



Faculty of General Dental Practice (UK)  
The Royal College of Surgeons of England



Primary Care Contracting

# *NHS Primary Care Contracting/ Faculty of General Dental Practice (UK)*

## Guidelines for the appointment of Dentists with Special Interests (DwSIs) in Prison Dentistry



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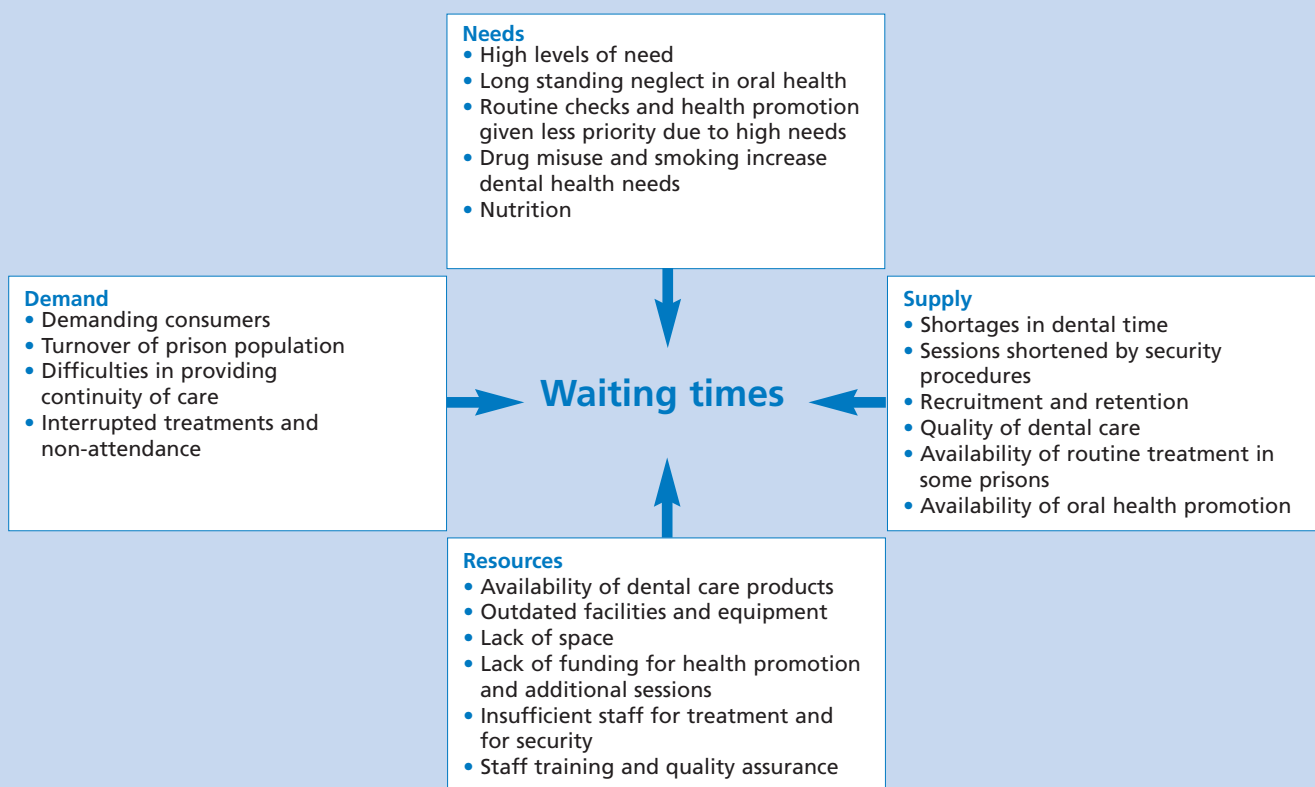
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# 1. Introduction

## 1.1 The need for dentists with a special interest in prison dentistry

*Reforming prison dental services in England, A guide to good practice (OPM 2005)* described the challenges facing primary care trusts and service providers in ensuring delivery of appropriate dental care for prisoners.

