CAREER DEVELOPMENT FRAMEWORK

FOR CONSULTANT APPOINTMENTS

IN ORAL SURGERY

2010

Specialty Advisory Committee in Oral Surgery
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Introduction

Oral Surgery in the UK is a dental specialty recognized 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 detailed in the relevant GDC-approved curriculum document.

It is recognised that CCST holders employed as substantive and honorary consultants in the NHS are required not only to practise core specialist skills but also to possess a range of extended competencies. This document aims to detail the extended competencies and associated learning outcomes that are considered a pre-requisite for appointment to the consultant grade. This guidance is based on a document entitled 'Oral Surgery – A Modern Flexible Training', prepared by the SAC in Oral Surgery, and attached as Annex A. It also draws on GDC guidance regarding both core and optional, additional competencies in Oral Surgery, as published in the GDC Specialist Lists Review Group Final Report of 7th December 2005; this is attached as Annex B.

The appointment to the consultant grade is flexible and dependent upon demonstration of the required competencies and capacity to assign the roles and responsibilities of a consultant. It is anticipated, however, that taken as a whole specialist training and preparation for eligibility for appointment to the consultant grade should normally occupy no more than five years full time, or part time equivalent extending over eight or in exceptional circumstances a maximum of 10 years.

The precise mechanism whereby a specialist in Oral Surgery prepares for eligibility for appointment to the consultant grade is a matter for local agreement, involving the SAC in Oral Surgery and, wherever possible, the local Post Graduate Dental Dean.

Overview of training in Oral Surgery

Training in Oral surgery to CCST level will normally be delivered in a three-year *(or part-time equivalent)* programme leading to Membership of a Royal College (M Oral Surgery), award of a CCST, entry onto the GDC specialist list in Oral Surgery, and therefore eligibility to practise as a specialist.

The additional optional components of professional development, as described in this document, can result from a period of flexible acquisition of additional competencies, leading to a F Oral Surgery, assessed by an intercollegiate specialty fellowship examination (ISFE). This period of development would normally be a minimum of two years post-CCST, prior to sitting the ISFE. However, programmes should have some flexibility (with optional components), allowing individuals to exploit the available local training opportunities, and be tailored to suit the needs of the individual trainee and the likely future environment for their employment. For example, some programmes may provide a four to five year continuum of specialist training and post-CCST development.

Post-CCST programmes may be quality managed by the local deanery. The SAC in Oral Surgery will be available to the deaneries to provide advice should this be required, in addition to a network of SAC approved external advisors for Oral Surgery. External quality assurance of post-CCST development will be undertaken by the SAC in Oral Surgery and JCSTD (or JCPTD).

Outline of the Oral Surgery curriculum

The initial pre-CCST training will be briefly outlined so that the post-CCST extended competencies can be seen in context. This initial three year period concentrates principally on the 'core competencies' in Oral Surgery, although wherever possible it is advantageous for trainees to gain knowledge and experience beyond these minimum requirements.

Pre-CCST essential 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.

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.

Post-CCST extended competencies

Post-CCST development may have several components, as follows:

i) Extended clinical competencies

3.1 Diagnosis and treatment of fractures of the jaws and facial skeleton

3.2 Diagnosis and treatment of congenital and acquired anomalies of the jaws

3.3 Advanced implantology and bone augmentation for oral rehabilitation

3.4   Diagnosis and treatment of anomalies and diseases of the TMJ

3.5   Diagnosis and treatment of salivary gland diseases

To achieve these additional clinical competencies, trainees would need continuing experience of inpatient management, including exposure to emergency work.

ii) Advanced competencies in the management of health care delivery

4.1   Involvement in health services management, administration and use of resources.

4.2   Development of evidence-based practice, clinical guidelines and outcomes.

4.3   Involvement in clinical audit/clinical effectiveness studies.

4.4   Involvement in appraisal/performance assessment/peer review for others.

4.5   Understanding of clinical risk management, complaints, and governance as it applies to clinical practice, education and research, and the profession

4.6   Involvement in teaching/training/continuous professional development.

4.7   Understanding of confidentiality/freedom of information/data protection.

iii) Advanced competence in research and/or critical appraisal

Research would be an essential component for academic trainees and could involve:

