

Gateway number: 08479

Accreditation of Performers of Level 2 complexity care

Application Bundle

May 2019

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's 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.

1. Introductory notes

This application pack should be read in conjunction with the Guidance for Commissioners on the Accreditation of Performers of Level 2 complexity care. It is for the use of commissioners, Local Dental Networks, Managed Clinical Networks and Local Accreditation Panels. It will also be useful for performers wanting to apply for accreditation of Level 2 complexity care, however, LAPs will release details of specific application documents pertinent to the region.

The following sections contain guidance for applicants:

- Curriculum Vitae (CV) and Additional Supporting Evidence – Section 1
- Log book for Education and Training – Section 2

The following sections contain template forms, and should be used as part of the application process:

- Personal Information – Section 3
- Relevant Education and Training – Section 4
- Endodontic – Section 5, Forms 1 and 2
- Oral Surgery – Section 6
- Periodontal – Section 7, Forms 1 and 2

Local Accreditation Panels will be required to adapt and modify this application pack, which should include a request for CV, guidance sheets and application forms as appropriate to the specialty.

2. Guidance sheets

2.1. Section 1 Curriculum Vitae and Additional Supporting Evidence

Information for Applicants

Curriculum Vitae

This includes details of the following where available:

- success in formal relevant examinations (including qualifications gained);
- relevant posts held;
- relevant clinical experience acquired, including relevant dates;
- evidence of involvement in provision of teaching and training;
- evidence and level of engagement with clinical governance and service delivery;
- evidence of clinical leadership in relevant education, service delivery and/or service modernisation;
- 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);
- evidence of personal participation in relevant clinical audit
- details of relevant publications and research
- personal statement

This section is mandatory and should include all the template headings, which should be followed. If sections are not applicable, please state this under the heading:

- **List in chronological order, the clinical posts held, with dates, duration and supervising colleagues** (also include under each post the nature of experience acquired)
- **List in chronological order any clinical posts held with management and leadership roles** (again, include dates, duration and supervising colleague(s), if any; cite any notable achievements in each role)
- **Clinical governance** (summarise your engagement with governance, including audit and service development; personal professional development is covered separately)
- **Teaching or training activities** (summarise your contribution to teaching in the relevant Level 2 field of, indicating the level of teaching or training undertaken and any management roles occupied within this remit identifying duties for programme design, delivery, execution, assessment and quality management; include any relevant student or learner feedback, prizes won and notable achievements).
- **Research activities** (summarise your contribution to research in the relevant Level 2 field of indicating the level of research undertaken, and any grant income acquired to support

your research; include any, prizes won and notable achievements)

- **Publications** (summarise your publications in chronological order within subsections containing clinical papers, research papers, books or book chapters, abstracts (subdivided into research and clinical] and other literary contributions)
- **Membership and contribution to professional committees and specialist societies** (summarise your membership, participation and contribution to committees or societies of relevance to Level 2 application; list any relevant offices of responsibility held)

References

Two appropriate professional relevant references confirming the applicant's professional and clinical suitability to provide Level 2 services. This can include local (if available) consultants, specialists or any other suitably qualified person, to support the application.

References should include comments on a practitioner's level of clinical skill and degree of relevant experience. If appropriate, the reference should include discussion of a practitioner's level of teaching/training/supervising ability in addition to their personal qualities of communication skills, probity and degree of self-reflection.

Other Evidence

1. Ability to work as a referral practitioner e.g.:
 - feedback from referrers,
 - feedback from referred patients,
 - referral letters, to and from dentists and administration, to support the applicant to work within an MCN (if available),
 - any clinical or service improvement initiatives.
2. Clinical audits and outcome quality, including outcome data, audit data, adverse incidence reports (or absence of), complaints data, etc),
3. Clinical and non-clinical audit activities, such as patient satisfaction survey,
4. Peer review such as Multi-Source Feedback (MSF) and 360-degree appraisals.

Detailing candidates' experience base

The purpose of this section is to provide evidence of the applicant's experience- base in terms of clinical case-load, complexity and case-mix. It is not merely about the time spent, or the number of cases treated, it is about demonstration of a reflective practice that leads to discernible progress in the quality of care.

The log-book may contain:

- A personal detailed clinical treatment record of cases (supervised and/or non-supervised), that includes examples of Level 1 and Level 2 complexities, relevant to the service specification within the last 3 years. 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, interaction with and advice from an experienced mentor / trainer to improve learning. If already part of a local MCN, this may include relevant Structured Learning Events (SLEs), such as Direct Observed Practices (DOPs). Details of supervision e.g. self-treated, directly supervised (self or with help from supervisor) or observed should be provided.
- Summary of cases treated within the last 3 years. Appropriate numbers of patients/teeth to demonstrate a range of complexities and case-mix.

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 special interest or merit. For those performers who are more recently involved in Level 2 activity, and/or have more modest case-loads, details of a full spectrum of cases should be submitted supported with reflective notes.

Depending on the portfolio of evidence submitted a candidate will be given:

- Pass with no further evidence required
- Pass with further evidence required
- Fail

2.2. Section 2 Log-Book of Education and Training – Information for Applicants

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 can be demonstrated through an Education and Training Logbook which may contain:

- Details of any enhanced study relevant to the application e.g. Postgraduate Certificate, Diploma or MSc with supporting evidence: programme content, programme / contact hours, level of supervision / mentorship and supervised clinical practice.
- A record of any appraisals, including supporting evidence from trainers and tutors, goal setting, personal development plans with evidence how these were subsequently developed. In addition, evidence of feedback from patients and from other members of the clinical team with whom they work
- Evidence of appropriate core and developmental Continuing Professional Development (CPD);
- Formal courses & conferences attended;
- Seminars and other knowledge-based activities;
- Practical skills training; this should include a complete list of all courses attended with validated certificates of attendance and completed over the last five years.
- Evidence of referrals received: referral letters, referral forms, electronic referral systems records.

2.3. Section 3 Application form for performers of XX at Level 2 complexity

Part A Personal Information

Title	
Surname	
First name	
Other names	
Date of birth	
Home address	
Main performer address	
Registration with licensing body (give number and date)	
Performer Number and date obtained	

Part B Evidence of Education and Training

This section should provide information and evidence of the education, and training undertaken by the applicant relevant to the Level 2 service application.

Programmes of study can vary enormously in quality assurance and management, levels of delivery, content, engagement, contact hours, and clinical exposure to patient management through mentored or direct supervision. It is therefore important to provide accurate, detailed and evidenced responses.

All evidence submitted such as certificates and programmes should be clearly cross referenced to the details below.