### The challenges in providing effective dental care to prisoners:



From: *Reforming prison dental services in England, a guide to good practice (OPM, 2005)*

Prison dentists have to manage a complex agenda in order to deliver optimum care for their patients, and require a range of skills additional to those needed to practise primary care dentistry in a high street or community setting.

## 1.2 The oral health of the prison population

The dental health needs of prisoners differ from those of the general population, with a high number of emergency and urgent cases, increased levels of neglect of oral care amongst prisoners, high rates of substance misuse and smoking and underlying poor nutrition.

The joint Department of Health and HM Prison Service publication, *Strategy for Modernising Dental Services for Prisoners in England* (published in 2003) states:

‘The amount of untreated dental disease amongst all prisoners is approximately four times greater than the level found in the general population coming from similar social backgrounds.’

Prisoners vary in their ability and motivation to take care of their own oral health, often entering prison with a previously chaotic lifestyle. Additionally in some institutions, there is a high percentage of detainees for whom English is not their first language, which can present challenges when communicating with patients. In all prisons there are also high levels of people with a learning disability, mental health problems and other special needs, all of which can complicate the delivery of dental care.

The demand for dental care in prisons is increasing. The prison population in England and Wales grew by over 11% between 1998 and 2005 (Home Office Research) and continues to expand. The high turnover of prisoners in some institutions, particularly in remand or short-stay institutions, can act as a barrier to effective dental care and there can be conflicting demands for ‘unrealistic’ or ‘inappropriate’ treatments ranging from opiate pain relief to cosmetic dentistry.

Some prisons have, or have had, difficulty in securing the services of a dentist who is reliable, provides a high standard of care and is willing to work within the service specification set out in the national strategy. Given the difficulties that exist in attracting dentists, prison health care managers can be reluctant to tackle instances of poor performance due to the risk of this leading to no service at all.

## 1.3 The challenges facing prison dentists

Security is the key area of performance for prisons. Not surprisingly there are various ways in which security and the regulation of prisoner movement can affect the provision of dental care. The net effect of factors such as prisoner supervision, security checks on dentists and checks on instruments before and after sessions is that the actual clinical time available for dentists to treat patients can be severely shortened.

In circumstances where prisoners have complicated health care needs or where the service or equipment in the prison dental surgery is limited, referrals may need to be made to dental services outside the prisons but this is not simple because there are security implications, a need for escorts and escalating costs.

Some prison dentists feel restricted by limitations on the care that they are able to provide. Even if the full range of services is available to prisoners in principle, prisons may set regulations or work within norms and rules that lead dentists to provide high levels of immediate care in preference to an extended course of treatment. There are also constraints about what type of pain relief can be provided safely.

Many prisons find it difficult to provide urgent dental care at times when the dentist is not in attendance in the prison. Some prisons acknowledge that they do not have a clearly defined procedure for facilitating emergency dental treatment and in most cases the prison dentist needs to help facilitate appropriate care through other non-dental clinicians in the prison.

Most prisons recognise the importance of promoting oral health, although not all of them have the resources or capacity to do so. Effective health promotion interventions such as those which increase fluoride intake need to be championed by dentists who are best placed to provide expert advice and support.

The priority that prisons place on dental care and how this fits within their overall assumptions and culture affects the ability of the prison dentist to provide optimum care. The prison dentist needs to be equipped to provide professional leadership and advocate appropriate oral health care for prisoners.

Dentists have an ethical and legal responsibility to alert those responsible and ultimately to refuse to undertake prison work if the clinical standards and facilities fall short of minimum national recommendations. They have a significant role in directly implementing clinical governance within the prison dental environment.

## 1.4 Dentists with Special Interests (DwSIs) in prison dentistry

Primary care trusts (PCTs) and prisons need to be assured that dentists whom they commission and engage to carry out this work are adequately trained and experienced to deliver safe, appropriate and effective dental care in the prison setting. Currently no published standards exist that identify these requirements therefore this framework for DwSIs in Prison Dentistry aims to support PCTs, prison governors and their staff and dentists themselves by clearly demonstrating expected standards.

