National Guidelines for the appointment of Dentists with a Special Interest (DwSI) in Paediatric Dentistry

Introduction
The Guidelines for the appointment of Dentists with Special Interests (DwSIs) in Paediatric Dentistry is one of a series of framework documents which aim to provide guidance to commissioners of dental services on the development of local DwSI services, and include the competencies for the scope of treatment that can be undertaken by DwSIs.

The Paediatric guidance has been written by Paul Ashley on behalf of the British Society of Paediatric Dentistry.

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 FGDP(UK) website at www.fgdp.org.uk.

Paediatric Dentistry will join Orthodontics, Minor Oral Surgery, Periodontics, Endodontics, Prison Dentistry, Conscious sedation and Special Care Dentistry in providing guidance on appointment of DwSI’s.

Specialists or Consultants in Paediatric Dentistry will develop the local infrastructure and provide training and mentorship for the DwSI. In addition, the specialist or consultant will be part of the assessment process to ensure that a dentist who wishes to be contracted as a DwSI in Paediatric Dentistry is able to demonstrate satisfactorily an appropriate level of knowledge, skills and experience in this area.

Definition
Paediatric Dentistry is the practice, teaching and research into the comprehensive and therapeutic oral health care for children from birth to adolescence, including care for children who demonstrate intellectual, medical, physical, psychological and/or emotional problems.
Paediatric Dentistry is unlike any other dental specialty in that it covers all aspects of oral health care for children such as restorative care (e.g., endodontic treatment and prosthetics), minor oral surgical procedures and interceptive orthodontics. Paediatric dentists also work closely with paediatricians, surgeons and anaesthetists as part of a team in the overall care of children with complex medical problems. In addition they will work with other agencies such as health visitors and social workers in managing vulnerable children. Groups requiring specialist paediatric dental care include:

- Anxious children and children with special needs
- Children with oral and dental developmental problems
- Children who have sustained damage to the teeth and mouth following trauma
- Children with complex problems requiring multidisciplinary input e.g., cleft lip and palate, hypodontia etc.
- Children with medical conditions that oral disease could impact upon.
- Vulnerable children

**Why do we need DwSIs in Paediatric Dentistry?**

Dental decay remains the most common disease of childhood with the potential for long-term functional, psychosocial and economic impacts. As with many other conditions, it predominantly affects children from the most vulnerable and deprived sectors of society. The 2003 Child Dental Health Survey found that 43% of British 5-year-olds had some caries experience, which fell way below national targets for reductions in caries prevalence [1]. Furthermore, only 12% of 5-year-olds had any evidence of restorative care, which highlighted an ongoing decline in care indices seen in previous surveys.

The management of dental caries and its sequelae (pain and infection) is the most common reason for children to undergo a general anaesthetic (GA) in the UK. A recent study revealed that 13% of 4-year-olds living in Leicestershire had already experienced a GA for dental treatment. Thousands of dental GAs are performed each year, placing a huge burden on health resources. The number of hospital admissions for dental caries extractions in children increased by 66% between 1997 and 2006. These statistics assume greater significance when one considers that caries is a preventable disease, or is readily treatable with early diagnosis and good behaviour management.
Dental decay is not the only dental condition that has the potential to impact negatively on children’s quality of life and perceived well-being. Dental and facial injury, disturbances of tooth formation (structure, position and number), periodontal disease and oral manifestations of underlying systemic disease are just some of the other conditions that are commonly seen. Regrettably, a number of publications suggest that management of some of these conditions may be unsatisfactory within general dental practice.

Management of the problems is complex and will provide a range of solutions. However it is clear that adequate dental care for children is not being provided in the primary care setting at present. Introduction of DwSI’s in Paediatric Dentistry, working in partnership with specialist and consultants both in primary and secondary care will raise the standard of care. Alongside their hospital and specialist colleagues they can manage and reduce the need for patients to be referred for management under GA. Introduction of DwSI’s will incentivise dentists working in primary care to enhance their skills in the management of children.

**DwSIs in Paediatric Dentistry - General requirements**

In order that commissioning bodies may satisfactorily contract with a dentist to carry out an agreed area of special interest work, they must ensure that he/she is a competent and experienced generalist and preferably has a relevant postgraduate qualification, for example, MJDF, MFGDP(UK) or equivalent.