2.4. Section 4 Relevant Formal Training/Education

Formal Training and Qualifications

Identify any formal training and qualifications	Answer	Name and Year of Award	Length of Programme (Years/FT/PT)	Awarding Institution	Details of Programme Attached (Y/N)	Additional Comments/ Information
Postgraduate Certificate	YES / NO					
Postgraduate Diploma	YES / NO					
Masters level degree (MSc, MClintDent)	YES / NO					
Other	YES / NO					

Other Relevant Postgraduate Education/Training

Description	Year	Duration	Organising Institution/ Organisation	Details Attached (Y/N)	Additional Comments/ Information

General Postgraduate Education/Training including Continuing Professional Development (CPD) over Past 5 Years

Description	Year	Duration	Organising Institution/ Organisation	Details Attached (Y/N)	Additional Comments/ Information

2.5. Section 5 Indicative Level 2 Endodontic Curriculum and log book template (for information)

DOMAIN SUGGESTED	THEME	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	POSSIBLE EVIDENCE
Knowledge	Underpinning theoretical knowledge and understanding.	<ul style="list-style-type: none"> • Demonstrate full anatomical knowledge relevant to endodontic practice. • Awareness of tissue spaces in head and neck, and implications to spread of endodontic infection. • Appropriate understanding of relevant therapeutics, pharmacology and pain control in endodontics. 	Background knowledge Ability to interpret clinical findings Self-awareness and insight Clinical Log book	8-10 Case Based Discussions (CBDs) which include personal reflection Direct observation Log book Examinations Central incident reporting system, e.g. Datix
Clinical	History, Examination and Diagnosis	<ul style="list-style-type: none"> • Ability to take a comprehensive history. • Conduct a thorough clinical examination. • Recognise any need for relevant laboratory and diagnostic special tests. • Generate a comprehensive differential diagnosis using all the relevant information available. • 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 systematic conditions and malignant disease. • Maintain legible and contemporaneous records. 	Knowledge Self-awareness/insight Communication: oral Communication: written Record keeping	Direct observation Case reviews Work Based Assessment (WBA) Structured Learning Event (SLE) Objective Structured Clinical Examination (OSCE) Reflective log Unseen case

		<ul style="list-style-type: none"> Recognise if a diagnosis is out with the competence of the Practitioner with Level 2 competencies, and describe the appropriate referral procedures. Accurately judge when and when not to intervene in a clinical situation, and to recognise when help and/or referral are required. 		
Clinical	Medical and dental emergencies	<ul style="list-style-type: none"> Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment complications. 	<p>Knowledge</p> <p>Clinical skills</p> <p>Immediate Life Support (ILS) or similar course</p>	<p>Continuing Professional Development (CPD) log</p> <p>Case Based Discussion (CBD)</p> <p>Direct observation</p> <p>Certification of attendance</p> <p>Care Quality Commission (CQC) report</p>
Clinical	Endodontic Specific procedures	<ul style="list-style-type: none"> Plan and perform: Manage difficulties with local analgesia that cannot be resolved by routine secondary measures. Diagnosis/management of complex “cracked tooth syndrome” dilemmas. Molar endodontics for patients with reduced mandibular opening (25mm – 35mm). Moderate to severe curvature of roots. Location and negotiation of root canals NOT radiographically evident in the coronal 1/3 but appears patent thereafter. Correction of moderately complex iatrogenic technical problems in location, negotiation, instrumentation, disinfection (persistent 	<p>Clinical Knowledge</p> <p>Clinical skills</p> <p>Manual dexterity</p> <p>Correct use of equipment</p>	<p>Workplace Based Assessments (WBAs) to include Case Based Discussion (CBD)</p> <p>Direct Observed Practices (DOPs)</p> <p>Procedure Based Assessment (PBA) etc.</p> <p>Reflective log – to include ‘long’ case presentations of each of the clinical domains and trainer comments</p>

		<p>infection/symptoms) and obturation.</p> <ul style="list-style-type: none"> • Endodontic therapy of teeth with anticipated working length > 25mm when accompanied by narrowness and curvature <30°. • Removal of fractured short posts in length not accompanied by other complications cited for level 3 complexity. • Seamlessly work with others and be able to provide moderately difficult acute and elective dental trauma services e.g. assessment, diagnosis, non-surgical dental treatment, tooth splinting, infection prevention and soft-tissue management. • Level 2 performer level efficiency and confidence in the management of elective dental trauma – to include management of teeth with incomplete root development (as directed by the MCN). <p>Secondary Endodontics:</p> <ul style="list-style-type: none"> • Previously root treated tooth with poorly condensed root filling short of ideal length and where radiographic evidence of patency beyond the root filling. • Moderately difficult non-surgical endodontic re-treatment e.g. able to manage teeth with well condensed root fillings short of ideal working length where there is no evidence of iatrogenic damage to canal anatomy and where there is evidence of likely apical patency. 		Direct observations
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Communication	With patients and relatives	<ul style="list-style-type: none"> • Be able to present to patients (and representatives where appropriate) results of clinical examinations and treatment plans; likely complications and associated morbidities. • Ability to take informed consent. 	Communication written and oral	Direct observation Case Based Discussion (CBD) Direct Observed Practices (DOPs) Reflective Log Patient surveys Multi-Source Feedback (MSF) Care Quality Commission report (CQC) Complaint management
Communication	With colleagues	<ul style="list-style-type: none"> • Communicate effectively within clinical networks. 	Communication: Oral Written Electronic Self-awareness	Reflective log Curriculum Vitae Case presentations Workplace Based Assessments (WBAs) Surveys Multi-Source Feedback (MSF)

Clinical Governance	Audit Risk assessment	<ul style="list-style-type: none"> • Evidence of clinical governance (including audit) of relevance to Endodontics 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. 	Knowledge Communication	Portfolio Clinical log book Datix or other incident reports Complaints Patient surveys Multi-Source Feedback (MSF) Care Quality Commission report (CQC)
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Form 1 - Individual Patient Case Log Template – Endodontics

Minimum of 25 be completed and submitted as part of the application process. Detailed records should be provided for at least 15 primary root canal treatments (including cases of trauma) and 10 secondary root canal treatments.

Patient Identifier
Operator
Tooth treated
Referral details
Patient's complaint
Provisional / Definitive Diagnoses
Agreed TP and Plan of Action

Treatment details

Date started:
visits:

Date completed:

Number of

Endodontic treatment

(Microscope used: Y / N; NiTi instrument used: Y / N;

Restorative treatment (On endodontically treated tooth: Y / N; On other tooth: Y / N)

Treatment Plan Options appraisal undertaken

Expected Prognoses
(Stated in Endodontic & Restorative terms)

Outcome Details (e.g. F/U, Discharged)**Personal Reflection**

Signature and Date of Operator

Name, Date and Signature of Supervisor (if appropriate)

Form 2 - Indicative Endodontic Case Log Summary

To be completed and submitted as part of the application process.

