



Faculty of General Dental Practice (UK)
The Royal College of Surgeons of England



Department of Health/Faculty of General Dental Practice (UK)

Guidelines for the appointment of Dentists with
Special Interests (DwSIs) in Minor Oral Surgery



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*Department of Health/Faculty
of General Dental Practice (UK)*

Guidelines for the appointment of Dentists with
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Introduction

The *Guidelines for the appointment of Dentists with Special Interests (DwSIs) in Minor Oral Surgery* is one of a series of framework documents jointly developed by the Department of Health and the Faculty of General Dental Practice (UK).

The frameworks aim to provide guidance to Primary Care Trusts (PCTs) on the development of local DwSI services, and include the competencies for the scope of treatment that can be undertaken by DwSIs.

The minor oral surgery guidance has been written in conjunction with the British Association of Oral and Maxillofacial Surgeons and the British Association of Oral Surgeons, primary care dentists, specialists, consultants, university departments, dental faculties, PCT managers, Strategic Dental Health leads and patients.

The guidelines apply to England and should be read in conjunction with *Implementing a Scheme for Dentists with Special Interests (DwSIs)* May 2004, and *A Step by Step Guide to Setting up a Dentist with a Special Interest (DwSI) Service* available on the Chief Dental Officer's section of the Department of Health website at www.dh.gov.uk/cdo and the FGDP(UK) website at www.fgdp.org.uk.

Definition of a DwSI in Minor Oral Surgery

1. A DwSI in Minor Oral Surgery is a primary care dentist who
 - Is able to demonstrate a continuing level of competence in their generalist activity;
 - Is able to demonstrate an agreed level of competence in minor oral surgery; and
 - Is contracted to a PCT or PCTs, as a DwSI, to manage a number of patients with specified dento-alveolar conditions/diseases.
2. Whilst not offering the same breadth of activity he/she will be required to practice to a standard consistent with that expected from the established specialists who cover this area of clinical expertise.
3. The proposed activity will have been identified and agreed by the PCT in consultation with all relevant care agencies.

General Requirements

4. In order that PCTs might satisfactorily contract with a primary care dentist to carry out an agreed area of special interest work the PCT should, first and foremost, ensure that the primary care dentist is a competent and experienced generalist.
5. In addition it is recommended that a PCT satisfies itself that a primary care dentist wishing to be contracted as a DwSI in Minor Oral Surgery is able to satisfactorily demonstrate that he/she:
 - a. Is able to manage patients with specified common dento-alveolar conditions/diseases to an agreed high standard.
 - b. Recognise his/her limitations of knowledge and competence and be aware of the appropriate time to refer on for treatment.
 - c. Has knowledge and skills, reflecting an approved period of postgraduate experience.

Competency Framework for a DwSI in Minor Oral Surgery

6. Many of the competencies will already have been assessed either at an undergraduate or postgraduate level, but it will be required that confirmation of competence be obtained.
7. Because the work a DwSI in Minor Oral Surgery may be required to undertake will depend upon the needs of the local community and be specified by the PCT, there may be no requirement for the practitioner to have developed competence in all the procedures listed in Appendix 1.
8. It is recognised that for the majority of appointments sedation skills may not be required and there would therefore be no requirement for candidates to be able to demonstrate competency in sedation techniques. For those appointments where sedation skills are a requirement, the necessary competencies have been included within the framework.
9. It will, however, be required that he/she be able to demonstrate competence in all fields relevant to the activity undertaken.

