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Guidance for Commissioners on the Accreditation of Performers of Level 2 Complexity Care

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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. Introduction

NHS England's Commissioning Guides identify three levels of clinical complexity for dental procedures. Level 2 (intermediate care) refers to care, which is delivered by dental practitioners, who have demonstrated competency level beyond that of a dentist, who has satisfactorily completed Dental Foundation Training (or equivalent), but not at the level of a registered specialist.

This Performer framework is a guidance document aimed for the use of NHS England commissioners, Local Dental Networks (LDNs), Managed Clinical Networks (MCNs) and Local Accreditation Panels (LAPs), as detailed in Section 3 Local Accreditation Panel (LAP). Commissioners will work with MCNs (where established) to develop LAPs. This framework describes the accreditation process of potential performers of care at the level 2 complexity and should be read in conjunction with:

1. Guidance for Accreditation of Performers of Level 2 complexity care Application Bundle, which provides templates and will need to be adapted for local use by LAPs and communicate to Performers the required information for submission as part of the local accreditation process. Performers, who are interested in applying for accreditation of Level 2 services will normally be informed of the opportunity via their LDN.
2. Introductory Guide for Commissioning Dental Specialties published in September 2015 defines eligibility and complexity levels of care, together with contract and relevant specifications for such services. The document also provides clarification on roles and establishment of MCNs - [Introductory Guide for Commissioning Dental Specialties](#).

Once accredited, these performers will be able to work in an appropriately commissioned service in order to provide Level 2 services.

In addition to being able to demonstrate the ability to deliver Level 1 care, these performers will also be required to demonstrate additional training, and/or experience in the relevant specialty areas to satisfy LAP that they have the relevant competencies to deliver quality care of Level 2 complexity. They will be accredited to carry out all the treatments described in the Commissioning guides at Level 2, or just some of the treatments and this will be made clear during the accreditation process.

It is recognised that applicants have varied educational and training background, but the process described below is set to recognise performers with the required competencies irrespective of where, when, and how they achieved the relevant knowledge and skills. This will be assessed by the submission of robust documentary evidence by the applicant and will allow decisions to be made based on objective, reproducible and equitable criteria matched to the expected competencies. The process described in this document can also be used to provide guidance to those individuals who aspire to attain accreditation to deliver Level 2 services in the future.

2. Accreditation Process

The practitioner must complete an application form, and include Curriculum Vitae and portfolio of evidence, which includes a clinical log book containing the numbers of the relevant procedures that have been carried out.

Applicants who will meet the required criteria will be invited to attend an interview with a LAP (see below). The interview process will include the following components:

- Discussion of the applicant's Curriculum Vitae
- Discussion of the portfolio
- Case discussion on a minimum of two clinical cases selected from the clinical log-book
- Discussion of an 'unseen case' provided by the LAP

The LAP will consider the above evidence and following the interview process will arrive to a decision to:

- Award a full accreditation, partial accreditation, or that the accreditation is not appropriate. Partial accreditation would cover some Level 2 procedures, but further evidence, or training would be necessary for full accreditation.
- Provide detailed feedback to all candidates including those who require additional training or evidence for full accreditation.

3. Local Accreditation Panel (LAP)

Local Accreditation Panels (LAPs) will be formed under the direction of an appropriate MCN (where established) or LDN, where MCN is not established, and will have an accountability to LDNs under the National Framework, which has a purpose of securing clinical and overall excellence, ensuring consistency of local services with the national guidance and policy, as stated by the [Securing Excellence in Commissioning Primary Care](#).

LAP will be composed of:

- Chair of the Local Dental Network (would usually chair the panel);
- Chair of the Managed Clinical Network in the relevant specialty, where applicable;
- A consultant or listed GDC specialist in the relevant specialty who works within the local office area;

- A consultant or listed GDC specialist in the relevant specialty who works out of the area;
- LDC representative;
- HEE representative;
- NHS England commissioner;
- Other members can be considered in addition to those detailed above.

The LAP members will be funded for their time commitment by the local area office.

The accreditation process remains separate to procurement, however, it is anticipated that LAP would be usually convened during a procurement process for the accreditation of Performers and assurance for Providers intending to deliver Level 2 services.

