

SPECIALTY TRAINING CURRICULUM

ORAL SURGERY

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Specialty Advisory Committee for Oral Surgery
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INTRODUCTION

Oral Surgery in the UK is a dental specialty recognised by the General Dental Council. The title Oral Surgeon is limited to registered dentists included in the specialist list in Oral Surgery. The award of the Certificate of Completion of Specialist Training (CCST) will require evidence of satisfactory completion of a broad training in Oral Surgery as outlined in this curriculum.

Introductory notes taken from the 2010 version of the curriculum

The curriculum takes, as its guidance, the Postgraduate Medical Education and Training Board's (PMETB) *Standards for Curricula*. It has been developed from the Joint Committee for Specialist Training in Dentistry Specialist Advisory Committee (SAC) for Oral Surgery Guidelines for the UK (a) and represents a modern flexible approach to training. The SACs contain members representing the key specialist societies for that discipline. It has been developed with reference to other curricula already developed for medical, surgical and dental specialties and the ethos within the NHS (b). The new curriculum has been written to PMETB/SDEB standards by the current SAC in Oral Surgery following discussion by the committee and specific feedback from the Dental Faculty representatives, committee representatives of The British Association of Oral Surgeons, The Association of British Academic Oral & Maxillofacial Surgeons, The British Association of Oral & Maxillofacial Surgeons, SDEB and trainees in Oral Surgery.

The key elements of the training programme include pre-registration specialist training (standard 3) with the future potential for modular credentialing. The latter will allow flexibility of training such that trainees may take an approved break (in accordance with the sections on taking time out of training in the Dental Gold Guide (currently paragraphs 6.55 – 6.79)). Alternatively, individual modules could be available to those seeking to complete their training and achieve a CCST. In other words, it develops the availability of a 'skills escalator'. This will be in partnership with other educational and health bodies (e.g. local universities and nationally such as Royal College/Faculties). Those who wish to follow an academic route can incorporate a research degree as well as an expanded teaching role – possibly as an Academic Clinical Fellow (ACF) or Clinical Lecturer (CL).

An introductory note on the 2014 version of the curriculum

The curriculum was subject to minor amendments in 2014 to demonstrate clearer mapping to the various assessment methods. The clinical content remains unchanged.

STANDARD 1: RATIONALE

1.1 Purpose and context of training

The purpose of this curriculum is to guide the training of an Oral Surgeon to the core level of competence required for a UK specialist. This training will produce dentists who are specialists in the field of Oral Surgery who will become registered on the GDC Specialist List on completion of training. In future this core curriculum will be used as the framework for evaluation of prior training, experience and skill in the development of top-up training in Oral Surgery.

The GDC report on specialist lists published in December 2005 approved a series of competencies for the oral surgery curriculum (c,d). The core competencies are considered a *minimum* requirement to be achieved by all trainees and would lead to the award of a CCST. Specialists in Oral Surgery may also gain extended competencies, which represent additional aspects of specialist clinical practice (included in EU document XV/E/8385/3/95-EN) and may form other elements of development (see below). The function of the GDC is to oversee core specialist training and to make the award of the CCST. The curriculum set out below is therefore limited to the core competencies in Oral Surgery.

1.2 Linkage to subsequent stages of training and education

It is recognised that CCST holders employed as substantive and honorary consultants in the NHS in Oral Surgery are required not only to practise core specialty skills but also to possess a range of extended competencies. These are detailed in 'Career Development Framework for Consultant Appointments in Oral Surgery', available from the SAC in Oral Surgery (d).

1.3 Criteria for entry to specialty training

Access to the Oral Surgery specialty training programmes will be competitive. All appointments should follow the guidance of the new Dental Gold Guide.

A specialist trainee (StR formerly SpR) must be registered with the General Dental Council prior to commencement of training. A minimum requirement for entry to specialist training is 2 years of postgraduate foundation training or equivalent. It is desirable that during the early training years the individual has experienced work in as many sectors of dental provision as possible. Training should also include a period in secondary care in an appropriate cognate specialty. Evidence of excellence in terms of attributes such as motivation, career commitment will be expected, as will an ability to demonstrate the competencies required for entry to specialist training either by successfully completing a period of agreed dental foundation training or by demonstrating that those competencies have been gained in another way.

Markers of completion of a two year foundation training period may include MJDF (Membership of Joint Dental Faculties RCS England) or MFDS (RCSEd, RCPS Glasg and RCSI). Successful completion of one of these quality assured membership diplomas of Royal College Dental Faculties in England, Scotland and Ireland remains a useful indicator that an individual has achieved the necessary level of competence for entry into specialist training. However it is recognised that this will not be essential and that candidates may be able to demonstrate such competence in different ways.

Entry to the specialist training programme may be at different levels depending upon proof of competence. Proof of these competencies will be assessed after gaining entry and such training will be judged by their clinical trainers by observing them treating patients.

1.4 Structure of Training Programmes

Delivery of the programme

Oral surgery training will be delivered over the equivalent of a three-year full time programme. The programme should lead to Membership in Oral Surgery of a Royal College (M Oral Surgery), a CCST, entry onto the specialist list in Oral Surgery, and therefore eligibility to practise as a specialist. This three-year programme comprises the “core competencies” in Oral Surgery. These competencies, which will form the basis for the assessment leading to the award of the CCST, may be supplemented by knowledge and experience in allied subject areas, and may form part of a continuum of specialist training and post-CCST development (d).

The preferred training pathway is one which integrates experience gained in several environments. For example, this could include periods of training in a dental teaching hospital with relevant attachments in Oral Surgery or Oral & Maxillofacial Surgery departments in district general hospitals, or specialist centres. It is desirable that several specialists in Oral Surgery contribute to training. A minimum of two trainers - both on relevant specialist lists (for example, Oral Surgery and Oral and Maxillofacial Surgery) - is required. These trainers must conform to the requirements for educational and clinical supervisors outlined in the Dental Gold Guide (currently paragraphs 4.16 and 4.19).

Structure of Specialty Training programmes

Training programmes should include suitable rotational arrangements to cover all the necessary areas of the curriculum and may include an appropriate balance between teaching hospitals, a dental school, district general hospitals and specialist units, such that each trainee gains the breadth of training required for satisfactory completion of the curriculum.

Reduction in the length of the training period may follow accreditation of prior learning, training and experience. Evidence of competence acquired through previous training and experience in specialist Oral Surgery will be taken into account by the SAC and/or Deanery in setting the required length of training.

The training plan must be structured and training should take precedence over service provision. The training curriculum has been planned in modules linked to various topics. Modules need not necessarily be studied in the order presented.

Duration of training

The usual training period is three years (WTE) but accredited prior experience gained in Oral Surgery may be taken into account when determining length of training. Trainees will sit the Speciality Membership in Oral Surgery (M Oral Surg) of the Royal Surgical Colleges of Great Britain following successful completion of training.

In order to complete training and be recommended for the award of a CCST, trainees must have:

- satisfactorily completed the equivalent of at least 36 months of training (WTE).
- satisfactorily completed all areas of the curriculum
- passed the Speciality Membership in Oral Surgery
- obtained an Annual Review of Competence Progression (ARCP) Appendix 5 Outcome 6 (Dental Gold Guide).

Less than full time training is permitted in accordance with the Dental Gold Guide. Current advice is that less than full time training must be for a minimum of six sessions per week but local circumstances may vary.

Approval must be obtained in advance from the local Deanery, possibly following advice from the SAC, for periods of detachment from training programmes and for clinical experience abroad in other centres for both full-time and part-time trainees.

Research

Trainees, who wish to acquire extensive research competencies, in addition to those specified in the generic element of the curriculum, may undertake a research project as an ideal way of obtaining those competencies. They may take time out of programme to complete a specified project or research degree. Time out of programme will need prospective approval and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the research period.

Distribution of Time within Training Programmes

In full-time training posts, the trainee should spend at least 6 sessions per week involved in patient contact relevant to the oral surgery curriculum with at least three of those sessions devoted to supervised operating i.e. work-based experiential learning.

A balanced programme will, for all trainees, comprise supervised personal treatment sessions, diagnostic sessions, review clinics, formal and informal teaching, research and reading time.

Should the trainee additionally undertake a higher university degree during the training period, the time devoted to that degree will depend upon university regulations and how the sessions are dispersed over two or three years of the training programme.

Caseload

The workload for an Oral Surgery trainee - either in full or less than full time training - should be sufficient to ensure that a full range of cases is experienced.

Trainer Training

The quality and ability of the trainers is an important element in successful training. Ideally they should have completed specialty training in oral surgery themselves, and they must be on the specialist list for Oral Surgery. Trainers must undertake Continuing Professional Education and update clinical and teaching practice. This should be checked at their appraisal meetings

Award of the Certificate of Completion of Specialist Training (CCST)

On successful completion of the programme and having passed the M Oral Surg, an application can be made via the Postgraduate Dean to the General Dental Council for the award of a Certificate of Completion of Specialist Training (CCST) and entry to the General Dental Council's list of Specialists in Oral Surgery.

STANDARD 2: CONTENT OF LEARNING

Methods of assessment

The purpose of training as laid down by the GDC is to promote patient safety by working to ensure that specialists have achieved the appropriate learning outcomes. The SAC in Oral Surgery aims to promote excellence in the practice of Oral Surgery and to be responsible for maintaining standards through training, assessments, examinations and professional development.

The close relationship between specialists and trainees in Oral Surgery should facilitate frequent feedback. This is supplemented by regular appraisal by the educational supervisor and annual evaluation by the Assessment Panel, under the auspices of the Postgraduate Dean. Continuous appraisal throughout training will be undertaken by the educational supervisor and other senior members of staff.

Workplace-based assessment tools will include mini-CEX (clinical examination exercise), case-based discussions (CBD), DOPS (direct observation of procedural skills), procedure based assessments (PBA) and miniPAT (mini peer assessment tool). The Intercollegiate Surgical Curriculum Programme (ISCP) has piloted these methods and has demonstrated their validity and reliability.

The purposes of the assessments:

- indicate suitability of choice at an early stage of the chosen career path
- indicate the capability and potential of a trainee through tests of applied knowledge and skill relevant to the specialty
- demonstrate readiness to progress to the next stage(s) of training having met the required standard of the previous stage
- provide feedback to the trainee about progress and learning needs
- support trainees to progress at their own pace by measuring a trainee's capacity to achieve competencies for their chosen career path
- help to identify trainees who should change direction or leave the specialty
- drive learning demonstrated through the acquisition of knowledge and skill
- enable the trainee to collect all necessary evidence for the Annual Review of Competence Progress
- provide evidence for the award of the CCST
- assure the public that the trainee is ready for unsupervised professional practice.

Trainees will be assessed in a number of different ways during their training. Satisfactory completion of all assessments and examinations will be monitored as part of the ARCP process and will be one of the criteria upon which eligibility to progress will be judged.

Assessment of trainees will take two forms:

Examination

Successful completion of the Membership in Oral Surgery (M Oral Surg) examination.

Workplace-based assessments (WBA)(f)

The principal form of continuous assessment of progress and competence will be workplace-based assessments throughout the entire duration of training.

The principle of workplace-based assessment is that trainees are assessed on work that they are

doing on a day-to-day basis and that the assessment is integrated into their daily work.

The assessment process is **initiated by the trainee**, who should identify opportunities for assessment throughout their training. The trainee should therefore choose the assessment tool, the procedure and the assessor. Assessments should be undertaken by a range of assessors and should cover a broad range of activities and procedures appropriate to the stage of training.

