

BAOS Feature

Tier 2 Services in Primary Care – current and ongoing developments

The British Association of Oral Surgeons (BAOS) is a thriving organisation of members involved in the practice of dento-alveolar surgery in UK and even beyond. Traditionally, oral surgery has been delivered in the secondary care setting but over the last decade or so, the landscape for oral surgery service provision has been changing.

There are many oral surgery patients who would be best suited for care in the hospital setting. Such cases may include those that are particularly surgically challenging or patients who are severely medically compromised or require an infrastructure that may not necessarily be available in the dental practice setting. Examples of such infrastructure are the provision of general anaesthetic or advanced, deep, polypharmacy sedation or even three-dimensional radiology machinery. With the exception of general anaesthesia, that's not to say other advanced infrastructure cannot be provided for in dental practice, but not all NHS commissioners necessarily expect it. Some Providers are contracted to provide treatments under local anaesthesia alone whereas others are expected to provide a sedation service. In some areas Tier 2 Providers are expected to cater for cases requiring CBCTs, whereas elsewhere, the Performer is expected to onward refer these to a nearby hospital.

Conversely, commissioners and service providers have recognised that there is a substantial cohort of patients who do not require care to be provided under the roof of a hospital, so have quite rightly commissioned services to be provided in the dental practice setting as appropriate, at a substantially improved cost-effective rate with improved access to care. Surgical and non-surgical exodontia and other forms of oral surgery in the relatively fit and healthy patient do not require hospital care and the provision of services in dental practices mean patients can access care in a convenient way.

A careful triaging process should predictably be able to categorise patients into whether primary or secondary care is appropriate therefore maximising the quality of their overall care.

There are three tiers of oral surgery case that patients can be allocated to:

- Tier 1 – simple oral surgery that a general dental practitioner would be expected to perform in dental practice
- Tier 2 – oral surgery that requires the expertise of either an oral surgery specialist or a dentist with enhanced experience in oral surgery to perform in the dental practice setting
- Tier 3 – oral surgery that should be performed by, or under the supervision of, an oral surgery specialist or consultant in the hospital setting

Commissioners and service providers must then consider forming a suitably trained and experienced workforce to safely carry out the procedures and placing them in the appropriate workplace environment. Dentists who have advanced and enhanced experience in oral surgery, possibly through a previous, or current part-time hospital post, should consider applying to be accredited as Tier 2 oral surgery practitioners. This involves submitting a structured application to the local NHS accreditation panel detailing their professional experience and importantly, presenting a couple of cases demonstrating reflective practice. Whilst there is some national variation in how accreditation panels function, there is a desire and move by the collective Chairs of the local Managed Clinical Networks to standardise the process. Assessors of these applications are not looking for a presentation claiming that the applicant is the world's best surgeon but would rather read about a dentist who can reflect on their practice and learn continuously from their ongoing experience. Some clinicians feel confident to perform most oral surgery procedures but may have less experience in the type of procedure that doesn't often come through primary care services, such as surgical endodontics or the management of impacted canines as part of an orthodontic treatment plan. That's fine, as accreditation panels have recognised this and allowed for a personalised accreditation with conditions for such clinicians.

The community of Tier 2 performers is continuing to flourish as it rapidly expands. BAOS has recognised this and therefore co-opted two leading Tier 2 performers to Council to support and develop this particular group of oral surgeons. We are delighted to announce that Chris Waith (loosely representing the north of UK) and Tarik Shembesh (loosely representing the south of UK) have been appointed to bridge a professional bond between BAOS and the Tier 2 performers. They have recently created a WhatsApp group for all Tier 2 performers who are BAOS Members to join where participants contribute to very interesting professionally targeted peer support conversations.

Any Tier 2 accredited oral surgeon who is a BAOS member is encouraged to join this group and benefit from inclusion in the thriving professional community. Equally, any BAOS member who is acquainted with friends and colleagues that are not yet members, should encourage them to join.



Samy Darwish
BAOS Council Member

BAOS – Working to support Oral Surgery delivery in all areas

Oral Surgery is an unusual discipline in dentistry as it is practised in primary and secondary care and by dentists with different levels of expertise and training. Whenever and wherever it is delivered, teamwork plays a big role and we always work closely with Dental Nurses in delivering patient care.

At BAOS we are trying to work collaboratively and inclusively with many groups to ensure that our society provides a benefit to everyone involved in delivering oral surgery care and research. Recent examples of initiatives include setting up a Tier Two BAOS Oral Surgery Group, having a MOU with the British Association of Dental Nurses and as well as working towards setting one up with the Society of British Dental Nurses, delivering talks to dental students about what oral surgery entails, funding the new Oral Surgery bespoke e-log book and co-funding pump priming grants for early researchers with the FDSRCS England.

We are also working collaboratively with the BAOMS Quality Outcomes in Oral and Maxillofacial Surgery (QOMS) group on the register of rare and benign lesions of the jaws and would encourage everyone to participate. Many OMFS and OS units have already registered to collect data but if your unit hasn't then please do, as collecting information like this will help improve the management of patients with these conditions. Moving forward we are interested in working with the QOMS group on future dentoalveolar audits.

Hopefully by all working together we can move towards providing the best possible care for patients.



Judith Jones
BAOS Honorary Secretary

Is it Tears or Tiers in Oral Surgery?

The Oral Surgery clinical standard document released by NHS England in May 2023 again sets out the description of complexity levels (previously in the Guide for Commissioning for Oral Surgery and Oral Medicine 2015). Clinicians who provide oral surgery care should be competent to manage complications that may arise.

Oral Surgery tiers are defined as follows:

Level 1 as defined by the curriculum for Dental Foundation Training or equivalent

Level 2 where procedural and/or patient complexity requiring a clinician with enhanced skill and experience.

Level 3a where procedures/conditions performed or managed by a specialist recognised by the GDC

Level 3b where complex oral surgery delivered by consultants in oral surgery

There is often discussion among colleagues about the Level 2 and Level 3 interface and the complexities of who and how patients can be treated. This #hashtag piece does not discuss this but what is common is that Tier 1, Tier 2 and 3 has its recognised place to deal with specific patients, and each Tier requires training at an appropriate level.

Tier 1 Oral Surgery (is the most abundant of oral surgery undertaken) but regrettably though seems to be not taught as well as undergraduate level. New graduates arrive into the clinical world and are concerned about undertaking oral surgery due to litigation but also due to the limited experience they have whilst training. Of course, this leads to inappropriate referrals into a system that is already overstretched.

Oral Surgery will always be a required service within the population, the issue is ensuring that new graduates do not de-skill to such an extent that patients suffer from inappropriate referrals, increased waiting times and high street dentists that cannot remove the simplest of teeth.



Adrian Thorp
BAOS President Elect