It is expected that all members declare any potential conflict of interest prior to accepting membership of the LAP. A conflict of interest declarations register must be completed and maintained for the LAP meetings. Any declared conflicts of interest will be considered by LDN chair and appropriate arrangements will be made such as alternative membership will be convened.

The LAP is responsible for reporting processes and outcomes of accreditation applications to the National Standing Panel.

4. Accreditation Criteria

The LAP will require robust evidence to support accreditation of a performer to undertake Level 2 services. This will be mapped to the expected competencies, as described in the Application Bundle, and included in relevant local Service Specification for Level 2 services (see Introductory Guide for Commissioning Dental Specialties). The Application Bundle also suggests evidence that must be produced to support an application, which is not an exclusive or mandatory list.

The LAP will agree, which evidence would best show that an applicant has satisfactorily demonstrated the competencies. The range of possible evidence submitted must be ranked on importance and relevance to the expected competencies.

The competencies can be achieved through formal postgraduate education, training or clinical experience, or a combination of all three. In all circumstances, robust and validated documented evidence must be produced as a part of the application in the form of a reflective portfolio of evidence to support the application.

5. Portfolio of Evidence

It is expected that portfolio of evidence will include the following elements mapped to the relevant Level 2 competences that are described in Local Service Specifications:

- A reflective clinical log-book (paper/electronic form) demonstrating a current, relevant and appropriate case mix and complexity of Level 1 and 2 cases, treated by the applicant to an appropriate standard and outcome.
- A log book of relevant education and training.

- Additional supporting evidence including references from specialists/consultants, members of the clinical team, patient or other relevant referees.
- All applicants should be interviewed as part of accreditation process.
- Unsuccessful candidates will be provided with comprehensive feedback.

6. Maintaining Accreditation

Successful applicants will undertake revalidation every 5 years. Re-validation should be based on a case-based peer review, and may include audit activity, patient feedback, and other appropriate quality indicators led by local MCN or LDN.

It is expected that along with re-validation there will be a requirement to undertake appropriate Continuing Professional Development (CPD), which is relevant to the specialty undertaken and set out in the General Dental Council (GDC) CPD requirements: [Continuing Professional Development \(CPD\) 2018 CPD Rules](#).

7. Appeals process

For those candidates, who were unsuccessful in attaining Level 2 accreditation from the LAP, an appeals process can be followed by such candidates, should they wish to be reconsidered for accreditation. The appeal must include detailed reasons, to be considered, such as:

- the process undertaken
- the consideration of evidence submitted
- the decision reached by the LAP

Appeals can be made to the National Standing Panel (NSP) if the LAP has reached a decision not to award accreditation at a first consideration or after further submission of evidence at a later sitting.

The National Standing panel will usually meet three monthly, membership of which will be constituted from the appropriate members from the Level 2 Accreditation National Steering group who have been key in the development of this document.

8. National Standing Panel

The membership of the National Standing Panel will consist of relevant members drawn from the Level 2 Accreditation National Steering Group, which will hold meetings on a three-monthly basis.

Purposes of the National Standing Panel:

- To maintain a central register of accreditations, as such it will be a requirement for Local Accreditation Panels to report information regarding the process and outcomes of applications to NSP.
- To ensure consistent application of thresholds and standards across LAPs. This would include random audit selection for accreditation to ensure moderation and consistency.

- To consider appeals submitted by any unsuccessful applicant

9. Glossary

CBD – Case Based Discussion

CPD – Continuing Professional Development

CQC – Care Quality Commission

DES – Directed Enhanced Service

DOP – Direct Observed Practice

GDC – General Dental Council

HEE – Health Education England

ILS – Immediate Life Support

LAP – Local Accreditation Panel

LDC – Local Dental Committee

LDN – Local Dental Network

MCN – Managed Clinical Network

MSF – Multi-Source Feedback

NHS – National Health Service

NPS - National Standing Panel

OSCE – Objective Structured Clinical Examination

PBA – Procedure Based Assessment

SLE – Structured Learning Event

WBA – Workplace Based Assessments