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES (Demonstrate to an appropriate standard. See Appendix 2)	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
Clinical	Examination and Diagnosis	Ability, using a comprehensive history, examination and considering investigations, to generate and rank a differential diagnosis using all relevant information.	Knowledge Reasoning	Direct observation and/or case reviews
		Ability to satisfactorily maintain legible and contemporaneous patient records.	Record Keeping	Direct observation and/or case reviews
		Recognise the need for relevant clinical laboratory and diagnostic tests when appropriate	Knowledge	Direct observation and/or case reviews
		Ability to perform a clinical assessment of a patient to enable identification of clinical features of oral mucosal diseases and in particular the early diagnosis of cancer.	Knowledge Clinical/manual dexterity	Direct observation and/or case reviews
		Assess the influence of systemic diseases (and associated treatment) on oral health and delivery of treatment	Knowledge Reasoning	Direct observation and/or case reviews
		Ability to manage bleeding disorders and use of anticoagulants.	Knowledge	Direct observation and/or case reviews
		Ability to recognise that a diagnosis is outwith the competence of the DwSI and describe the appropriate referral procedures.	Knowledge Self-awareness/insight Communication – oral and written	Direct observation and/or case reviews
		Clinical	Treatment Planning & Patient Management	Ability, using all the information available to establish a diagnosis and formulate an appropriate treatment plan.
Accurate judgement in relation to when NOT to intervene in a clinical situation and recognise when help is required.	Knowledge Self-awareness/insight Communication – oral and written			Direct observation and/or case reviews
Ability to present to the patient (and relatives where appropriate) the findings of the history and examination such that the patient (and relatives) can understand.	Communication – oral and written			Direct observation and/or case reviews

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES (Demonstrate to an appropriate standard. See Appendix 2)	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
		Ability to present to the patient (and relatives where appropriate) an appropriate sequenced treatment plan.	Communication – oral	Direct observation and/or case reviews
		Ability to discuss with the patient (and relatives where appropriate) alternative options to the preferred treatment plan.	Communication – oral Knowledge	Direct observation and/or case reviews
		Ability to discuss with the patient (and relatives where appropriate) possible complications of proposed treatments.	Communication – oral Knowledge	Direct observation and/or case reviews
		Ability to obtain appropriate consents from patients/relatives/guardians for the proposed treatment.	Communication – oral Communication – written	Direct observation and/or case reviews
		Ability to recognise when follow-up is required.	Knowledge	Direct observation and/or case reviews
Clinical	Medical/ Dental Emergencies	Ability to diagnose and institute effective management for all common medical/dental emergencies including those resulting from treatment complications.	Knowledge Communication – oral Clinical skills	Direct observation and/or case reviews
		Ability to demonstrate an appropriate knowledge of common drug interactions.	Knowledge	Case reviews
Clinical	Anaesthesia, Pain and Anxiety Control	Ability to describe in appropriate detail the prevention, recognition and management of complications relating to the use of local anaesthetic drugs.	Knowledge Clinical skills Communication – oral	Case reviews
		Ability to administer relative analgesia and to describe the clinical situations when it is relevant.	Knowledge Clinical skills Communication – oral	Direct observation and/or case reviews
		Ability to select and prescribe appropriate drugs for pain relief.	Knowledge Communication – oral & written	Case reviews
		Knowledge of behavioural techniques for the relief of fear and anxiety.	Knowledge Communication – oral	Case reviews

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES (Demonstrate to an appropriate standard. See Appendix 2)	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
Clinical	Sedation	Ability to describe in appropriate detail the prevention, recognition and management of complications relating to the use of single agent sedation (intravenous or inhalational).	Knowledge	Certification of satisfactory completion of an approved sedation course.
		Ability to use sedation and to describe the clinical situations when it is appropriate.	Knowledge Clinical skills Communication – oral	Certification of satisfactory completion of an approved sedation course.
Clinical	Surgery (Basic surgical principles)	Which instruments to use in different surgical situations, understanding of how each instrument should be used and demonstration of manual dexterity.	Knowledge Manual dexterity	Direct observation
		Careful and appropriate handling of tissues	Manual dexterity	Direct observation
		Ability to maintain an aseptic technique during a surgical procedure.	Knowledge	Direct observation
		Ability to design and raise a mucoperiosteal flap, remove bone where required and perform effective suturing within the oral cavity.	Knowledge Clinical skills	Direct observation
		Knowledge of materials for use within the oral cavity, which includes suture materials.	Knowledge	Direct observation and/or case reviews
Clinical	Surgery Specific procedures	Ability to perform routine extractions of single and multi-rooted erupted teeth.	Clinical skills	Direct observation
		Ability to effectively remove buried roots and fractured or residual root fragments.	Clinical skills	Direct observation
		Ability to effectively remove impacted/ectopic/supernumary teeth.	Clinical skills	Direct observation
		Ability to effectively expose teeth.	Clinical skills	Direct observation