General – Total number of cases treated within the last 3 years

Total number of cases treated	
Total number of cases treated with microscope	
Total number of cases with primary root canal treatment	
Total number of cases with secondary root canal treatment	
Total number of trauma cases	

Trauma Treatment categories by tooth	No. of incisors / canines	No. of premolars	No. of molars
Pulp therapy			
Pulp capping			
Pulpotomy			
Pulp regenerative therapy			
Subtotal			
Management of cracked tooth (and/or banding)			

Indicative Endodontic Case Log

Summary Details of Treatment Complexity

Treatment categories by tooth	No. of incisors / canines	No. of premolars	No. of molars
Primary or secondary root canal treatment (by tooth – select according to worst case scenario)			
Straight canal (<15° curve)			
Visible canal			
Calcified canal			
Immature apex			
Apical resorption			
Internal Resorption			
Post Removal			
Retreat.-Gutta-percha			
Subtotal			
Moderate curvature (30° – 45°)			
Visible canal			
Calcified canal			
Immature apex			
Apical resorption			
Internal Resorption			
Post Removal			
Retreat.-Gutta-percha			
Subtotal			

2.6. Section 6 Indicative Level 2 Oral Surgery Curriculum

A performer of cases of level 2 complexity will be expected to be able to competently perform all procedures listed under both Level 1 and Level 2 but not those designated Level 3.

Level 1 Procedures/Condition

- Extraction of erupted tooth/teeth including erupted uncomplicated third molars.
- Effective management including extraction where appropriate of buried roots (whether fractured during extraction or retained root fragments), unerupted, impacted, ectopic and supernumerary teeth.
- Understand and assist in the investigation, diagnosis and effective management of oral mucosal disease.
- Management of dental trauma including re-implantation of avulsed tooth/teeth
- Management of haemorrhage following tooth/teeth extraction.
- Diagnose and treat localised odontogenic infections and post-operative surgical complications with the appropriate therapeutic agents and diagnose and refer major odontogenic infections with the appropriate degree of urgency.
- Recognise disorders in patients with craniofacial pain including the initial management of Temporo-mandibular disorders and identify those that require specialised management, and to refer such conditions appropriately.

Level 2 Procedures/Conditions in addition to those in Level 1

- Surgical removal of uncomplicated third molars involving bone removal.
- Surgical removal of buried roots and fractured or residual root fragments.
- Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth).
- Management and surgical exposure of teeth to include bonding of orthodontic bracket and chain.
- Surgical endodontics for incisor, canine and premolar teeth.
- Minor soft tissue surgery to remove apparent non-suspicious lesions.

Indicative Level 2 Oral Surgery Curriculum and log book template (for information)

DOMAIN SUGGESTED	THEME	INDICATIVE SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	POSSIBLE EVIDENCE
Knowledge	Underpinning theoretical knowledge and understanding	<ul style="list-style-type: none"> • Demonstrate full anatomical knowledge relevant to surgical practice • Awareness of tissue spaces and spread of infection • Appropriate understanding of therapeutics 	Background knowledge. Ability to interpret clinical findings. Self-awareness and insight. Clinical Log book	8-10 Case Based Discussions (CBDs) which include personal reflection Direct observation Log book Examinations Central incident reporting system, e.g. Datix
Clinical	Examination and Diagnosis	<ul style="list-style-type: none"> • 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 	Knowledge Self- awareness/insight Communication: oral Communication: written Record keeping	Direct observation Case reviews Work Based Assessment (WBA) Unseen case Objective Structured Clinical Examination (OSCE) Reflective log Structured Learning Event (SLE)

		<p>competence of the Direct Enhanced Service (DES) and describe the appropriate referral procedure.</p> <ul style="list-style-type: none"> • Accurately judge when and when not to intervene in a clinical situation and recognise when help or referral is required. 		
Clinical	Medical and dental emergencies	<ul style="list-style-type: none"> • Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment complications. 	<p>Knowledge</p> <p>Clinical skills</p> <p>Immediate Life Support (ILS) or similar course</p> <p>Support (ILS) or similar course</p>	<p>Continuing Professional Development (CPD) log</p> <p>Case Based Discussion (CBD)</p> <p>Direct Observation</p> <p>Certification of attendance Care Quality Commission (CQC) report</p>
Clinical	Oral surgery specific procedures	<ul style="list-style-type: none"> • Plan and perform extractions of erupted teeth and manage complications and postoperative problems including hemorrhage and odontogenic infections without systemic manifestations. • Plan and perform surgical removal of buried roots; uncomplicated third molars including bone removal and uncomplicated supernumerary teeth (erupted or superficial) and manage complications and post-operative problems as above. • Plan and perform surgical endodontics for incisor, canine and premolar teeth, and manage complications and post-operative problems as above. • Manage the surgical exposure of teeth to 	<p>Clinical Knowledge</p> <p>Clinical skills</p> <p>Manual dexterity</p> <p>Correct use of equipment</p>	<p>Workplace Based Assessments (WBAs) to include Case Based Discussion (CBD)</p> <p>Direct Observed Practices (DOPs)</p> <p>Procedure Based Assessment (PBA) etc.</p> <p>Reflective log – to include 'long' case presentations of each of the clinical domains and trainer comments</p> <p>Direct observations</p>

		<p>include bonding or orthodontic brackets and chain as part of an orthodontic treatment plan.</p> <ul style="list-style-type: none"> • Be able to diagnose and treat localized odontogenic infections and demonstrate understanding of when urgent referral is appropriate. • Be able to diagnose; investigate and effectively manage oral mucosal disease including referral to the appropriate specialist when required investigate and effectively manage oral mucosal disease, including referral to the appropriate specialist when necessary. • Perform minor soft tissue surgery where appropriate. • Demonstrate knowledge and understanding of the prescription of therapeutic agents. • Recognise and manage dental trauma including the re- implantation of avulsed teeth. • Recognise patients with cranio facial pain including the initial management of disorders of the Temporo-mandibular joint and be aware when referral to a specialist is more appropriate. • Management of patients on NOAC, anti-platelet drugs; anticoagulants; bisphosphonates and monoclonal anti-bodies. 		
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Communication	With patients and relatives	<ul style="list-style-type: none"> • Be able to present to patients (and representatives where appropriate) results of clinical examinations and treatment plans; likely complications and associated morbidities. • Ability to take informed consent. 	Communication: written and oral	Direct observation Case Based Discussion (CBD) Direct Observed Practices (DOPs) Reflective Log Patient surveys Multi-Source Feedback (MSF) Care Quality Commission (CQC) Complaint management
Communication	With colleagues	<ul style="list-style-type: none"> • Communicate effectively within clinical networks. 	Communication: Oral Written Electronic Self-awareness	Reflective log Curriculum Vitae Case presentations Workplace Based Assessments (WBAs) Surveys Multi-Source Feedback (MSF)
Clinical governance	Audit Risk assessment	<ul style="list-style-type: none"> • Evidence of clinical governance (including audit) of relevance to Oral Surgery in which the practitioner has been personally involved in. 	Knowledge Communication	Portfolio Clinical log book