- Acquisition of a doctorate by research
- Publication of papers in peer-reviewed journals
- Acquisition of research grant income
- Supervision of research students
- evidence of innovations (patents/industrial awards etc)

Acquisition of additional competencies would include a range of components from the above list, but could have an emphasis on different areas. For example, programmes could be constructed as follows:

1. *A programme to train a hospital-based consultant oral surgeon would normally emphasise*
   - Development of competency in some of the extended clinical competencies
   - Publication of clinical papers
   - Involvement in clinical audit
   - Preparation of clinical guidelines

2. *A programme to train an academic honorary consultant oral surgeon would normally emphasise*
   - Development of competency in extended clinical competencies relevant to special interests and expertise
   - Completion of a doctorate by research (if not obtained prior to entry)
   - Publication of research papers
   - Acquisition of research grant income
   - Supervision of research students

3. *A programme to train a community-based consultant oral surgeon would normally emphasise*
   - Development of core knowledge and understanding of the extended clinical competencies, possibly through experience
   - Preparation of clinical guidelines
   - Involvement in clinical audit
   - Membership of committees responsible for aspects of health services management

Assessment of post-CCST competencies

This will be achieved by the intercollegiate specialty fellowship examination (ISFE). To successfully pass the ISFE, the specialist would be expected to have at least knowledge and understanding of all components of the post-CCST competencies listed above, and competence in a majority.

On successful completion of the examination, the fellowship in Oral Surgery will be awarded after the candidate has satisfactory completed any remaining components of their post-CCST development, as confirmed by the Postgraduate Dental Dean or Training Programme Director.

Detailed description of competency requirements

A detailed description of the knowledge, skills and attitude required for consultant appointment, including some of the specialty-specific post-CCST competencies (3.1–3.5 and 4.1–4.7) is listed in the following tables, together with the teaching, learning and portfolio assessment methods. It is assumed that these competencies are built upon the retained pre-CCST competencies, as detailed in the GDC-approved Oral Surgery curriculum document. **As described above, a combination of appropriate competencies would be required for a post-CCST development programme, not all of the competencies listed in the tables.**

Glossary of assessments to be evaluated by portfolio
ARCP – Annual Review of Competence Progression
CBD – Case-Based Discussion
DOPS – Directly Observed Procedural Skills
Mini CEX – Mini Clinical Examination Exercise
MSF – Multi-Source Feedback
PDP – Personal Development Plan
RITA –Record of In-Training Assessment
WBA – Work Based Assessment

Extended clinical competencies

3.1   Diagnosis and treatment of fractures of the jaws and facial skeleton

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to undertake:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Fractures of the jaws and facial skeleton	- Aetiology of facial trauma - Classification of facial fractures - Signs and symptoms of fractures of facial skeleton - Priorities of management - Assessment of airway and head injury/level of consciousness - Eyes/ears and cranial nerve assessment - Investigations and interpretation of radiographs/scans - Methods of treatment/management - Management of the occlusion - Principles of wound management and soft tissue repair - Management/prevention of unfavourable scarring - Anticipated outcomes - Potential complications	***Clinical Skills*** - General assessment of the traumatised patient - Airway management and emergency treatment - Assessment and examination of the facial skeleton - Basic ophthalmic assessment - Interpretation of radiographs/scans - Liaison with technical services - Formulation of a treatment plan and prioritise management ***Technical Skills*** - Gain emergency surgical access to airway (Tracheostomy / cricothyroidotomy) - Control of haemorrhage - Surgical exposure of facial bones - Reduction and fixation of fractures of the dento-alveolar tissues, mandible, maxilla, zygomatic complex and nasal bones - Plate handling skills - Techniques of intermaxillary fixation - Techniques of cranio-maxillary fixation - Techniques for removal of damaged teeth/retained roots - Soft tissue handling and suturing techniques - Repair of intra-oral and facial soft-tissue lacerations - Management of contaminated wounds - Management of a laceration involving key structures or tissue loss	- Recognise the importance of basic science and understanding of health and disease. - Understand the concepts of beneficence/ non-maleficence - Have willingness to seek appropriate advice and support from colleagues when needed. - Have an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.	- Clinical training; personal study; courses - Attendance at appropriate multi-disciplinary clinics - Didactic teaching	CBD; MSF; DOPs