The assessment methods appropriate for use in Oral Surgery are:

- Directly observed practical skills (DOPS). Five satisfactory outcomes will normally be required per year in eight broad domains: Removal of teeth; Pain and anxiety management; Soft tissue surgery; Peri-radicular surgery; Implant surgery; Management of cysts; Orthodontic surgery; Antral surgery. Some procedures could be double counted, for example using local anaesthesia and sedation for the surgical removal of a tooth could count as two DOPS.
- Procedural based assessments (PBAs) – Twelve PBAs covering the spectrum of oral surgery must be completed satisfactorily to **level three (see page 10) prior to obtaining a CCST**: Mucocele removal; Sialolithectomy; Surgical removal of lower third molar; Removal of root from antrum; Implant placement; Autogenous bone graft; Incisional biopsy; Excisional biopsy; Removal of mandibular cyst; Removal of maxillary cyst; Closure of OAF; Exposure of tooth.
- Case-based discussion (CbD) (6 satisfactory outcomes will normally be required per year).
- Mini CEX (6 satisfactory outcomes will normally be required per year). A mandatory area where a mini-CEX must have occurred in is in taking informed consent for children and adults, and managing the situation when individuals lack the capability to consent for themselves.
- MiniPAT (minimum of 2 during training). This will involve formal 360⁰ feedbacks for an annual assessment during the ARCP.
- Critical Incident Review (to be used as and when appropriate and recorded in the trainees log book).

It is also expected that trainees will participate in individual or group tutorials which may also involve a degree of assessment. These may inform trainers when feeding back to Programme Directors.

The assessment methods are blueprinted to the curriculum in the tables that follow. It is not intended that each component of the curriculum is assessed by each method. The assessment methods indicated have been selected on the basis of their suitability for measuring specific dimensions of practice. These should be applied as appropriate to the stage of training and circumstances of the training environment.

Trainees are also expected to keep a **portfolio** during their training. This should contain as a minimum:

- Personal details
- Copy of current curriculum
- Details of current clinical activity
 - Timetable
 - Brief description of activities

- On-call duties/Exposure to emergency work
- Study leave
- Teaching activities
- Supporting documentation
 - Good clinical practice
 - Summary of logbook
 - Personal development plan
 - Audits in progress/completed
 - Case studies – to include those meeting the blueprint in the following tables. For example including implant cases; medically compromised patients managed etc.
 - Critical incidents
 - Completed work based assessments (miniCEX, CBD, DOPS, PBA)
 - Maintaining good clinical practice
 - Record of courses attended
 - CPD logbook
 - Clinical governance activities
 - Working relationships
 - MiniPAT
 - Evidence of good relationships with patients e.g. thank-you cards etc
 - Record of teaching activities
 - Peer review of teaching
 - Feedback from students or other trainees
 - Commendations
 - Record of research activities (if appropriate)
 - This could be the review documentation for an academic post

Evidence of competence

There is limited data on the ideal minimum workload figures that will result in a satisfactory level of competence. It is recognised that this will differ according to the ability and aptitude of individual trainees and their learning environment. We believe that a diverse range of material seen under the appropriate supervision and guidance of an educational supervisor is a superior method of working. Detailed procedures observed by the educational supervisor and judged to be satisfactory will be recorded in the trainee's training and learning record. A correctly maintained and up to date logbook and evidence of satisfactory workplace-based assessments will provide the framework for graded responsibility and will be used as evidence of satisfactory progress.

The award of CCST will be based on satisfactory completion of the entire series of annual assessments for Oral Surgery. The major summative assessment will occur by way of the M Oral Surg examination.

Specialist Membership in Oral Surgery

The Oral Surgery exam would normally be taken near the completion of training and once the trainee is considered ready by the STC and local Deanery following the relevant ARCP review.

The Membership in Oral Surgery examination will be exploring the candidate's ability to manage clinical cases and make appropriate decisions:

- i. A written paper
- ii. Unseen cases
- iii. Communication section

Curriculum Milestones

These milestones will be used to record how the trainee moves from the “knows/knows how” to “shows” and “shows how” as training develops. Upon completion of the programme, the trainee should have the necessary knowledge, skills and attitude shown below in the Content of Learning

Attitudes will be measured by the behaviour demonstrated relevant to that attitude.

Level 1

No or very limited knowledge and experience in subject area
Close supervision/advice required when working in subject area
Attitude/values not well developed.

Level 2

Satisfactory knowledge in subject area, moderate practical experience and skill developing
May occasionally require direct supervision when working in subject area
Attitude/values developing

Level 3 (Ready for completion of training)

Ability to work in area without direct supervision
Knowledge in subject area as expected of a Specialist in Oral Surgery
Performance of tasks and approach to tasks as expected of a Specialist in Oral Surgery.
Attitudes as expected of a Specialist in Oral Surgery.

NB. Generally these levels will correspond with progress through the training period. However, this will not always be the case as some SpRs will enter the programme with extensive experience in some areas.

STANDARD 3: MODEL OF LEARNING

Overview of competencies in Oral Surgery

1. Specialty training.

The list of competencies to be achieved in the three years of training is as follows:

Core clinical competencies

- 1.1 Extraction of teeth & retained roots/pathology and management of associated complications including oro-antral fistula
- 1.2 Management of odontogenic and all other oral infections
- 1.3 Management of impacted teeth; management of complications
- 1.4 Peri-radicular surgery
- 1.5 Dentoalveolar surgery in relation to orthodontic treatment
- 1.6 Intraoral and labial biopsy techniques
- 1.7 Treatment of intra-oral benign and cystic lesions of hard and soft tissues
- 1.8 Management of benign salivary gland disease by intra-oral techniques and familiarity with the diagnosis and treatment of other salivary gland diseases
- 1.9 Insertion of osseointegrated dental implants including bone augmentation and soft tissue management
- 1.10 Appropriate pain and anxiety control including the administration of standard conscious sedation techniques

- 1.11 Management of adults and children as in-patients, including the medically at-risk patient
- 1.12 Management of dento-alveolar trauma and familiarity with the management and treatment of fractures of the jaws and facial skeleton
- 1.13 Management of oro-facial pain including temporomandibular joint disorders
- 1.14 Clinical diagnosis of oral cancer and potentially malignant diseases, familiarity with their management and appropriate referral
- 1.15 The diagnosis of dentofacial deformity and familiarity with its management and treatment
- 1.16 Diagnosis of oral mucosal diseases and familiarity with their management and appropriate referral

To successfully achieve the above competencies, trainees must obtain experience of inpatient management including exposure to emergency work, and be exposed to appropriate well-focussed general medical and surgical training to develop competence in ward care.

Basic competencies in the management of health care delivery

- 2.1 An overview of health services management, administration and use of resources.
- 2.2 An understanding of evidence-based practice, clinical guidelines and monitoring of outcomes.
- 2.3 Awareness of medico-legal responsibilities, jurisprudence and ethics.

STANDARD 4: LEARNING EXPERIENCES

The following teaching/learning methods may be used to identify how individual objectives will be achieved.

- a) **Direct clinical care:** approximately 60% of training time should be devoted to direct clinical care. This should largely comprise of direct consultation, review and/or treatment of patients. In addition a further 20% of training time should be devoted to “other training activities” which may include indirect patient contact (such as attendance at medical clinics/ward rounds), attending management related activities etc. The remaining 20% should be ring-fenced for study, audit and research activity.
- b) **Independent self-directed learning:** This should be encouraged by providing reference text books.
- c) **Departmental teaching sessions:** These occur on a regular basis in most departments and may include case reviews, journal clubs and other forms of didactic/seminar based teaching.
- d) **Regional training courses:** These are valuable learning opportunities. Trainees should be released from service duties to attend.
- e) **National training courses:** These are particularly helpful in providing specific teaching; they also allow trainees to identify their position in relation to the curriculum and their peers.
- f) **Scientific meetings:** Research and the understanding of research are essential to the practice of Oral Surgery. Trainees should be encouraged to attend and present their work at relevant meetings.
- g) **Multidisciplinary clinics (MDCs):** Attendance at and contribution to MDCs offers the opportunity for trainees to develop an understanding of multidisciplinary clinical management in conjunction with related specialties. The MDC is also an important arena for the development of interprofessional communication skills.

h) Audit: trainees should play an active role in departmental audit activity.

The curriculum will be delivered through a variety of learning experiences. Trainees will learn, from practice, clinical skills that are appropriate to their level of training and to their attachment within the department. Opportunities for concentrated practice in skills and procedures will be given throughout training *via* specialist clinical settings.

Learning from peers will occur at clinical meetings, and in larger departments more senior trainees may be involved in mentoring less experienced trainees. Formal situations (such as journal club, above) should be part of every departmental timetable and provide specific learning experiences. External courses (as above) will be available to trainees. Each rotation/attachment will allow time during the week for personal study, and the trainee will meet their educational supervisor regularly for specific input.

Most of the curriculum is suited to delivery by work-based experiential learning and on-the-job supervision. Where it is clear from trainees' experience that parts of the curriculum are not being delivered within their work, appropriate education or rotations to other work places will be arranged. The key will be regular work-based assessment by educational supervisors who will be able to assess, with their trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work-place.

STANDARD 5: SUPERVISION AND FEEDBACK

Close supervision of the training programme is essential, not least to ensure safety of the patient and indeed the trainee. Training programme arrangements should ensure:

- That a Training Programme Director is appointed, who is responsible for the organisation and day to day management of the training programme. The Training Programme Director could be a consultant or specialist involved in the training scheme who has undergone a period of training in a secondary care setting in Oral Surgery, Oral & Maxillofacial Surgery or Surgical Dentistry.
- The Dental Gold Guide states: “The Postgraduate Dental Dean has responsibility for a range of managerial and operational issues with respect to postgraduate dental training. Amongst these is the management of the annual review process, including the provisions for further review and appeals. The process is carried out by a panel under the aegis of the deanery Specialty Training Committee (STC). Good practice is for the panel to take advice from the local College or Faculty Specialty Adviser where appropriate.”
- Supervisors are appointed for the research (if applicable), who have academic training or proven academic ability.
- A trainer (assigned educational supervisor) is appointed for each trainee, who is responsible for monitoring the trainee’s progress and ensuring that any difficulties are identified and resolved as rapidly as possible. They will meet regularly with the trainee; discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee. They should be a person who works frequently with the trainee and is closely involved in their training. For rotations involving a district general hospital, the most suitable person will often be the specialist at the district general hospital most involved in the particular training programme.
- Formal appraisal meetings between trainers and individual trainees, should be arranged by mutual consent, and to an agreed agenda to monitor and advise on a trainee’s progress, training needs, and weekly timetable. The Gold Guide states that ‘As a minimum, the educational element of appraisal should take place at the beginning, middle, and end of each section of training’ and ‘The detailed content of the discussion which takes place within appraisal sessions should normally be confidential and a summary of the appraisal discussion should be agreed and recorded and any agreed actions documented.’ These appraisal meetings are distinct, and serve a different function from the annual ARCP assessments carried out on behalf of the Deanery Specialty Training Committee.
- Trainees should be exposed to the views of more than one trainer in Oral Surgery and normally direct supervision should be provided by a Specialist in Oral Surgery. Many different approaches presented in an unstructured manner may serve only to confuse trainees; a rigid structured approach technique is equally unsatisfactory. A balance should be struck in which different approaches are presented so that the trainee has solid core knowledge against which to make judgements and choices so that a perspective of the range and effectiveness of contemporary Oral Surgery is gained. Clearly the trainee will also have to take responsibility for keeping up to date through Continuing Professional Education (CPE,CME,CPD)

STANDARD 6: MANAGING CURRICULUM IMPLEMENTATION

The curriculum will be issued to all trainees on appointment. Training Programme Directors and Assigned Educational Supervisors will ensure that trainers are familiar with the curriculum and use it as a blueprint for training. Trainers will ensure that trainees have a good appreciation of the curriculum and this will be explored as part of the ARCP process. The Training Programme Director will oversee the availability of special interest experience within posts in rotations and will plan individual placements to ensure that all relevant knowledge and skills can be attained.

