards (LHBs) in Wales
- The Postgraduate Dental Dean or a nominated deputy from HEIW
- A representative of the Welsh Oral Surgery Strategic Advisory Forum
- A representative of a local OS Managed Clinical Network
- Two other representatives from different LHBs in Wales (primary care and secondary care)
- External Representative
- A lay representative

The time and date of the next panel will be agreed at the end of each bi-annual meeting, but can be expected to take place each October and April. An agenda will be agreed four weeks in advance of the meeting date, and applicant portfolios will be provided to panel members to examine no less than two weeks in advance of the panel meeting.

Panel members will review and score applications independently, and will then meet to discuss scores and reach a consensus on whether the applicant has provided sufficient evidence of competence at Level 2a.

HEIW will oversee organising the meeting, writing the agenda and minutes, and disseminating information appropriately. Application timelines will be available in advance via [HEIW's 'Dentists with Enhanced Skills' webpage](#).

Eligibility to apply to DES accreditation

For the avoidance of doubt, those who are already registered GDC specialists in Oral Surgery are not eligible to apply for DES Accreditation for this specialty. They have already demonstrated themselves competent to deliver Level 2 services in Oral Surgery, and therefore would not benefit from a DES application.

If an applicant has been unsuccessful in their attempt at gaining accreditation, they are eligible to apply again for the following application cycle after completing the actions specified in their feedback from the accreditation panel. If an applicant is unsure as to whether they are suitably qualified and/or experienced to apply for DES accreditation, they are highly encouraged to submit an application so that their evidence can be reviewed, and specific guidance can be given.

Maintaining Accreditation

Successful applicants may be asked to undertake revalidation every 5 years. This is likely to involve completing a statement of continuing competence to complete Level 2 work, a description of recent clinical activities, and a relevant CPD log. This is currently under review and will be confirmed prior to the 5-year renewal date.

Application Timeline

The All-Wales Panel for Oral Surgery DES Accreditation will meet twice yearly, once in the spring and once in the autumn. The deadline for applications to be considered for the next two panel meetings will be published on the HEIW's 'Dentists with Enhanced Skills' webpage:

English: <https://heiw.nhs.wales/education-and-training/dental/dentists-with-enhanced-skills/oral-surgery-des-accreditation/>.

Cymraeg: <https://aagic.gig.cymru/addysg-a-hyfforddiant/deintyddol/deintyddion-a-sgiliau-estynedig-des/achrediad-deintydd-a-sgiliau-estynedig-llawfeddygaeth-y-geg/>

Results will be distributed via email within 10 working days of the panel's decision. NWSSP and the Local Health Boards will be notified of the successful applicants names.

Key Contacts

In the first instance please contact HEIW.DES@wales.nhs.uk. This inbox is monitored and please rest assured we will respond to all queries as fast as we are able.

Appeals Process

1. Applicants have the right to appeal the panel's decision should they feel that their application has not been considered fairly. Applicants submitting an appeal are requested to give an explanation why they feel the appeal is necessary, and their grounds for appealing.
2. Appeals requested because the applicant wishes to submit additional evidence that was not originally provided will not be accepted. Applicants will be expected to apply to the next available panel with any additional evidence.
3. Appeals should be directed to the DES(OS) Accreditation Panel, via HEIW. All appeals should be made within 30 days of the panel's decision being communicated.

The postal address is:

Confidential: FAO DES(OS) Accreditation Panel
HEIW Dental Team,
Ty Dysgu,
Cefn Coed,
CF15 7QQ

Appeals can also be made by emailing HEIW.DES@Wales.nhs.uk with the subject "Confidential FAO DES(OS) Accreditation Panel".

4. A written acknowledgement of receipt will be sent to the individual submitting the appeal within 10 working days. The acknowledgement will explain that the appeal will be investigated and replied in line with the HEIW Dentist With Enhanced Skills Appeals Process.
5. The appeals panel will meet within 8 weeks of notification of the appeal to re-examine the evidence submitted at the time of application. The applicant will be informed of their decision within 10 working days.

6. If it is anticipated that this timeframe cannot be met due to exceptional circumstances, an explanation as to why further time is required together with a proposed timescale will be communicated promptly.
7. The Business Manager will convene the appeals panel.