3.2   Diagnosis and treatment of congenital and acquired anomalies of the jaws

Subject	Knowledge A Consultant in Oral Surgery will be able to describe in detail:	Skills A Consultant in Oral Surgery will be able to undertake:	Attitudes A Consultant in Oral Surgery will:	Teaching and Learning method(s)	Portfolio assessment method(s)
Orthognathic surgery for dentofacial deformity	- Developmental anatomy of facial skeleton and facial musculature - Physiology of mastication - Norms of facial proportions - Classification and assessment of facial deformity - Aetiology of facial deformity - Psychology of facial deformity - Techniques of cephalometric analysis - Investigations and interpretation of radiographs/scans - Methods of treatment/management - Management of the occlusion - Anticipated outcomes - Theory of osseodistraction - Indications for intra-oral and extra-oral osseodistraction - Potential complications	***Clinical Skills*** - History and examination of the patient with facial deformity - Ability to formulate treatment plan - Liaison with orthodontic and other colleagues - Liaison with technical services - Formulation of a treatment plan ***Technical Skills*** - Identification of relevant instruments and support staff - Surgical exposure of the jaws - Control of haemorrhage - Identification and protection of nerves - Safe use of drills/saws - Techniques for orthognathic surgery of the mandible and maxilla, including mandibular ramus osteotomies, genioplasties and low level maxillary osteotomies. - Plate handling skills - Techniques of intermaxillary fixation - Techniques for placement of distractors - Peri-operative management of the airway - Soft tissue handling and suturing techniques - Post-operative care and follow-up - Post-operative management and supervision of distractors.	- Recognise the importance of basic science and understanding of health and disease. - Understand the concepts of beneficence/ non-maleficence - Have willingness to seek appropriate advice and support from colleagues when needed. - Have an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.	- Clinical training; personal study; courses - Attendance at appropriate multi-disciplinary clinics - Didactic teaching	CBD; MSF; DOPs

3.3   Advanced implantology and bone augmentation for oral rehabilitation

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to undertake:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Advanced implantology for oral rehabilitation.	- Relevant biology, anatomy, physiology, pathology and microbiology in relation to dental implants - Biological benefits of and indications for their use. - Aetiological factors affecting dental loss and alveolar resorption - Specialised investigations and classification of alveolar resorption - Principles of osseointegration and implant borne/retained dental prostheses - Criteria and technical requirements for provision of implants - Causes of success/failure - Surgical techniques for implant placement, healing and exposure - Principles and practice of prevention of diseases relating to implant structures. - When to harvest hard and soft tissue - Anatomy of bone graft donor sites	***Clinical Skills*** - History and examination of the patient with dental loss and/or alveolar resorption - Formulation of a treatment plan - Liaison with technical services - Work within a team structure to ensure appropriate restoration of the dentition. ***Technical Skills*** - Construction of surgical and radiographic guides to aid planning of number, position and angulation of fixtures - A high degree of skill in the choice and execution of appropriate techniques for all stages of the surgical implant placement - Identification and protection of nerves - Control of haemorrhage - Restoration of the severely resorbed mandible or maxilla - Augmentation of the severely resorbed mandible or maxilla, including use of such methods as sinus lift and use of bone grafts - Harvesting of bone both intra-orally and extra-orally - Post-operative care and follow-up of both donor and recipient sites	- Recognise the importance of basic science and understanding of health and disease. - Understand the concepts of beneficence/ non-maleficence - Have willingness to seek appropriate advice and support from colleagues when needed. - Have an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties. - Work within a team structure - Recognise 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. - Recognise the cost implications of treatments involving implants and guidelines applicable to provision of such treatment	- Clinical training; personal study; courses - Attendance at appropriate multi-disciplinary clinics - Didactic teaching	CBD; MSF; DOPs