Although intended as a framework to underpin a contractual basis for the delivery of enhanced services as part of NHS primary dental care, this document differs from previously published DwSI frameworks in that there is not already an existing recognised specialty of prison dentistry with defined professional networks, curricula and training pathways on which to base the expectations of this role. Whilst other DwSI frameworks were intended to support the establishment of new services, prison dentistry is not new; all 134 prisons in England should already have access to a dedicated prison dentist although their background, training, knowledge and experience of prison dentistry is known to be variable.

Another key difference is that there is a unique three-way relationship between PCTs, prisons and the dentists themselves that does not necessarily result in a PCT contracting with or employing the dentist directly. Responsibility for commissioning prison health services lies with the PCT, whilst responsibility for the management of prisons and what takes place within them sits with prison governors. PCTs have a responsibility for ensuring that dental care is provided for their populations, including prisoners when released and prison dentists have a role in ensuring appropriate referrals to promote continuity of care.

Commissioning is a relatively new concept for prison health departments and not all have been able to write service specifications for dentistry. PCTs have only recently assumed responsibility for commissioning prison dental services and not all have access to expertise and advice on what is required in terms of the skill and competency expected of a prison dentist.

This framework therefore has several potential uses: to support PCTs with commissioning and contracting for prison dental services; to help prison managers to define more closely the role and working arrangements for prison dentists, including adequate induction and continuing professional development programmes; and to enable prison dentists themselves to identify and address their own learning needs.

## 2. Competencies for prison dentistry

The proposed competencies are grouped under four domains: environmental competencies, clinical competencies, leadership and management competencies and communication competencies.

Each of the domains is described in more detail below. Under each domain there is a list of major competencies. For each of the major competencies, further supporting competencies are listed to further define how competency may be demonstrated.

Section 3 of this publication contains a competency framework which lists the domains, major and supporting competencies proposed for the appointment of a DwSI in prison dentistry.

### 2.1 Environmental Domain

Competencies in this domain are:

- **Security**
- **Ethical issues and safe practice in prison**
- **The prison environment**
- **Prison dentistry in the wider context**

Everything that a prison dentist does will be impacted on by the prison environment. It is therefore vital to ensure safe practice and professional behaviour which does not compromise security.

Security is the paramount issue in the prison setting and security considerations are the first priority of all prison staff, including the prison dentist. Prison dentists should therefore fully understand and be trained in procedures relating to their personal security, the security of instruments and access to the surgery. Prison dentists should also be able to demonstrate understanding of issues around security such as the need for security clearance, use of escorts and the importance of appropriate training for members of the dental team.

As well as security, prison dentists should also be able to demonstrate understanding of health and safety issues within the prison setting, in particular those that may arise when the surgery is shared with other healthcare professionals.

Prison dentists should be able to demonstrate a basic understanding of the judicial system and sentencing and also have knowledge of the various roles and categories

of prisons and the workings of the prison system. These not only have an impact on the provision of care, but knowledge of them also promotes better understanding of patients within the prison setting.

Finally, prison dentists should be able to understand how their work fits into a wider context. They need to be aware of the needs and policies of organisations such as the prison service, the primary care trust and governmental bodies and be able to take any actions required when these change. Prison dentists also need to be aware of any potential for conflicts of interest and manage them appropriately when they arise.

## 2.2 Clinical Domain

Competencies in this domain are:

- **History, examination and diagnosis**
- **Treatment planning and patient management**
- **Medical and dental emergencies**
- **Anaesthesia and pain control**
- **Therapy, treatment and prevention**
- **Management of dental treatment in patients who are substance misusers**
- **Management of dental care in patients with mental health problems or a learning disability**

Like all primary care dentists, prison dentists should be competent in the practice of general clinical dentistry. However, some enhanced skills are needed to meet the specific needs of the prison population. Prison dentists also need to be aware that security considerations affect the options available to them for the management of clinical care and that care has to be prioritised taking into account the needs and limitations of the prison environment and system.