The Appeals Panel will consist of:

- DES(OS) Accreditation Panel Chair.
 - One DES(OS) team member not present at the main panel meeting.
 - One Oral Surgery SAF representative not present at the main panel meeting.
 - One lay representative.
8. The panel will review the original application for DES OS accreditation, along with the decision made by the DES OS Panel and the appeal itself.
 9. No new evidence will be considered as part of the appeals process. If the applicant wishes to provide additional evidence to supplement their portfolio, then they will need to resubmit the portfolio with the new evidence to the following application cycle. For this reason it is essential that applicants submit all available evidence upfront.
 10. The Appeals Panel will communicate via email. The Business Manager will inform the panel members that they must submit their views within 10 working days of receipt of the information.
 11. A brief summary of the appeal received will be logged in the Register of Appeals, which will also include the outcome of the appeal panel. This will be reported to the monthly Dental Management Executive Committee.
 12. The outcome of the review by the Appeal Panel will be communicated in writing to the appellant by the Business Manager, on behalf of the Chair of the Appeal Panel in line with the stated timeline.
 13. Once the appeals panel have re-examined the application and provided an outcome there will be no further right to appeal the decision as the Appeals Panel's decision is final.
 14. Applicants unsuccessful at appeal are welcome to resubmit an application in the following application cycle, provided they take on board the feedback given by the Panel. Their application will be considered fairly and without prejudice.

Stakeholder Roles and Responsibilities

Oral Surgery Speciality Advisory Forum

- Instigate, develop and advise managed clinical networks in appropriate localities.
- Develop and set the clinical curriculum, including minimum indicative number of clinical procedures expected of an applicant for Oral Surgery DES accreditation (See Panel Marking Sheet).

The Local Health Boards

- Assessing suitability of provider sites.
- Awarding of provider contracts.
- Performance management of awarded contracts.
- Identifying and commissioning training opportunities for GPs to upskill according to local need.

Managed Clinical Network (MCN)

- Engage with HEIW to support specific training needs of local workforce.
- Help identify suitable providers of training as well as provision of time limited clinical attachments.
- Help identify specialists that can act as mentors as well as support clinical training in all types of settings, to help develop the pool of Level 2 workforce locally.
- Advise the All-Wales Panel for Oral Surgery DES Accreditation.

Health Education & Improvement Wales (HEIW)

- Manage and co-ordinate the application process including distribution of results to applicants.
- Organise, plan and manage the All-Wales Panel for Oral Surgery DES accreditation meetings.
- Support training in specific areas e.g., appropriate CPD courses related to generic professional curriculum. Some speciality specific training courses may be provided at HEIW's discretion and subject to availability.

- Signpost applicants to any available training opportunities.
- Host the All-Wales DES webpage and sub-pages for each speciality with an active DES accreditation process supported by HEIW.

NHS Wales Shared Services Partnership (NWSSP)

- Maintain and manage the All-Wales DES database using advice and guidance from All-Wales Panel for Oral Surgery DES accreditation.
- Add new Level 2 providers to the database when prompted by HEIW, on the advice of the All-Wales Panel for Oral Surgery DES accreditation.

General Guidance on Submission of Evidence

Applicants should submit a digital portfolio of evidence to demonstrate their competency to carry out Level 2a Oral Surgery procedures.

Where possible, the submission should be in the form of one PDF document, with a cover page stating the following:

- Applicant's full name
- Date of birth
- GDC number
- Local Health Board
- DES group the applicant feels they most align to (Group A, B or C)
- Date of submission

Currently applications are only open to practitioners who feel they align to Group A: practitioners already competent at Level 2a standard. Please monitor the HEIW '[Dentists with Enhanced Skills](#)' webpage for information regarding future cycles.

All pages in the document must be numbered. The document must include a contents page and a statement that the evidence included is a true and honest representation of the practitioners' skill level. Patient identifiable data must not be included anywhere in the application, or it will have to be rejected.

Supporting Evidence

The recommended evidence to be included is explained in the next section, and is mapped to the competencies required of the Level 2a Oral Surgery practitioner as set out in Appendices 1 & 2.