3.4 Diagnosis and treatment of anomalies and diseases of the TMJ

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to undertake:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Anomalies and diseases of the TMJ	- Developmental anatomy of facial skeleton and facial musculature - Applied anatomy of temporomandibular joint and surrounding structures - Physiology of mastication - Psychology of TMJ disorders - Causes of TMJ/capsular/meniscal pathology and disorders - Aetiology of TMJ ankylosis - Aetiology of failure of development of TMJ - Investigations and interpretation of radiographs/scans - Methods of surgical and non-surgical treatment/management of benign disease - Indications for open surgery - Procedures available - Management of the occlusion - Anticipated outcomes - Potential complications - Indications, risks & benefits of joint replacement or reconstruction - Alloplastic joint replacement materials	***Clinical Skills*** - History and examination of the patient with TMJ problems - Liaison with colleagues in other relevant dental or medical specialties - Liaison with technical services - Formulation of a treatment plan - Non-surgical management of TMJ disorders and associated pain ***Technical Skills*** - Construction of appropriate diagnostic and therapeutic splints - Identification of relevant instruments and support staff - Surgical approaches to the TMJ, mandibular ramus and condyle - Surgical procedures for the TMJ - Identification and protection of nerves - Control of haemorrhage - Harvest of graft - Bone plating (Optional: Selection and fitting of alloplastic joint replacement) - Peri-operative management of the occlusion - Soft tissue handling and suturing techniques - Post-operative care and follow-up	- Recognise the importance of basic science and understanding of health and disease. - Understand the concepts of beneficence/ non-maleficence - Have willingness to seek appropriate advice and support from colleagues when needed. - Have an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.	- Clinical training; personal study; courses - Attendance at appropriate multi-disciplinary clinics - Didactic teaching	CBD; MSF; DOPs

3.5   Diagnosis and treatment of salivary gland diseases

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to undertake:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Benign salivary gland diseases	- Anatomy of major and minor salivary glands - Physiology of salivation - Relevant surgical anatomy of salivary glands and adjacent structures - Aetiology of salivary gland disorders - Investigations and interpretation of radiographs/scans - Methods of surgical and non-surgical treatment/management - Indications and techniques for salivary gland surgery - Anticipated outcomes - Potential complications - Anatomy of facial, lingual and other relevant nerves	***Clinical Skills*** - History and examination of the patient with salivary gland problems - Liaison with colleagues in other relevant dental or medical specialties - Liaison with technical services - Formulation of a treatment plan - Non-surgical management of salivary gland disorders ***Technical Skills*** - Non-surgical interventional methods for management of salivary gland disorders, including calculi - Surgical approaches to the sublingual, submandibular and minor salivary glands - Excision of the sublingual, submandibular or minor salivary glands - Identification and protection of nerves - Control of haemorrhage - Soft tissue handling and suturing techniques - Management of potential complications - Post-operative care and follow-up	- Recognise the importance of basic science and understanding of health and disease. - Understand the concepts of beneficence/ non-maleficence - Have willingness to seek appropriate advice and support from colleagues when needed. - Have an appreciation of when to discuss patient management with colleagues from other hospital clinical specialties.	- Clinical training; personal study; courses - Attendance at appropriate multi-disciplinary clinics - Didactic teaching	CBD; MSF; DOPs

ii) Advanced competencies in the management of health care delivery

4.1 Involvement in health services management, administration and use of resources.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Management and Administration	- Local and national NHS and corporate organisational and administrative structures relevant to sphere of practice - Local and national NHS and corporate organisational policies and strategies relevant to sphere of practice - Relevant health and safety regulations and employment / equality and diversity legislation. - Human resource strategies to promote staff welfare. - Equality of access issues for minority groups requiring clinical care. - The basis of medical records administration.	- Demonstrate relevant skills for working in an organisational setting - Discuss best practices in management and administration. - Communicate effectively and empathetically with colleagues, managers and administrators at all levels and to utilise appropriate negotiating, counselling, appraisal, mentoring and listening skills to achieve the desired result. - Handle complaints / grievances sympathetically and efficiently. - Manage time effectively and adopt strategies for coping with stress. - Develop business case / strategies with appropriate input from administrative colleagues. - Use appropriate computer hardware and software to facilitate administration and clinical practice. - Delegate and show leadership	- Know how to work effectively as part of a team and manage and delegate appropriately. - Understand 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 - Attend trainee didactic teaching sessions within department. - Attendance at suitable courses - Independent study.	RITA/ARCP; MSF