Patients in the prison system often come from a deprived background where they may have faced social exclusion. Within the prison population there is a high incidence of mental health conditions, substance misuse, smoking and generally poor health. There is also a high incidence of patients with learning disabilities. Prison dentists should be able to take into account these factors and understand their impact on the oral health and care of the patient, including diagnosis, development and implementation of a treatment plan and aftercare. Prison dentists should also be able to demonstrate knowledge of the urgent care pathways in place within the prison and any triage systems used to prioritise urgent cases. Many prison dentists will have a part time role in the prison and will therefore need to work with other members of the healthcare teams to manage prisoners' oral health.

Prison dentists should be aware of the limitations and risks regarding referral of patients outside of the prison and may develop additional skills to minimise such referrals, in particular enhanced skills in minor oral surgery. However, prison dentists should also be able to demonstrate the ability to recognise when not to intervene and make an appropriate referral.

## 2.3 Leadership and management domain

Competencies in this domain are:

- **Clinical governance and audit**
- **Oral health promotion**
- **The role of the dental team**
- **Professional networks**

The prison environment can present challenges and impose limitations on how dental services are managed and delivered. Most prisons do not have the equivalent of a practice manager and therefore the prison dentist is often required to take on an enhanced management role in a high risk and relatively isolated environment.

In such an environment high standards of clinical governance play a key role to ensure good practice and the identification of necessary improvements. Prison dentists should demonstrate involvement with clinical governance systems within the prison and should carry out clinical audits in areas relevant to the prison environment.

Prison dentists should recognise the importance of and deliver effective oral health promotion in the prison setting. They should recognise the challenges in providing such services and demonstrate use of influencing and negotiating skills to ensure their effective delivery.

Prison dentists should also recognise the importance of the dental team in delivering care in the prison setting and should understand both the roles of dental care professionals and the legal framework within which they work. They should understand that DCPs working within the prison require a similar level of security training and understanding of the prison environment as themselves. The dentist should ensure that these needs are met. Prison dentists should also understand the role of other professional teams both inside and outside the prison that impact on the delivery of care. They should be able to work effectively with these teams when required.

## 2.4 Communication Domain

Competencies in this domain are:

- **Communication with prisoners, representatives and advocates**
- **Communication with the clinical team, peers and other professionals**
- **Effective management of complaints**

Effective communication is vital to the delivery of dental services in the prison environment. Prison dentists need to be able to communicate effectively and appropriately with patients who have a variety of different communication needs. They should also understand the link between good communication and minimising patient complaints.

The prison population has a high proportion of inmates with learning disabilities and/or mental health problems and a growing population of foreign nationals for whom English is not their first language. Prison dentists should demonstrate awareness of and ability to overcome challenges in communicating with such patients, particularly with reference to giving informed consent to treatment.

Prison dentists should recognise the importance of effective communication with the wider prison team and external bodies such as the primary care trust in enabling the effective running of prison dental services.

Prisoners tend to have more access to legal advice and generally are very aware of their rights. They are therefore more likely to take legal action if they feel that they have not been provided with the services to which they are entitled. In order to minimise costs and maximise time spent on direct clinical care, prison dentists should be able to demonstrate the ability to manage complaints from patients in the prison. They should also understand the link between complaints and clinical governance and demonstrate learning from complaints by implementing changes in the delivery of care.