Please note that the recommended evidence list was updated in January 2024, following a review of the pilot cycle and after carefully considering feedback received from Applicants and the Panel.

The clinical procedures an applicant is expected to evidence, and minimum indicative numbers, are set out in the Panel Marking Sheet. This is available from the [HEIW DES Oral Surgery webpage](#).

All clinical logbooks should be validated by a Consultant or Specialist Oral Surgeon where at all possible. Where this is not feasible e.g. for clinicians practicing independently in a general practice setting, a statement from the clinician verifying that it is a true and accurate record will be accepted, and the log will be considered alongside the other evidence supplied.

All jobs or training posts listed as evidence of clinical experience should include a brief explanation of the role and contact details for the supervising clinician. HEIW reserves the right to contact the supervisor for verification should there be any doubt as to the applicants experience or suitability.

When compiling their portfolio, applicants should consult the Oral Surgery person specification for DES Accreditation and the Panel Marking Sheet, the latest versions of which will be made available from the HEIW website. Please note that these may be updated periodically so you are advised to check here: [Oral surgery DES accreditation - HEIW \(nhs.wales\)](#)

Portfolio submission

The portfolio should be submitted via secure file upload and transfer using [WeTransfer](#) to HEIW.DES@Wales.NHS.UK

You will receive a notification email from WeTransfer once you have sent your application to the DES inbox and when we have downloaded your submission.

Deadlines for submission will be available on HEIW's '[Dentists with Enhanced Skills](#)' webpage under the Oral Surgery section.

Evidence required for 'Group A' Practitioners

Section 1: General Evidence

- BDS or equivalent certificate
- GDC registration certificate (in good standing with the GDC)
- Up to date Curriculum Vitae which should include, if applicable:
- Any formal qualifications/examinations of relevance passed (MJDF/MFDS, MSc etc.)
- Clinical posts held with dates, and duration. If posts are relevant to Oral Surgery the contact details for the supervising surgeon or Educational Supervisor should be given.
- Involvement in relevant committees and specialist societies
- Evidence of appropriate indemnity for Tier 2A services
- Short personal statement (300-500 words suggested) briefly outlining career plans and motivation for applying for DES accreditation.

Section 2: Evidence of Clinical Competence

In this section, please provide evidence of clinical Level 2a Oral Surgery experience including caseload, complexity and case mix.

It is expected that most applicants will evidence this via a clinical logbook, however if this is not feasible then alternative forms of evidence which demonstrate the above will be considered. In this case applicants should provide details of the treatment complexity and case-mix, with justification for the absence of a clinical logbook. Patient identifiable details **MUST NOT** be included in the portfolio.

The logbook should contain a record of Level 2a Oral Surgery procedures spanning at least 3 years, stating clearly how many were supervised / unsupervised. A clinical logbook template is available from the HEIW DES website.

Applicants should be able to offer evidence of clinical learning, including at least one of the following:

- A) 10 relevant Directly Observed Procedures (DOPs) signed off by an OS / OMFS specialist or Consultant. These are surgical procedures you have carried out as the operator whilst being observed. The DOPS should include a brief description of the case, what supervisor felt was completed well, areas for development, any recommended actions, and a reflection by the trainee.

- B) 5 Case Based Discussions (CBDs) relevant to Oral Surgery and signed off by an OS / OMFS specialist or Consultant. A summary of the discussion should be provided.
- C) A reflective log of relevant interesting, challenging or unusual cases you have treated and any significant events that occurred, for example, treatment complications encountered. You should discuss anything you have learned or changed in your clinical practice as a result of the case.

You must also provide 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. Where possible you should include your contract. There is no time limit on this experience can have taken place.

Finally, you should provide evidence of training in managing unwell patients, this can be through a course such as ILS, or other relevant experience e.g. an OMFS post.

Section 3: References

You should include two clinical references confirming your suitability to provide Level 2a services. Where at all possible, these should be from a OMFS Consultant or Specialist Oral Surgeon who has directly observed your clinical work.

If this is not possible, for example for clinicians who work independently in a primary care setting, the second reference may be from a senior Local Health Board Dental Staff Member or person of similar standing.