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES (Demonstrate to an appropriate standard. See Appendix 2)	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
		Ability to perform correctly minor soft tissue surgery. (Biopsy should be excluded if either a malignant tumour or any salivary tumour is suspected.)	Clinical skills Consider giving examples	Direct observation
		Ability to perform minor pre-prosthetic surgical procedures.	Clinical skills	Direct observation
		Ability to recognise and treat intra-operative complications.	Knowledge Clinical skills	Direct observation and/or case reviews
		Ability to recognise when an oro-antral communication has been created or a root element has been displaced into the antrum; when treatment is appropriate immediately or referral is required.	Knowledge Clinical skills Communication – oral & written	Direct observation and/or case reviews
		Ability to recognise when a tuberosity has fractured; when and what treatment might be effective and appropriate; or whether the condition requires a referral to a specialist.	Knowledge Clinical skills	Direct observation and/or case reviews
		Ability to manage minor dental trauma including reimplantation of avulsed teeth.	Knowledge Clinical skills	Direct observation
		Ability to recognise and treat post-operative complications, which include pain, haemorrhage, infection.	Knowledge Clinical skill	Direct observation and/or case reviews
		Ability to recognise the need for surgical endodontics	Knowledge	Case Reviews
		Ability to perform effective surgical endodontics.	Knowledge Clinical skills	Direct observation
Clinical	Non-Surgical Management of Hard and Soft Tissues	Ability to investigate, diagnose and effectively manage localised oral infections including dental abscesses and pericoronitis.	Knowledge Clinical skills	Direct observation and/or case reviews
		Ability to understand the need for and to prescribe correctly pharmacotherapeutic agents.	Knowledge Communication – oral & written	Direct observation and/or case reviews

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES (Demonstrate to an appropriate standard. See Appendix 2)	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
		An understanding of the origins of cranio-facial pain, appropriate treatment and when to refer.	Knowledge	Case reviews
Communication	With Patients and Relatives	Ability to explain situations to patients and/or their relatives and carers in a sensitive manner such that they understand without undue anxiety.	Knowledge Communication – oral & written	Direct observation and/or case reviews
	With Clinical Team, Peers and other professionals	Ability to communicate knowledge effectively to peers and other professionals both verbally and in writing.	Communication – oral & written	Direct observation
		Ability to communicate effectively with referrers and a willingness to seek advice when necessary.	Communication – oral & written Self-awareness	Direct observation
Professionalism	Ethics/ Legislation	Appropriate understanding of health and safety issues relating to his/her practice.	Knowledge	Group discussion
		Up-to-date knowledge of cross infection control procedures and their implementation within a surgical practice.	Knowledge	Group discussion

Evidence of Maintenance of Competencies

- The DwSI will be expected to maintain his/her competencies through continuing professional development (CPD) and education. It is recommended that he/she undertakes CPD relevant to his/her special interest area as part of the general and verifiable CPD requirements laid down by the GDC.

Accreditation of DwSIs in Minor Oral Surgery for PCTs

Contract Specification

11. The contract for a service provided by a DwSI should specify as appropriate:
 - 11.1 The core activities and the competencies required (see Competency Framework for a DwSI in Minor Oral Surgery and Appendices 1 & 2 respectively).
 - 11.2 The types of patients suitable to be referred to the service, including inclusion and exclusion criteria.
 - 11.3 The minimum/maximum caseload. (normally equivalent to an average minimum and maximum of 1 to 2 days per week respectively).
 - 11.4 The facilities, including the staffing, that must be present to deliver the service (see Appendix 3).
 - 11.5 The clinical governance, accountability and monitoring arrangements, including links with other relevant surgical disciplines (Oral and Maxillofacial Surgery, Oral Surgery and Surgical Dentistry) working in primary care, at PCT level and in Acute Trusts.
 - 11.6 The agreed arrangements with the secondary care sector to facilitate the management of complications not able to be dealt with in the primary care setting.
 - 11.7 Remuneration at an appropriate level.

