

Level 2 Accreditation
Periodontics Application Form



Personal Information		
Title		
Surname		
First Name		
Other Names		
Date of Birth		
Home Address		
	Postcode:	
Contact Phone Number		
Email Address		
Main Work Address/Base Clinic		
	Postcode:	
Work Contact Phone Number		
University where obtained dental degree		
	Date Obtained Dental Degree	
GDC Registration Number		
	Date of Original GDC Registration	
Performers Number		
	Date Obtained Performers Number	
Current status on performers list (can be checked at the following link: https://www.performer.england.nhs.uk/search/simplesearch)		
Indemnity Details Including scope of practice		
	Yes	No
Have you previously applied for any Level 2 Accreditation?		
	If Yes – What was the outcome of the application?	

Current Clinical Post			
Name of Organisation	Clinical Post	Date Started	Summary of Duties <ul style="list-style-type: none"> • Include details of management, leadership and teaching roles

Previous Clinical Posts					
Please list in chronological order and highlight those most relevant					
Name of Organisation	Clinical Post	Date Started	Date Finished	Supervising Colleague	Summary of Duties

Postgraduate Formal Training and Education				
Identify any formal training and qualifications you have acquired: e.g. postgraduate certificate, diploma or MSc	Name of Award	Date of Award	Length of Programme	Awarding Institution

Research, Publications and Posters		
Please provide details of any research, publications or poster presentations you have been involved with	Date	Details

Continuing Professional Development

Please include relevant CPD to periodontal care completed over last 3 years

Name of CPD	Date Completed	Number of Hours	Details of how CPD relates to Level 2 Periodontics

Membership and Contribution to Professional Committees and Specialist Societies

Name of Organisation	Summarise your membership, participation and contribution and relevance to Level 2 application. List any relevant offices of responsibility held.

Clinical Governance

Please provide details about your involvement in clinical governance including audit and service development.

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Log Book

Please complete the below table including the numbers of patients treated within the last 3 years.

Type of Case Treated	Total Number	With Supervision	Without Supervision
Generalised chronic delete periodontitis			
Localised chronic delete periodontitis			
Aggressive periodontitis in patients <35 years			
Severe periodontitis in patients >35 years			
Cases treated with antibiotics			
Non-plaque induced periodontal disease			
Cases with furcation or complex root morphology			
Gingival enlargement cases			
Pocket reduction surgery			
Cases with perio-endodontic involvement			
Peri-implant mucositis cases			
Total number of periodontal cases treated			

Case Study Template

Please include the below information in 8-10 cases studies covering a range of patients with a range of treatment completed. Please include relevant Radiographs where consent has been obtained.

Patient Information	Patient age: Patient gender:
Referral details:	
Patient Complaint	
Risk Factors	
Charting/ Teeth Present	
Provisional Diagnoses	
Treatment options considered	
Agreed treatment plan and plan of action	
Treatment Details	Date started: Date completed: Total number of visits: Number of visits before instrumentation: Number of visits for instrumentation: <u>Periodontal treatment performed by Level 2 practitioner</u> <ul style="list-style-type: none"> • Cause related therapy Y/N • Use of antibiotics Y/N • Root surface debridement: full mouth/partial

	<ul style="list-style-type: none"> ○ Use of LA Y/N ● Pocket reduction surgery Y/N ● Smoking cessation therapy Y/N/not relevant <p><u>Periodontal treatment performed by DCP:</u></p> <ul style="list-style-type: none"> ● Cause related therapy Y/N ● Smoking cessation Y/N/not relevant ● Root surface debridement of relevant sites (single sites) Y/N <ul style="list-style-type: none"> ○ Use of LA Y/N ● Root surface debridement of relevant sites (multiple visits) Y/N <ul style="list-style-type: none"> ○ Use of LA Y/N <p>Tooth extractions pre-treatment? Tooth extractions post-treatment? Splinting? Number of teeth with perio-endodontic complications? <ul style="list-style-type: none"> ● Endodontic therapy instigated? Y/N </p>	
Outcome details	Gingival enlargement? % pockets greater or equal to 5mm % pockets greater or equal to 5mm which bleed on probing Number of teeth with furcation involvement Number of perio-endo lesions	
	Pre treatment plaque scores:	Post treatment plaque scores:
	Pre treatment bleeding scores:	Post treatment bleeding scores:
Discharge details	<ul style="list-style-type: none"> ● GDP ● Level 3 (primary sector) ● Level 3 (secondary sector) ● Follow up by Level 2 practitioner ● Patient did not complete treatment ● Number of failed appointments 	
Personal reflection		
Signature and date		
Name, date and signature of supervisor (if appropriate)		

Declaration

The information in this application is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application will be grounds for rejecting this application or subsequent revocation of accreditation.

Where applicable, I consent that the Local Accreditation Panel can seek clarification regarding the information provided in this application.

Signature (this can be typed or an image of your signature)	
Name	
Date	