References should confirm your suitability to provide Level 2a Oral Surgery services, and should include comments on:

- Your level of clinical skills and experience
- Your level of teaching/training/supervising ability
- Personal qualities and communication skills

Contact information for each referee must be provided.

Templates are available to download from HEIW's DES webpage.

Section 4: Professional, Leadership and Management Skills

You must include evidence of your participation in Audit or Quality Improvement activities. Evidence of formal training in Quality Improvement such as the Foundations in Improvement Module available via <https://learning.nhs.wales> is not essential, but it is preferred.

You should discuss:

- The nature of the project and your role in it.
- Evidence of the changes implemented.
- Reflection on success/barriers.
- Typically, the project should have involved at least two cycles.

You must also provide evidence of Equality and Diversity training e.g. CPD certificate.

In addition to providing the evidence above, it is recommended that you include as much as evidence as possible of the following:

- Leadership and management experience - E.g.: dental committee or management or other positions of responsibility held; completion of appropriate courses such as Edward Jenner Leadership Programme, Clinical Fellowships
- Appraisal and peer review - E.g. Regular attendance at a journal club or relevant CPD certificates

Section 5: Personal Development Within Specialty

You should submit evidence of Oral Surgery appropriate CPD which links to the expected competencies of a Level 2a practitioner, alongside a completed Personal Development Plan (PDP) and a CPD Log.

Your portfolio should demonstrate your commitment to maintaining and developing your skills and knowledge over time, with CPD reflecting your progress through recent years. It is appreciated that clinicians may take this opportunity to brush up on their skills, however, portfolios only containing recent CPD without demonstrating longer-term skills maintenance and progression may be a cause for concern.

Both the CPD Log and PDP should indicate your willingness to develop your Oral Surgery skillset and remain up to date with current best practice.

Section 6: Optional Supporting Evidence

Applicants may wish to submit some or all of the following as evidence to strengthen their application:

- Details of independent study completed in relation Oral Surgery
- Record of teaching activities and/or feedback from learners and/or peer review of teaching
- Evidence of teaching qualifications
- Record of courses or study days attended, with reflections.
- Evidence of Clinical Governance activities
- Evidence of good working relationships:
 - Relevant patient feedback, thank-you cards etc.
 - Multi Source Feedback e.g. 360°
 - PREMS / PROMS
- Other awards, achievements and commendations relevant to Oral Surgery
- Publications of relevance
- Presentations, posters and other academic work of relevance

Appendix 1 - Levels 1 and 2a Oral Surgery Curriculum

The following list of OS procedure types, complexity levels and venues have been taken from the *All-Wales Oral Surgery Referral Handbook for General Dental Practitioners 2021 Version 1.5*. This document was formulated following feedback from Wales Oral Surgery Managed Clinical Networks (MCNs), Local Dental Committees (LDCs) and the Welsh Dental Committee. For specific case examples please consult the Handbook.

These lists are for guidance and are not meant to be prescriptive. Deviation from this guidance may be appropriate if circumstances allow, for example: closure of an oro-antral communication/fistula in general dental practice undertaken by a Level 1 primary care practitioner competent in undertaking such procedures; or a Level 3 procedure undertaken by an OS/OMFS consultant in an intermediate or care setting.

In Wales, Level 2 care has been separated into Level 2a: Intermediate Care (suitable for a Dentist with Enhanced Skills) and Level 2b: Specialist Care to adequately reflect the scope of treatments provided by DES practitioners and OS specialist services in primary care.

However, the scope of treatments provided by any clinician will depend on their contractual agreements and level of experience.