Appointment of DwSIs in Minor Oral Surgery with PCTs

12. In appointing a primary care dentist with a special interest in minor oral surgery, the PCT should consider:
 - 12.1 The development of a managed local clinical network appropriate for the delivery of the necessary services and need for surgical care.

- 12.2 The views of key people in delivering the surgical services locally, including clinicians and managers in other relevant Acute and Primary Care Trusts, and local dental practitioners. It is important that the primary care dentist with a special interest in minor oral surgery commands the support and respect of others involved in delivering surgical services and of potential service users.
- 12.3 Evidence of generalist primary dental care competencies. The DwSI will be able to demonstrate a continuing level of competence in his/her generalist skills. Evidence of training and experience in generalist skills should be provided through a portfolio approach and should demonstrate competence in the following areas:

Clinical Record Keeping

Infection Control

Legislation and Good Practice Guidelines

Medical Emergencies

Radiography

Risk Management and Communication

Team Training

The FGDP(UK)'s *Key Skills in Primary Dental Care* is one means by which generalist skills can be demonstrated and independently assessed. The Key Skills assessment is part of the MFGDP(UK) coursework module which provides a portfolio approach to the validation of general fitness to practice. The case and audit requirement of the MFGDP(UK) coursework module can be met through the overall requirements for the assessment of special interest competencies.

- 12.4 Evidence of successful acquisition of the defined special interest competencies. It is important that the service provided meets local needs and that the skills and competencies are appropriate to the service requirements. Applicants will be able to offer a range of evidence, as confirmation of competency, which will include both formal qualifications and/or experiential evidence. (See paragraphs 19-21)
- 12.5 Before the service can be delivered, the following should be in place:
- Support of the local population, primary care dentists and specialist dental practitioners, PCTs and acute trusts.
 - Induction, support and continuing professional development arrangements for the DwSI and team.

- Facilities and staffing to allow satisfactory delivery of surgical care (see Appendix 4). Where sedation is not a requirement of the appointment those facilities specifically relating to the use of sedation may be omitted.
- Local guidelines on the use of the service having been developed by the PCT in consultation with the clinical network.
- Monitoring and clinical audit arrangements.
- Appropriate indemnity cover. If the primary care dentist is employed directly by the PCT or Acute Trust, he/she will be covered by the Clinical Negligence Scheme for Trusts run by the NHS Litigation Authority. The PCT should notify or discuss its proposed scheme with the NHS Litigation Authority and its own legal advisors. If the primary care dentist is an independent contractor, he/she will normally be covered by his/her professional indemnity provider. However, in all circumstances the primary care dentist should notify his/her defence organisation.

Monitoring of the Minor Oral Surgery Service

13. In reviewing the service and the DwSI's work (through clinical governance, annual appraisal, annual review of the contract and future revalidation requirements), the following should be sought:
 - 13.1 Evidence that the guidelines for use of the service are being followed.
 - 13.2 Evidence that the caseload is appropriate.
 - 13.3 Evidence of relevant CPD in general and special interest area, clinical audit, exploration of the views of patients, carers and other health professionals, peer observation and compliance with future revalidation requirements.
 - 13.4 Evidence of involvement in appropriate clinical governance arrangements, including when appropriate in the local Acute Trust(s).
 - 13.5 Evidence of satisfactory process and outcomes of care.
 - 13.6 Evidence that the individual's generalist service is not being adversely affected.
 - 13.7 Dentists who are appropriately registered in EU countries and who apply for DwSI posts or contracts will need to demonstrate the competencies through equivalence.

