

FAQs from Webinar 20/01/25: SLAA Process Update

Subject: References

1. Who can give a reference?

The GDC would ideally prefer the referee to be from within the OS speciality, although they do have discretion to accept an oral and maxillofacial surgeon as a referee. An example of this would be in areas where Oral Surgery specialists are scarce.

2. Does an OMFS consultant need to be on the GDC register/OS specialist list?

The process is easier if the OMFS consultant is registered with the GDC and on the oral surgery specialist list.

3. What can I do if references are unavailable e.g. now working independently?

It would be expected that you have the ability to have an oral surgery specialist give you a reference, either from past work or current work. There may be a requirement that you may need to be observed by a specialist so that they may be your referee.

4. Could a reference be retired?

Yes, as long as the individual would be willing to act as your referee and was on the oral surgery specialist list.

5. If I work overseas, can my references be overseas practitioners?

The GDC have the ability to use discretion, although it would be expected that the individual referee works as an oral surgery specialist in their respective countries.

Subject: SLAA process/ portfolio

1. Is an examination compulsory. Is Portfolio evidence enough?

Portfolio evidence is not enough on its own to allow entry on the specialist list, you must show a professional qualification that maps to the current MOralSurg examination to show equivalence if you are applying through route 5.

2. What should be included on a summary sheet?

A list of everything you have provided in your application in a structured manner. What needs to be included is on the GDC website. SLAA application pack

https://www.gdc-uk.org/docs/default-source/registration/specialist-lists/gdc-slaa-pack-oral-surgery-final.pdf?sfvrsn=da565c72_5/%20GDC-SLAA-Pack-Oral-Surgery-FINAL%20.pdf

3. Does a course curriculum need to be included in the evidence?

Yes if you are applying through route 2 and if you did a recognised course to gain your academic and research experience and wish to apply through route 3

4. Does an overseas practitioner need to be on GDC register

You are only able to apply to be on the Oral Surgery Specialist List if you are currently registered as a dentist in the United Kingdom with the General Dental Council.

5. How recent does evidence need to be?

You should provide any evidence you can, even if this is from a long time ago. The assessors for the GDC will take all evidence into consideration on their determination.

6. How many years of experience is required?

This is a difficult question to answer. You need to provide the equivalence of a CCST in Oral Surgery, this includes evidence of acquisition of all the skills, knowledge and competencies that a UK trainee would have achieved prior to completion of training including the indicative numbers of procedures and also the M Oral Surg knowledge in a professional examination.

7. What should be validated by an OS specialist?

Your log book and any work based assessments you provide.

8. Can you withdraw a current application and reapply?

There is no need to withdraw your application. All applications are assessed and given feedback if an applicant is unsuccessful in their application.

9. Is there a limit to the amount of times you can apply?

No.

10. How does this process differ from the CESR process?

The CESR application does not exist within the GDC, it is the process that the GMC use for the equivalence of training.

Subject: Logbook/ ISCP Content

1. Can a logbook be completed retrospectively?

Yes, as long as its validated by an oral surgeon or equivalent.

2. Can historical experience from DCT be included?

Yes, so long as it is verified as mentioned in 1 above.

3. Is implantology experience a requirement?

The oral surgery curriculum sets out what should be covered for a a CCST in oral surgery to be awarded and this includes implant knowledge and experience.

4. Where can I access the OS curriculum?

Via the GDC website. [Oral surgery specialty training curriculum](#)

5. What is the procedure indicative numbers?

It is expected that a trainee would complete the following numbers of procedures during training. These numbers are not exact but an indication of the volume that would be expected:

Domain/ procedure Operator (unless otherwise specified). See Index level in list above	Year 1	Year 2	Year 3	Year 4	Total in OS training
Surgical removal (flap elevated, bone removal +/- tooth section) 3M	100	100	100	50	350
Other surgical extractions	50	50	50	50	200
Other non-surgical extractions including vertical 3Ms	200	200	150	100	650
Surgical removal of impacted supernumerary/premolar/canine	10	10	10	20	50
Coronectomy of M3M	5	5	10	10	30
Exposure of Palatal or Buccal Tooth with and without bonding	10	20	10	10	50
Excision of Mucocoele		5	5	5	15
Management of maxillary and mandibular cyst. Enucleation/ marsupialisation +/- adjuvant medications	10	10	10	10	40
Planning, harvesting and placement fixation of bone graft or other augmentation procedure			2	3	5
Planning and placement of Dental implant			2	3	5
Sedation cases operator/sedationist	15	25	25	30	100
Drainage of infection Buccal, sub masseteric, sublingual, submandibular	1	2	2	2	7
Sialolithectomy		1	2	2	5
Biopsies	20	20	20	30	90
Closure of Oroantral communication (OAC) and or Fistula (OAF)		2	3		5
Removal root from antrum		1	1	1	3
Root end /Radicular surgery		2	3	5	10

experience					
Non Surgical Cases - Orofacial Pain (including TMD cases), mucosal disease / MRONJ / salivary gland	40				

6. Are procedures under GA and/or sedation a requirement?

As a CCST in oral surgery you would be expected to have experience of GA and sedation. It is therefore necessary to evidence this as part of your portfolio for this SLAA process.

