

**SPECIALTY TRAINING  
CURRICULUM FOR ORAL  
MEDICINE**

## CONTENTS

Introduction.....	3
Rationale .....	4
Duration of training.....	5
Entry requirements.....	5
Teaching and research.....	6
Assessment strategy .....	7
Model of learning.....	8
Learning experiences .....	9
Supervision and feedback .....	10
Managing curriculum implementation.....	11
Curriculum review and updating.....	12
Equality and diversity .....	13
Content of learning .....	15
Appendix 1.....	54

## **Introduction**

The curriculum covers training in the specialty of Oral Medicine up to the level of the award of a Certificate of Completion of Specialist Training in Oral Medicine.

## **RATIONALE**

This curriculum is designed to guide the development of specialist trainees in Oral Medicine. This will produce dentists who will become specialists in Oral Medicine and be included on the GDC's specialist list in Oral Medicine.

The content and learning methods have been developed from the existing competency document for Oral Medicine which was originally developed by the British Society for Oral Medicine and subsequently approved by the SAC in the Additional Dental Specialties in 2003. This current document was written and developed by the SAC in the Additional Dental Specialties with on going feedback from trainers and trainees.

The new curriculum has been written to PMETB and GDC standards by a short term working party convened by the Oral Medicine sub-group of the SAC in the Additional Dental Specialties as follows:-

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The members of the working party are experienced trainers from the UK, with special expertise in different areas of Oral Medicine. The working party also included a trainee representative and has also obtained input from the specialist society, namely the British Society for Oral Medicine.

Further input was obtained from the European Association of Oral Medicine, the American Academy of Oral Medicine and the Public Liaison Group, The Royal College of Surgeons of Edinburgh. Specialist educational input was obtained from Dr. Linda Prescott-Clements, NHS Education for Scotland.

## **Duration of Training**

The normal duration of training is five years. Accredited prior learning, which may include possession of a medical degree, may be taken into account in assessing the agreed period of training. The practice for recognising prior learning is attached as appendix 1 to this curriculum on page 54.

A CCST in Oral Medicine will be awarded by the General Dental Council on the recommendation of the local Postgraduate Dental Dean following:-

- Evidence of satisfactory completion of the Oral Medicine curriculum and the agreed training period
- Satisfactory completion of the Intercollegiate Specialty Fellowship examination in Oral Medicine
- Successful outcome in the Annual Review of Competence Progression (ARCP) process as outlined in 'A Guide to Postgraduate Dental Specialty Training in the UK' (Dental Gold Guide).

### *Entry requirements*

Entry to an Oral Medicine specialty training programme in the UK may follow the satisfactory completion of a two year period of Foundation Training in dentistry which includes periods of training in primary and secondary care settings.

While the Diplomas of Membership of the Joint Dental Faculties (RCS England), the Faculty of Dental Surgery (RCS Edinburgh/RCPS Glasgow) or the Faculty of Dentistry (RCS Ireland) remain useful indicators of completion of this period, it is not essential that a candidate holds one of these qualifications. It is recognised that the achievement of competencies specified in the Curriculum for UK Dental Foundation Programme Training may be demonstrated in other ways.

The curriculum will be achieved by completing the necessary specialty posts within training programmes.

## **Teaching and Research**

As the specialty is primarily based within Dental Schools most posts are associated with a significant teaching load. Trainees may undertake a formal teaching qualification, in addition to the activity required for the competencies specified in the generic element of the curriculum. Time out of programme will require prospective approval from the SAC and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the period.

Trainees may undertake research, in addition to the activity required for the research competencies specified in the generic element of the curriculum. All options can be considered including taking time out of programme to complete a specified project or research degree. Time out of programme will require prospective approval from the SAC and the support of the Postgraduate Dean. Funding will need to be identified for the duration of the research period. A maximum period of three years out of programme is allowed although this may be interpreted flexibly.

## **ASSESSMENT STRATEGY**

The learning outcomes will be assessed using both workplace-based performance assessments and examination of knowledge and clinical skills, which will sample across the domains of the curriculum *i.e.* knowledge, skills and attitudes. The assessments will be supported by structured feedback for trainees within the training programme. Assessment tools will be both formative and summative and will be selected on the basis of their fitness for purpose.