The curriculum covers the full range of knowledge and skills required for achievement of a CCST in Oral Surgery. Regular educational appraisal will identify individual training needs. The ARCP process will assist in the identification of any deficiency in experience. Assessment will identify any deficiency in competence relative to the stage of training. The Training Programme Director, with assistance from the Educational Supervisor, will arrange for deficiencies to be rectified in other parts of the rotation. The ARCP process will act as an additional process for the identification and correction of deficiencies. It is expected that trainees will take personal responsibility for ensuring that deficiencies are identified and reported.

The curriculum outlines the minimum training requirements for delivery in a training programme. It guides trainers in the teaching methods required to deliver the curriculum and guides trainees in the learning and assessment methods required for satisfactory completion of training. It is the responsibility of the Programme Director and Deanery, with the assistance of the Specialty Training Committee (STC), to ensure that the programme delivers the depth and breadth of Oral Surgery and subspecialty training outlined in the curriculum. The Programme Director must ensure that each post or attachment within the programme is approved by the relevant deanery.

Quality management is the responsibility of the local Deaneries. The GDC will quality-assure specialty training programmes. The SAC will ensure consistency within the specialty and will work with the JCSTD to develop mechanisms of equity in quality of training.

It is the responsibility of the assigned educational supervisor of a particular post or attachment within a programme to ensure that the training delivered in their post meets the requirements of the relevant section(s) of the curriculum. They must undertake regular appraisal with their trainee to ensure structured and goal-oriented delivery of training.

Trainees must register and enrol with the SAC on appointment to an Oral Surgery training programme. They must familiarise themselves with the curriculum and with the minimum training requirements to satisfactorily complete each stage of training and the award of the CCST. They must also be familiar with the requirements of the relevant Speciality Membership examinations of the RCS England, RCS Edinburgh, and RCPS Glasgow and must make appropriate use of clinical logbooks and personal portfolios.

The award of the CCST will be based on satisfactory completion of all areas of the curriculum, ARCP process and summative assessment occurring by way of the Membership in oral surgery examination. The Postgraduate Dean/Director will forward to the GDC a recommendation for award of the CCST. If the GDC accepts the recommendation, it will issue the CCST and place the trainee's name on the Specialist List in Oral Surgery once the appropriate application form and payment has been received from the applicant.

STANDARD 7: CURRICULUM REVIEW AND UPDATING

The curriculum will be evaluated and monitored by the SAC as part of continuous feedback from STCs, Programme Directors, trainers and trainees and appropriate lay representation.

Curriculum review will be informed by a number of different processes related to the roles of those with a vested interest e.g. STCs, TPDs, Postgraduate Dental Deans, Deaneries, trainers and trainees. This will be coordinated by the SAC. The SAC will also be able to use information gathered from specialty heads and the National Health Service. Interaction with the NHS will be particularly important to understand the performance of specialists within the NHS and feedback will be required as to the continuing need for that specialty as defined by the curriculum.

STANDARD 8: EQUALITY AND DIVERSITY

The Faculties of Dental Surgery of the Royal College of Surgeons of Edinburgh, The Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow conform to the view that equality of opportunity is fundamental to the selection, training and assessment of trainees in dental specialties. The Faculties seek to promote a selection process that does not unfairly discriminate against trainees on the basis of race, religion, ethnic origin, disability, age, gender or sexual orientation. Patients, trainees and trainers and all others amongst whom interactions occur in the practice of dental specialties have a right to be treated with fairness and transparency in all circumstances and at all times.

Equality characterises a society in which everyone has the opportunity to fulfil his or her potential. Diversity addresses the recognition and valuation of the differences between and amongst individuals. The concepts of equality and diversity underpin the content and intended delivery of the curriculum of Oral Surgery, and aim to eliminate discrimination, harassment or victimisation of any of these groups of people on the basis of: ability, age, bodily appearance and decoration, class, creed, caste, culture, gender, health status, relationship status, mental health, offending background, place of origin, political beliefs, race, and responsibility for dependants, religion and sexual orientation.

The importance of Equality and Diversity in the NHS has been addressed by the Department of Health in England in 'The Vital Connection', in Scotland in 'Our National Health: A Plan for Action, 'A Plan for Change' and in Wales by the establishment of the NHS Wales Equality Unit (g,h,i). These themes must therefore be considered an integral part of the NHS commitment to patients and employees alike. The theme was developed in the particular instance of the medical workforce in 'Sharing the Challenge, Sharing the Benefits – Equality and Diversity in the Medical Workforce.' Furthermore, Equality and Diversity are enshrined in legislation enacted in both the United Kingdom and the European Union.

Prominent among the relevant items of legislation are:

- Equal Pay Act 1970
- Sex Discriminations Acts 1975 and 1986
- Indirect Discrimination and Burden of Proof Regulations 2001
- Race Relations Act 1976 and Race Relations (Amendment) Act 2000
- Disability Discrimination Act 1995
- Employment Rights Act 1996
- Human Rights Act 1998
- Employment Relations Act 1999
- Maternity and Paternity Leave Regulations 1999
- Part-time Workers Regulations 2000
- Employment Act 2002
- European Union Employment Directive and European Union Race and Ethnic Origin

- Directive
- Age Discrimination Act 2006

It is therefore essential that all persons involved in the management of training are trained and well versed in the tenets of Equality and Diversity and it is expected that all trainers should be trained in Equality and Diversity.

In addition to the clinical detail of the curriculum, it is expected that trainees will receive appropriate training in Equality and Diversity as part of their professional development and to apply those principles to every aspect of all their relationships with patients, carers, colleagues and trainers (j). The delivery of this training is the responsibility of the Postgraduate Dean. A record of completion of this training must be held in the trainee's portfolio. The benefits of this training are:

- To educate the trainee in the issues in relation to patients, carers and colleagues and others with whom they may meet in a professional context
- To inform the trainee of his or her reasonable expectations from the training programme
- To advise what redress may be available if the principles of the legislation are breached.

GLOSSARY

ACAT evidence – Acute Care Assessment Tool
 ACF – Academic Clinical Fellow
 ARCP – Annual Review of Competence Progression
 CAT – Critically Appraised Topic
 Cbd – Case-Based Discussion
 CCST – Certificate of Completion of Specialist Training
 CCT – Certificate of Completion of Training
 CL – Clinical Lecturer
 COPDEND – Committee of Postgraduate Dental Deans & Directors
 CME- Continuing Medical Education
 CPD- Continuing Professional Development
 CPE- Continuing Professional Education
 DOPS – Directly Observed Procedural Skills
 GDC – General Dental Council
 HcAT – Healthcare Assessment and Training
 IFS – Individual, Family/Friends, Society Model
 JCSTD – Joint Committee for Specialist Training in Dentistry
 Mini CEX – Mini Clinical Examination Exercise
 Mini PAT – Mini Peer Assessment Tool
 MOS – Membership in Oral
 Surgery examination
 MSF – Multi-Source Feedback
 NHS – National Health Service
 NTN – National Training Number
 PBA - Problem Based Assessments (PBA)
 PDP – Personal Development Plan
 SAC – Specialist Advisory Committee
 SDEB- Specialist Dental Education Board (of the GDC)
 SpR- Specialist Registrar
 StR- Specialty Registrar
 STC-Specialty Training Committee
 TPD- Training Programme Director
 VTN – Visitor Training Number
 WBA – Work Based Assessment
 WTE – Whole Time Equivalent

REFERENCES

- a. *Oral Surgery Training – A Modern Flexible Programme*, March 2008
<http://www.rcseng.ac.uk/fds/Documents/oral-surgery/Guidelines%20For%20Oral%20Surgery%20Training%20Programmes%2007-2008.pdf>
- b. *Darzi - A High Quality Workforce – NHS Next Stage Review*, 2008
- c. *Annex C in GDC Specialist Lists Review Group Final Report 7th December 2005*
<http://www.gdc-uk.org/NR/rdonlyres/22EB70C4-C1EA-4002-835B-A4520DD44FF1/28433/Item14BSpecialistListsReviewfinalreport.doc>
- d. *Career Development Framework for Consultant Appointments in Oral Surgery*, January 2010.
<http://www.rcseng.ac.uk/fds/docs/oralsurg/Career%20Development%20Framework%20for%20Consultant%20Appointments%20in%20Oral%20Surgery.pdf>
- e. *The Final Report of the Tooke Inquiry into Modernising Medical Careers*, Professor Sir John Tooke
- f. 2008 “Workplace-based Assessment in Clinical Training” John Norcini, Association for the Study of Medical Education, ISBN 978 0 904473 41 42007
- g. “*The Vital Connection: An Equalities Framework for the NHS*.” Department of Health, April 2000
- h. “*Our National Health: A Plan for Action, A Plan for Change*”. Scottish Executive, December 2000
- i. “*Sharing the Challenge, Sharing the Benefits – Equality and Diversity in the Medical Workforce*”. Department of Health Workforce Directorate, June 2004
- j. “*Defining and maintaining professional values in medicine*” Sir Graham Catto, March 2005,
http://www.rcplondon.ac.uk/wp/medprof/medprof_prog_050318.asp

APPENDIX

2.1 General professional content

A GOOD CLINICAL CARE & MAINTAINING GOOD CLINICAL PRACTICE

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Overall clinical judgement.</i> An ability to make decisions in the best interest of the patient using all available clinical/non clinical information.		Make a correct interpretation of pathological features in the context of available clinical information.	Make decisions in the best interest of the patient.	Attend courses. Self directed learning e.g. Journal club review; supervised outpatient clinics; ward-based learning, including ward-rounds and consultations; planned teaching e.g. specialist registrar training days; clinical and scientific meetings –departmental, regional, national and international. The above are relevant to all sections that follow, choosing the most appropriate and available.	DOPs, Mini CEX, Mini PAT and MSF MOS
<i>Professional approach.</i> Ability to be professional, punctual, and reliable when dealing with a patient.	Describe the role of professionalism in dental care.	Provide specialist leadership in the provision of oral surgical services. Organise tasks effectively. Able to use initiative.	Behave and present oneself in a professional manner at all times.		MiniPAT MOS
<i>Written records.</i> Ability to respect confidential nature of the information gathered in a clinical setting, to present it legibly and clearly.	Describe the principles of diagnostic coding and report archiving. Describe the problems faced by people for whom English is not a first language. Explain the relevance of data protection pertaining to patient confidentiality.	Produce accurate reports with clear conclusions and other written correspondence.	Appreciate the importance of timely dictation, cost-effective use of medical secretaries and the growing use of electronic communication. Recognise the need for prompt and accurate communication with clinicians. Show courtesy towards medical secretaries and clerical staff.		CbD MiniCEX MiniPAT MOS