4.2   Development of evidence-based practice, clinical guidelines and outcomes.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Evidence-based practice, clinical guidelines and outcomes	- The principles of evidence-based medicine. - The drawbacks of commonly used guidelines -The steps of diagnostic reasoning: • Interpretation of history and clinical signs • Conceptualisation of clinical problem • Generation of hypothesis within context of clinical likelihood • Testing, refining and verifying hypothesis • Developing list and action plan - Concepts of disease natural history and assessment of risk. - Methods and associated problems of quantifying risk e.g. cohort studies - The concepts and drawbacks of quantitative assessment of risk of benefit e.g. numbers needed to treat - Commonly used statistical methodology - The research governance framework of the NHS and employing institutions	- Critically appraise evidence. - Be competent in the use of databases, libraries and the internet - Interpret clinical features and interpret their reliability and relevance to clinical scenarios. - Generate a plausible hypothesis(es) following patient assessment. - Construct a concise and applicable problem list using available information. - Define the relevance of an estimated risk of a future event to an individual patient. - Use risk calculators appropriately. - Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient. - Search and comprehend medical literature to guide reasoning. - Demonstrate the ability to utilise guidelines. - Be able to contribute to the evolution of guidelines - Able to obtain ethical and institutional approval for research	- Display a keenness to use evidence in the support of patient care and own decisions therein - Recognise the difficulties in predicting occurrence of future events. - Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention. - Be willing to facilitate patient choice. -Show willingness to search for evidence to support clinical decision-making. - Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning. - Show willingness to use guidelines - Show regard for individual patient needs when using guidelines. - Demonstrate awareness of systematic reviews of research evidence.	- Independent study; external courses - SIGN, NICE, Internet courses	RITA/ARCP; MSF

4.3   Involvement in clinical audit/clinical effectiveness studies.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Audit	- Know and be able to describe the audit cycle, data sources and data confidentiality. - Be able to describe the principles of internal and external quality assurance.	- Follow local protocols for the pursuit of audit in an ethical and confidential manner - Critically appraise evidence to establish standards. - Initiate, lead and complete at least three audit projects by the end of training. - Present the outcome of audit to colleagues in a clear and effective manner	- Consider the relevance of audit to benefit patient care and individual performance (i.e. to clinical governance). - Understand the differences between audit and clinical impression of outcomes	Meetings in unit	- Audit projects - Evidence of local, regional or national audit presentations

4.4   Involvement in appraisal/performance assessment/peer review for others.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Appraisal and assessment	- The concepts of appraisal and assessment. - How to conduct an appraisal interview or assessment. - How to differentiate between appraisal and assessment. - How to direct members of the Oral Surgery team to appropriate sources of help/advice	- Maintain a personal appraisal portfolio. - Undertake an effective appraisal or assessment of others. - Able to document appraisal of others and help them to maintain a personal appraisal portfolio. - Show evidence of career development of self and others through appraisal	- Demonstrate a positive attitude to appraisal. - Be aware of equality and diversity issues as they relate to appraisal - Recognise the manifestations of stress in others	Discussion with trainers	RITA/ARCP

4.5 Clinical risk management, complaints, and governance as it applies to clinical practice, education and research, and the profession