		<ul style="list-style-type: none"> • Evidence of being included in a managed clinical network (where appropriate). • Evidence of reporting of critical incidents. • Evidence of reporting and recording complication rates. 		<p>Datix or other incident reports</p> <p>Complaints</p> <p>Patient surveys</p> <p>Multi-Source Feedback (MSF)</p> <p>Care Quality Commission (CQC)</p>
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2.7. Section 7 Indicative Level 2 Periodontal Curriculum and log book template (for information)

DOMAIN SUGGESTED	THEME	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	POSSIBLE EVIDENCE
Knowledge	Underpinning theoretical knowledge and understanding	<ul style="list-style-type: none"> • Demonstrate full anatomical microbiological and immunological knowledge relevant to periodontal practice. • Demonstrate an understanding of periodontal disease pathogenesis in relation to disease management. • Awareness of tissue spaces in head and neck, and implications to spread of periodontal infection. • Appropriate understanding of relevant therapeutics, pharmacology and pain control in periodontal disease management. • Understanding of the process of periodontal healing and the relation to patient outcomes. • Awareness of contemporary instrumentation and technology in periodontics. • Have knowledge of implant and peri-implant disease and be able to diagnose its presence and then refer for specialist care. • Understanding of periodontal probing protocols in relation to disease and disease management. 	<p>Background knowledge</p> <p>Ability to interpret clinical findings</p> <p>Self-awareness and insight</p> <p>Clinical Log book</p>	<p>8-10 Case Based Discussions (CBDs) which include personal reflection</p> <p>Direct observation</p> <p>Log book</p> <p>Examinations</p> <p>Central incident reporting system, e.g. Datix</p>

		<ul style="list-style-type: none"> • Understanding of the relationship and significance of the relationship between periodontitis and systemic disease. • Awareness of the epidemiology of periodontitis in the population. • Understand the relevance of patient behaviour in relation to therapy and its outcomes and the importance health behaviour change. • Understanding of the legal framework in relation to working with complimentary professionals. 		
Clinical	History Examination and Diagnosis	<ul style="list-style-type: none"> • Ability to take a comprehensive history and to expand upon responses relevant to the patient's periodontal condition. • Ability to identify key risk factors (behavioural, genetic and clinical) and to offer appropriate interventions to help their management, e.g. smoking cessation, modification of restorative work facilitating plaque removal. • Be aware of the impact that a patient's medical history may have on their periodontal health and proposed management strategies (e.g. diabetic control, drug induced gingival overgrowth). • Be aware of the potential impact of periodontal management upon a patient's medical health (e.g. renal patients, those with cardiac complications etc.). 	<p>Knowledge</p> <p>Self-awareness/insight</p> <p>Communication: oral</p> <p>Communication: written</p> <p>Record keeping</p>	<p>Direct observation</p> <p>Case reviews</p> <p>Structured Learning Event (SLE)</p> <p>Objective Structured Clinical Examination (OSCE)</p> <p>Reflective log</p> <p>Work Based Assessment (WBA)</p> <p>Unseen case</p>

		<ul style="list-style-type: none"> • Liaise with medical colleagues to manage relevant systemic disease components. • Conduct a thorough clinical examination. • Recognise the need for relevant special tests to aid diagnosis, including blood glucose level screening for potential diabetes. • Ability to interpret radiographs, especially in relation to periodontal disease and the identification of perio-endodontic lesions. • Generate a comprehensive diagnosis and prognosis using all the relevant information available. • Be aware of changes to periodontal disease classification and make use of the classification when communicating and recording disease. • Recognise significant early indications of diseases present intra-orally, particularly systemic conditions and malignant disease. • Maintain legible and accurate contemporaneous records. • Recognise if the diagnosis is out with the competence of a level 2 Practitioner and be aware of the protocol for ongoing referral. • Ability to judge when and when not to intervene in a clinical situation and recognise when help or referral is required. 		
Clinical	Medical and dental emergencies	<ul style="list-style-type: none"> • Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment 	<p>Knowledge</p> <p>Clinical skills</p>	<p>Continuing Professional Development (CPD) log</p> <p>Case Based Discussion</p>

		<p>complications.</p> <ul style="list-style-type: none"> Refer at risk patients to diabetic services for HbA1c blood screening testing according to MCN policy. 	<p>Immediate Life Support (ILS) or similar course</p>	<p>(CBD)</p> <p>Direct observation</p> <p>Certification of attendance Care Quality Commission report(CQC)</p> <p>Additional training and certification for Fasting Blood Glucose testing if MCN policy indicates</p>
Clinical	<p>Periodontal Specific procedures</p>	<ul style="list-style-type: none"> To be able to explain to patients, in terms they understand, their individual periodontal status and the impact of their periodontal condition on their oral and whole-body health, and also the impact of the latter upon their periodontal health and prognosis. To be able to counsel a patient and support or refer appropriately for management of relevant systemic risk factors for their periodontal disease (e.g. Smoking cessation, nutritional advice). To formulate an initial treatment plan, that takes account of the patient's personal, social and occupational behaviours and attitudes and to understand the role of the patient's lifestyle in this process. Formulate specific plaque removal procedures that are tailored to an individual patients' oral environment. To be able to correct or prescribe the correction of local risk factors that may impact upon therapeutic endpoints. 	<p>Clinical skills</p> <p>Clinical Knowledge</p> <p>Manual dexterity</p> <p>Correct use of equipment</p>	<p>Workplace Based Assessments (WBAs) to include Case Based Discussion (CBD)</p> <p>Direct Observed Practices (DOPs)</p> <p>Procedure Based Assessment (PBA) etc</p> <p>Reflective log – to include 'long' case presentations of each of the clinical domains and trainer comments</p> <p>Direct observations</p>