In the first instance it is likely that the workplace-based assessment tools will include case based discussion (CbD), mini-CEX (clinical evaluation exercise), DOPS (direct observation of procedural skills), Patient Assessment Questionnaires (PAQ) and MSF/TAB/DenTAB (various forms of obtaining multisource feedback).

For reasons of clarity the assessment blueprint is appended as a separate document.

## **MODEL OF LEARNING**

### **Work based experiential learning**

This will form a large part of the training, and will include the following aspects:-

General Oral Medicine outpatient clinics.

This should comprise a significant part (six sessions per week) throughout the entire training programme. Trainees should see both new and review patients. Sufficient time must always be made available for the supervising specialist to teach and advise the trainee during these clinics.

Ward Referrals

The trainee should have a regular commitment to seeing hospital in-patient referrals during the training programme.

During the first year, the trainee will be expected to accompany a specialist or senior trainee, and thereafter will be given increasing responsibility for carrying out consultations independently. Ready access to specialist advice should, however, always be available.

### **Specialist out patient clinics**

Sufficient time should be spent during attachments to specialised clinics to achieve the listed competencies. This should include attachments in medical specialties such as Dermatology, Gastroenterology and Rheumatology. However this is not an exhaustive list and the precise nature of the timetable should be based on the trainee's previous experience and individual learning needs.

Trainees should have experience of minor oral surgery (soft tissue biopsies). It is envisaged that this should be accomplished during the first year of training. There should be sufficient exposure to gain the competencies listed.

Other learning models

Each training centre will provide a variety of additional training opportunities in addition to work-based experiential learning. These will include:

Clinical meetings – departmental and regional clinical and clinicopathological meetings where trainees can participate in the detailed discussion of difficult clinical problems.

Journal Club, or similar. Usually organised on a departmental basis, and used in a small group format to discuss journal articles, research, textbooks of Oral Medicine, recent national meetings.

Participation in clinical governance activity.

In addition the trainee should be able to attend national training opportunities for delivery of external teaching. A full list of national available courses and meetings in Oral Medicine in the United Kingdom is available on the British Society for Oral Medicine website ([www.bsom.org.uk](http://www.bsom.org.uk)). The trainee does not need to attend all of these, but should discuss with their Training Programme Director which are likely to be of most use to them as an individual at each stage in their training. This will depend on the local strengths of the training department, and on the trainee's particular learning needs and interests.

Throughout specialty training the trainee should spend time on independent study, including reading recommended texts, journals, and using computer searches to access appropriate material on the Internet.



## **LEARNING EXPERIENCES**

The curriculum will be delivered through a variety of learning experiences. Trainees will learn from supervised practice, clinical skills 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 with 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 place, appropriate educational attachments 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 the trainee, their on-going progress and whether parts of the curriculum are not being delivered within their present work place.

## **SUPERVISION AND FEEDBACK**

In addition to day to day supervision, the trainee should meet with their Training Programme Director on a regular basis (suggested minimum of four times per year). At the first meeting the educational objectives for the year will be agreed. Subsequent meetings will review progress and will be based on the supervisor's observations of the trainee's performance, feedback from other supervisors and formal assessment results from Case based Discussions, mini-CEX, DOPS and MSF (or equivalent) where appropriate.

Towards the end of each year a formal summative assessment will take place. This will provide a structured assessment of the trainee's progress, based on evidence collated from the assessment methods as above. These competency based assessments will inform the ARCP process. The local Specialist Training Committee will meet each year to assess each trainee's progress. This will include review of the documentation related to the trainee and an interview with the trainee. Feedback to the trainee will be given, and further feedback can be arranged with the educational supervisor or programme director if required.

The educational supervisor, when meeting with the trainee, will discuss issues of clinical governance, risk management and the report of any untoward clinical incidents involving the trainee.