The commissioning body must in addition satisfy itself that a dentist wishing to be contracted as a DwSI in Paediatric Dentistry is able to satisfactorily demonstrate:

- a range of skills in Paediatric Dentistry – for example, behaviour management techniques (including inhalation sedation), restoration and endodontics of the primary dentition, emergency management of trauma.
- knowledge and competence in paediatric dentistry – for example, an understanding of the issues around consent, recognition and diagnosis of problems in the developing occlusion, understanding of safeguarding and knowledge of common genetic and acquired oral conditions. A portfolio of experience should demonstrate knowledge and skills in Paediatric Dentistry.
- management – for example, managing a team, clinical governance: risk assessment, audit, training needs, evidence of keeping up to date with new guidelines related to dentistry (such as infection control, radiation protection) and knowledge of relevant National Service Frameworks

**Competency framework**

Many of the competencies will already have been assessed either at an undergraduate or postgraduate level, but it will be a requirement that a confirmation of competency is obtained.

The work that a DwSI in Paediatric Dentistry may be required to undertake will depend upon the needs of the local community and will be specified by the commissioning body. As such, there may be no requirement for the practitioner to have developed competence in all of the areas listed below. It will, however, be a requirement that he/she is able to demonstrate competence in all fields relevant to the activity for which he/she is commissioned.

The competencies are structured in four levels:
1. **Domain** – representing broad spectrums of activity grouped together.
2. **Major competencies** – the consistent ability to perform or provide a particular, but complex, service or task. The complexity requires multiple, more specific tasks in support. Grouped together they form a domain.
3. **Areas of performance** – statements describing the more specific activities, which are sub-divisions of the major competencies.
4. **Suggested sources of evidence** – the actual practical and attitudinal processes.

Competencies are listed in Appendix 1

**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 DwSI in Paediatric Dentistry
Contract specification
The contract for a service provided by DwSI will specify, as appropriate:

- the core activities being commissioned (see Appendix 2)
- the evidence of competencies required to achieve those activities (see Appendix 3);
- the types of patients (Appendix 4)
- suitability to be referred to the service, together with inclusion and exclusion criteria (see Appendix 4);
- completion of PG Certificate in Paediatric Dentistry in year one, and practice based approach in year two, including mentoring in practice by specialists in Paediatric Dentistry, and attending treatment planning days
- the minimum of 100 Paediatric Dental teeth per year specific to contract requirement (electronic logbook)
- a practice inspection to ensure that the facilities, including the staffing, are in place to deliver the service
- the continuing professional development (CPD), clinical governance, accountability and monitoring arrangements, including links with the other relevant dental specialties including SCD
- presentation of an audit at the final assessment
- the agreed arrangements with the specialist or consultant in Paediatric Dentistry to facilitate the management of complications
- remuneration at an appropriate level; and remuneration for trainers and mentors (specialists or consultants in Paediatric Dentistry) for time lost to their own service.

Appointment of DwSI in Paediatric Dentistry
In appointing a dentist with a special interest in Paediatric Dentistry, the following needs to be considered.

- The development of a locally managed clinical network appropriate for the delivery of the necessary services.
- The views of key people in delivering services locally. It is important that the
dentist with the special interest in Paediatric Dentistry commands the support and respect of the others involved in delivering clinical services, and of potential service users.

- Evidence of generalist primary dental care competencies. The DwSI will be able to demonstrate a continuing level of competence in their 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 MFGDP(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.

Types of evidence that demonstrate successful acquisition of the Paediatric Dental competencies against the National Competency Framework in Paediatric Dentistry for DwSI are set out in Appendix 3. 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, and this will include evidence of clinical experience and/or formal qualifications.