		<ul style="list-style-type: none"> • To carry out, and adequately supervise hygienists/therapists to perform efficient and effective nonsurgical therapy including education, oral hygiene instruction, non-surgical instrumentation, monitoring and supportive care. • Be aware of the indications for and limitations of pharmacological therapy as an adjunct to non-surgical management. • Manage intra- and postoperative emergencies and complications of periodontal therapy, including periodontal abscesses, gingival recession, root caries and dentine sensitivity. • To personally review the results of the non-surgical phase of therapy and assess the biological and behavioural response to therapy, at the patient, whole mouth; tooth and site level. • To review the management of systemic and local risk factors and their relationship to treatment outcome. • To understand the need for an endpoint to treatment and what form that may take for the individual patient. This may include maintenance of the result already achieved by returning the patient back to the referring GDP or progression to more complex therapy (e.g. surgery) or on-going periodontal cause related therapy. • To plan and implement supportive periodontal and restorative care, including maintenance programmes, to be provided by the referring primary care dentist. • To be aware of the restorative implications for the treated periodontal 		
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		patient and the consequences of inappropriate restorations to periodontal integrity and stability.		
Communication	With patients and or their representatives	<ul style="list-style-type: none"> • Be able to present to patients (and representatives where appropriate) the results of clinical examinations and treatment plans; likely complications and associated morbidities; along with the impact of the latter upon their periodontal health and prognosis. • Be able to explain to patients that a change in their behaviour forms a significant part of their disease management. • Help patients understand the likely prognosis if their disease is managed successfully and the alternative of no active intervention. • Ensure that patients understand the long-term nature of periodontal disease management. • Ability to take informed consent. 	Communication: written and oral	Direct observation Case Based Discussion (CBD) Direct Observed Practices (DOPs) Reflective Log Patient surveys Multi-Source Feedback (MSF) Care Quality Commission report (CQC) Complaint management
Communication	With colleagues	<ul style="list-style-type: none"> • Communicate effectively within clinical networks including diabetic services, medical practitioners and smoking cessation services. • Where there is a need for Level 3 care, to be able to write an appropriate referral letter and to provide relevant documentation and copies of investigations. • To prescribe, and adequately supervise hygienists/therapists to perform efficient and effective, patient tailored non-surgical therapy. 	Communication: Oral Written Electronic Self-awareness	Reflective log Curriculum Vitae Case presentations Workplace Based Assessments (WBAs) Surveys Multi-Source Feedback (MSF)

		<ul style="list-style-type: none"> • To plan and prescribe supportive periodontal and restorative care to be provided by the referring Level 1 dentist and their team. • Know the health and social care network in order to communicate with appropriate clinicians and non-clinicians regarding the management of the patient's periodontal disease. 		
Clinical Governance	Audit Risk assessment	<ul style="list-style-type: none"> • To demonstrate an appreciation of the importance and role of audit and the audit cycle in monitoring self-performance and reviewing practice. • Appraisal • Job planning • Evidence of inclusion in a managed clinical network. • Evidence of reporting of critical incidents. • Evidence of reporting and recording complication rates. 	Knowledge Communication	Portfolio Clinical log Datix or other incident reports Complaints Patient surveys Multi-Source Feedback (MSF) Care Quality Commission report (CQC)

Form 1 – Periodontal Individual Patient Case Log Template

Patient Identifier	Patient Age
Gender	
Operator	
Teeth Present <div style="text-align: center; margin-top: 5px;"> </div>	
Referral details	
Patient's complain	
Risk factors (List)	
Provisional/Definitive Diagnoses	
Treatment Options Considered	
Agreed TP and Plan of Action	
Treatment details	
Date started:	Date completed:
Number of visits:	
<u>Periodontal treatment performed by Level 2 practitioner</u>	
Cause related therapy Y/N	
Use of antibiotics Y/N	
Root surface debridement: full mouth / partial	Use of LA Y/N
Pocket reduction surgery Y/N	
Smoking cessation therapy Y / N/ Not relevant	

Periodontal treatment performed by DCP:

Cause related therapy Y/N Smoking cessation Y/N/Not relevant
Root surface debridement of relevant sites (single visit) Y/N Use of LA Y/N
Root surface debridement of relevant sites (multiple visits) Y/N Use of LA Y/N
Use of antibiotics Y/N
Tooth extraction: Pre-treatment Y/N Post treatment Y/N

Splinting: Y/N

Number of Teeth with perio-endodontic complications

Endodontic therapy instigated Y/N

Details of attendance:

Number of visits before instrumentation Number of visits for instrumentation

Outcome Details

Gingival enlargement Y/N

Pre tx Plaque score..... Post tx Plaque score.....
Pre tx Bleeding score..... Post tx Bleeding score.....

Percentage of pockets greater than or equal to 5mm

Percentage of pockets greater or equal to 5mm which bleed on probing

Number of teeth with furcation involvement Number of Perio-endo lesions

Discharge details:

GDP
Level 3(primary sector) / Level 3 (secondary sector)
Follow up by Level 2 practitioner

Patient did not complete treatment Number of failed appointments

Personal Reflection

Signature and Date of Operator

Name, Date and Signature of Supervisor (if appropriate)

Form 2 - Indicative Periodontal Case Log Summary

General – Total number of cases treated within the last 3 years (Dates.....)

TYPE OF CASE TREATED	TOTAL NUMBER
Generalised Chronic delete Periodontitis	
Localised Chronic delete Periodontitis	
Aggressive Periodontitis in patient <35 years	
Severe periodontitis in patient > 35 years	
Cases treated with antibiotics	
Non-plaque induced periodontal disease	
Cases with furcation or complex root morphology	
Gingival enlargement cases	
Pocket reduction surgery	
Cases with perio-endodontic involvement	
Peri-implant mucositis cases	
Total number of Periodontal cases treated	

2.8. Section 8 Indicative Level 2 Paediatric Curriculum (for information)

DOMAIN SUGGESTED	THEME	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	POSSIBLE EVIDENCE
Knowledge	Underpinning theoretical knowledge and understanding.	<ul style="list-style-type: none"> • Understand and apply national and local guidelines relevant to Paediatric Dentistry. • Understand the principles of the Children’s Act. • Demonstrate an understanding of the relevance of patients medical, social and family history on their dental health and the provision of dental care. • Demonstrate an understanding of the barriers some patients may face to access dental care, including dental anxiety and phobia. • Demonstrate an understanding of how these barriers can be minimised and the concept of reasonable adjustments. • Demonstrate an appropriate understanding of behaviour management, pharmacology and pain control. • Demonstrate an understanding of clinical holding of patients, the need for risk assessments and manual handling. 	<p>Background knowledge.</p> <p>Ability to interpret clinical findings.</p> <p>Self-awareness and insight</p> <p>Clinical Log book</p>	<p>8-10 Case Based Discussions (CBDs) which include personal reflection</p> <p>Direct observation</p> <p>Log book</p> <p>Examinations</p> <p>Central incident reporting system, e.g. Datix</p>

