

reported and bear in mind that such curious patterns may be observed in the cohorts mentioned in light of the limitations already discussed.⁸

This would keep dentists and the general public aware.

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OMFS

Pre-cardiac surgery screening *pro forma*

Sir, I read with interest the paper by G. Allen and A. Brooke regarding devising a *pro forma* for dental screening of patients prior to invasive cardiac surgery.¹ From this, a two-cycle audit was carried out looking at whether there were similar issues with referrals to our oral and maxillofacial surgery (OMFS) department here in the Southwest. The initial findings showed that only 20% of referrals included crucial information which would help inform our decision-making and treatment planning; eg medical history, drug history, social history, dental history and patient mobility. Following this, a *pro forma* was created, incorporating elements of the *pro forma* devised by G. Allen and A. Brooke and upon reaudit, the findings showed a 90% compliance with the information required.¹

Patients having certain types of invasive cardiac surgery are potentially at higher

risk of developing infective endocarditis from dental pathology or invasive dental treatment; therefore, it is essential that they are screened in a timely manner.^{2,3}

I would encourage other units to adopt a similar screening *pro forma* in order to facilitate effective patient flow and reduce any delays in patient treatment. This also allows other medical teams to collaborate in a multi-disciplinary manner to reduce post-operative complications, optimise treatment plans and establish a coordinated approach that benefits the patients' overall dental and systemic health.

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Dental careers

Accreditation pathway for oral surgery

Sir, I would like to draw your readers' attention to an exciting development which has recently taken place in Wales. Health Education and Improvement Wales (HEIW) have launched a 'Dentists with Enhanced Skills' accreditation pathway for oral surgery, the first of several Tier 2 pathways planned.¹ This means that dentists with higher oral surgery skills will now be able to receive formal certification for the knowledge that they have built up through managing complex cases. As these skills can be developed through many different routes and at the dentist's own pace, the DES-OS accreditation pathway provides a flexible career pathway for dentists interested in oral surgery.

'Dentists with Special Interests' in a particular field (DwSI) have existed since at least 2005;² however, to my knowledge, this is the first time a whole-nation approach

to accreditation and development of Tier 2 Oral Surgery services has been attempted. By taking a 'Once for Wales' approach, this pathway aims to ensure equity and consistency in Tier 2 Oral Surgery services across the system. The value of intermediate-tier services in reducing waiting times and pressures on hospital services is well-recognised,^{3,4} and by bringing care out into local communities, accessibility for patients can be improved.

DES applications are assessed by a panel of subject experts via a flexible portfolio of evidence. Once approved, the applicant's name will be entered onto an NHS Wales Shared Services Partnership (NWSSP) held national register,⁵ available for Local Health Boards to consult when issuing Level 2a Oral Surgery contracts.⁶ This system will therefore support dentists towards receiving NHS remuneration for the work that they enjoy. It will also act as a quality control mechanism for the Health Boards to have confidence in the skills of the dentists they contract to. Applications are free of charge and will be open twice yearly.

For someone like myself just starting out in their career, DES-OS accreditation is a flexible and achievable alternative to entering the increasingly competitive oral surgery speciality training. I am personally applying as it offers a firm step towards my career goals, and I encourage all of my colleagues working at a similar level to do the same.

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