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Decision making.</i> Ability to collate various strands of information from different sources (history, examination, investigation) to make decisions in the best interest of the patient.	Describe clinical priorities for investigation and management.	Provide specialist leadership in oral surgical services when dealing with clinical problems.	Be flexible and willing to change in the light of changing conditions. Be willing to ask for help.		MiniCEX CBD MiniPAT MOS
<i>Life-long learning.</i> Be able to develop an attitude that constantly seeks to update knowledge and skills , to be mindful of ones own practice by appropriate audit,and be open to new ways of managing conditions presenting in oral surgical practice , based on best evidence.	Describe the role of continuing professional development.	Recognise and use learning opportunities. Ensure compliance with the GDC requirements for CPD and revalidation (when implemented).	Be self-motivated and eager to learn. Show willingness to learn from colleagues and to accept feedback.		ARCP assessment Portfolio and PDP review
<i>Good use of information technology.</i> Ability to utilise electronic methods for communicating and record keeping. Have cognisance for safeguards and limitations when utilising these in the provision of a specialist oral surgical service.	Describe the principles of clinical data retrieval and utilisation.	Demonstrate competent use of database, word processing and statistics programmes. Undertake searches and access websites and health-related databases. Apply the principles of confidentiality in the context of information technology. Use digital imaging devices effectively. Use videoconferencing and telepathology equipment when necessary	Adopt proactive and enquiring attitude to new technology. Be prepared to use video-conferencing and telepathology/ telemedicine systems when appropriate.		CbBD

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	<i>.....should be able to:</i>	<i>.....should be able to:</i>	<i>.....should:</i>		
<i>Risk Management.</i> Ability to assess and minimise /remove potential risk to patient, staff and self.	Describe relevant health and safety policies.	Apply relevant H&S policies in practice.	Be truthful.		MiniPAT MOS
<i>Evidence.</i> Ability to critically appraise evidence for clinical and non clinical practice	Describe the principles of evidence-based medicine. List the drawbacks of commonly used guidelines. Define the steps of diagnostic reasoning: Interpret history and clinical signs. Conceptualise clinical problem. Generate hypothesis within context of clinical likelihood. Test, refine and verify hypothesis. Develop list and action plan. Define the concepts of disease natural history and assessment of risk. Recall methods and associated problems of quantifying risk e.g. cohort studies. Outline the concepts and drawback of quantitative assessment of risk of benefit e.g. numbers needed to treat. Describe commonly used statistical methodology.	Critically appraise evidence. Competently use databases, libraries and the internet.	Use evidence appropriately in the support of patient care and own decisions therein.		CdD /ISFE

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	<i>.....should be able to:</i>	<i>.....should be able to:</i>	<i>.....should:</i>		
<i>Guidelines.</i> Be aware of national (eg NICE/SIGN) and local guidelines for clinical practice.	Describe advantages and disadvantages of relevant guidelines.	Demonstrate the ability to utilise guidelines. Contribute to the evolution of guidelines.	Show regard for individual patient needs when using guidelines. Show willingness to use guidelines.	SIGN, NICE, Internet courses Attend courses. Independent study.	A blend of assessments referred to in the introduction can be employed according to learning style and local availability and expertise together with thesis e.g. portfolio and the MOS. CBD MiniCEX

<i>Patient safety.</i> Ability to safely manage the patient in a variety of settings e.g. under iv sedation, general anaesthesia, waiting room etc.	Outline the hazards of medical / dental equipment in common use. Know how to report side effects of drugs prescribed.	Ensure patient safety in Practice. Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so. Recognise and respond to the manifestations of a patient's deterioration (symptoms, signs, observations, and laboratory results) and support other members of the team to act similarly. Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit. Recognise and be able to report side effects of drugs prescribed. Be able to describe the side effects and contraindications of therapeutic intervention. Ensure the correct and safe use of medical / dental equipment, ensuring faulty equipment is reported appropriately.	Show regard for patient safety. Willingness to participate in safety improvement strategies. Continue to maintain a high level of safety awareness and consciousness at all times. Encourage feedback from all members of the team on safety issues. Show willingness to take action when concerns are raised about performance of members of the healthcare team. Recognise own limitations and operate within them competently. Continue to strive for improved practice and patient safety.	Attend courses. Self directed learning.	CBD DOPS MiniPAT MOS
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Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	<i>.....should be able to:</i>	<i>.....should be able to:</i>	<i>.....should:</i>		
<i>Structure of the NHS and the principles of management (in context of the role of the trainee).</i> Ability to describe the NHS and the way it functions. To ensure patients are treated efficiently with awareness of national initiatives such as time frame from referral to appointment.	Describe the structure of the NHS, Primary Care and Hospital. Describe the role of postgraduate deaneries, specialist societies, the Faculties of Dental Surgery of the Royal Colleges and the General Dental Council. Describe the central government health agencies (e.g. NICE, HCC, NHS Quality Improvement Scotland, NPSA). Describe the importance of a health service for the population. Explain principles of appointments procedure.	Demonstrate good time management and prioritisation skills. Develop management skills appropriate to the tasks required. Develop a business plan where appropriate	Show respect for others, ensuring equal opportunities. Recognise the importance of good time management and the ability to prioritise tasks. Take opportunities to become involved in management activities. Show willingness to improve management skills. Listen to patients concerns and complaints in an empathic and considered manner.		ISFE
<i>Clinical teams.</i> Ability to work in a team, effectively, respecting all members in order to provide the best treatment. Apply initiatives whose absence may impact upon effective team working, such as dignity at work etc.	Describe how a team works effectively. Describe the roles and responsibilities of team members, especially within the department and within relevant multidisciplinary teams.	Seek advice if unsure. Recognise when input from another specialty is required for individual patients. Work effectively with other health care professionals.	Show respect for others' opinions including non-medical professionals and recognise good advice. Recognise own limitations.	Workplace experience with appropriate trainers. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Observe dynamic of clinic and example set by trainer.	MiniPAT DOPS PBA MiniCEX MOS

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Clinical teams (cont.)</i>	Describe the roles of relevant clinical specialties and their limitations.	Recognise the importance of prompt and accurate information sharing with primary care team following hospital attendance. Delegate, show leadership and supervise safely. Practice with attention to the important steps of providing good continuity of care. Keep accurate attributable notes. Demonstrate leadership and management in the following areas: - Education and training - Performance of colleagues - High quality care - Effective handover of care - interdisciplinary team meetings. Provide appropriate supervision to less experienced colleagues.	Recognise and respect the request for a second opinion. Recognise the importance of induction for new members of a team. Respect skills and contribution of colleagues. Recognise own limitations.	As above	As above
<i>Communication with colleagues</i>	Describe the role of effective communication in relation to other members of the clinical team and other departments and clinical teams.	Communicate effectively.	Be prompt and respond courteously and fairly.	Discussion with trainers and staff.	CBD MOS

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
Complaints Ability to be receptive to complaints, to handle them with sensitivity, outlining how the patient can make an official complaint. Be aware of strategies to minimise complaints	Describe local complaints procedures. Describe systems of independent review.	Anticipate potential problems. Manage dissatisfied colleagues and patients.	Act with honesty, sensitivity and promptly. Be prepared to accept responsibility.	Discussion with whole dental team. Attend courses. Independent study	MOS CBD

B HEALTH

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Personal health</i> Ability to recognise when ones health may adversely affect the treatment of a patient. To take steps to ensure patient safety at all times	Describe the role of occupational health services. Describe professional responsibilities to the public.	Act accordingly.	Recognise personal health as an important issue.	Attend courses. Independent study.	MiniPAT ARCP

C PROBITY

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Service information</i>	Describe the legal framework for advertisements.	Appropriately involved in the development of training.	Recognise absolute importance of accuracy and impartiality.	NHS management.	Performance review ARCP
<i>Writing reports and giving evidence</i>	Describe the legal framework in relation to evidence and report writing.	Produce a report that is accurate, honest, and within limits of professional experience.	Honesty and integrity. Timeliness.	NHS management; relevant courses.	Performance review ARCP
<i>Research</i> Ability to undertake research such as a clinical trial mindful of the legislation that needs to be followed in order to protect patients e.g. Ethics, Caldicott Guardians, ICH GCP.	Describe the Research Governance Framework and ‘Good Clinical Practice’.	Obtain ethical and institutional approval.	Put safety and care of patients first. Conduct research with honesty and integrity. Recognise the value of critical appraisal of evidence and importance of de novo research in progressing and developing an evidence base for current clinical practice.	Research supervisor. Attend courses	Performance review ARCP
<i>Financial dealings</i>	Describe financial rules of employing institution.	Apply institution’s financial rules. Manage funds appropriately.	Not induce patients to accept private dental care if this is not in their best interest. Be trustworthy. Declare conflicts of interest.	Relevant courses	Performance review ARCP

D CLINICAL GOVERNANCE, QUALITY ASSURANCE AND AUDIT

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
Audit and Quality Assurance Ability to audit one's own practice to ensure satisfactory outcomes following treatment of patients with a wide range of oral surgical conditions.	should be able to: Describe the application of audit principles to Oral Surgery practice. Describe current audit activity within the specialty. Describe the audit cycle data service and data confidentiality.	should be able to: - Design and direct audit projects - Organise and undertake a clinical audit project including implementation of outcomes and re-audit.	should: Recognise the importance of audit in maintaining and improving quality of treatment interventions and service provision.	Relevant courses and guidance of trainer.	Audit project.
Expert Witness Reports Ability to understand the legal framework in which an expert opinion is required.	Describe the legal issues relating to patient examination on behalf of the court.	Perform appropriate history and examination in medico-legal setting. Prepare appropriate written report.	Recognise importance of accuracy in medico- legal system.	Speak with trainers.	Mock assessments.
Clinical Governance - Be able to describe the principles of clinical effectiveness and clinical audit both locally and nationally and contribute where possible. - Demonstrate awareness of systematic reviews of research evidence. - Contribute to peer review and the appraisal process.	Describe: - evidence-based clinical practice including cost effectiveness. - the development and application of clinical guidelines and standards. - relevant risk assessment. - multi-disciplinary clinical care pathways and appropriate integration of oral surgery. - the differences between clinical audit and research and how to apply ethics to clinical audit.	- Utilise appropriate communication / presentation skills. - Demonstrate skills of self-reflection and self-appraisal. - Utilise critical appraisal skills and be able to apply to research evidence. - Produce and update patient information material.	Recognise: - Importance of maintaining professional and personal standards. - The need to constantly appraise and evaluate clinical practice and procedures.	Workplace (administrative) experience with appropriate trainers including attendance at suitable governance sessions. - Appropriate range of opportunities for observational and personal involvement in governance within the organisation. - Attend trainee didactic teaching sessions within department. Independent study.	ARCP feedback.