Clinical	History, Examination and Diagnosis	<ul style="list-style-type: none"> • Ability to take a comprehensive history. • Conduct a thorough clinical examination. • Recognise any need for relevant laboratory and diagnostic special tests. • Generate a comprehensive differential diagnosis using all the relevant information available. • 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 systematic conditions and malignant disease. • Maintain legible and contemporaneous records. • Recognise if a diagnosis is out with the competence of the Practitioner with Level 2 competencies, and describe the appropriate referral procedures. • Accurately judge when and when not to intervene in a clinical situation, and to recognise when help and/or referral are required. • Safeguarding (to the appropriate level as outlined by contemporaneous guidelines, min. Level 2) 	<p>Knowledge Self-awareness/insight</p> <p>Communication: oral</p> <p>Communication: written</p> <p>Record keeping</p>	<p>Direct observation</p> <p>Case reviews</p> <p>Work Based Assessment (WBA)</p> <p>Unseen case</p> <p>Objective Structured Clinical Examination (OSCE)</p> <p>Reflective log</p> <p>Structured Learning Event (SLE)</p>
Clinical	Medical and dental emergencies	<ul style="list-style-type: none"> • Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment complications. • Training in Paediatric Immediate Life Support including Immediate Life Support. 	<p>Knowledge</p> <p>Clinical skills</p> <p>Immediate Life Support (ILS) or similar course</p>	<p>Continuing Professional Development (CPD) log</p> <p>Case Based Discussion (CBD)</p> <p>Direct observation</p> <p>Certification of Care Quality Commission report (CQC)</p>

Clinical	Paediatrics specific procedures	<ul style="list-style-type: none"> • Formulate appropriate treatment plans for children/adolescents with common dental problems. • Extraction of teeth under general anaesthesia. • Recognise urgency of patients requiring immediate assessment and treatment, and differentiate from non-urgent. • Safeguarding (to the appropriate level as outlined by contemporaneous guidelines, minimum Level 2). • Recognise how physical, behavioural and cognitive development may affect the ability of children/adolescents to accept dental care. • Management of children and teenagers with extensive dental caries and poor oral health, including delivery of effective preventive care to children at increased risk of, or active, dental caries. • Management of children with routine oral health surveillance or treatment needs but where behavioural /psychological development or significant anxiety increases the complexity of delivery of care such as those requiring behavioural management, progressive desensitisation, local anaesthetic or conscious sedation. • Management of children with routine oral health surveillance or treatment needs but where medical comorbidity or disability increases the complexity of delivery of care. • Management of children with extensive caries or early childhood caries amenable to care under local analgesia or with sedation as an adjunct. • Management of dento-alveolar trauma of increased complexity including: <ul style="list-style-type: none"> ○ Management of complicated crown fracture of permanent teeth. 	Clinical skills Clinical Knowledge Manual dexterity Correct use of equipment	Workplace Based Assessments (WBAs) to include Case Based Discussion (CBD) Direct Observed Practices (DOPs) Procedure Based Assessment (PBA) etc. Reflective log – to include ‘long’ case presentations of each of the clinical domains and trainer comments Direct observations
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		<ul style="list-style-type: none"> ○ Management of injuries to primary teeth not manageable by restoration or extraction. ○ Root and crown-root fractures of permanent teeth without complicating factors. ○ Post-emergency follow-up of multi-tooth injuries in the permanent dentition. ○ Post emergency follow-up of permanent tooth avulsion and significant luxation injuries, especially where complications are more likely to develop. ○ Emergency management of injuries to primary and permanent teeth where the complexity of emergency management lies beyond Level 1. ● Inhalation sedation where appropriate for all ages of children. ● Management of hard-tissue dental defects and disturbances of the developing dentition not requiring specialist or multi-disciplinary management for example early permanent tooth surface loss, developmental defects of primary or permanent teeth amenable to and stabilised by simple restoration. ● Management of more complex problems affecting the developing dentition or dental hard tissues under the direction of a specialist or consultant in Paediatric Dentistry. ● Assessment and management (or referral to a higher level as appropriate) of children subject to a child protection plan or looked after by the local authority (usually in foster or residential care) who either have no current arrangement for on-going oral health review with the GDS or who are identified to have unmet dental needs. 		
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Communication	With patients and or their representatives	<ul style="list-style-type: none"> • Be able to communicate effectively with patients with significant communication difficulties due to multi-sensory or cognitive impairment. • Have a knowledge of communication techniques and language programmes e.g. BSL, Makaton. • Be able to communicate effectively with patients, parents, carers and family members regarding results of clinical examinations and treatment plans; likely complications and associated morbidities. • Share information regarding safeguarding concerns and make referrals to social services when appropriate. • Understand the process for gaining informed consent. • Work with patients next of kin/family to help the consent process if applicable. • Ability to obtain informed consent in relation to child and adolescent patients. 	Communication: written and oral	<p>Direct observation</p> <p>Case Based Discussion (CBD)</p> <p>Direct Observed Practices (DOPs)</p> <p>Reflective Log</p> <p>Patient surveys</p> <p>Multi-Source Feedback (MSF)</p> <p>Care Quality Commission report (CQC)</p> <p>Complaint management</p>
Communication	With colleagues	<ul style="list-style-type: none"> • Communicate effectively within clinical networks 	<p>Communication: Oral Written Electronic</p> <p>Self-awareness</p>	<p>Reflective log</p> <p>Curriculum Vitae</p> <p>Case presentations</p> <p>Workplace Based Assessments (WBAs)</p> <p>Survey</p> <p>Multi-Source Feedback (MSF)</p>
Clinical Governance	Involvement in Audit and Risk Assessment	<ul style="list-style-type: none"> • Evidence of clinical governance (including audit) of relevance to Paediatric Dentistry in which the practitioner has been personally involved in. • Have a knowledge of the importance of audit and 	<p>Knowledge</p> <p>Communication</p>	<p>Portfolio</p> <p>Clinical log</p>

		<p>undertake regular self-audit or be involved in service wide audit of clinical practice.</p> <ul style="list-style-type: none"> • Understands the responsibility for health and safety issues and understand the process for incident reporting • Recognise the importance of undertaking risk assessments. • Evidence of undertaking regular CPD and of attendance at courses of relevance to Paediatric Dentistry. • Evidence of reporting of critical incidents / never events. • Manage dissatisfied patients, parents/carers and colleagues 		<p>Datix or other incident reports</p> <p>Complaints</p> <p>Patient surveys</p> <p>Multi-Source Feedback (MSF)</p> <p>Care Quality Commission report (CQC)</p>
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Case Studies

Please include 8-10 case studies of Level 2 paediatric patients that you have treated within the last 3 years. It is recommended that you include a range of patients/ treatments to show the breath of your experience and skills.