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Risk Management	- Such matters as heath and safety policy, policies on needle stick injuries, note keeping, communications and staffing numbers. - Methods for ensuring correct patient and correct procedure	- Apply these procedures in practical situations - Direct members of the Oral Surgery team to appropriate sources of help/advice	- Be aware of potential risks - Be truthful in assessment of risk - Be vigilant in application of procedures	- Tutorials; external courses; independent study - Hospital mandatory training	RITA/ARCP
Complaints	- Local complaints procedures. - Systems of independent review. - Clinician's medico-legal responsibilities, particularly those related to Oral Surgery.	- Anticipate potential problems. - Manage dissatisfied patients. - Manage dissatisfied colleagues - Carry out critical/adverse incident reports and demonstrate an awareness of the ways in which this process can be used to improve clinical care.	- Act with honesty and sensitivity and promptly. - Be prepared to accept responsibility.	- Discussion with trainers	RITA/ARCP; CBD
Clinical Governance	- 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. - The process of revalidation and the assessment of individual clinical performance - The role of GDC, Royal Colleges, Specialist Societies and Universities in the process of professional self-regulation. - The levels of responsibility and accountability within the NHS and in particular the role of a Trust's Chief Executive, Medical Director and Clinical Director. - Procedures for reporting concerns over the level of competency and fitness to practice of professional colleagues. - Quality assurance in the delivery of clinical care. - The research governance framework of the NHS and employing institutions	- Show the necessary skills of self-reflection and self-appraisal used to identify continuing professional development needs. - Utilise critical appraisal skills and be able to apply to research evidence - Organise and undertake a clinical audit project including implementation of outcomes and re-audit. - Produce and update patient information material - Utilise appropriate communication / presentation skills - Construct, analyse and use patient surveys. - Use procedures to ensure consumer involvement and consultation - Ensure disciplinary procedures in place for all professional staff. - Able to obtain ethical and institutional approval for research	- Recognise the importance of maintaining professional and personal standards - Recognise 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. - Attendance at suitable courses - Independent study	RITA/ARCP

4.6   Involvement in teaching/training/continuous professional development.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
To have the skills, attitudes and practices of a competent teacher / trainer	- How to identify adult learning principles and needs. - The structure of a teaching activity and various teaching strategies. - The principles of teaching evaluation. - The advantages and disadvantages of various teaching modalities, circumstances and styles. - Different communication skills and styles - The structure of specialist training programmes in Oral Surgery. - The role of the trainer/educational supervisor/TPD in relation to specialist training - The role of the GDC, deaneries and SAC in quality assuring and quality managing specialist training	- Facilitate the learning process (e.g. identify learning outcomes, construct educational objectives, communicate effectively with the learners, use appropriate teaching resources, give constructive and effective feedback). - Utilise appropriate communication / presentation skills. - Demonstrate effective presentations/small group teaching. - Recognise the failing trainee - Communicate effectively both orally and in writing with peers, practitioners, staff, patients and the public - Undertake formative assessments for students - Manage groups with different learning needs effectively in same session of teaching. - 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 - Deliver appropriate Specialist Training in Oral Surgery (including the competencies necessary for consultant appointment) and supervise safely - Undertake the role of Trainer/educational supervisor	- Demonstrate a willingness and enthusiasm to teach. - Show respect for the learner. - Demonstrate a professional attitude towards teaching. - Recognise the importance of the role of the dentist as an educator. - Demonstrate willingness to teach trainees and other health and other social workers in a variety of clinical settings. - Encourage discussions in clinical settings to share knowledge and understanding. - Show willingness to participate in workplace-based assessments. - Show willingness to take up formal tuition in medical and dental education. - Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour	- Workplace experience (teaching and communication) with appropriate trainers including attendance at suitable learning and teaching sessions at a relevant stage in training. - Appropriate range of opportunities for observational and personal teaching and communication within the organisation - Attendance at trainee didactic teaching sessions within department	RITA/ARCP
Life-long learning	- How to identify personal development needs	- Recognise and use learning opportunities. - Use the potential of study leave to keep one up to date. - Be able to maintain a portfolio. Monitor own performance through audit and feedback. - Ensure compliance with the GDC requirements for recertification and revalidation	- Recognise personal effectiveness in delivering lectures, tutorials, seminars and clinical demonstrations - Recognise the value of course evaluations and reflective practice - Be self-motivated and eager to learn. - Show willingness to learn from colleagues and to accept feedback.	- Attendance at suitable courses / conferences / symposia / workshops - Independent study - Periodicals, journals	CPD