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Clinical governance (cont.)</i> - Carry out critical/adverse incident reports and demonstrate an awareness of the ways in which this process can be used to improve clinical care. - Consider disciplinary procedures in place for all professional staff. - Show in-depth awareness of clinician's medico-legal responsibilities particularly those related to Oral Surgery. - Be able to describe quality assurance in the delivery of clinical care. - Show knowledge of human resource strategies to promote staff welfare. - Show knowledge of equality of access issues for minority groups requiring clinical care. - Show an understanding of medical records administration.	Describe: - the process of revalidation (when implemented) and the assessment of individual clinical performance - the role of GDC/GMC, Royal Colleges, Specialist Societies and Universities in the process of professional self-regulation. - the levels of responsibility and accountability within the NHS (or other environment in which the trainee may be working). - procedures for reporting concerns over the level of competency and fitness to practice of professional colleagues.	- Construct, analyse and use patient surveys. - Use procedures to ensure consumer involvement and consultation. Practice evidence-based medicine. Aim for clinical effectiveness (best-practice) at all times. Report critical incidents. Take appropriate actions if you suspect you or a colleague may not be fit-to-practice.	Make the care of your patient your first concern. Respect patients' privacy, dignity and confidentiality. Be prepared to learn from mistakes, errors and complaints. Recognise the importance of teamwork. Share best practice with others.		As above
<i>Appraisal and assessment</i>	Describe the concepts and practice of appraisal and assessment.	Maintain an appraisal portfolio. Undertake an effective appraisal or assessment.	Demonstrate a positive attitude to appraisal. Be aware of equality and diversity issues as they relate to appraisal.	Discussion with trainers	ARCP

E RESEARCH

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>To be able to plan and analyse a research project.</i> Understand research methodology, including development and production of protocols, preparation of manuscripts and be aware of how to write a research grant application. Produce sufficient published or publishable material to satisfy the requirements of the ARCP.	Describe the principles of performing a research study. Describe how to use appropriate statistical methods. Describe the principles of research ethics and the structure and function of local research ethics committees. Describe relevant data collection and data analysis techniques and methods of statistical analysis. Describe the principles of research funding.	Undertake a systematic critical review of scientific literature. Demonstrate effective written and verbal presentation skills. Initiate, complete and publish/present at least 1 research project or 2 case reports by the end of training. Understand how to write a research grant application.	Demonstrate curiosity and a critical spirit of enquiry. Ensure patient confidentiality. Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research. Enthusiastic to be involved with research.	Undertake research project.	Submit postgraduate degree or: show signs of scholarship such as publishing papers or acquiring grants. Present papers at meetings. ISFE ARCP
<i>Research Methodology</i>	Describe the design and conduct of appropriate research in the field of Oral Surgery.	Design a project and write a protocol for simple research projects. Seek ethical approval for projects.	Understanding and willingness to seek appropriate advice on design and conduct of research. Willingness to adhere to the principles of Good Clinical Practice.	Undertake project; meet local ethics committee.	Supervision Postgraduate degrees if appropriate Research Project or programme management if appropriate
<i>Biostatistics</i>	Describe the role of statistics in dental research and key types of statistical tests commonly used.	Recognise appropriate use of statistics in dental research.	Recognise the importance of accurate application of statistics in biomedical research	Spend time with statistician. Attend courses. Independent study.	ISFE

F TEACHING & COMMUNICATION

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>To have the skills, attitudes and practices of a competent teacher</i> Teaching and Communication - Communicate effectively both orally and in writing with peers, practitioners, staff, patients and the public. - Develop and present instructional sessions. - To undertake formative assessments for students. - Differentiate between appraisal and assessment and have a working knowledge of the advantages and disadvantages of each. - Manage groups with different learning needs effectively in same session of teaching.	Describe adult learning principles and needs. Describe a range of teaching strategies. Describe the principles of teaching evaluation.	Able to: - Utilise appropriate communication / presentation skills. - Use different instruction materials ensuring experience in teaching, lecturing, small group facilitation, chair-side and practical instruction. - Demonstrate awareness of learning and learning needs of students (or recipients) of instructions. Demonstrate effective teaching Facilitate learning process.	Demonstrate a willingness and enthusiasm to teach trainees and other health workers in a variety of clinical settings. Demonstrate a professional attitude towards teaching. Show willingness to participate in workplace-based assessments. Maintain honesty and objectivity during appraisal and assessment. Recognise: - Personal effectiveness in delivering lectures, tutorials, seminars and clinical demonstrations. - The value of course evaluations and reflective practice.	- Workplace experience (teaching and communication) with appropriate trainers including attendance at suitable learning and teaching sessions at a relevant stage in training eg dental hospital. - Appropriate range of opportunities for observational and personal teaching and communication within the organisation.	ARCP feedback Appropriate accreditation/training for teaching if appropriate eg FHEA Peer review of teaching

G MANAGEMENT & ADMINISTRATION

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	 <i>should be able to:</i>	 <i>should be able to:</i>	 <i>should:</i>		
<i>Management and Administration</i> - Demonstrate relevant skills for working in an organisational setting. - Deal effectively with staff, managers and administrators. - Plan and discuss management of a dental clinic/practice. - Deal with complaints / grievances especially from patients. - Manage time effectively and adopt strategies for coping with stress. - Demonstrate a working knowledge of the employment and health and safety regulations. - Discuss best practices in management and administration and contrast these with those in the training institution.	Describe: - local and national NHS and corporate organisational and administrative structures relevant to one's sphere of practice. - appropriate Health and Safety (including cross-infection control) and employment / equality and diversity legislation. Have IT knowledge equivalent to the ECDL (European Computer Driving License).	- Utilise appropriate communication / presentation / negotiating / counselling / appraisal / mentoring skills. - Handle complaints sympathetically and efficiently. - Manage time and delegate as appropriate. - Develop business case / strategies with appropriate input from administrative colleagues. - Use appropriate ICT to facilitate administration and clinical practice.	Recognise: - How to work effectively as part of a team and manage and delegate appropriately. - Methods of communication / administration used by others and adapt to these in order to achieve an appropriate outcome.	- Workplace (administrative) experience with appropriate trainers including attendance at suitable committees and management sessions at a relevant stage in training. - Appropriate range of opportunities for observational and personal administration within the organisation. Self directed study.	ARCP MiniPAT

H HEALTH EDUCATION AND PROMOTION AND EPIDEMIOLOGY

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Health Education and Promotion:</i> An ability to: • Advise each patient on appropriate preventive methods especially in relation to oral hygiene, smoking cessation, sensible alcohol intake. • Be able to use and deploy methods to prevent occurrence and recurrence of dental and oral mucosal diseases in individual patients. • Develop a care strategy in conjunction with the patient, producing a plan according to their needs and preferences. • Advise other health care professionals on methods and technologies to prevent infection during dental treatment procedures, between patients and staff and during transport of materials between the laboratory and clinic e.g. impressions.	Describe: - the role of Health Education and Promotion in improving dental health. - key DH and specialist body guidance and policy regarding Health Education and Promotion. Describe cross infection control measures in dentistry.	- Contribute appropriately to the development and implementation of Health Education and Promotion programmes. - Communicate at an appropriate level with patients. - Explain to patients the impact of alcohol and tobacco on disease progression and quality of life. - Advise on the issues of non-compliance. - Use a range of methods and technologies to prevent infection during treatment procedures, between patients and staff and during transport of materials between the laboratory and the clinic.	Recognise: - the role of the Oral Surgery specialist in Health Education and Promotion the impact of the patient's oral and general health status and the proposed advice on their quality of life. - the need for supportive care, prevention and maintenance. - the need to work with other clinicians and DCPs in provision of treatment, within their skill base and designated role, to achieve appropriate outcomes.	Workplace (clinical) experience with appropriate trainers. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study.	CBD MiniCEX MOS
<i>Epidemiology, Survey design</i>	Describe the design and conduct of oral epidemiological studies and surveys.	Assess and apply the results of local and national dental epidemiological studies and surveys.	Recognise the value and limitations of epidemiological studies.	Independent study. Advice from supervisor.	Research project if appropriate

I DELIVERY OF CARE

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
<i>Relevance of outside bodies</i> Be aware of the organisations that are responsible for governing the practice of oral surgery and ensuring the safety of the patient.	<i>should be able to:</i> Describe the relevance to professional life of: - the royal medical colleges - GDC - Postgraduate Dean - defence unions - BDA - specialist societies.	<i>should be able to:</i> Recognise situations when appropriate to involve these bodies and individuals.	<i>should:</i> Be open to constructive criticism. Accept professional regulation.	Independent study	ARCP
<i>Informed consent</i> Ability to prepare a patient for a procedure so that they fully understand the implications and effects of that treatment. Be able to outline various treatment options and the risks (as well as the option of doing nothing).	Describe the process for gaining informed consent. Describe the principles of consent issues as relating to oral surgery clinical practice and research.	Demonstrate appropriate use of written material and verbal communication. Able to describe the benefits and risks of procedure	Recognise importance of patient's autonomy. Be open and willing to describe the benefits and risks of procedure.	Workplace (clinical) experience with appropriate trainers including attendance at appropriate clinics and ward rounds. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study.	DOPS PBAs MOS
<i>Recognise own limitations</i>	Describe extent of one's experience and ability to undertake that procedure or operation.	Be willing to consult and to admit mistakes.	Recognise own limitations Know when to ask for advice.	Workplace Clinical experience	DOPS; MOS MiniPAT PBAs

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Legal issues</i>	Describe the legal issues relating to managing and treating adults and children.	Demonstrate awareness of legal issues.	Act with compassion and understanding at all times.	Workplace (Clinical) experience. Independent study.	ARCP
<i>Confidentiality</i> Ability to respect the confidential nature of the information gleaned in the management of the patient. Understand the legislation that governs such and ensure information is not disclosed to a third party without the patients consent.	Describe relevant strategies to ensure confidentiality. Describe responsibilities under data protection legislation.	Use and share all information appropriately. Demonstrate appropriate use of written material.	Respect the right to confidentiality. Respect for patient/carers points of view and wishes.	Workplace (clinical) experience with appropriate trainers. Attend trainee didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study.	MiniPAT
<i>Delivery of Care and Practice Management</i>	Describe the principles of delivery of specialist Oral Surgery care in the hospital, community and practice settings	When appropriate, seek further advice about effective Oral Surgery practice.	Willingness to seek appropriate advice and support when establishing future career.	Speak to NHS management.	