Before the service can be delivered the following must be in place.
- The support of the local population, general and specialist dental practitioners, commissioning bodies and acute trusts.
- Induction, support and CPD arrangements for the DwSI and the dental team.
- Facilities and staffing to allow the satisfactory delivery of appropriate care
• An identified specialist or consultant in Paediatric Dentistry who will act as a mentor for the DwSI.
• Local guidelines on the use of the service which will have been developed by the commissioning body in consultation with the clinical network
• Monitoring and clinical audit arrangements
• Appraisal arrangements.
• Appropriate indemnity cover

Monitoring of the service
The commissioning body will need to ensure, on an annual basis, that the DwSI is maintaining his/her levels of competence. In reviewing the service and the dentist's work the following will be sought.
1. Evidence that the guidelines for use of the service are being followed.
2. Evidence that the caseload is appropriate – a minimum of 100 Paediatric Dental cases per year specific to contract requirements.
3. Evidence of an additional 15 hours of verifiable CPD per five year cycle in Paediatric Dentistry, in addition to the basic General Dental Council requirements of verifiable and non-verifiable CPD.
4. Evidence of clinical audit, exploration of the views of patients, carers and other health professionals, peer observation and compliance with future revalidation requirements.
5. Evidence of involvement in appropriate clinical governance arrangements, including participation in clinical networks that include other DwSI’s in Paediatric Dentistry and specialist or consultant mentors.
7. Evidence that the dentist’s generalist contracted NHS service is not being adversely affected.
8. Annual appraisal and maintenance of a personal development plan for the DwSI in should be undertaken with the specialist/consultant mentor.
9. Demonstration of competencies through equivalence for dentists who are appropriately registered in EU countries and who apply for DwSI contracts.

Commissioning bodies’ needs assessments and service delivery
Commissioning bodies will identify their priorities in the context of legislation; key
national policies; local needs; and local service delivery.

In order to meet a priority, a service may require configuration. Commissioning bodies in an area should work together or singly to consider the options for service development. These options may include the appointment of DwSI in Paediatric Dentistry. In deciding how to develop the service, the Commissioning body will consider the views of other trusts, the local oral health advisory group and current service providers – particularly specialists and consultants in Paediatric Dentistry. Dental public health colleagues may provide an assessment of needs and demands, in conjunction with the specialist or consultant in Paediatric Dentistry, to determine if the service is a priority for development.

Commissioning bodies will need, where appropriate, to develop a local clinical network suitable for the delivery of the necessary services.

Once it has been decided to appoint a DwSI in Paediatric Dentistry, as part or all of a service development, the Commissioning body will make an appointment after due process in line with this guidance, and in consultation with the local clinical network.

If there are no appropriately skilled candidates, the Commissioning body will consider sponsoring a suitably motivated local dentist on an appropriate programme to acquire the necessary competencies.

As in all commissioning decisions, the Commissioning body should review the appointment regularly. 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 annual appraisal. It will need to be satisfied that the post continues to meet a local priority.
Appendix 1: National Competency Framework in Paediatric Dentistry for DwSI

All prospective DwSI in Paediatric Dentistry must provide evidence of the successful acquisition of the competencies required in their log diary. A minimum of 40 cases should be presented to demonstrate the range of competencies listed below. Some cases will provide an opportunity to present a range of competencies.