The educational supervisor is part of the clinical specialty team thus if the clinical directorate (clinical director) have any concerns about the performance of the trainee, or there were issues of health care team or patient safety, these would be discussed with the educational supervisor. This would not detract from the statutory duty of the institution to deliver effective clinical governance through its management systems.

## **MANAGING CURRICULUM IMPLEMENTATION**

The curriculum will be issued to all trainees on appointment. Training Programme Directors and 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 Medicine. 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 Educational Supervisors, 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.

Training Programme Directors, along with Deaneries, Educational Supervisors and trainees will together ensure local delivery of the curriculum. Deaneries are responsible for quality management, the General Dental Council will quality assure the deaneries and educational providers are responsible for local quality control, to be managed by the Deaneries.

## **CURRICULUM REVIEW AND UPDATING**

Curriculum review will be informed by a number of different processes. For instance the SAC will be able to use information gathered from specialty heads and the National Health Service. It will have available to it results of the trainee survey, which will include questions pertaining to their specialty. 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. It is likely that the NHS will have a view as to the balance between generalist and specialist skills, the development of generic competencies and, looking to the future, the need for additional specialist competencies and curricula.

The process of curriculum review and updating will involve professional and lay input.

## 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 Medicine, and aim to eliminate discrimination (either direct or indirect), 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'<sup>1</sup>, in Scotland in 'Our National Health: A Plan for Action, 'A Plan for Change'<sup>2</sup> and in Wales by the establishment of the NHS Wales Equality Unit. 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'<sup>3</sup>. 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 Discrimination 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.

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<sup>1</sup> The Vital Connection: An Equalities Framework for the NHS. Department of Health, April 2000.

<sup>2</sup> Our National Health: A Plan for Action, A Plan for Change. Scottish Executive, December 2000.

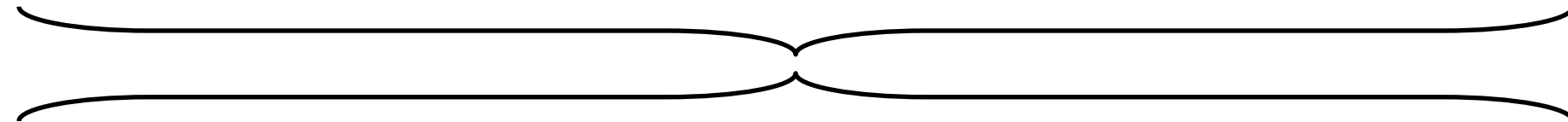
<sup>3</sup> Sharing the Challenge, Sharing the Benefits – Equality and Diversity in the Medical Workforce. Department of Health Workforce Directorate, June 2004.

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. 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 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

## Overview

A1. History taking	A2. Clinical Examination	A3. Investigations	A4. Management
			A4a. Prescribing & Therapeutics
			A4b. Operative Interventions



B1. Oral Soft Tissues	B2. Salivary Glands	B3. Neuronal Tissues	B4. The Interface of Oral and Systemic Disease	B5. Mental Health	B6. Medical Emergencies
B1a. Oral soft tissues in health	B2a. Salivary glands in health	B3. Nervous system in health			
B1b. Oral soft tissue disease	B2b. Salivary gland disease	B3a. Orofacial pain			
B1bi. Oral soft tissue hypersensitivity reactions		B3b. Neurological dysfunction			
B1bii. Oral soft tissue infections					

# SPECIALTY TRAINING CURRICULUM FOR ORAL MEDICINE



The content of the curriculum is detailed in the ensuing tables. It is expected that, prior to entry to training, the trainee will have demonstrated that they comply with Standards for Dental Professionals.

