



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 Endodontics



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# Introduction

The *Guidelines for the appointment of Dentists with Special Interests (DwSIs) in Endodontics* 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 endodontic guidance has been written in conjunction with the British Endodontic Society, British Society for Restorative Dentistry, Association of Consultants and Specialists in Restorative Dentistry, 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](http://www.dh.gov.uk/cdo) and the FGDP(UK) website at [www.fgdp.org.uk](http://www.fgdp.org.uk).

## Why do we need DwSIs in Endodontics?

1. Endodontics is concerned with the study of the form, function and health of, injuries to, and diseases of the dental pulp and periradicular region, their prevention and treatment. The aetiology and diagnosis of dental pain and diseases are integral parts of endodontic practice, (European Society of Endodontology 1992).
2. Need and demand for endodontic treatment is high in England, with access to treatment under NHS regulations presently proving difficult for patients. Currently, there are 183 practitioners on the Endodontic Specialist List and 284 practitioners on the Restorative Dentistry Specialist List held by the General Dental Council (GDC). Thus, for the foreseeable future, the burden of providing endodontic care for the vast majority of patients in England will fall on primary care dentists working within the regulations of the General Dental Services (GDS).

3. A substantial amount of endodontic treatment is carried out within the GDS. In 2002-2003, 1,040,565 root fillings were placed in adults by dentists working in the GDS in England and Wales. This compares with 1,003,449 in 2001/02. In 2002/03 this cost £50,204,951 and £47,106,247 the previous year. When endodontic treatments for children and surgical endodontics are included, the total cost for endodontic treatments in 2002-2003 was £55,451,112. There are, however, concerns about the quality of endodontic treatment provided.<sup>1</sup>
4. It is anticipated that the introduction of Dentists with a Special Interest (DwSI) in Endodontics will both improve access to endodontic treatment and the quality of the treatment provided.

### Definition of a DwSI in Endodontics

5. A DwSi in Endodontics 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 endodontics
  - Is contracted to a PCT or PCTs, as a DwSI, to manage a number of patients requiring endodontic treatment of moderate difficulty.<sup>2</sup>
6. Whilst not offering the same breadth of activity in terms of the complexity of cases treated, he/she will be required to practice to a standard consistent with that expected from established specialists who cover this area of clinical expertise.

### General Requirements

7. 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 dental practitioner is an experienced generalist.
8. In addition it is recommended that PCTs satisfy themselves that a dental practitioner wishing to be contracted as a DwSI in Endodontics is able to satisfactorily demonstrate that he/she:

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1 Consensus report of the European Society of Endodontology on quality guidelines for endodontic treatment. *International Endodontic Journal* 1994; 27: 115-124.

2 AAE Endodontic Case Difficulty Assessment Guidelines. American Association of Endodontists (available from the American Association of Endodontists website at [www.aae.org/dentalpro/guidelines.htm](http://www.aae.org/dentalpro/guidelines.htm)).

- a. Is able to diagnose, assess and treat endodontic cases of moderate difficulty<sup>2</sup> to agreed clinical standards. Whilst moderate difficulty is an indicator of the complexity of a case a DwSI in Endodontics might treat, it does not preclude a more complex case being treated.
- b. Recognise his/her limitations of knowledge and competence.
- c. Has knowledge and skills in the relevant areas higher than that expected from non-DwSI colleagues, reflecting an approved period of postgraduate training and/or equivalent.

## Competency Framework for a DwSI in Endodontics

9. 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.
10. Because the work a DwSI in Endodontics may be required to undertake will depend upon the needs of the local community and be specified by a PCT(s), there may be no requirement for the practitioner to have developed competence in all the aspects listed below. It will, however, be required that he/she be able to demonstrate competence in all fields relevant to the activity.
11. The competencies are structured in five levels\*:
  1. Domains – representing broad spectrums of activity grouped together.
  2. Major competencies – which are 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. Supporting competencies – statements, which describe the more specific activities, which are sub-divisions of the major competencies.
  4. Areas of performance
  5. Sources of evidence

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\* Partly based upon the “Competency Document – OMFS/SHO Working Group” – Dr. Linda Prescott, June 2001.