### 3. Competency framework for the appointment of a DwSI in Prison Dentistry

Major competencies	Supporting competencies
<b>ENVIRONMENTAL DOMAIN</b>	
Security	<p>Knowledge and awareness of security issues including:</p> <ul style="list-style-type: none"> <li>• personal safety</li> <li>• security of instruments and materials</li> <li>• key training/protocols and procedures for accessing the surgery</li> <li>• prison timetables</li> <li>• use of escorts</li> <li>• need for training and security clearance, both for the dentist and members of the dental team</li> </ul>
Ethical issues and safe practice in prison	Understanding of health and safety issues within the prison setting.
	Understanding of the relationship between security and confidentiality.
	Understanding of health and safety issues that may arise when facilities are shared and how these may be effectively managed.
The prison environment	Knowledge of the varying roles and categories of prisons.
	Understanding of the judicial system and sentencing (linked to treatment planning).
	Awareness of prison regimes and the impact they have on the provision of care; managing time accordingly.
Prison dentistry in the wider context	Ability to understand and implement guidelines, policies and procedures implemented by PCTs including awareness of any potential for conflict of interests.
<b>CLINICAL DOMAIN</b>	
History, examination and diagnosis	Ability to satisfactorily maintain full, legible and contemporaneous patient records linking with Inmate Medical Records (IMR) and IT systems if provided.
	Awareness of the increased risk of mouth cancer in prisoners and ability to perform a clinical assessment of a patient to enable identification of clinical features of oral mucosal diseases and in particular the early diagnosis of cancer.
	Ability to investigate, diagnose and effectively manage localised oral infections including dental abscesses and pericoronitis within the prison setting.
	Effectively manage oro-facial trauma including self-harm induced injury.

3.  
Competency framework  
for the appointment of a  
DwSI in Prison Dentistry  
cont.

	<p>Ability to undertake history taking, examination, diagnosis and treatment planning for the patient with a range of special needs.</p> <p>Knowledge of conditions associated with social exclusion, including medically compromising conditions, learning impairment, mental health problems and treatment of affected patients.</p> <p>Knowledge of medication that prisoners may have been prescribed or are taking.</p> <p>Ability to understand patients' prison medical records and notes and adapt the treatment plan accordingly, seeking medical advice where appropriate.</p>
Treatment planning and patient management	<p>Understand the principles and practicalities of obtaining valid consent in the prison environment; including checking understanding and taking account of patients' individual abilities, the prison environment and the best interests of the patient.</p> <p>Knowledge and ability to propose and modify if necessary an achievable treatment plan taking into account the nature of the sentence, likely date of release and movement within the prison system.</p> <p>Accurate judgment in relation to when not to intervene in a clinical situation within the prison environment and describe the appropriate referral procedures or additional support required.</p> <p>Recognise barriers, limits and risks related to referrals from the prison and take steps to ensure appropriate referrals.</p> <p>Ability to recognise when a second opinion is needed and to obtain this from an appropriate professional.</p> <p>Ability to understand the need for and to prescribe pharmacotherapeutic agents, including drug interactions (both prescribed and illicit substances) in a correct manner.</p> <p>Prevention and management of dental health risk factors particular to prisoners, e.g. drug misuse, blood borne diseases.</p>
Medical and dental emergencies	<p>Ability to recognise groups of prisoners at high risk of medical emergencies and take preventive steps to minimise risk.</p> <p>Knowledge of facilities, drugs and equipment within the prison setting for dealing with medical emergencies including how to use and store them.</p> <p>Knowledge and review of urgent care pathways both within and outside prison for medical and dental emergencies.</p> <p>Ability to recognise and manage minor dental trauma including reimplantation of avulsed teeth and recognising bone fracture in adults, referring if appropriate.</p> <p>Prevention and management of post-operative complications including the ability to recognise increased susceptibility to post-operative complications amongst patients in the prison setting and to involve the wider health and prison teams in their management when needed.</p>