<table>
<thead>
<tr>
<th>DOMAIN SUGGESTED</th>
<th>MAJOR COMPETENCY</th>
<th>SUPPORTING COMPETENCIES</th>
<th>AREAS OF PERFORMANCE</th>
<th>SOURCES OF EVIDENCE</th>
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</table>
| Clinical          | Examination and Diagnosis | A dentist with a special interest will, in a primary care setting, be able to:  
• Recognise if a diagnosis is outwith the competence of the DwSI and describe the appropriate referral procedures | Knowledge  
Self-awareness/insight  
Communication – oral  
Communication – written | Portfolio |
| Clinical          | Treatment planning and Patient Management | A dentist with a special interest will, in a primary care setting, be able to:  
• Accurately judge when and when not to intervene in a clinical situation and recognise when help or referral is required | Knowledge  
Self-awareness/insight | Portfolio - CV |
<p>| Clinical          | Paediatric        | A dentist with a special interest will, in a primary care setting, be able to: | Knowledge | Portfolio |</p>
<table>
<thead>
<tr>
<th>Dentistry</th>
<th>setting, be able to:</th>
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<tr>
<td></td>
<td>Diagnose common acquired and genetic disorders of teeth and supporting structures. This will include acquired disorders such as caries, erosion and molar-incisal hypomineralisation; genetic disorders of tooth number, shape/size, structure, eruption/exfoliation; common oral medicine problems and periodontal disease.</td>
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<td></td>
<td>Plan and carry out prevention of common acquired disorders affecting the primary and permanent dentition.</td>
</tr>
<tr>
<td></td>
<td>Plan and carry out restorative and endodontic management of primary teeth</td>
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<td></td>
<td>Understand the role of the dentist in safeguarding Diagnosis and provide emergency management of dento-alveolar trauma</td>
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<tr>
<td></td>
<td>Aesthetic restoration of fractured permanent incisor teeth with appropriate materials</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Clinical skills</th>
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<tr>
<td>Manual dexterity</td>
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| CV |
| Communication | With colleagues | A dentist with a special interest will, in a primary care setting, be able to: | Communication – oral  
Communication – written  
Self-awareness | Portfolio |
|---------------|-----------------|--------------------------------------------------------------------------------|--------------------------------------------------|----------|
| Use appropriate non-pharmacological behaviour management techniques  
Safely and effectively deliver inhalation sedation as an adjunct to dental care for children and adolescents  
Plan a patient appropriately for general anaesthesia  
Recognise and diagnose problems in the developing occlusion including  
- teeth of poor prognosis  
- impactions and ectopia  
- hypodontia  
- cross-bites  
and refer these for specialist management as appropriate | | | | |
Appendix 2: The Core Activities

The core activities being commissioned are:

1. Clinical care.
2. Identification and appropriate referral of patients who require specialist care in Paediatric Dentistry, or secondary or tertiary care in any other specialist area appropriate to their needs.
3. Provision of shared care for patients in conjunction with the generalist, the specialist or consultant in Paediatric Dentistry or other professionals complementary to dentistry such as hygienists or therapists, as appropriate to the individual's needs.
4. Clinical governance and audit.
Appendix 3: Evidence required for special Interest Competencies

Specialist interest competencies include:

1. Assessment of the practitioner’s relevant ability and competence by a specialist or consultant in Paediatric Dentistry.

2. Evidence of attending courses and/or clinical attachments of relevance to Paediatric Dentistry that equates to a minimum of one day per week for one year (0.5 day over 2 years) of learning and supervision in Paediatric Dentistry or a 120 Credit University diploma.

3. A portfolio of evidence that contains:
   a. Evidence of work-based learning, training and experience of relevance to Paediatric Dentistry. At least two years of recent experience in Paediatric Dentistry (with a minimum of 1 day per week in Paediatric Dentistry during this time) and one year of general professional training are considered minimum requirements for any practitioner wishing to be considered as a DwSI in Paediatric Dentistry.
   b. Feedback from patients, colleagues who refer patients for care and a specialist or consultant in Paediatric Dentistry.
   c. Evidence based on the clinical competency framework that demonstrates the practitioner’s skills in the key domains.
   d. Evidence of audits and peer reviews of relevance to Paediatric Dentistry in which the practitioner has been personally involved.

The process of assessing competencies and accreditation involves:

1. An evaluation of the evidence presented in the applicant’s professional portfolio of experience.

2. A surgery inspection. Assessment and accreditation of the practitioner will be required on the basis of a portfolio of experience.

The evaluation should be carried out by a panel of at least three assessors in which at least three of the following categories are represented:

• specialist or consultant in Paediatric Dentistry;
• local representative of the relevant commissioning body;
• FGDP(UK) representative, representing primary care dentistry; and
• local representative (from an approved list compiled by the British Society of Paediatric Dentistry) representing the relevant area of Paediatric Dentistry.

This process will be funded by the Commissioning body.
Appendix 4: Patients for Whom Dental Services are Commissioned

Commissioning DwSI’s in Paediatric Dentistry improve NHS business processes and support the development of World Class Commissioning. World Class Commissioning aims to deliver a more strategic and long term approach to commissioning services, with a focus on delivering improved health outcomes, and ultimately delivering better health and well-being for all.

The people for whom Paediatric Dental services are commissioned, and who are suitable for referral to those services, will have one or more of the following diagnoses:

- Dental trauma
- Behaviour management problems or anxious children
- Caries of the primary dentition requiring endodontic treatment
References