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
Clinical	Examination and Diagnosis	<p>A dentist with a special interest will, in a primary care setting, be able to:</p> <ul style="list-style-type: none"> <li>Recognise if a diagnosis is outwith the competence of the DwSI and describe the appropriate referral procedures.</li> </ul>	<p>Knowledge Self-awareness/insight Communication – oral Communication – written</p>	Portfolio
Clinical	Treatment Planning and Patient Management	<p>A dentist with a special interest will, in a primary care setting, be able to:</p> <ul style="list-style-type: none"> <li>Accurately judge when and when not to intervene in a clinical situation and recognise when help or referral is required.</li> </ul>	<p>Knowledge Self-awareness/insight</p>	Portfolio C.V.
Clinical	Endodontics	<p>A dentist with a special interest in Endodontics will, in a primary care setting, be able to:</p> <ul style="list-style-type: none"> <li>Diagnose, plan and carry out non-surgical root canal treatment for vital and non-vital de novo cases for teeth of moderate difficulty as defined by the AAE Endodontic Case Difficulty Assessment Guidelines.<sup>2</sup></li> <li>Diagnose, plan and may carry out surgical root canal treatment for teeth of moderate difficulty.<sup>2</sup></li> <li>Use appropriate techniques, materials and technologies consistent with the management of endodontic cases of moderate difficulty.<sup>2</sup></li> <li>Use appropriate magnification with illumination, at a minimum, loupes, in the management of non-surgical and surgical endodontic cases of moderate difficulty.<sup>2</sup></li> </ul>	<p>Knowledge Clinical skills Manual dexterity</p> <p>Knowledge Clinical skills Manual dexterity</p> <p>Knowledge Clinical skills Manual dexterity</p> <p>Clinical skills Manual dexterity</p>	<p>Portfolio C.V.</p> <p>Portfolio C.V.</p> <p>Portfolio C.V.</p> <p>Portfolio C.V.</p>

<sup>2</sup> AAE Endodontic Case Difficulty Assessment Guidelines. American Association of Endodontists (available from the American Association of Endodontists website at [www.aae.org/dentalpro/guidelines.htm](http://www.aae.org/dentalpro/guidelines.htm)).

DOMAIN	MAJOR COMPETENCY	SUPPORTING COMPETENCIES	AREAS OF PERFORMANCE	SUGGESTED SOURCES OF EVIDENCE
Clinical	Endodontics Continued	<ul style="list-style-type: none"> <li>Carry out non-surgical root canal re-treatment including the management of iatrogenic damage to the root canal system for teeth of moderate difficulty.<sup>2</sup></li> </ul>	Knowledge Clinical skills Manual dexterity	Portfolio C.V.
		<ul style="list-style-type: none"> <li>Manage and treat teeth that have sustained trauma.</li> </ul>	Knowledge Clinical skills	Portfolio C.V.
		<ul style="list-style-type: none"> <li>Provide appropriate coronal restorations for the root filled tooth or provide detailed advice to other clinicians for such a restoration.</li> </ul>	Knowledge Clinical skills Manual dexterity Communication – oral Communication – written	Portfolio C.V.
		<ul style="list-style-type: none"> <li>Monitor and evaluate the clinical outcomes of all forms of endodontic treatment using recognised clinical and radiographic guidelines.</li> </ul>	Knowledge Clinical skills	Portfolio C.V.
Communi- cation	With Colleagues	A dentist with a special interest will, in a primary care setting, be able to: <ul style="list-style-type: none"> <li>Communicate effectively within clinical networks.</li> </ul>	Communication – oral Communication – written Self-awareness	Portfolio

## Evidence of Maintenance of Competencies

12. 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.

<sup>2</sup> AAE Endodontic Case Difficulty Assessment Guidelines. American Association of Endodontists (available from the American Association of Endodontists website at [www.aae.org/dentalpro/guidelines.htm](http://www.aae.org/dentalpro/guidelines.htm)).

# Accreditation of DwSIs in Endodontics for PCTs

## Contract Specification

13. The contract for a service provided by a DwSI should specify:
  - 13.1 The core activities and the competencies required.
  - 13.2 The types of patients and clinical problems suitable for the service including age range, minimum caseload, medical status and reasons for referral.
  - 13.3 The clinical governance, accountability and monitoring arrangements, including links with other endodontic practitioners working in primary care, at PCT level and in Acute Trusts.
  - 13.4 Remuneration at an appropriate level.