3.  
Competency framework  
for the appointment of a  
DwSI in Prison Dentistry  
cont.

<p>Anaesthesia and pain control</p>	<p>Ability to select and prescribe appropriate drugs for pain relief in the prison setting, complying with and influencing where appropriate prison prescribing protocols and formularies.</p> <p>Experience of using behavioural management techniques for the relief of fear and anxiety appropriate to the prison population and setting.</p> <p>Awareness of circumstances where local anaesthesia may be difficult to achieve and strategies for management.</p> <p>Knowledge of drug interactions and facilitating anaesthesia for individuals taking drugs affecting the pain threshold.</p> <p>Ability to offer alternative sedation techniques in an environment where general anaesthetic, relative analgesia and intravenous sedation are not available.</p>
<p>Therapy, treatment and prevention</p>	<p>Enhanced minor oral surgery skills including ability to undertake extractions of moderate difficulty.</p> <p>Ability to effectively remove buried roots and fractured or residual root fragments.</p> <p>Experience and knowledge of facilities required to maintain an aseptic technique during a surgical procedure within the prison setting.</p> <p>Demonstrate awareness of pharmacology, therapeutics and availability of medication in the prison setting, complying with local protocols.</p> <p>Recognise the importance of managing bleeding disorders in the prison setting in close liaison with other professionals.</p>
<p>Management of dental treatment in patients who are substance misusers</p>	<p><b>A sound knowledge and understanding of:</b></p> <ul style="list-style-type: none"> <li>• the prison population’s common problems relating to substance misuse</li> <li>• the impact of substance misuse on dental treatment – including diagnosis, treatment planning and clinical management</li> <li>• the links between substance misuse and oral health</li> <li>• rehabilitation and detoxification regimes</li> <li>• the roles of different professional groups in managing substance misuse</li> <li>• the effects of substance misuse on mental health and the subsequent impact on dental care</li> </ul>
<p>Management of dental care in patients with mental health problems or a learning disability</p>	<p><b>A sound knowledge and understanding of:</b></p> <ul style="list-style-type: none"> <li>• the prison population’s common mental health problems</li> <li>• the impact of mental health problems on dental treatment – including diagnosis, treatment planning and clinical management</li> <li>• patients’ mental health records</li> <li>• medication that prisoners are prescribed and its impact on oral health and dental treatment</li> <li>• parafunctional activity, presentation of symptoms and uptake of dental care</li> <li>• the basic psychological therapies and interventions used in the prison setting</li> </ul> <p>Recognise and effectively manage the consent procedure for those with mental health conditions in compliance with the mental health capacity act.</p> <p>Recognise the difference between patients with a mental health condition and those with a learning disability.</p>

3.  
Competency framework  
for the appointment of a  
DwSI in Prison Dentistry  
cont.

LEADERSHIP AND MANAGEMENT DOMAIN	
Clinical governance and audit	Ability to formulate and implement a personal development plan; to identify training needs and to undertake CPD activities appropriate for prison dentistry.
	Carry out clinical audit and peer review in the prison setting and act on the findings.
	Contribute to and encourage the involvement of the dental team in prison clinical governance activities.
	Understand the importance of and undertake significant event reporting; contribute to reviews of significant events.
	Demonstrate up-to-date knowledge of the HM Prison Inspectorate, PCT and NHS regulations and their implementation within a prison setting.
	Demonstrate evidence based practice in a prison setting.
Oral health promotion – a public approach	Demonstrate knowledge of determinants of health and oral health in prisoners and the evidence base for oral health promotion.
	Demonstrate knowledge of health promotion undertaken in the prison and the potential for dental input.
	Ability to use influencing skills to deliver effective oral health promotion in the prison setting.
The role of the dental team	Ability to work in and supervise as necessary a multidisciplinary team.
	Understand the legal framework within which DCPs work and ensure compliance.
	Awareness of the importance of effective teamwork and delegation in the prison setting.
	Demonstrate advocacy and support for members of the dental team within the prison environment.
Professional networks	Ability to understand and work with the extended inter-professional prison teams, including other agencies and support groups outside of the prison.

