

Private and confidential

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Dear Oral Surgery Providers,

We are writing further to previous correspondence around the delivery of IMOS services and the associated audit process.

Following recent feedback from General Dental Practitioners and Tier 2 Minor Oral (IMOS) Surgery Providers the Commissioners would like to offer further clarification regarding the pathway for Tier 2 IMOS referral rejections and subsequent treatment provision.

Clarification on the Rejection Process

You must return referrals which either:

1. Do not contain sufficient information to allow appropriate triage

This may include the absence of an appropriate radiograph of diagnostic quality or other essential clinical details. In this case you can utilise the Rego functionality to request further information from the referrer (e.g. request a new radiograph or clarify medical details) which the referrer can then attach to the same referral for reconsideration.

2. The referral does not meet Tier 2 clinical complexity criteria

In such cases the referral should be rejected on Rego, giving clear reasons for the rejection. Referrers will have the opportunity to use the Rego functionality to

“Appeal” the rejection if they disagree with the triage decision and can attach additional information to support their appeal. Use of this pathway ensures that all relevant details are kept together under a single Unique Reference Number. It will also allow for correct classification during the Kent and Medway Oral Surgery Audit process.

All communications in relation to referrals should go through the Rego platform so they can form a clear part of the patient’s clinical record.

Duty of Care

It is not appropriate for you to contact patients when you have declined a referral, nor place them in the position to make arrangements for alternative care. As per GDC Standard 6.4.2 *If you do not think that what you have been asked to do is appropriate, you should discuss this with the colleague who asked you to do it.*

Where you have rejected a referral, the responsibility for arranging and providing the procedure remains with the referring General Dental Practitioner. It is not up to the patient or to you, as an IMOS Provider, to arrange this. Your role is only to reject the referral with clear reasons.

If you are challenged by a referrer and they are unable to provide any further information that satisfies you that the procedure is of Tier 2 complexity, then you may wish to refer them to the [Oral Surgery Clinical Standard](#)

As you are aware, we have introduced a quarterly retrospective audit of IMOS referrals and if this identifies that specific dental practitioners are repeatedly making inappropriate referrals, then steps will be taken to educate and support these referrers.

Offering Private Treatment

Prior to the original referral, the referring dentist will have discussed the available options, including private options, and their risks, benefits and costs. As such, the referrals made to you as an IMOS provider are for a specific service under the NHS, agreed with the patient.

For clarity: it is therefore not appropriate for you to offer a service privately that the patient is entitled to under the NHS. Doing so risks misleading the patient that the procedure for which they were referred is not available on the NHS. This contravenes GDC Standard 1.7.3 *You must not mislead patients into believing that treatments which are available on the NHS (or equivalent health service) can only be provided privately.*

As above, the referral should be returned to the original referrer and not discussed directly with the patient.

If you have the capacity to offer private services, you may send general information to dental practices directly to detail the services you offer. This can be sent by post, or by the email addresses available on practice websites.

We hope this clarifies the process but are happy to answer any queries you may have.

Kind regards

POD Team
Pharmacy, Optometry, Dentistry (POD)