4.7 Understanding of confidentiality/freedom of information/data protection.

Subject	Knowledge *A Consultant in Oral Surgery will be able to describe in detail:*	Skills *A Consultant in Oral Surgery will be able to:*	Attitudes *A Consultant in Oral Surgery will:*	Teaching and Learning method(s)	Portfolio assessment method(s)
Confidentiality	- Relevant strategies to ensure confidentiality. - Situations when confidentiality might be broken. - Responsibilities under data protection legislation	- Use and share all information appropriately. - Demonstrate appropriate use of written material.	- Respect the right to confidentiality. - Have respect for patient/carers. - Accept points of view and wishes.	- Clinical training; personal study	MSF
Legal issues	-The legal issues relating to managing and treating adults and children. - The legal issues surrounding the role of the expert witness - The legal issues surrounding relationships with the media	- Demonstrate awareness of legal issues - Interact appropriately with • radio • television • newspapers/ magazines etc • the internet	- Act with compassion and understanding at all times - Recognise importance of accuracy and impartiality - Demonstrate honesty, integrity and timeliness - Declare conflicts of interest	- Clinical training; personal reading	RITA/ARCP

ORAL SURGERY TRAINING – A MODERN FLEXIBLE PROGRAMME

The GDC report on specialist lists published in December 2005 approved a series of core and extended competencies for the oral surgery curriculum. Implementation of this curriculum must take into account the following points:

- A high standard of training and competence must be achieved.
- The training must be deliverable.
- Trainees must be equipped to undertake oral surgery in a range of environments, including specialist practice, hospital service, community-based service and in an academic institution.
- The programme must be sufficiently flexible to encompass the needs in each environment, avoid inappropriate and unnecessary training, and to permit eligibility for consultant status where desirable.

Outline

1 Oral surgery training will normally be delivered in a three-year *(equivalent to full time)* programme leading to Membership of a Royal College (M Oral Surgery), a CCST, entry onto the specialist list in Oral Surgery, and therefore eligibility to practice as a specialist. A subsequent optional component would be a period of flexible acquisition of additional competencies, leading to a FDS Oral Surgery, assessed by an intercollegiate specialty fellowship examination (ISFE). Completion of the Fellowship examination should be viewed, when established, as essential for eligibility for an NHS consultant or honorary consultant appointment.

2. The three years programme of training would comprise the 'core competencies' in Oral Surgery. Wherever possible, it would be advantageous to the trainees to gain knowledge and experience beyond the core competencies..

3. The period of post-CCST development would normally be a minimum of two years prior to sitting the ISFE. Programmes would have some flexibility (with optional components), allowing individuals to exploit the available local training opportunities, and be tailored to suit the needs of the individual trainee and the likely future environment for their employment. Programmes would be quality assured locally with the possible help of the local deanery. Examples of the components of this period are given below.

4. It is anticipated that the SAC in Oral Surgery will be asked to advise on the approval of training programmes. Some programmes may provide a four-five year continuum of training, according to local needs and circumstances. It is likely that many trainees will complete the training to CCST level only, as currently occurs in other dental specialties such as orthodontics. It is acknowledged that flexible training will result in trainees with different levels and spheres of experience, but this is not considered to be a problem. Public protection will be achieved because of "the professional duty to practice only within the limits of competence" (GDC Specialist Lists Review Group Final Report, 2005).

Curriculum

1. **Pre-CCST training.**
   The list of competencies to be achieved in the three years of CCST training is listed below, and should be seen as a *minimum* requirement. It is based on Annex C of the GDC report, with minor modifications for clarity, and the addition of basic competencies in the management of health care delivery, 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 some 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 these areas.

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.

2. Post-CCST acquisition of additional competencies

Post-CCST development may have several components, as follows:

i) Extended clinical competencies

3.1   Diagnosis and treatment of fractures of the jaws and facial skeleton

3.2   Diagnosis and treatment of congenital and acquired anomalies of the jaws

3.3   Advanced implantology and bone augmentation for oral rehabilitation

3.4   Diagnosis and treatment of anomalies and diseases of the TMJ

3.5   Diagnosis and treatment of salivary gland diseases

ii) Advanced competencies in the management of health care delivery

4.1   Involvement in health services management, administration and use of resources.

4.2   Development of evidence-based practice, clinical guidelines and outcomes.

4.3   Involvement in clinical audit/clinical effectiveness studies.

4.4   Involvement in appraisal/performance assessment/peer review for others.

4.5   Understanding of clinical risk management, complaints, and governance as it applies to clinical practice, education and research, and the profession