Primary Care Trusts – needs assessment and delivery

14. Primary Care Trusts should identify their priorities in the context of key national policies (e.g. NHS Plan, National Service Frameworks) local needs and local service delivery. In order to meet a priority, a service may require configuration. PCTs in an area should work together or singly to consider the options for service development. These options will include the appointment of a primary care dentist with a special interest. In deciding how to develop the service the PCT may also wish to consider the views of other trusts and of the current surgical service providers. Dental public health colleagues may provide an assessment of needs and demands to determine if the service is a priority for development.
15. If it is decided to appoint a primary care dentist with a special interest in minor oral surgery as part or all of a service development, then the Primary Care Trust (acting singly or as a lead PCT for local PCTs) should make an appointment after due process in line with this guidance and in collaboration with relevant stakeholders including clinicians and providers.
16. In the circumstance where there are no appropriately skilled candidates the PCT (acting singly or as a lead PCT for local PCTs) could consider sponsoring a suitably motivated local primary care dentist on an appropriate programme to acquire the necessary competencies.
17. As in all commissioning decisions, the PCT should review the appointment regularly. In the case where the PCT is both commissioner and provider, there is a special responsibility to review service quality rigorously. In doing so, it will wish to take into account the views of the local health community and service users, clinical governance and audit data, and the outcomes from appraisal. It will need to be satisfied that the post continues to meet a local priority.

System of assessment and evidence required to demonstrate competence

18. Evidence of successful acquisition of the competencies is required. It is important that the service provided meets local needs and that the skills and competencies are appropriate to the service requirements. Applicants will be able to offer a range of evidence, as confirmation of competency, which will include both formal qualifications and/or experiential evidence.

Sources of evidence

19. In the absence of an appropriate supporting testimonial, from a consultant oral and maxillofacial/oral surgeon with whom the applicant has worked, there will be an assessment of the applicant's relevant ability and competence by a consultant oral and maxillofacial/oral surgeon working in the secondary care sector.

In addition to:

19.1 Formal qualification

- 19.1.1 Any formal qualification (FDS, MSc etc.) must be relevant to the competencies required, and must be accompanied by appropriate experiential evidence if the qualification was obtained more than three years prior to the application.
- 19.1.2 Experiential evidence must be collected in a professional portfolio demonstrating evidence of continuing experience.

and/or

19.2 Experience-based

- 19.2.1 Working under direct supervision with a consultant Oral and Maxillofacial Surgeon or Oral Surgeon in secondary care (minimum of one session per week for one year) or the equivalent.
- 19.2.2 Working under direct supervision with a Specialist Surgical Dentist in primary care (minimum of one session per week for one year) or the equivalent.
- 19.2.3 Experiential evidence offered, by way of clinical attachments etc. must be presented in a professional portfolio and accompanied by an appropriate reference from the supervising consultant/specialist.
- 19.2.4 Experience gained post attachment, or its equivalent, must also be presented in the professional portfolio.

Plus

20. Continuing Professional Development

Documented evidence of attendance at relevant courses must be included within the professional portfolio.

Plus

21. Audit

Documented evidence of relevant audit either carried out personally or in association with others must be included in the professional portfolio.

Process

22. The process will usually be an evaluation of the evidence presented in the applicant's professional portfolio together with the clinical assessment (see 19 above).
23. The evaluation should be carried out by a local accreditation panel, which would normally include a consultant/specialist in the clinical area, an FGDP(UK) representative, representing primary care dentistry, a Local Dental Committee representative and a PCT representative.
24. PCTs may consider it appropriate to interview potential candidates for accreditation as DwSIs.

References

Competency Document – OMFS/SHO Working Group – Dr Linda Prescott, June 2001

Appendix 1

Recommended procedures suitable to be carried out by a DwSI in Minor Oral Surgery

1. Routine extraction of single and multi-rooted erupted teeth.
2. Removal of buried roots and fractured or residual root fragments.
3. Removal of simple impacted/ectopic/supernumerary teeth.
4. Exposure of teeth.
5. Minor soft tissue surgery:
 - 5.1 Removal of simple fibro-epithelial polyps.
 - 5.2 Removal of simple mucocoele.
 - 5.3 Removal of uncomplicated denture induced mucosal hyperplasia.
6. Management of minor dental trauma including the re-implantation of avulsed teeth.
7. Surgical endodontics on single rooted anterior teeth.
8. Management of cranio-facial pain.