Example Patient Case Study Template – to be a maximum of two sides of A4 per case study:

- Brief summary of case
- Patient identifier (computer reference number or initials)
- Date of first appointment
- Age
- Where the patient was seen
- Oral complaint at presentation
- Social history
- Dental history
- Diet history and oral hygiene regimen and habits
- Medical history and medications
- Clinical examination details (including extra/intra oral exams, oral health status, charting, should include clinical photos if possible)
- Details of any special investigations (attach any relevant radiographs)
- Diagnosis
- Treatment options

- Treatment plan
- Treatment undertaken, including information on behavioural management used
- Future treatment
- Personal reflection

Guidance for Patient Case Studies

1. Prevention - this should be incorporated into most cases

Comprehensive caries preventive programme for a high-risk child including a description of how risk was assessed and why the preventive approaches were chosen. At least 6 months follow-up required and some sort of assessment of success or failure.

2. Hall type preformed crown on a primary molar

This must be accompanied by a pre-operative radiograph or photograph and a post-operative **radiograph** after the treatment. A post-operative photograph is optional.

3. Extraction of a primary molar

Reason for the extraction and pre- and post-operative photographs required.

4. Extraction of a permanent tooth

Reason for the extraction and pre- and post-operative photographs required.

5. Management of a child with extensive caries or early childhood caries including intra-coronal restorations of primary and/or permanent teeth.

A comprehensive treatment plan and pre- and post-operative photographs required.

6. Obturation of the root canal of a permanent tooth

This must be accompanied by a pre-operative radiograph and a post-operative radiograph 6 months or more after the treatment.

7. Simple partial denture or another removable appliance

Pre- and post-operative photographs required.

8. Inhalation sedation or other advanced behaviour management (this could include non-pharmacological)

Description of how anxiety was assessed, what kind of approaches were used and why, success or failure of the treatment.

9. Diagnose and manage a common oral medicine problem

Management could just be appropriate referral, photographs and differential diagnosis are required.

10. Management of Acute Dentoalveolar Trauma of Primary Incisor

This could be any kind of trauma e.g., avulsion, crown fracture etc. Pre- and post-operative photographs required along with pre-operative radiographs. Post-operative radiographs are optional.

11. Management of Acute Dentoalveolar Trauma of Permanent Incisor

This could be any kind of trauma e.g., avulsion, crown fracture etc. Pre- and post-operative photographs required along with pre-operative radiographs. Post-operative radiographs are optional.

12. Aesthetic composite restoration of a fractured permanent incisor

Pre- and post-operative photographs required.

13. Management of a child with a condition that affects treatment

Management must include some sort of restorative intervention and a complete treatment plan. Treatment does not have to be complete. Pre- and post-operative photographs required. Condition could be medical or any emotional, behavioural or mental health condition

14. Rubber dam placement for restoration of primary teeth in a child

Pre- and post-operative photographs required.

15. Recognise and diagnose any the following problems in the developing occlusion

Pick one of the below and provide a diagnosis, photographs and a brief treatment plan taking into consideration how you are considering the developing dentition:

- teeth of poor prognosis
- impactions and ectopic teeth
- hypodontia
- supernumerary teeth
- cross-bites
- dental anomaly

16. Vital pulpotomy or pulpectomy of a primary molar

This must be accompanied by a pre-operative radiograph and a post-operative radiograph 6 months or more after the treatment.

17. Conventional preformed crown on a primary molar

This must be accompanied by a pre-operative radiograph or photograph and a post-operative radiograph after the treatment. A post-operative photograph is optional.

18. Two cases where consent for dental treatment was not straight forward, for example ‘Looked-after children’.

19. Management of a case with safeguarding concerns

20. Management of a case in a domiciliary setting: e.g., special needs school, hospital, juvenile detention centre, home

21. Resin retained bridge cementation

Pre- and post-operative photographs required.

22. Calcium hydroxide placement in the root of a non-vital permanent immature incisor

Pre and post-operative radiographs required

23. Management of enamel defects

This could include fluorosis, amelogenesis imperfecta, chronological hypoplasia or molar incisal hypomineralisation. We'll also consider erosion as well. Management must include some sort of restorative intervention (eg microabrasion, composite veneer) and a complete treatment plan. Treatment does not have to be complete. Pre- and post-operative photographs required.

Patient Log Book

Please complete a log book of a range of 20 paediatric patients you have seen within the last 3 years. The clinical log book should demonstrate a current relevant and appropriate case mix and complexity of Level 2 cases treated appropriately to a high standard.

Figure 1. Example Log Book Template

No.	Date Seen	ID No. e.g. initials or reference number	Age	Social History	Medical History	Treatment Provided	Personal Reflection
1							
2							
3							

2.9. Section 9 Indicative Level 2 Special Care Dentistry Curriculum (for information)

DOMAIN SUGGESTED	THEME	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	POSSIBLE EVIDENCE
Knowledge	Underpinning theoretical knowledge and understanding.	<ul style="list-style-type: none"> Understand and apply national and local guidelines relevant to Special Care Dentistry. Understand the principles of the Equality Act and Mental Capacity Act. Have an appropriate understanding of the indications, side effects and drug interactions of commonly prescribed drugs. Demonstrate an understanding of the relevance of patients medical, social and family history on their dental health and the provision of dental care. Demonstrate an understanding of the potential oral manifestations of systemic diseases. Demonstrate an understanding of the barriers some patients may face to access dental care, including dental anxiety and phobia. Demonstrate an understanding of how these barriers can be minimised and the concept of reasonable adjustments. Demonstrate an appropriate understanding of relevant therapeutics, pharmacology and pain control. Demonstrate an understanding of clinical holding of patients, the need for risk assessments and manual handling. 	<p>Background knowledge</p> <p>Ability to interpret clinical findings</p> <p>Self-awareness and insight</p> <p>Clinical Log book</p>	<p>8-10 Case Based Discussions (CBDs) which include personal reflection</p> <p>Direct observation</p> <p>Log book</p> <p>Examinations</p> <p>Central incident reporting system, e.g. Datix</p>
Clinical	Examination and diagnosis	<ul style="list-style-type: none"> Ability to take a comprehensive history. Conduct a thorough clinical examination. Recognise any need for relevant laboratory and diagnostic special tests. Generate a comprehensive differential diagnosis 	<p>Knowledge</p> <p>Self-awareness/insight</p> <p>Communication:</p>	<p>Direct observation</p> <p>Case reviews:</p> <p>Work Based Assessment (WBA)</p>