3. Competency framework for the appointment of a DwSI in Prison Dentistry cont.

COMMUNICATION DOMAIN	
With prisoners, representatives and advocates	Ability to communicate clearly with prisoners and/or representatives in a manner that is appropriate.
	Knowledge and awareness of aids and adaptations commonly used with patients who have a variety of different communication needs and their application in the prison setting.
	Identifying potential barriers to communication with patients in the prison and use of alternative methods in order to support the delivery of care.
	Knowledge of and ability to follow appropriate procedures when informed consent cannot be obtained.
	Provide advice and written reports for lawyers and other representatives.
With the clinical team, peers and other professionals	Demonstrate understanding of the potential barriers to enable the smooth running of prison dental services and how to overcome them.
Effective management of complaints	Ability to manage complaints effectively from patients within the prison system taking into account NHS and prison requirements and policies.
	Demonstrate learning from complaints and implementing changes to practice within the prison.
	Ability to report complaints through the appropriate channels and understanding of the link to clinical governance committees.

## 4. Uses of the framework

The competency framework in this document has been developed primarily to provide guidance to Primary Care Trusts (PCTs) when appointing dentists with special interests (DwSIs) in prison dentistry.

It is suggested that a PCT should define the competencies required for the appointment of a DwSI in prison dentistry using the framework. Prospective and existing prison dentists can then match their personal development portfolios against the requirements of the role. The framework can also assist prison dentists and PCTs in identifying any training needs and developing strategies to meet them.

Prison governors and healthcare teams may find the framework useful in providing an outline of the requirements for effective delivery of dental services.

This document should be used in conjunction with other sources of information on DwSI schemes. A list of suggested reference materials can be found in section 6.

### 4.1 Appointment of DwSIs in Prison Dentistry by PCTs

In appointing a primary care dentist with a special interest in prison dentistry, the PCT should consider:

- a) The level of need for prison dentists within the remit of the PCT.
  
- b) The views of key stakeholders in delivering the prison dental services locally including the prison governor, healthcare managers, prisoners' advocates and clinicians. It is important that the prison dentist commands the support and respect of others involved in delivering dental care.

- c) Evidence of generalist primary dental care competencies. The DwSI will be able to demonstrate a continuing level of competence in his/her 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 Diploma of Membership of the Joint Dental Faculties' (MJDF) Portfolio of Evidence, which provides a portfolio approach to the validation of general fitness to practice. The audit or research project and evidence of clinical skills component of the MJDF portfolio can be met through the overall requirements for the assessment of special interest competencies. Other clinical governance packages such as the BDA's Clinical Governance Kit and Smile-on.com's Clinical Governance Package can assist in the demonstration of generalist skills.

- d) 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, there is no dedicated qualification or formal training programme for prison dentists. Therefore applicants will need to offer experience-based evidence. (See section 5 for a list of suggested evidence items).

## 4.2 Primary Care Trusts – needs assessment and delivery

- a) 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. In deciding how to develop the service the PCT may also wish to consider the views of other trusts and of the current service providers. Dental public health colleagues may provide an assessment of needs and demands to determine if the service is a priority for development.
  
- b) If it is decided to appoint a primary care dentist with a special interest in prison dentistry 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 the prison.
  
- c) 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.
  
- d) In the case where the PCT is both commissioner and provider, there is a special responsibility to review the service quality rigorously. In doing so, it will wish to take into account the views of the prison governor, clinical governance and audit data, and outcomes from appraisal. The PCT has a responsibility to monitor the delivery of the prison dental services and should review the appointment regularly.

# 5. System of assessment and evidence required to demonstrate competence

## 5.1 Evidence based assessment

A suggested approach would be for the individual to develop a personal development portfolio that would help provide a method of self-assessment on the progress towards competence. The portfolio could include items such as the individual's learning programme, reports undertaken and analysis of professional activities. Evaluation would be based on performance and not just knowledge. It should include demonstration of an acceptable level of competence against the defined areas.

## 5.2 Suggested features of a portfolio of evidence

### a) **Reflective commentary**

Reflective writing should form an essential part of a portfolio, as it allows a practitioner to demonstrate understanding of the competencies required. Reflective writing could be an evaluation of prior experience and learning to demonstrate how the practitioner has learned from it to meet the competencies detailed in the national frameworks. Reflective commentary can also show that an individual is thinking about how to improve their practice and implement changes necessary to deliver a higher standard of patient care.