Appendix 2

Suggested Assessment Standards

	POOR/DEFICIENT	SATISFACTORY	GOOD/EXCELLENT
CLINICAL			
HISTORY TAKING	Incomplete, inaccurate, poorly recorded.	Usually complete, orderly and systematic	Precise, perceptive, "can spot the rarity".
PHYSICAL EXAMINATION	Lacks basic skills, Relies unnecessarily on investigations.	Can elicit correct signs. Recognises most significant findings.	Thorough, accurate. Knows and elicits specialist signs.
INVESTIGATIONS	Inappropriate, random. Inability to interpret tests.	Usually appropriate. Good knowledge on interpreting tests, eg can read x-rays reliably.	Almost always appropriate in relation to differential diagnosis. Excellent at interpretation.
DIAGNOSIS	Fails to interpret symptoms, signs and investigations.	Competent. Good knowledge with an orderly logical approach to differential diagnosis.	Outstanding diagnostician, excellent clinical memory.
JUDGEMENT	Unreliable. Fails to grasp significance of findings or take appropriate action. Under or over reacts to emergencies.	Reliable. Competent under pressure. Asks for advice appropriately.	Outstanding clinician who is aware of his/her limits.
OPERATIVE SKILL	Clumsy, rough with tissues. Totally lacking in self-confidence technically.	Competent. Handles tissues well.	A master technician.

	POOR/DEFICIENT	SATISFACTORY	GOOD/EXCELLENT
AFTER-CARE	Uninterested. Fails to notice complications and take appropriate action.	Conscientious. Good awareness of complications	Recognises problems early and takes appropriate action.
BASIC SCIENCE	Uninterested, does not keep up-to-date with the literature. Fails to apply basic science knowledge to clinical situations.	Adequate fund of knowledge and relates this satisfactorily to patient care.	Outstanding knowledge and understanding of the basic science and its application.
CLINICAL KNOWLEDGE	Poorly read. Fails to learn from experience.	Satisfactory knowledge for dealing with the common disorders. May fail to spot the "rarity" but learns from experience.	Outstanding knowledge. Can be relied upon to spot the "rarity".
POSTGRADUATE			
RESEARCH/AUDIT	Uninterested in audit.	Keen to carry out audit but requires direction and help.	Able to formulate/initiate appropriate audit.
ATTITUDES			
RELIABILITY	Unreliable, scatterbrained. Forgets to do things to the possible detriment of patients.	Dependable. Does not need reminding. Conscientious in patient care.	Highly conscientious. Anticipates problems.
SELF-MOTIVATION	No inclination to organise work. Needs to be "pushed".	Able to organise working routine without supervision. Looks for opportunities to learn.	Constantly pro-active, always prepared to accept additional opportunities.
ADMINISTRATION	Cannot be bothered. Always behind with letters etc.	Conscientious. Can be confidently left to deal with letters etc.	Excellent at routine administration.

	POOR/DEFICIENT	SATISFACTORY	GOOD/EXCELLENT
RELATIONSHIPS			
WITH COLLEAGUES	Fails to get on with seniors, peers or juniors. Refuses to help out.	Good rapport with colleagues. Usually willing to help in a crisis. Trusted, easy to work with.	Always willing to help even if personally inconvenient. Able to defuse problems between others.
WITH PATIENTS	Increases patients' anxieties. Rude. Bad listener and communicator.	Sound caring attitude. Can allay patients' fears. Takes time, listens well and explains well. Trusted by the patient.	Inspires confidence. Excellent communicator. Patients delighted to be looked after by him/her.
WITH OTHERS	Treats them with disdain. Generates as opposed to solving problems. Rude.	Sound and professional yet approachable. Treats others with respect and is respected in return.	Inspires enthusiasm. Exceptional communication skills.

Taken from Record of In-Training Assessment (RITA)

Appendix 3

Minor Oral Surgery Practice Requirements

Primary Care Trusts that place a contract for services with a dentist with a special interest in minor oral surgery need to ensure that the service they commission is, in all its aspects, fit for purpose – the commissioner, in the event of any untoward incident, having a vicarious liability. This includes ensuring that the standards of facilities and support staff available for a particular service at each site meet contemporary standards.