<i>Peri-operative care</i> Ability to provide treatment in a safe environment.	Pre-operative Care: Describe: - Indications for surgery - In patient management including the influence of the patient's medical health on clinical practice - Required preparation for surgery - Outcomes and complications of surgery - The admission process, pre operative assessment (including special investigations) Intra-operative care: Describe: - Steps involved in operative procedure - alternative procedures in case of encountering difficulties Post-operative care: Describe: - Potential complications of procedure -surgical and non surgical shock - Outcomes of procedure - Likely post-operative progress from disease process to intervention and resolution.	Pre-operative care: - Synthesis of history and examination into operative management plan including management of medical health issues on choice of anaesthetic, surgical procedure -how to monitor vital functions including fluid input and output, homeostasis, BP, electrolytes -how to request appropriate special investigations and where appropriate undertake them e.g. ECG, venepuncture, IV access - explain procedure and outcomes to patient and parents at an appropriate level - obtain informed consent - construct an appropriate theatre list - communicate appropriately with other relevant members of the theatre team Intra-operative care: - Undertake treatment under local anaesthesia, sedation or general anaesthesia - Use assistance as appropriate - Communicate appropriately with other members of theatre team - Recognise and manage surgical and non surgical causes of shock	Willingness to seek appropriate advice and to put patient welfare first. Know when to seek advice from other specialists on management or when to refer	Workplace (clinical) experience with appropriate trainers including attendance at appropriate clinics and ward rounds, Accident & Emergency settings and in theatre. Attendance at medical and/or surgical ward rounds Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study.	CBD MiniPAT DOPS PBA MOS
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Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	should be able to:	should be able to:	should:		
<i>Operative Interventions</i> – the trainee will be able to undertake safely and effectively, operative techniques.	Describe the relevance of basic sciences to operative techniques. Describe a range of different operative techniques.	Provide effective explanation for the role of operative management. Undertake accurate evaluation of operative interventions. Evaluate options for different oral tissue lesions. Undertake procedures safely. Post-operative Care: - Assess patient and physiological parameters - Make appropriate intervention to deal with changing parameters - Communicate appropriately with other team members, patients and carers - prioritise interventions - Recognise complications of procedure.	Make decisions about operative interventions in partnership with patient and/or patient/guardian. Recognise own limitations and choose appropriately when to seek advice from surgical or other colleagues. Assess outcomes.	Workplace (clinical) experience with appropriate trainers including attendance at appropriate operating lists. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study. Involvement in training dental students or working in specialist practice.	DOPS PBA
<i>Continuity of care</i> Ability to organise appropriate cover in your absence for the care of a patient you may have operated on. Ability to recognise those patients that require to be seen again by yourself and those who can be reviewed by their practitioner.	Describe the relevance of continuity of care.	Provide specialist leadership in the provision of oral surgical services.	Recognise the importance of punctuality and attention to detail.	As above	As above

J EQUALITY & DIVERSITY

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	 <i>should be able to:</i>	 <i>should be able to:</i>	 <i>should:</i>		
<i>Equality and Diversity</i>	Describe the relevant law pertaining to equality and diversity.	Treat patients/parents/carers fairly and in line with the law to promote equal opportunities for all patients or groups of patients. Treat all team members and other colleagues fairly and in line with the law.	Demonstrate a non-discriminatory approach to patients/parents/carers and colleagues.	- Workplace experience (teaching and communication) with appropriate trainers including attendance at suitable learning and teaching sessions at a relevant stage in training.	CBD, ARCP;

2.2 Specialty-specific content

A BASIC BIOLOGICAL SCIENCE RELEVANT TO ORAL SURGERY

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Normal and abnormal growth and development (including anatomy and physiology) of the stomatognathic system.</i>	Explain the general growth and development of the child and the limits of normality. Describe facial growth and those conditions which may affect facial growth. Describe normal development and potential abnormalities in growth of the teeth and dento-alveolar complex, including abnormalities of tooth eruption. Describe the anatomy of relevant hard and soft tissue structures in the head and neck region. Explain alterations in homeostasis in disease states. Describe the repertoire of responses of oral soft and hard tissues to trauma of pathology. Describe the different options for intervention with consideration of their potential advantages and disadvantages.	Assess normality and detect abnormality in general, facial or dento-alveolar development. Apply knowledge of basic sciences when assessing patients and formulation of treatment plans. Select appropriate interventions on the basis of basic sciences of relevance to oral soft tissues.	Recognise importance of basic sciences for understanding health and disease. (This is assumed to be the case for all sections that follow).	Attend courses. Self directed learning e.g. Journal club review; supervised outpatient clinics; ward-based learning, including ward-rounds and consultations; planned teaching e.g. specialist registrar training days; clinical and scientific meetings—departmental, regional, national and international. The above are relevant to all sections that follow, choosing the most appropriate and available. (The above are relevant to all sections that follow choosing the most appropriate available).	MOral Surg; CBD; MiniCEX MOS Also able to apply theoretical knowledge when appropriate in DOPS and PBAs (This is assumed to be the case for all sections that follow).

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	should be able to:	should be able to:	should:		
<i>Principles of Genetics</i>	Describe the principles of genetically determined conditions. Recognise the features and genetic basis of common syndromes with significant oro-facial features. Describe the genetically determined defects of dental hard tissues and of tooth form, size and number.	Apply knowledge of genetics in the diagnosis of oro-dental conditions. Accurately recognise and classify genetically determined defects of dental hard tissues and of tooth form, size and number.	Recognise the impact of genetically determined conditions on patients and their families. Recognise the role of the Oral Surgeon as part of multidisciplinary team in the management of patients with genetically determined conditions.		MOS
<i>Cell Biology</i>	Explain/describe the role of cell biology in health and disease.	Apply knowledge of the role of cell biology to management of the patient.	Appreciate contribution of cell biology to patient care.		MOS

B HISTORY & EXAMINATION

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
<i>Carry out a thorough and appropriate assessment and examination of the patient, their dental, oral and peri-oral tissues in relation to the presenting complaints of the patient, arriving at an appropriate diagnosis of the condition from the information provided and examination and investigations undertaken.</i>	<i>.....should be able to:</i> Describe normal and abnormal anatomy and physiology of intra- and extra-oral structures and tissues. Describe dental, medical and social history factors likely to be relevant to the presenting condition and its previous management. Describe the spectrum of illness behaviour and relate this to diseases relevant to Oral Surgery practice. Describe assessment in an emergency setting	<i>.....should be able to:</i> Be able to use structured questionnaires and related documents as adjuncts to history-taking in selected instances. Complete a thorough examination of the patient and their hard and soft tissues and make appropriate diagnoses. Ascertain a thorough history with consideration of possible local or systemic triggers including iatrogenic causes. Identify and record risk factors for conditions relevant to mode of presentation. Use and interpret correctly all appropriate investigations (e.g. radiographic, vitality tests, haematological and microbiological tests etc) to diagnose. Communicate effectively to derive a diagnosis. Develop a hierarchy of action to safeguard the patient in an emergency situation Make an assessment of the likelihood of a significant underlying diagnosis and differentiate patients with urgent and non-urgent care needs.	<i>.....should:</i> Fully address concerns, ideas and expectations of the patient and /or their parent/guardian. Respect patient confidentiality. Maintain cultural awareness and identity. Value patient comprehension and views. Recognise importance of a collateral history in certain situations e.g. related to capacity of patient to engage fully in history taking, or where the history is unreliable. Recognise own limits and choose appropriately when to ask for help. Act in the best interest of the patient	Workplace (clinical) experience with appropriate trainers including attendance at appropriate clinics wards, Accident & Emergency settings and in theatre. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study. Involvement in training dental students or in specialist practice.	Portfolio MiniCEX MOS

C CORE CLINICAL COMPETENCIES

1.1 EXTRACTION OF TEETH & RETAINED ROOTS/PATHOLOGY AND MANAGEMENT OF ASSOCIATED COMPLICATIONS INCLUDING ORO-ANTRAL FISTULA

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	<i>.....should be able to:</i>	<i>.....should be able to:</i>	<i>.....should:</i>		
<i>Dental extractions</i> Ability to assess those teeth that require extraction and those that can be restored. Ability to safely extract a tooth and deal with complications that may arise.	Describe the - Signs and symptoms - Differential diagnosis - Investigations and radiographic interpretation associated with teeth that require extracting. Describe common indications for tooth repair and tooth extraction. Describe methods of medical management including treatment of inflammation/infection. Describe/explain the pharmacology and therapeutics of analgesia. Describe the anatomy of mouth, jaws, teeth and supporting structures relevant to the operation.	Formulate a treatment plan - Liaise with restorative dentist and other relevant specialist(s). - treat/drain infection and/or remove tooth. - use instruments safely and appropriately. Carry out technique under local anaesthesia, sedation or general anaesthesia. Carry out steps of procedure safely and correctly. Surgically remove a fractured tooth: - use techniques of bone removal and tooth division - know when to submit tissue for pathological examination - use intra-oral suturing techniques. Explain potential complications to the patient. Institute aftercare and know when to review.	Recognise importance of basic science and understanding of health and disease. Maintain disposition to do good to patients and always act in patients' best interests. Resist pressure from patient or carer to provide inappropriate treatment e.g. extraction of tooth that does not warrant such. Be willing to offer care. Behave appropriately when dealing with a difficult patient.	Workplace (clinical) experience with appropriate trainers including attendance at appropriate clinics and theatre lists. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study. Involvement in training dental students or in specialist practice (or see Section A).	DOPS; PBA Portfolio MOS

Upon completion of the programme, the trainee –					
Objective	Knowledgeshould be able to:	Skillsshould be able to:	Attitudes and Behavioursshould:	Teaching and Learning method(s)	Assessment method(s)
<i>Oro-antral communication/root/tooth in maxillary antrum</i> Ability to assess and safely repair an OAF (or remove tooth/root from antrum) and deal with complications that may arise.	Explain relevant: - Signs and symptoms - Differential diagnosis - Investigations and radiographic interpretation. Explain methods of medical management including treatment of inflammation/infection. Explain the relevance of endoscopic examination of maxillary antrum. Explain indications and techniques. Explain potential complications to the patient.	Formulate a treatment plan for disorders affecting the maxillary antrum following tooth extraction. Perform an endoscopic examination of maxillary antrum. Use techniques of antral exploration / lavage. Use antrostomy and know when to use appropriate anaesthesia. Remove root, retained root or dental fragment from maxillary antrum: - Carry out procedure safely and correctly. Use techniques of local flap closure. Use intra-oral suturing techniques.	See section C 1.1.	As Section A above	DOPS; PBA; Portfolio MOS

1.2 MANAGEMENT OF ODONTOGENIC AND ALL OTHER ORAL INFECTIONS

Upon completion of the programme, the trainee –					
Objective	Knowledgeshould be able to:	Skillsshould be able to:	Attitudes and Behavioursshould:	Teaching and Learning method(s)	Assessment method(s)
<i>Abscess/infection</i> Ability to identify dental/oral surgical cause for infection (local and/or spreading) and manage it in a safe manner.	Describe: - Signs and symptoms - Differential diagnosis - Investigations and radiographic interpretation - Methods of medical and surgical management - Potential complications including management of compromised airway.	Clinical Skills - formulate treatment plan - recognise the relevance of early involvement of microbiologist. Treat/drain infection. Manage compromised airway (surgical airway). Carry out technique under local anaesthesia, sedation or general anaesthesia. Recognise difference between local and spreading infection. Recognise systemic sepsis (sepsis syndrome). Recognise infection as an early indicator of immunosuppression, e.g. diabetes, immunocompromised states. Institute aftercare and review.	See section C 1.1.	(As Section A above)	DOPS; Portfolio MOS
Ability to recognise and deal with complications that may arise	- Describe the causes of swelling of head and neck - Describe the anatomy of oro-facial spaces. - Explain the microbiology of head and neck infection. - Describe the anatomy and physiology of the upper aero-digestive airway. - Describe the anatomy of lymphatic drainage and vital structures. - Recognise risks associated with blood borne infections. - Explain techniques of non-surgical and surgical airway management.	Technical Skills Drain tissue space infection using: - Appropriate aseptic preparation - Exposure and exploration of tissue space(s). Recognise when the airway is at risk.. Relieve airway or know when to refer. Know when and how to collect samples. Secure appropriate drains and dressings.	Recognise importance of basic science and understanding of health and disease. Maintain disposition to do good to patients and always act in patients' best interests.		DOPS MOS

**1.3 MANAGEMENT OF IMPACTED AND UNERUPTED TEETH; MANAGEMENT OF COMPLICATIONS
& 1.5 DENTOALVEOLAR SURGERY IN RELATION TO ORTHODONTIC TREATMENT**