		<p>using all the relevant information available.</p> <ul style="list-style-type: none"> • 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 systematic conditions and malignant disease. • Maintain legible and contemporaneous records. • Recognise if a diagnosis is out with the competence of the Practitioner with Level 2 competencies, and describe the appropriate referral procedures. • Accurately judge when and when not to intervene in a clinical situation, and to recognise when help and/or referral are required. • Design appropriate oral health care plans for patients. • Recognise urgency of patients requiring immediate assessment and treatment, and differentiate from non-urgent. • Safeguarding (to the appropriate level as outlined by contemporaneous guidelines, min. Level 2). 	<p>oral</p> <p>Communication: written</p> <p>Record keeping</p>	<p>Unseen case</p> <p>Objective Structured Clinical Examination (OSCE)</p> <p>Reflective log</p> <p>Structured Learning Event (SLE)</p>
Clinical	Medical and dental emergencies	<ul style="list-style-type: none"> • Ability to diagnose and institute effective initial management for all common medical and dental emergencies including any arising from treatment complications. 	<p>Knowledge</p> <p>Clinical skills Immediate Life Support (ILS) or similar course</p>	<p>Continuing Professional Development (CPD) log</p> <p>Case Based Discussion</p> <p>Direct observation</p> <p>Certification of attendance Care Quality Commission report (CQC)</p>

<p>Clinical</p>	<p>Special Dental Care specific procedures</p>	<ul style="list-style-type: none"> • Formulate appropriate treatment plans for plan dental care for patients with a variety of moderate needs. • Recognise how physical, behavioural and cognitive development may affect the ability of special care adults to accept dental care. • Management of patients with extensive dental caries and poor oral health, including delivery of effective preventive care to adults at increased risk of, or active, dental caries. • Management of patients with routine oral health surveillance or treatment needs but where behavioural /psychological development or significant anxiety increases the complexity of delivery of care such as those requiring behavioural management, progressive desensitisation, local anaesthetic or conscious sedation. • Management of patients with routine oral health surveillance or treatment needs but where medical comorbidity or disability increases the complexity of delivery of care. • Management of adults with extensive caries amenable to care under local analgesia or with sedation as an adjunct. • Provide routine exodontia and/or simple surgical exodontia and understand the impact of a patient’s medical history on the provision of oral surgery. • Demonstrate the ability to adapt the provision of dental care for patients who utilise mobility aids or wheelchairs for example the use of a wheelchair tipper, hoist or banana transfer boards. • Deliver appropriate and effective preventative advice to patients/carers/family members. 	<p>Clinical knowledge</p> <p>Clinical skills</p> <p>Manual dexterity</p> <p>Correct use of equipment</p>	<p>Workplace Based Assessments (WBAs) to include Case Based Discussion (CBD)</p> <p>Direct Observed Practices (DOPs)</p> <p>Procedure Based Assessment (PBA) etc.</p> <p>Reflective log – to include ‘long’ case presentations of each of the clinical domains and trainer comments</p> <p>Direct observations</p>
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		<ul style="list-style-type: none"> • Deliver appropriate preventative advice when a third party is delivering the oral hygiene for patients. • Provide comprehensive restorative/endodontic/prosthetic and periodontal dental care for patients with a variety of additional needs. • Management of hard-tissue dental defects and disturbances with recognition of abnormalities in hard and soft under the direction of a specialist or consultant in Special Care Dentistry or understanding of when refer to specialist/consultant is required. • Extraction of teeth under general anaesthesia. • Assessment and management (or referral to a higher level as appropriate) of vulnerable adults or looked after by the local authority (usually in residential care) who either have no current arrangement for on-going oral health review with the GDS or who are identified to have unmet dental needs. 		
Communication	With patients and their relatives	<ul style="list-style-type: none"> • Be able to communicate effectively with patients with significant communication difficulties due to multi-sensory or cognitive impairment. • Have a knowledge of communication techniques and language programmes e.g. BSL, Makaton. • Share information regarding safeguarding concerns and make referrals to social services when appropriate. • Be able to assess capacity. • Have a working knowledge of the Mental Capacity Act. • Understand the process for gaining informed consent. • Work with patients next of kin/family to help the consent process if applicable. 	Communication, Written Oral Non-verbal	Direct observation Case Based Discussion Direct Observed Practices Reflective Log Patient surveys Multi-Source Feedback (MSF) Care Quality Commission (CQC) report

		<ul style="list-style-type: none"> • Work with external agencies e.g. IMCA if needed for patients who lack capacity. 		Complaint management Meetings
Communication	With colleagues	<ul style="list-style-type: none"> • Communicate effectively within clinical networks 	<p>Communication: Oral Written Electronic</p> <p>Self-awareness</p>	<p>Reflective log</p> <p>Curriculum Vitae</p> <p>Case presentations</p> <p>Workplace Based Assessments</p> <p>Survey</p> <p>Multi-Source Feedback (MSF)</p>
Clinical Governance	Involvement in Audit and Risk Assessment	<ul style="list-style-type: none"> • Evidence of clinical governance (including audit) of relevance to special care dentistry in which the practitioner has been personally involved in. • Have a knowledge of the importance of audit and undertake regular self-audit or be involved in service wide audit of clinical practice. • Understands the responsibility for health and safety issues and understand the process for incident reporting. • Recognise the importance of undertaking risk assessments. • Evidence of undertaking regular CPD and of attendance at courses of relevance to Special Care Dentistry. • Participation in the local managed clinical network. • Evidence of reporting of critical incidents / never events. • Manage dissatisfied patients, parents/carers and colleagues 	<p>Knowledge</p> <p>Communication</p>	<p>Portfolio</p> <p>Clinical log</p> <p>Datix or other incident reports</p> <p>Complaints</p> <p>Patient surveys</p> <p>Multi-Source Feedback (MSF)</p> <p>Care Quality Commission (CQC) report</p>

Case Studies

Please include 8-10 case studies of level 2 Special Care Dentistry patients that you have treated within the last 3 years. It is recommended that you include a range of patients/ treatments to show the breadth of your experience and skills.

Example Patient Case Study Template – to be a maximum of two sides of A4 per case study:

- Brief summary of case
- Patient identifier (computer reference number or initials)
- Date of first appointment
- Age
- Where the patient was seen
- Oral complaint at presentation
- Social history
- Dental history
- Diet history and oral hygiene regimen and habits
- Medical history and medications
- Clinical examination details (including extra/intra oral exams, oral health status, charting, should include clinical photos if possible)
- Details of any special investigations (attach any relevant radiographs)
- Diagnosis
- Treatment options
- Treatment plan
- Treatment undertaken, including information on behavioural management used
- Future treatment
- Personal reflection

Patient Log Book

Please complete a log book of a range of 20 Special Care Dentistry patients you have seen within the last 3 years. The clinical log book should demonstrate a current relevant and appropriate case mix and complexity of Level 2 cases treated appropriately to a high standard.

Please include a range of patients from the following 6 domains – learning disabilities, physical disabilities/sensory impairment, care of older persons, medically compromised, mental health conditions (including alcohol and substance abuse), dental anxiety/behavioural management.

Figure 2. Example Log Book Template

No.	Date Seen	ID No. e.g. initials or reference number	Age	Social History	Medical History	Treatment Provided	Personal Reflection
1							
2							
3							