Level of Service:	Level 1	Level 2a	Level 2b	Levels 3a and 3b
Anticipated Performer:	All General Dental Practitioners	Oral Surgery DES Practitioners	Specialist Oral Surgeon	Consultant Led Care
Anticipated Setting:	Primary Care Setting	Primary Care Setting	Primary Care Setting	Secondary Care Setting e.g. Hospital

<i>Procedure Type and Subtype</i>					
Management and extraction of erupted tooth/teeth	All procedures	Y			
Management and extraction of erupted uncomplicated third molars	All procedures	Y			
Surgical removal of teeth or roots (including uncomplicated third molars) likely to:	Involve soft tissue only	Y			
	Involve division and/or bone removal	Y	Y	Y	
	Be close (within 2mm on x-ray) to maxillary antrum	Y	Y	Y	
	Involve a palatal or lingual approach			Y	Y
	Involve unerupted ectopic or supernumerary teeth			Y	Y
Closure of oro-antral communication or fistula	Without antral access for tooth or root retrieval	Y	Y	Y	Y
	With antral access for tooth or root retrieval, e.g., Caldwell Luc			Y	Y
Surgical removal of impacted third molar likely to:	Involve soft tissue only	Y	Y	Y	
	Involve bone removal		Y	Y	
	Involve tooth or root division		Y	Y	
Coronectomy of third molar	All procedures		Y*	Y	Y

Procedures involving hard or soft tissue likely to compromise major nerves	All procedures			Y	Y
Removal of supernumerary teeth	Erupted requiring simple extraction	Y			
	Unerupted/ impacted/ ectopic requiring surgical extraction			Y	Y
Surgical exposure of tooth	Buccal/labial approach +/- bonding of orthodontic bracket		Y*	Y	Y
	Palatal approach			Y	Y
Enucleation of cysts of jaw	Non-suspicious radicular (periapical) cysts not likely to compromise major nerves	Y	Y	Y	
	Odontogenic and non-odontogenic cysts			Y	Y
Apicectomy of tooth	Single-rooted anterior teeth where root canal is adequately obturated		Y*	Y	Y
Excision of nonsuspicious lesion of oral soft tissues (See All-Wales Oral Medicine Referral Guide)	For example, apparent denture induced hyperplasia, fibro-epithelial polyp, mucocele	Y	Y	Y	Y
TMJD	Initial management	Y			
	Management that has not responded to simple interventions or meets modifying factors for referral				Y
Understand and assist in early referral of patients with possible pre-malignant or malignant lesions	All conditions	Y			

Management of dental trauma including reimplantation of avulsed tooth/teeth	All conditions	Y			
Drainage of dentoalveolar abscess	Intra-oral approach	Y	Y	Y	
	Extra-oral approach				Y
Management of haemorrhage following tooth/teeth extraction	All conditions	Y			
Placement of an uncomplicated dental implant in accordance with NHS protocols	All procedures	Y	Y*	Y	Y

Y*: By agreement of the panel, it is expected that some applicants may not yet have experience in these fields. This evidence is therefore desirable but not essential for accreditation. If present it would support the candidate's overall application, assuming all mandatory competencies have been met.

Applicants are strongly advised to read the Panel Marking Sheet, which is the definitive guide to the panel's expectations. The most recent version is available via the [HEIW DES-OS webpage](#).

Appendix 2 - Oral Surgery Level 2a indicative supporting competencies

(Ref: Gateway number: 08479)

Knowledge

- Demonstrate full anatomical knowledge relevant to surgical practice
- Awareness of tissue spaces and spread of infection
- Appropriate understanding of therapeutics

Clinical

- Ability to take comprehensive history
- Conduct a thorough clinical examination
- Recognise any need for relevant laboratory and diagnostic tests
- Generate a comprehensive differential diagnosis using all relevant information.
- Assess and understand the relevance of the patient's medical history and current drug history on oral health and specifically Oral Surgery treatment.
- Recognise significant early indications of diseases present intra- orally, particularly systemic conditions and malignant disease.
- Maintain legible and contemporaneous records.
- Recognise if a diagnosis is out with the competence of the DES and describe the appropriate referral procedure.
- Accurately judge when and when not to intervene in a clinical situation and recognise
- Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment complications.
- Be able to manage (including diagnose, plan and operate) patients with conditions listed under Level 1 and 2a Oral Surgery complexities

Communication

- Communicate effectively within clinical networks

Clinical Governance

- Evidence of clinical governance (including audit) of relevance to Oral Surgery in which the practitioner has been personally involved in.
- Evidence of being included in a managed clinical network (where appropriate).
- Evidence of reporting of critical incidents.
- Evidence of reporting and recording complication rates.