Information for Potential Mentors

Tier 1 Oral Surgery Mentor Scheme, West Midlands – Invitation to Participate as a Mentor

We are pleased to invite expressions of interest from experienced dentists to support the newly developed **Oral Surgery Mentor Scheme**. An initiative designed to strengthen Tier 1 oral surgery capability across primary care. This scheme aims to improve the confidence and competence of General Dental Practitioners practicing in the West Midlands in Tier 1 oral surgery and in turn, increase patient access and reduce unnecessary referrals into Tier 2 and Tier 3 services.

About the Mentor Role

Mentors will play a crucial role, offering guidance, structured feedback and in person supervision for practitioners who desire additional experience in routine oral surgery. This scheme is designed to help mentees to build confidence through reflective learning and real-world clinical experience.

Eligibility:

- Experienced GDPs, IMOS practitioners or Specialty Doctors ideally with primary care oral surgery experience
- Hold a full active GDC registration without conditions, have an active performer number and be appropriately indemnified to undertake oral surgery in primary care
- Ideally have prior involvement in teaching, training or mentorship both in person and virtual
- Can provide an evidenced logbook of relevant clinical experience within the last 36 months.

What the Role Involves

- Attend a virtual training session before commencing mentorship
- Conduct an initial 1:1 virtual meeting with their mentee to set aims and development outcomes
- Support the mentee through a minimum of two supervised clinical sessions within the mentee's practice on separate days
    - Mentees must arrange a suitable list of Tier 1 cases (see Appendix 1) for these sessions.
    - A clinical session is defined as 3.5 hours of direct patient care
    - Complete a minimum of three work-based assessment per session
- Conduct a virtual summary and review session to evaluate progress and agree an ongoing plan
- Provide structured feedback, reflective discussion and practical advice throughout the process
- Contribute feedback to support programme evaluation and refinement

Mentors and mentees will be geographically matched wherever possible to minimise travel.

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Remuneration

£1,000 per mentee will be paid following successful completion of all mentor responsibilities.

This is a flat rate inclusive of all travel; time and any additional costs paid either through limited company or off payroll worker for NHS England.

Why Become a Mentor?

Participation offers the opportunity to:

- Contribute to strengthening the regional primary care oral surgery workforce
- Support colleagues who require development or are seeking to enhance their skills
- Develop towards personal teaching, leadership, and mentorship goals

Important Dates and Timeline:

- Applications open: Monday 27th April 2026
- Information Webinar: 13/5/2026, 7:00pm (Mentee), 7:30pm (Mentor)
- Application deadline: 5/6/26
- Application outcome - 19/6/2026
- Mentor virtual information and teaching session – 22/6/2026 7pm or 24/6/2026 7pm
- Initial virtual meeting by 31/7/2026
- 2x in person sessions by 30/9/2026
- Submission of feedback by 31/10/2026
- Post inclusion audit submission by mentees 31/12/2026

If you are interested in becoming a mentor or would like to apply, please complete the application form and submit to shaun.dolby3@nhs.net.

Application form Application Form - Mentors.docx

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Information Webinar: 13/5/2026 7:30pm

Tier 1 Oral Surgery Mentor Scheme - Information for Prospective Participants (Mentor) | Meeting-Join | Microsoft Teams

If not already registered on the PGVLE, please complete this form

Appendix 1: Oral surgery complexity levels

Level 1 procedures/conditions

- Extraction of erupted tooth/teeth including erupted uncomplicated third molars.
- Effective management, including assessment for referral unerupted, impacted, ectopic and supernumerary teeth.
- Extraction, as appropriate, of buried roots (whether fractured during extraction or retained root fragments).
- Understanding and assistance in the investigation, diagnosis and effective management of oral mucosal disease.
- Early referral of patients (using 2-week pathway) with possible premalignant or malignant lesions.
- Management of dental trauma, including reimplantation of avulsed tooth/teeth.
- Management of haemorrhage following tooth/teeth extraction.
- Diagnosis and treatment of localised odontogenic infections and post-operative surgical complications with appropriate therapeutic agents.
- Diagnosis and referral patients of with major odontogenic infections with the appropriate degree of urgency.
- Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients who require specialised management.

Level 2 procedures/conditions

- Surgical removal of uncomplicated third molars involving bone removal.
- Surgical removal of buried roots and fractured or residual root fragments.
- Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth).
- Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain.
- Surgical endodontics.
- Minor soft-tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis.

Level 3 procedures/conditions

- Procedures involving soft/hard tissues where there is an increased risk of complications (such as nerve damage, displacement of fragments into the maxillary antrum and fracture of the mandible).
- Management and/or treatment of salivary gland disease.

- Surgical removal of tooth/teeth/root(s) that may involve access into the maxillary antrum.
- Management of temporomandibular disorders and craniofacial pain that have not responded to initial therapy.
- Treatment of cysts.
- Management of suspicious/non-suspicious oral lesions.
- The placement of dental implants requiring complicated additional procedures such as bone grafting, sinus lifts, etc.
- Treatment of complex dentoalveolar injuries.
- Management of spreading infections and incision of abscesses (or abscess) requiring an extra-oral approach to drain.