Many of these standards will have been checked and met via the local general dental practice inspection system, but additional requirements for the practice of a DwSI in Minor Oral Surgery would also need to be defined and monitored on an annual basis. It is suggested that this could be the responsibility of the local Consultant in Dental Public Health and general dental practice advisor working closely in conjunction with the person who leads the local Minor Oral Surgery network (if set up) within which the DwSI would operate.

The Criteria/Quality Standards

- (i) The number, level of training and expertise of clinical and support staff will be assessed locally. The assessment of sedation standards will be carried out by a consultant anaesthetist based on the SAAD protocol – *Clinical Audit of Conscious Sedation Techniques in Dentistry by Peer Review*. See Annex A for details.
- (ii) The facilities offered for both surgery and sedation will be assessed by the General Dental Practice Advisor, as will other non-clinical aspects, against pre-determined criteria. Such assessments will be carried out as part of a rolling programme. Details are given in Annex B.
- (iii) The extent of care/responsibilities of the contracted dentist are as follows:
 - (a) The dentist who is contracted to carry out the surgery should be personally available to deal with emergencies involving their oral surgery patients on the same basis as required within the GDS locally, or should make arrangements with another dentist approved by the local commissioner to carry out minor oral surgery, to provide such emergency cover.

- (b) The practice must identify itself to the emergency services to ensure that in an emergency the ambulance crew is aware of the location of the practice and the routes in and out of the premises.
- (c) A clear pathway of referral must be established with local consultant oral and maxillofacial surgeons for referral into hospital in the event of a complication occurring, which cannot be treated in a primary care setting.

Annex A

Criteria to be applied for sedation standards

This is a synopsis of the criteria to be applied for intravenous sedation. Full details for both intravenous and inhalation sedation are contained in *Clinical Audit of Conscious Sedation Techniques in Dentistry by Peer Review* (Society for the Advancement of Anaesthesia in Dentistry (SAAD) – available from the SAAD website at www.saaduk.org/evaluation.htm) or approved publication detailing current contemporary standard.

Guidelines for intravenous sedation

Definition

Intravenous sedation (IVS) may be achieved by the use of one drug or a combination of drugs to an end point remote from anaesthesia. Where more than one drug is used equipment must be available for, and staff and dentist trained in, advanced life support skills.

Operator/sedationist

Where IVS is employed, a suitably experienced practitioner may assume the responsibility of sedating the patient as well as operating, provided that as a minimum requirement a second appropriate person is present throughout the procedure. Such an appropriate person might be a suitably trained dental nurse or dental auxiliary, whose experience and training enables that person to be an efficient member of the dental team and who is capable of monitoring the clinical condition of the patient. Should the occasion arise, they must also be capable of assisting the dentist in case of emergency.

Auxiliary personnel

Chair side support staff must be adequately trained and records kept of training undertaken.

Premises and equipment

Premises, practitioners and auxiliary personnel must be satisfactorily assessed as per the SAAD protocol *Clinical Audit of Conscious Sedation Techniques in Dentistry by Peer Review*.

IV agents should be administered by an indwelling needle or cannula, which is not removed until the patient is fully recovered.

Appropriate equipment for monitoring the patient

Pulse oximeter with audible alarms.

Pre-operative assessment of weight and blood pressure.

Additional equipment to provide advanced life support

Manual or semi-automatic defibrillator ECG.

Recovery and aftercare

Recovery is generally uneventful but supervision is required. All patients treated with IV sedative techniques must be accompanied by a responsible person.

Documentation

It is essential that written consent is obtained on each occasion prior to the use of sedation and comprehensive written pre and post-operative treatment instructions and advice should be provided.

Equipment and drugs

Every dental practice must be equipped to enable resuscitation to be performed.