7. Are WBAs an essential requirement?

They are not essential but give extra weighting to the application. They are a good source of evidence of level of skill, which are signed by a skilled individual who has assessed you. It would be unusual for an applicant not to have evidence of their work being assessed by another clinician

8. How recent do WBAs need to be?

You should provide any information you have including any WBA's.

9. Can reflection be a substitute for WBAs?

If you don't have any WBA's you can provide information that you may feel will help your application. Reflection is part of the SLAA and you should include this anyway.

10. Can a 360 be completed retrospectively?

You should provide any information that will help your application and this would include a 360 appraisal.

Subject: Logbook/ ISCP validation

1. Who can validate your logbook/WBAs?

You should ask a specialist in oral surgery or an OMFS consultant to validate or someone of a position of responsibility. If you are not able to then you may ask a Clinical Director or similar.

2. Can a relative be a validator?

It would be unprofessional to act as a validator.

3. Can a colleague who does not directly supervise you verify your logbook?

No, you would expect that the colleague must know and have seen your work in oral surgery.

4. Should a logbook include procedures without patient details?

All patient identifiable details should be removed from the logbook in accordance with GDPR.

5. Can I keep a logbook if I work in Primary Care?

Yes.

6. How can you validate a logbook/complete WBAs if you work independently?

This is difficult situation if you work on your own, you may need to consider shadowing and working with a suitable colleague who may be able to validate your current logbook. Any previous log book could be signed by the relevant clinician in a department.

7. Can WBAs be validated retrospectively?

A WBA is usually carried out at the time of surgery as feedback is given to colleagues with reflection. It would be very difficult to undertake a retrospective WBA.

8. Can a supporting letter substitute for logging specific procedures?

No.

Subject: Logbook/ ISCP format

1. What logbook format is acceptable for the SLAA process

You can use the eLogbook from the Royal Colleges that is currently used by Oral Surgery trainees. Alternatively there is an example log book included in the SLAA application pack..
[Home - eLogbook / Electronic Surgical Logbook Project](#)

2. Should I transfer from OMFS to OS logbook??

There is no need to transfer over as long as you have a log book that is validated.

3. Do I need to have hard copy signatures?

You need to prove that the logbook has been validated by either a signature or a letter stating that the log book with the current numbers provided is a true representation of procedures undertaken.

4. What is a solution for being unable to download paper copy WBAs?

If you don't have WBA's you should provide any information you can with your application. Your application will be assessed on its merits.

Subject: Exams/ Research

1. What level of research would be acceptable?

If you are applying through Route 3, where knowledge and experience in oral surgery is derived from academic or research work you would need to show the equivalence of an academic pathway in oral surgery. If you are applying through any other route you would be expected to have published some research similar to an oral surgery trainee..

2. What exams would be acceptable?

Any exam should map to the current MOralSurg curriculum.

3. Is MOralSurg a requirement?

The current MOralSurg is not an open access examination. The new Fellowship via the DSFE potentially maybe open access. Any professional qualifications that maps to the MOralSurg would show equivalence.

4. Does an examination need to have a hands on clinical component?

No this would be assessed via your log book.

Subject: Exam Open Access

1. **Will the new specialty exam be Open Access**
Potentially although this has not been formally agreed.
2. **When will be the first sitting of the new specialty examination?**
It is planned for Autum 2026.

Subject: Primary care/Tier 2/DES

1. **Does Tier 2/DES accreditation count as equivalence to an academic qualification?**
No.

Subject: SAS

1. **Is experience enough to gain access without academic component?**
No, if applying through route 5 you will need to show the equivalence of the MoralSurg professional examination.
2. **Will there be a different route created in the future for SAS Grades to apply by portfolio experience?**
It is unlikely that the GDC will provide a new route for the SLAA in the near future.

Subject: OMFS

1. **Can an OMFS StR gain access to OS list without completing OMFS training?**
They would need to go through the SLAA process like any other applicant.

Subject: Oral Surgeon title

1. **Who is permitted to use the Oral Surgeon protected term?**
2. **Only someone on the oral surgery specialist list may call themselves an oral surgery specialist. BAOS would advise against anyone not on the specialist list calling themselves an oral surgeon.**
3. **What am I allowed to call myself if I work primarily in Oral Surgery but am not on the Specialist List? You may call yourself a dentist with a special interest in oral surgery or if you work in an institution with grades/job titles you can put oral surgery in front of the job role – eg if working as a specialty dentist in oral surgery you can call yourself call yourself an oral surgery specialty dentist.**

Subject: Other

1. Who can I contact for further advice?

You should direct any further advice to the GDC.

2. What is the capacity for the OS Specialist list?

There is no maximum number that the oral surgery list can or could hold.

3. How can I view the current OS specialist list?

You can access the oral surgery specialist list via the GDC website.

4. What is the benefit of being on the OS specialist list?

You need to consider if the oral surgery specialist list would be beneficial for you in your career. This would be your decision if you feel you should apply to the list.