**Tier 2 Skills assessment**

Application for award of a Tier 2 provider contract would need to be assessed against several generic areas:-

1. The environment-eg all aspects of the premises where the surgery would be carried out (commissioner based)
2. The clinical competence of the clinicians providing the clinical care
3. The clinical skills and competencies of the support staff (eg chairside DCP; recovery staff and anaesthetist providing sedation)
4. Confirmation of adherence to standards, policies and processes which relate to delivery of a safe and effective service in line with commissioner requirements (eg complaints procedures, systems for patient feedback, ,reducing failed appointments, safeguarding and information governance.)

**Portfolios of evidence**

**1.Assessment of clinical skills and competencies of support staff**

Portfolio to include:-

Section 1-Relevant personal details and summary of employment history

Section 2 –Formal qualifications obtained by the applicant relevant to clinical dentistry and sedation (copies of certificates to be included)

Section 3-Record of CPD; training in chairside support; recovery; sedation; medical emergencies management; information governance and handing patients complaints; study days and courses attended. (certificates of attendance required)

**2.Assessment of clinical skills and competence of seditionist (where a separate seditionist is used)**

Section 1-Relevant personal details and summary of employment history

Section 2-Formal qualifications obtained by the applicant (copies to be included)

Section 3-Records of CPD with specific reference to supporting delivery of an Oral Surgery service and sedation ; including management of medical emergencies; study days and courses attended; membership of specialist societies (copies of certificates to be included)

**3.Assessment of the clinician delivering the Oral Surgery Tier 2 service**

This must provide sufficient information to allow the panel to make a determination of the clinical competence of the applicant to carry out a tier 2 service independently. The following are suggestions as to the sections and content of a portfolio-some sections will be expanded for clarity later in this document.

Section 1 -Applicant details and a history of all posts undertaken by the applicant since qualification.

Section 2-Formal qualifications obtained by the applicant (copies of the certificates to be included) highlighting any relevant specifically to oral surgery and sedation

Section 3-Record of CPD with specific reference to Oral Surgery and sedation CPD; study days and courses attended and membership of specialist society (certificates of attendance required)

Section 4-Certified logbook of oral surgery procedures carried out by the applicant (NB no patient identifiers to be included). Sedation logbook. Examples included in appendix 1

Section 5 -Evidence of certified work place based assessments, particularly DOPs (ie observed surgery) Examples included in appendix 2

Section 6 -evidence of regular audit and appraisal, including any peer review

Section 7- Multi source feedback within the last two years .Examples included in appendix 3

Section 8 -Patient feedback questionaires and evidence of recorded PROMs/PREMs. Examples included in appendix 4

Section 9 -evidence of reflective practice; incidents etc. Example of forms included in appendix 5

**Expansions of sections**

Sections 4 and 5 may be difficult for a GDP who has been in practice for many years but it should be possible for them to provide evidence of the number and type of procedures they have carried out which could be entered into a spreadsheet. The provision of evidence for observed surgical procedures i.e. WBAs would be their responsibility and there are several options:-

Structured observation by expert

This could involve either:-

1. A specialist attending the practitioners surgery for a full day of pre booked cases to observe and appropriately sign off the skills
2. The practitioner attending a suitable environment (hospital or a specialist practice) to carry out observed surgery by a specialist

The problem with both of these is the cost and time required.

Video submission of cases for remote viewing and critiquing by expert panel

This may be a relatively cost effective way for colleagues in primary care to submit evidence of surgical cases they have carried out. Things to consider are:-

1. ??employ a professional to video (cost)
2. Ensure patient consent obtained
3. Evidence that the practitioner themselves is actually doing the surgery

**Recording of procedures and WBAs**

The following procedures are designated as Tier 2 within the commissioning guide and therefore it is for these procedures that applicants for a tier 2 contract should be able to demonstrate competence and experience. As implants are not currently available on the NHS and are therefore unlikely to be part of the commissioning process it is not necessary for applicants to provide evidence of competency and experience for these procedures. Applicants may also have limited opportunity to undertake pre orthodontic surgery so it is anticipated that they may have minimal experience in these procedures also. Applicants will be expected to provide evidence of competence (WBAs) and experience (logbook) in the procedures outlined in bold.

**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 or chain
* **Surgical endodontics for incisor and canine teeth**
* **Minor soft tissue surgery to remove apparent non suspicious lesions**
* Placement of an uncomplicated dental implant in accordance with NHS protocols

Applicants may include a logbook for level 1 procedures also if they wish to eg routine extractions.