4.6   Involvement in teaching/training/continuous professional development.

4.7   Understanding of confidentiality/freedom of information/data protection.

iii) Advanced competence in research and/or critical appraisal

Research would be an essential component for academic trainees and could involve:

- Acquisition of a doctorate by research
- Publication of papers in peer-reviewed journals
- Acquisition of research grant income
- Supervision of research students

To be eligible to enter the ISFE, the specialist would be expected to have at least knowledge and understanding of all components of the curriculum, and competence in the majority. As for the pre-CCST training period, to achieve clinical competencies, trainees would need experience of inpatient management including exposure to emergency work.

Acquisition of additional competencies would include a range of components from the above list, but could have an emphasis on different areas. For example, programmes could be constructed as follows:

1. *A programme to train a hospital-based consultant oral surgeon would emphasise*
   - Development of competency in a majority of the extended clinical competencies
   - Publication of clinical papers
   - Involvement in clinical audit
   - Preparation of clinical guidelines

2. *A programme to train an academic honorary consultant oral surgeon would emphasise*
   - Development of competency in extended clinical competencies relevant to special interests and expertise
   - Completion of a doctorate by research (if not obtained prior to entry)
   - Publication of research papers
   - Acquisition of research grant income
   - Supervision of research students

3. *A programme to train a community-based consultant oral surgeon would emphasise*
   - Development of core knowledge and understanding of the extended clinical competencies, possibly through experience
   - Preparation of clinical guidelines
   - Involvement in clinical audit
   - Membership of committees responsible for aspects of health services management

Assessment of post-CCST Fellowship training

Eligibility for the ISFE:

1. Applicants must be enrolled with the Specialty Advisory Committee for Oral Surgery
2. Applicants must have passed the membership in Oral Surgery Examination of the Royal Colleges of the UK or be on the GDC Specialist List in Oral Surgery
3. Evidence must be provided of having completed (at the date of commencement of the examination) either:
   a. a minimum of 42 months speciality training in Oral Surgery (or pro rata for part-time trainees)
   b. a minimum of 18 months in a full-time post-CCST fellowship programme
4. Evidence of satisfactory progress must be provided from the Training Programme Director for Oral Surgery

On successful completion of the examination, the fellowship in Oral Surgery will be awarded after the candidate has satisfactory completed any remaining components of their approved training programme, as confirmed by the Postgraduate Dental Dean or Training Programme Director.

The ISFE will include assessments of the post-CCST competencies, together with appraisal and discussion of the portfolio of achievements.

March 2008
(Minor update to competency 1.16 in July 2008 and also March 2009)

ANNEX B

Annex C in GDC Specialist Lists Review Group Final Report 7th December 2005

Core Competencies for the Oral Surgery Curriculum

The Review Group believes the core competencies for an Oral Surgery curriculum must be:

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 in appropriate circumstances and in accordance with clinical guidance for the management of malignant disase and salivary gland lesions
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
1.9 Insertion of osseointegrated dental implant including bone augmentation and soft tissue management
1.10 Management of dento-alveolar trauma
1.11 Management of oro-facial pain including temporomandibular joint disorders
1.12 Clinical diagnosis of oral cancer and potentially malignant diseases, familiarity with their management and appropriate referral
1.13 The diagnosis of dentofacial deformity and familiarity with its management and appropriate referral
1.14 Diagnosis and management of oral mucosal diseases and appropriate referral
1.15 Appropriate pain and anxiety control including the administration of standard conscious sedation techniques.

The EU document XV/E/8385/3/95-EN by the Advisory Committee on the Training of Dental Practitioners (ACTDP) suggests the following extended competencies. These are not required competencies but rather additional areas that can be added nationally and locally to the Oral Surgery curriculum.

2.1 Management and treatment of fractures of the jaws and facial skeleton
2.2 Diagnosis and treatment of salivary gland diseases
2.3 Management of congenital and acquired anomalies of the jaws and the temporomandibular joint (TMJ)
2.4 Diagnosis and treatment of diseases of the TMJ.