### b) **Critical event analysis**

This is another important element of a reflective portfolio. Critical (sometimes known as significant) events are those events where a problem provides a learning opportunity. They are normally events which are not routine and will require the practitioner to draw upon knowledge and skills to respond to them. Such an event might be an activity that makes a difference to an outcome or where things do not go as planned.

### c) **Suggested evidence items**

Overleaf is a list of suggested evidence items for each of the major domains. It is not an exhaustive list and additional or alternative items may be included as appropriate to the demonstration of competency.

## CLINICAL DOMAIN

- Case reviews
- Direct observation (testimonial from another suitably qualified professional)
- Critical incident analyses
- Reflection on training and personal development
- Examples of treatment plans
- Anonymised patient records
- Anonymised referral letters
- Evidence of local protocols (e.g. medical emergencies, local urgent care pathways, triage)

## ENVIRONMENTAL DOMAIN

- Evidence of training undertaken (e.g. induction, breakaway, de-escalation)
- Reflection on security issues within the prison
- Evidence of and reflection on local clinical protocols
- Critical incident analyses
- Reflection on current issues in dentistry and how they impact on healthcare in prisons

## LEADERSHIP AND MANAGEMENT DOMAIN

- Evidence of a personal development plan
- Evidence of having undertaken CPD and reflection on its impact on practice
- Evidence of having undertaken audit and reflection on the results
- Evidence of and reflection on participation in peer review
- Evidence of involvement in the prison clinical governance committee
- Evidence of knowledge of the evidence base for best practice
- Reflection on infection control procedures and infection control issues specific to the prison setting
- Evidence of and reflection on oral health promotion in the prison and the practitioner's role in this
- Reflection on the role of the team in the delivery of dental care

## COMMUNICATION DOMAIN

- Reflection on cases where there have been potential barriers to communication
- Evidence of and reflection on training and CPD in relation to communication with patients with a variety of communication needs
- Evidence of written communication
- Evidence of knowledge of local protocols for dealing with complaints
- Reflection on a complaint and what was learned from it/critical incident analysis

## 5.3 Appointment process

The process will usually be an evaluation of the evidence presented in the applicant's portfolio of evidence.

The evaluation should be carried out by a local accreditation panel. It is suggested that this could include a dental public health consultant, prison healthcare manager, dental practice adviser and a dental practitioner contracted as a DwSI in prison dentistry.

PCTs may consider it appropriate to interview potential candidates for accreditation as DwSIs.

## 6. For further information

- **A step by step guide to setting up a DwSI service**  
This is a comprehensive set of guidelines produced by Primary Care Contracting.
  - **The Faculty of General Dental Practice (UK) website**  
[www.fgdp.org.uk/dwsi](http://www.fgdp.org.uk/dwsi)  
Provides general advice about DwSI schemes and FAQs for PCTs, dentists and patients. The site also provides a link to the step-by-step guide listed above.
- Because of the nature of prison dental services, all generic DwSI guidelines will need to be subject to careful interpretation by primary care trusts.*
- **Strategy for modernising dental services for prisoners in England**  
Published by the Department of Health, 2003.
  - **Reforming prison dental services in England, a guide to good practice**  
Published by the Office of Public Management, 2005. This review details the challenges faced by prison dentists and highlights examples of best practice from across England and Wales in addressing these challenges.
  - **Standards in Dentistry**  
Published by the Faculty of General Dental Practice (UK) in 2006.  
Provides guidelines on both clinical and non-clinical standards in dental care.

# Appendix I

## Acknowledgements

Members of the working group appointed to develop the competencies proposed for the appointment of dentists with a special interest in prison dentistry.

- **Helen Falcon** (Chair) – Postgraduate Dental Dean and Director of Dental School, NHS Education South Central. Vice Chair of COPDEND.
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- **Numa Kapur** Prison dentist
- **Janet Howard** Prison dental nurse
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# Appendix II

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