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Impacted teeth</i> Ability to identify when an impacted tooth requires removal and manage it in a safe manner. Ability to recognise and deal with complications that may arise. Ability to identify whether an unerupted tooth requires removal, exposure, reimplantation/transplantation, or retention in conjunction with other relevant specialists.	Explain signs and symptoms associated with the need to remove impacted teeth. Describe complications associated with removal (and retention) of impacted teeth (supernumeraries). Describe investigations and radiographic interpretation relevant to impacted wisdom teeth. Describe: - indications for removal of impacted wisdom teeth including NICE/SIGN guidelines. - potential complications and how to manage them. - relevant pharmacology and therapeutics of postoperative analgesia prescribed. Explain why and when to leave a retained root.	- Formulate treatment plan including aftercare. - Be able to treat/drain infection and/or remove tooth. Carry out technique under local anaesthesia, sedation or general anaesthesia: - carry out steps of procedure safely and correctly. - undertake Surgical exposure or transplantation of unerupted tooth, including various techniques of exposure and bone removal. - packing and/or bonding of tooth - techniques of tooth splintage - intra-oral suturing techniques - institute aftercare and review	See Section C 1.1.	As section A above.	DOPS; PBA; Portfolio MOS

1.4 PERI-RADICULAR SURGERY

Upon completion of the programme, the trainee –					
Objective	Knowledgeshould be able to:	Skillsshould be able to:	Attitudes and Behavioursshould:	Teaching and Learning method(s)	Assessment method(s))
<i>Peri-radicular surgery</i> Ability to identify whether periradicular surgery is appropriate or other forms of management required. Know differential diagnosis and treatment options. Ability to undertake this surgery in a safe manner. Ability to recognise and deal with complications that may arise.	In relation to peri-radicular surgery, explain: - Signs and symptoms. - Differential diagnosis. - Investigations and radiographic interpretation. - Pathogenesis of chronic infection and cystic lesions. - Potential complications. Describe most appropriate surgical method. Explain when to refer to restorative dentist. Describe relevant pharmacology of drugs prescribed.	Clinical Skills Formulate treatment plan - Recognise the relevance of early involvement of microbiologist. Technical Skills Apical surgery and enucleation of cyst where present: - Carry out surgical technique under local anaesthesia, sedation or general anaesthesia. - Carry out steps of procedure safely and correctly. - Demonstrate techniques of exposure, bone removal and enucleation of pathology. Use various ways of sealing dentinal tubules. - Demonstrate intra-oral suturing techniques.	See section C 1.1.	Workplace (clinical) experience with appropriate trainers including attendance at appropriate clinics eg restorative clinic. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study. Involvement in specialist dental practice.	DOPS; PBA; Portfolio MOS

1.6 INTRAORAL & LABIAL BIOPSY TECHNIQUES

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Biopsy techniques</i> Assessment of lip swelling and other problems. Ability to identify causes of such soft tissue changes. Know differential diagnosis and treatment options. Know when to refer or confer with other specialists. Ability to undertake therapy in a safe manner. Ability to recognise and deal with complications that may arise.	In relation to biopsy techniques, explain: - Signs and symptoms. - Differential diagnosis. - Investigations relevant to the management of lip swelling. - Causes of such swelling. - Potential complications.	Clinical Skills - formulate treatment plan. - carry out appropriate surgical technique under local anaesthesia, sedation or general anaesthesia safely. - institute aftercare and review. - demonstrate ability to discriminate between those who need surgery and those who don't, and communicate this.	See Section C 1.1.	As Section A above.	DOPS; PBA MOS

1.7 TREATMENT OF INTRA-ORAL BENIGN AND CYSTIC LESIONS OF HARD AND SOFT TISSUES

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Benign and cystic lesions</i> Ability to identify cysts and benign lesions in hard and soft tissue in the oral cavity and jaws. Know differential diagnosis and treatment options. Know when to refer to or confer with other specialists. Ability to undertake therapy in a safe manner. Ability to recognise and deal with complications that may arise.	In relation to benign and cystic lesions, explain: - Signs and symptoms - Differential diagnosis of benign and cystic lesions of the jaw. - Investigations and radiographic interpretation relevant to the management of benign lesions and cysts. - Pathogenesis of benign and cystic lesions. - Potential complications. - Methods of treatment.	<i>Clinical Skills</i> - formulate treatment plan - institute aftercare and review - be able to decide correct management (biopsy or excise) of jaw cyst/oral hard tissue/soft tissue under local anaesthetic, general anaesthetic or sedation techniques. - carry out all steps of procedure safely and correctly.	See Section C 1.1.	See Section A	DOPS; PBA; Portfolio MOS

1.8 MANAGEMENT OF BENIGN SALIVARY GLAND DISEASE BY INTRA-ORAL TECHNIQUES AND FAMILIARITY WITH THE DIAGNOSIS AND TREATMENT OF OTHER SALIVARY GLAND DISEASES

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
<i>Stone retrieval</i> Ability to identify when a salivary duct is blocked and why it is blocked. Know when to refer to or confer with other specialists eg radiologist. Ability to undertake therapy in a safe manner. Ability to recognise and deal with complications that may arise.	should be able to: Explain the causes of intermittent/persistent swelling of major salivary glands. In relation to salivary gland disease, explain: - differential diagnosis - investigations - methods of medical and surgical management.	should be able to: Clinical Skills - Take accurate relevant history. - Perform a clinical examination of the neck and salivary glands. - Follow all steps to safely remove a stone from the submandibular duct under local anaesthesia, sedation or general anaesthesia.	should: See Section C 1.1.	See Section A.	DOPS; PBA; Portfolio MOS
<i>Ability to identify a mucous cyst/swelling</i>	Explain the causes of intermittent/persistent swelling of salivary glands. - Describe differential diagnosis of salivary gland swellings including relevant investigations. - Explain methods of medical and surgical management and explain potential complications.	- Perform excision/biopsy and repair techniques. – know when and how to do so safely and be able to deal with any complications arising, including appropriate referral.	Recognise importance of basic science and understanding of health and disease. Maintain disposition to do good to patients and always act in patients’ best interests.	As above	DOPS MOS
<i>Ability to identify a benign lesion from a malignant lesion</i>	- Describe clinical features and differential diagnosis of salivary gland swellings including relevant investigations.	- Perform excision/biopsy and repair techniques. – know when and how to do so safely and be able to deal with any complications arising, including appropriate referral.			MOS

1.9 INSERTION OF OSSEOINTEGRATED DENTAL IMPLANTS INCLUDING BONE AUGMENTATION AND SOFT TISSUE MANAGEMENT

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s))
<i>Oral and Dental Implantology</i> The knowledge and skills to use dental implants to replace missing dentition and oral tissues. Ability to identify which treatment option is best for the patient. Know when to refer to or confer with other specialists e.g. restorative specialist. Ability to undertake surgical treatment in a safe manner. Ability to recognise and deal with complications that may arise.	should be able to: Describe:- Aetiological factors affecting dental loss and alveolar resorption. - Specialised investigations and classification of alveolar resorption. - The principles of osseointegration and implant borne/retained dental prostheses. - All treatment options for the case, both implant and non implant rehabilitation. - Relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of dental implants with a range of implant systems. - Current and seminal literature on indications for, success / failure criteria and biological implications of provision of dental implants. - Surgical techniques for implant placement, bone harvest and augmentation, and exposure - Biological benefits of and indications for their use. - Principles and practice of prevention of diseases relating to implant structures.	should be able to: Clinical Skills - Take history and examination of the patient with dental loss and/or alveolar resorption and formulate treatment plan. Technical Skills... - Insert implants and any necessary bone harvest and augmentation, and/or soft tissue procedures or guided bone regeneration, under local anaesthesia, sedation or general anaesthesia - Provide post-operative care and follow-up - Show a high degree of skills in the choice and execution of appropriate techniques for all stages of the surgical implant placement. - Construct surgical and radiographic guides to aid planning of number, position and angulation of fixtures.	should: Maintain disposition to do good to patients and always act in patients' best interests. Work within a team structure to ensure appropriate restoration of the dentition. Recognise: - importance of basic science and understanding of health and disease. - the relevance and inter-relationship of dental implant treatment on overall patient care and long-term maintenance and function, and on patient well-being and self-esteem. - the cost implications of treatments involving implants and guidelines applicable to provision of such treatment.	Workplace (clinical) experience with appropriate trainers including attendance at appropriate multidisciplinary clinics. Appropriate range of clinical cases for observational and personal treatment. Attendance at didactic teaching sessions within department. Attendance at suitable courses. Attendance at suitable meetings. Independent study.	ARCP Case reports; CBD; DOPs; Mini-CEX; PBA MOS

1.10 APPROPRIATE PAIN AND ANXIETY CONTROL INCLUDING THE ADMINISTRATION OF STANDARD CONSCIOUS SEDATION TECHNIQUES

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge should be able to:	Skills should be able to:	Attitudes and Behaviours should:	Teaching and Learning method(s)	Assessment method(s))
<i>General Behavioural Concepts:</i>	Describe the principles of cognitive development and behavioural psychology. Explain non-pharmacological behaviour management techniques used in dentistry.	Recognise the impact of normal and abnormal behaviour patterns in children and adults in the clinical setting. Apply knowledge of behavioural psychology to manage anxiety and anxiety related behaviour in the dental setting.	Recognise the ethical and legal aspects of managing adult and child behaviour in the dental setting.	See Section A above.	DOPs MOS
<i>Pain control, Analgesia, Sedation and Anaesthesia</i> An ability to: - Provide appropriate analgesics for control of pain, pre- and post-operatively. - Provide profound and sufficient local analgesia during all treatment procedures taking account of the patient's medical status and treatment needs. - Practice administration of local analgesia in complete safety and be able to manage any associated complications. - Plan provision of appropriate Oral Surgery for patients who can be treated only by the use of general anaesthesia. - Monitor and evaluate the effectiveness of treatment provided under any of these pain management modalities.	Describe: - Relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such care. - Current and seminal literature on indications for, success/failure criteria and biological implications of provision of local or general anaesthesia or conscious sedation techniques. - Anaesthetic agents, equipment, medicaments and techniques to provide relevant treatment and the response of the patient to treatment regimes.	- Show a high degree of skill in the choice and execution of appropriate anaesthetic or sedation techniques for all stages of the planned treatment in conjunction with other specialists / dental care professionals managing the patient. - Carry out appropriate procedures for safe and effective administration of local anaesthesia or conscious sedation and work closely with colleagues providing general anaesthesia.	- The need for empathy and patient counselling skills.	As above	ARCP Case reports; CBD; DOPs/Mini-CEX MOS

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s))
	should be able to:	should be able to:	should:		
<i>Sedation</i> Ability to identify when sedation is helpful and the form of sedation eg oral, IV etc. Know when to refer to or confer with other specialists. Ability to use sedation in a safe manner. Ability to recognise and deal with complications that may arise.	Describe the principles and delivery of conscious sedation for adults and children receiving dental care. Describe the design and safe operation of equipment used to deliver inhalation and IV sedation and monitor patients during sedation procedures. NB: The above complies with guidance set out under the Standing Committee for Conscious Sedation	Identify those suitable for sedation and to construct appropriate treatment plans. Recognise those conditions which may make patients unsuitable for sedation. Safely and effectively deliver sedation as an adjunct to dental care. Show clinical IV sedation skills. Deal with complications or emergencies which may arise during sedation.	Recognise and apply appropriately the ethical and legal requirements of practitioners delivering conscious sedation. Construct and lead an appropriate dental team for conscious sedation delivery.		DOPs MOS
<i>General Anaesthesia (GA)</i> Ability to identify when general anaesthesia is appropriate. Be able to inform patient of other options and risks associated with this form of anaesthesia. Know when to refer to or confer with other specialists.	Describe, at a basic level, the principles of general anaesthesia in children and adults. Describe the risks and advantages of various methods of airway management from both the dental and anaesthetic point of view. Explain the dentist's role in the management of complications/emergencies which may occur during delivery of GA. Describe the facilities, equipment and staffing requirements for safe and effective delivery of care under GA.	Deliver oral surgical care for children and adults under general anaesthesia. .	Recognise and apply appropriately the ethical and legal requirements of practitioners delivering dental treatment under GA. Construct and lead an appropriate dental team for care under GA delivery.	As above	DOPs; Portfolio MOS