Drugs

Glyceryl trinitrate (GTN) spray (400micrograms / dose)
Salbutamol aerosol inhaler (100micrograms / actuation)
Adrenaline injection (1:1000, 1mg/ml)
Aspirin dispersable (300mg)
Glucagon injection 1mg
Oral glucose solution / tablets / gel / powder
Midazolam 5mg/ml or 10mg/ml (buccal or intranasal)
Oxygen

For full details of recommendations issued by the Resuscitation Council (UK), please see: <http://www.resus.org.uk/pages/MEdental.pdf>

Airway maintenance

Suction apparatus independently powered and portable
Simple airway adjunct e.g. Laerdal pocket mask
Cricothyroid puncture needle

Oxygen and artificial ventilation

Portable oxygen with appropriate valves, metering and delivery system
Self inflating bag, valve and mask with oxygen enhancement facility
Suction tubing and Yankauer sucker x 1
Suction catheters sizes 6FG and 10FG x 2 of each
Oropharyngeal airways sizes 1,2,3 x 1 of each

Maintenance of circulation

Disposable syringes 2,5 and 10ml	x 5 of each
Disposable needles 21G and 23G	x 10 of each
Disposable IV cannulae 16G and 22G	x 5 of each
Disposable IV infusion sets	x 2
Scissors	x 2
Tourniquet, sphygmomanometer, stethoscope	
Injection swabs	

Annex B

Criteria to be applied for the assessment of general and surgical facilities for general dental practices

The following are statutory minimum requirements for all general dental practices and must be met by all practices tendering for minor oral surgery contracts.

- Employers Liability Insurance
- Electricity at Work Regulations (Portable Appliance Testing)
- Transportable Steam Autoclave and Pressure Vessel Regulations
- Ionising Radiation Protection Regulations
- Hazardous Substances Risk Assessment and COSHH Assessment
- RIDDOR
- Compliance with Water Bylaws
- Compliance with Poswillo Recommendations with reference to:
 - Emergency drugs including portable oxygen supply
 - Portable self powered suction
 - Airway adjuncts
 - Monitoring equipment (as appropriate)
 - Arrangements for storage and disposal of clinical waste and sharps
 - current cross-infection control guidelines

The commissioning PCT would wish to see the following as the minimum additional requirements for those practices wishing to contract with the PCT to provide minor oral surgery services from their practices:

(i) **Surgical equipment and instruments**

2 surgical kits, comprising the following (substitutions acceptable):

Warwick James (L, R and Straight)

Couplands (1,2 and 3)

Cryers (L and R)

Upper read forceps

Lower root forceps

Scalpel

Periosteal elevator

Retractor

Toothed dissecting forceps

Needle holder

Scissors

Mirror probe and tweezers

Cheek retractor

Aspirating syringe

Straight handpiece

Surgical burs

Artery forceps

Oral surgery drill unit with sterile irrigant system (Physio 7000 or similar)

(ii) **Disposable items**

Local anaesthetic cartridges and needles

Appropriate sutures

Paper towels

Gloves and masks

surgical suction tips

Gauze squares/swabs

(iii) **Equipment**

Chair

Operating light

High volume aspiration

Pulse oximeter

(iv) **Recovery area**

Should be large enough to accommodate two patients and should have the following equipment:

Oxygen – ideally piped and if not then permanently sited

High volume suction

Adequate lighting

Recovery chair/couch x 2 (as a minimum)

(v) **Reception and waiting room**

Should provide adequate and comfortable accommodation not only for the patient but for the patient's escort who may have a lengthy (30 to 60 minute) wait.

(vi) **Staffing levels**

- a. Reception should be autonomous.
- b. Two dental nurses in the surgery, one as a “scrub nurse” and one as a runner and available to attend recovery room if summoned.
- c. The dental nurses must be suitably trained and experienced in the following areas:
 - assisting the surgeon undertaking minor oral surgery
 - assisting in the care of the sedated patient
 - basic life support skills

(Whilst the above skills may not necessarily have been tested by a formal examination, the PCT may request sight of curriculum vitae for assisting staff.)

(vii) Car parking or pick up facilities

The practice should have its own car park or at the very least a facility to park a car safely outside the surgery whilst the patient is escorted into the vehicle.

(viii) Pre- and post-operative instructions and consent, and medical history forms

Copies must be submitted and they must comply with current guidelines. A consent form must be completed for each patient. Additional specific consent must be given for treatment under sedation.



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