## Appointment of DwSIs in Endodontics with PCTs

14. In appointing a primary care dentist with a special interest in endodontics, the PCT should consider:
  - 14.1 The development of a locally managed clinical network appropriate for the delivery of the necessary services and need for endodontic care.
  - 14.2 The views of key people in delivering the endodontic services locally, including clinicians and managers in other relevant Acute and Primary Care Trusts, and local primary care dentists. It is important that the primary care dentist with a special interest in endodontics commands the support and respect of others involved in delivering endodontics and of potential service users.
  - 14.3 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 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.

14.4 Evidence of successful acquisition of the defined special interest competencies. While an appropriate diploma or proper formal training process would usually be a credible source of evidence of the acquisition of competencies, many applicants will offer other experience based evidence.

14.5 Before the service can be delivered, the following should be in place:

- The support of the local population, primary care dentists and endodontic practitioners, PCTs and Acute Trusts.
- Induction, support and continuing professional development arrangements for the DwSI and team.
- Local guidelines on the use of the service, be 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, then he/she will normally be covered by his/her professional indemnity provider. However, in all circumstances the primary care dentist should notify his/her medical defence organisation.

## Monitoring of the Endodontic Service

15. The PCT, in reviewing the service and the DwSI's work (through clinical governance, annual appraisal, annual review of the contract and future revalidation requirements), should seek the following:
  - 15.1 Evidence that the guidelines for use of the service are being followed.
  - 15.2 Evidence that the caseload is appropriate.
  - 15.3 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.
  - 15.4 Evidence of involvement in appropriate clinical governance arrangements, including when appropriate in the local Acute Trust(s).
  - 15.5 Evidence of satisfactory process and outcomes of care, including patient views.
  - 15.6 Evidence that the individual's generalist service is not being adversely affected.
16. 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

17. 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 reconfiguration. Primary Care Trusts in an area should work together or singly to consider the options for service development. These options will include hospital outreach, community-based clinics, endodontic specialists or 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 endodontic service providers. Dental public health colleagues may provide an assessment of needs and demands to determine if the service is a priority for development.
18. If it is decided to appoint a primary care dentist with a special interest in endodontics as part or all of a service development, then the PCT (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.

19. In the circumstances where there are no appropriately skilled candidates, the PCT (acting singly or as a lead PCT for local PCTs) may consider sponsoring a suitably motivated local primary care dentist on an appropriate programme to acquire the necessary competencies.
20. 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.

## **DENTISTS with SPECIAL INTERESTS (DwSIs) ENDODONTICS**

### **System of assessment and evidence required to demonstrate competence**

21. It is important that the DwSI service provided meets local needs and that the knowledge, skills and experience of the DwSI are appropriate to the service requirements. Applicants will be able to offer a range of evidence as confirmation of competency which may include both formal qualifications and experiential evidence.

## Sources of Evidence

22. Applicants will be required to submit

- a. A full curriculum vitae
- b. A reflective portfolio

### a. Curriculum Vitae

23. The curriculum vitae should contain information on the following:

- Details of primary qualification including date, university and state LDS/BDS or overseas equivalent.
- Details of postgraduate qualifications held including clinical and non-clinical. Include details of awarding institute and date obtained.
- Other education with details of when, where and qualification(s) received.
- Employment history with details of posts and dates.
- Clinical training and experience including observerships, attachments and other consultant-led training opportunities.
- Further professional development in terms of courses attended with details of topic, nature of instruction, and learning outcomes.
- Membership of professional bodies/specialist societies.

24. Other information may include details of the following areas, but undue weight should not necessarily be given to these:

- Research activity
- Grants awarded with details of amount, funding body and study
- Teaching experience
- Prizes and awards

## b. Reflective Portfolio

25. The reflective portfolio should contain the following:
- A reflection on previous education, training and employment that outlines knowledge and competencies achieved, range of clinical activities undertaken and profile of current practice.
  - Evidence of performance in the primary care setting through the submission of structured case reports that map against the competencies expected of a DwSI in Endodontics.
  - Evidence of professional activities such as work with local dental committees, BDA etc.
  - Testimonials from patients, colleagues and former employees.
  - Documented evidence of relevant audit either carried out personally or in association with others.

## Process

26. The process will usually be an evaluation of the evidence presented in the applicant's reflective portfolio.
27. 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.
28. PCTs may consider it appropriate to interview potential candidates for accreditation as DwSIs.











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