1.11 MANAGEMENT OF ADULTS AND CHILDREN AS IN-PATIENTS, INCLUDING THE MEDICALLY AT-RISK PATIENT

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
<i>Hospital in-patient care</i> Ability to explain to a patient the hospital process. Describe differential diagnosis when appropriate, and treatment options. Know when to refer to or confer with other specialists. Ability to undertake therapy in a safe manner. Ability to recognise and deal with complications that may arise.	<i>.....should be able to:</i> Describe the process for admission of a patient to hospital. Describe risk factors for the patient's condition, and understand relevance to in-patient management. Describe how a hospital surgical team works. Describe the roles and responsibilities of team members, especially within the department and within multidisciplinary teams. Explain the process for gaining informed consent. Describe the principles of consent issues as relating to oral surgery clinical practice and research.	<i>.....should be able to:</i> Take, record and interpret an accurate history from patients of any age within the scope of Oral Surgery practice Communicate effectively. Know where to refer. Seek advice if unsure. Recognise when input from another specialty is required for individual patients. Work effectively with other health care professionals. Describe the nature, benefits and risks of planned procedure.	<i>.....should:</i> Fully address concerns, ideas and expectations of the patient and /or their parent/guardian. Respect patient confidentiality. Maintain cultural awareness and identity. Value patient comprehension and views. Demonstrate willingness and ability to teach students and healthcare colleagues sound history skills where appropriate. Show respect for others' opinions. Be conscientious and work co-operatively. Respect colleagues, including non-medical professionals and recognise good advice.	As Section A above.	Portfolio MiniPAT MOS

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
<i>Hospital prescribing</i> Ability to prescribe safely. Understand the relevance of the patients medical history to prescription of drugs. Understand the legislation surrounding the safe prescription of drugs for dental/oral surgical use. Know when to refer to or confer with other specialists.	<i>.....should be able to:</i> Explain:- - Pharmacology and therapeutics of analgesia. - Pharmacology and therapeutics of antibiotic therapy and drugs to reduce swelling. - Pharmacology and therapeutics of emergency drugs. Describe indications for provision of local or general anaesthesia or conscious sedation techniques. Describe anaesthetic agents, equipment, medicaments and techniques to provide relevant treatment.	<i>.....should be able to:</i> - Provide appropriate analgesics for control of pain, pre- and post-operatively. - Provide appropriate antibiotics or other drugs where indicated.	<i>.....should:</i> Demonstrate willingness to seek appropriate advice and support from colleagues when needed. Appreciate when to discuss patient management with colleagues from other hospital clinical specialties. Demonstrate an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.		CBD; MiniPAT Portfolio MOS
<i>Management of the medically at-risk patient</i>	Describe: - the spectrum of general illness behaviour and relate this to diseases relevant to Oral Surgery practice and in-patient management. - the appropriate investigations needed for management of patients with complex medical histories and/or how to obtain relevant advice.	Recognise importance of a collateral history in certain situations e.g. related to capacity of patient to engage fully in history taking, or where the history is unreliable. Assess the likelihood of a significant underlying diagnosis and differentiate patients with urgent and non-urgent care needs.	An appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.	As above	Portfolio MOS
<i>Hospital discharge and follow-up</i>	Describe the process for patient discharge, appropriate prescribing and arrangements for follow-up if required.	- Institute aftercare and review	Willingness to seek appropriate advice and support from colleagues when needed.	As above.	Portfolio

1.12 MANAGEMENT OF DENTO-ALVEOLAR TRAUMA AND FAMILIARITY WITH THE MANAGEMENT AND TREATMENT OF FRACTURES OF THE JAWS AND FACIAL SKELETON

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Dental trauma and dento-alveolar fractures.</i> Ability to identify extent of trauma, facial fractures and treatment options. Know when to refer to or confer with other specialists. Ability to undertake surgery in a safe manner. Ability to recognise and deal with complications that may arise.	Describe: - Aetiology of facial trauma. - Priorities of management. - Assessment of airway and level of consciousness (Glasgow coma scale). - Signs and symptoms of fractures of facial skeleton. - Classification of dental trauma and dento-alveolar fractures. - Classification of facial fractures. - Assessment of head injury and cranial nerve function. - Aetiology. - Interpretation of radiographs. - Potential complications.	Clinical Skills - Assess and examine a patient with facial trauma. - Manage airway and treat emergency dento-facial trauma. - Formulate treatment plan and prioritise management. - Perform clinical exam of orofacial region including cranial nerves.	See Section C 1.1.	See Section A above.	DOPS; MiniPAT CBD; MiniCEX MOS

1.13 MANAGEMENT OF ORO-FACIAL PAIN INCLUDING TEMPOROMANDIBULAR JOINT DISORDERS

Upon completion of the programme, the trainee –					
Objective	Knowledgeshould be able to:	Skillsshould be able to:	Attitudes and Behavioursshould:	Teaching and Learning method(s)	Assessment method(s)
<i>Orofacial pain</i> Ability to identify a differential diagnosis for facial pain based upon history and relevant investigations. Know treatment options. Know when to refer to or confer with other specialists. Ability to undertake therapy in a safe manner and to recognise and deal with complications that may arise.	Describe/explain: - History of presenting conditions. - Signs and symptoms of common causes of oro-facial pain. - Differential diagnosis. - Investigations. - Methods of medical and surgical management. - Relevant pharmacology and therapeutics. - Techniques of nerve blockade - Relevant neurosurgical interventions.	Clinical Skills - Elicit and interpret an accurate pain history. - Examine the patient, to identify/exclude causes of pain. - Formulate a treatment plan. Technical Skills - Use local anaesthetic techniques including nerve blocks. - Define the indications for imaging and other investigations in the context of orofacial pain. - Describe the different therapeutic options with considerations of their potential advantages and disadvantages.	Recognise orofacial pain with potentially high morbidity including suicide risk or malignancy, or where associated with a significant underlying systemic illness. Recognise own limitations and choose appropriately when to seek timely advice and input in to patient care from other healthcare colleagues, for example a Pain Team, Neurology, Neurosurgery, Liaison Psychiatry or Clinical Psychology.	See Section A above.	CBD; MiniPAT; DOPs; MiniCEX MOS

Upon completion of the programme, the trainee –					
Objective	Knowledge	Skills	Attitudes and Behaviours	Teaching and Learning method(s)	Assessment method(s)
	should be able to:	should be able to:	should:		
<i>Temporomandibular joint disorders</i> Diagnose oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs. Provide behavioural advice for the management of these problems. Construct appropriate occlusal appliances for the diagnosis and treatment of these problems. Communicate and work with colleagues on the multidisciplinary management of these problems. Monitor and evaluate the effectiveness of treatment regimes.	Describe/explain: - Relevant biology, anatomy, physiology, pathology, pharmacology and therapeutics and radiology in provision of care and advice for temporomandibular disorders. - Current and seminal literature on diagnosis (eg signs & symptoms) and management of these disorders. - Different treatments available (medical and surgical) for TMJ disorders and their limitations (eg jaw exercises, interocclusal appliances, occlusal adjustment, psychological approaches, biofeedback). - Differential diagnosis and exclusion of other conditions e.g. Giant cell arteritis,	Clinical Skills - Take a comprehensive history. - Examine the TMJ and muscles of mastication. - Formulate and instigate a treatment plan. - Describe the potential role of the occlusion. - Communicate effectively and empathetically with patients to identify potential aetiological factors and signs and symptoms of temporomandibular disorders. - Show a high degree of skill in the choice and execution of appropriate techniques for treatment in conjunction with other specialists/dental care professionals managing the patient. - Exclude other serious causes of pain in that region.	Maintain disposition to do good to patients and always act in patients' best interests. Recognise: - importance of basic science and understanding of health and disease. - the need for empathy and patient counselling skills. - the relevance of treatment of temporomandibular disorders on overall patient care and long-term functions and on patient wellbeing.	See Section A as above.	CBD; MiniPAT; DOPs ; MiniCEX MOS

1.14 CLINICAL DIAGNOSIS OF ORAL CANCER AND POTENTIALLY MALIGNANT DISEASES, FAMILIARITY WITH THEIR MANAGEMENT AND APPROPRIATE REFERRAL

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Identification of clinically suspicious lesions</i> Ability to identify a benign lesion from a malignant lesion. Know differential diagnosis and treatment options. Know when to refer to or confer with other specialists. Ability to undertake biopsy in a safe manner. Ability to recognise and deal with complications that may arise.	In relation to oral cancer and potentially malignant diseases, explain/describe: - Aetiological factors and differential diagnosis. - Investigations. - Possible relationship to systemic disease. - Relevant pharmacology and therapeutics. - Signs of malignant disease. - Diagnostic tests and know when to refer.	<i>Clinical Skills</i> - Examine the oral mucosa. - Undertake biopsy techniques. - Interpret results and formulate a treatment plan. - Refer appropriately.	See Section C 1.1.	See Section A above.	DOPs; CBD; MiniCEX MOS

1.15 THE DIAGNOSIS OF DENTOFACIAL DEFORMITY AND FAMILIARITY WITH ITS MANAGEMENT AND TREATMENT

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s))
<i>Dentofacial deformity</i> Ability to obtain a history. Know a differential diagnosis for the development of such conditions, and treatment options. Know when to refer to or confer with other specialists.	Describe: - Developmental anatomy of facial skeleton and facial musculature. - Classification and assessment of facial deformity. - Psychology of facial deformity. - Norms of facial proportions. - Techniques of cephalometric analysis. - Potential complications of surgery.	<i>Clinical Skills</i> - Take a history and examine the patient with facial deformity. - Formulate a treatment plan. - Refer appropriately. - Provide post-operative care and follow-up.	See Section C 1.1.	See Section A above.	CBD; MiniCEX MOS

1.16 DIAGNOSIS OF ORAL MUCOSAL DISEASES AND FAMILIARITY WITH THEIR MANAGEMENT AND APPROPRIATE REFERRAL

<i>Upon completion of the programme, the trainee –</i>					
Objective	Knowledge <i>.....should be able to:</i>	Skills <i>.....should be able to:</i>	Attitudes and Behaviours <i>.....should:</i>	Teaching and Learning method(s)	Assessment method(s)
<i>Oral mucosal diseases</i> including leukoplakia, erythroplakia/oral ulceration. Ability to identify a benign lesion from a malignant lesion. Know differential diagnosis and treatment options. Know when to refer to or confer with other specialists. Ability to undertake biopsy. Ability to recognise complications and deal with them.	Describe: - Aetiological factors and differential diagnosis. - Investigations. - Possible relationship to systemic disease. - Relevant pharmacology and therapeutics. - Signs of malignant disease	<i>Clinical Skills</i> - Examine the oral mucosa. - Know when it is appropriate to biopsy. - Carry out steps of biopsy safely and correctly.	See Section C 1.1.	See Section A above.	CBD; MiniCEX; Portfolio MOS