

Dear Colleagues

**General Dental Practitioner Skills Audit**

The role of the Chair of the MCN is to set up a managed clinical network across the South West region of the UK. This includes South Gloucestershire, Bristol, North Somerset, Somerset, Devon and Cornwall.

The MCN will oversee the implementation and the functioning of the specialist pathway, including quality improvement, mentorship, education, audit and leadership. The Chair and Committee will be accountable to commissioners and will be linked to the Dental Local Dental Network (LDN).

It will be consultant led where possible and all Level 2 and 3 providers will play an active role and will have a formal link to the MCN. The NHS England published Commissioning guides for the three specialties will be used to develop and provide a framework to support commissioners working with clinicians and patients to transform services at a local level, meeting local needs and achieving best value and sustainability for the resources available.

As MCN chairs for Oral Surgery, Restorative and Special Care, a key drive for the South West is to improve access to enhanced skills/specialist services in all disciplines related to these work streams. To help identify individuals that are keen to be part of these new networks, we would be grateful if you could complete the short questionnaire below.

Many thanks for taking the time to do this.

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| **Matt Jerreat - MCN Chair Restorative** | matthew.jerreat@plymouth.ac.uk |
| **Chris Bell - MCN Chair Oral Surgery** | chris.Bell@bristol.ac.uk |
| **Tony Brooke - MCN Chair Special Care/Paediatrics** | Tony.Brooke@UHBristol.nhs.uk |

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Please see instructions below to help fill out the form:

1. Highlight where the first tick should apply and click on the Insert tab at the top of the page and click on Symbol (far right of the screen)
2. Choose More Symbols
3. Choose Wingdings as the font under Symbols
4. Scroll to the very end to find the tick icon
5. Click Insert
6. For any future ticks, it is easier to copy the original tick and paste where appropriate.

|  |  |
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| Personal Details |  |
| Name |  |
| GDC number |  |
| Performer number |  |
| Practice Address |  |
| Contact telephone number |  |
| Dental Skills | Please tick all that apply ✓ (copy this tick then paste for each option) |
| What specialist register are you on? | * Restorative * Oral Surgery * Special Care * Paediatrics * None |
| Which area specifically do you have a special interest in? | * Periodontics * Endodontics * Fixed prosthodontics * Removable prosthodontics * Dental implants * Special Care Dentistry * Paediatric Dentistry * Other – please specify |
| Are you a member of any specialist societies? | Yes / No |
| If yes, which ones? Please specify |  |
| Qualifications |  |
| What certificates do you hold? | * Certificate/Diploma/Masters in Restorative dentistry * Certificate/Diploma/Masters in Endodontics * Certificate/Diploma/Masters in Prosthodontics (fixed) * Certificate/Diploma/Masters in Prosthodontics (removable) * Certificate/Diploma/Masters in Periodontics * Certificate/Diploma/Masters in Restorative dentistry * Certificate/Diploma/Masters in Special Care Dentistry * Certificate/Diploma/Masters in Paediatric Dentistry * Other – please specify |
| Clinical Practice |  |
| On what basis do you work in practice? | * Exclusively private basis * Exclusively NHS basis * Mixture of NHS and private |
| Do you offer intravenous sedation? | Yes / No |
| Developing a network |  |
| Would you be interested in … | * Attending clinical network meetings * Diagnosing patients * Treatment planning * Treating patients within your practice * Attending further training to enhance skills |
| Surveys |  |
| Do you have evidence of patient satisfaction for treatment with yourself? | * Comments on website (NHS choices) * Patient Survey * Email feedback * Friend and Family Test * Other – please specify |

Please send your completed survey to Debbie Freeman - Primary Care Support Lead by email to [england.swdental@nhs.net](mailto:england.swdental@nhs.net). Many thanks in anticipation.