On completion of this programme the successful trainee should be able to:

**A1. History taking**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to elicit, record and interpret an accurate history from patients of any age within the scope of Oral Medicine practice.	<p>Identify and record risk factors for conditions relevant to mode of presentation</p> <p>Describe the spectrum of illness behaviour and relate this to diseases relevant to Oral Medicine practice</p> <p>Describe the application of structured questionnaires and related documents as adjuncts to history taking in selected instances</p>	<p>Ascertain a thorough history with consideration of possible local or systemic triggers including iatrogenic causes.</p> <p>Set an agenda and prioritise needs.</p>	<p>Fully address concerns, ideas and expectations of the patient and/or their parent/guardian</p> <p>Respect patient confidentiality</p> <p>Maintain cultural awareness and identity</p> <p>Value patient comprehension and views</p> <p>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</p> <p>Make an assessment of the likelihood of a significant underlying diagnosis and differentiates patients with urgent and non-urgent care needs.</p> <p>Demonstrate willingness and ability to teach students and healthcare colleagues sound history skills where appropriate.</p>	<p>Observation and performance in outpatient clinics.</p> <p>Ward-based learning, including ward rounds and consultations</p>

## A2. Clinical examination

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to perform an appropriate clinical examination on patients of any age within the scope of Oral Medicine practice</p>	<p>Describe the pathophysiological and anatomical basis for clinical signs</p> <p>Explain the application of disease severity indices as adjuncts to clinical examination in selected instances</p>	<p>Perform an examination relevant to the presentation and risk factors, which is valid, targeted and time efficient that includes as appropriate:</p> <ul style="list-style-type: none"> <li>• Orofacial tissues;</li> <li>• Other relevant body systems</li> </ul> <p>Perform valid examination in more challenging situations</p> <p>Assess mood and cognitive function as appropriate and apply this to interpretation of history</p>	<p>Respect a patient's dignity and cultural background and other beliefs</p> <p>Recognise importance of patient consent in context of examination</p> <p>Make an assessment of the likelihood of a significant underlying diagnosis and differentiates patients with urgent and non-urgent care needs.</p> <p>Demonstrate willingness and ability to teach students and healthcare colleagues sound clinical examination skills where appropriate.</p>	<p>Observation and performance in outpatient clinics.</p> <p>Ward-based learning, including ward rounds and consultations</p>

### A3. Investigations

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to select and request (and in some instances undertake) appropriate and relevant investigations within the scope of Oral Medicine practice.</p> <p>To be able to interpret and where necessary seek clarification on the meaning of a range of laboratory and imaging investigation results to inform subsequent patient care.</p>	<p>Explain the different investigations used within the scope of Oral Medicine and recognise their relationship with relevant basic sciences.</p> <p>Describe and relate the relevance of investigation results to health and disease.</p> <p>Describe best procedures to maximise information yield and minimise artefact and false or spurious results.</p> <p>Explain the specificity and sensitivity and predictive value of investigations.</p>	<p>When appropriate, discuss differential diagnoses with relevant colleagues to inform choice of investigation.</p> <p>Interpret investigation results appropriately and discuss with relevant colleagues where necessary.</p>	<p>Recognise the importance of focused and selected choice of investigations.</p> <p>Participate actively in review of investigation use in the context of good clinical governance, including reviews of own biopsy specimens with histopathologist.</p> <p>Demonstrate willingness and ability to teach students and healthcare colleagues sound use of investigations where appropriate.</p>	<p>Observation of relevant laboratory processes and imaging procedures.</p> <p>Individual or small group tuition by relevant colleagues with expertise in investigations of relevance to oral disease using routine and teaching specimens.</p> <p>Participate in clinico-pathology meetings.</p> <p>Audit or research project in collaboration with relevant colleagues.</p> <p>Attend appropriate courses</p>

#### A4. Patient Management

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to undertake specialist assessment and management of a patient of any age within the scope of Oral Medicine practice, in both an outpatient and inpatient hospital setting.	<p>Describe the principles of safe and effective, quality-assured, evidence based patient care.</p> <p>Explain why patient concordance may be decreased and how this can be changed.</p> <p>Explain why there may be barriers to change in beliefs and attitudes and how this impacts on patient management.</p> <p>Explain the difference between patient and doctor centred care.</p>	<p>Practice according to the principles of safe and effective, quality-assured patient care.</p> <p>Appropriately assess and prioritise patient care needs from written or verbal referrals.</p> <p>Formulate accurate, complete and appropriate differential diagnosis with appropriate prioritisation after consideration of common and rare conditions.</p> <p>Choose appropriate investigation informed by differential diagnoses.</p> <p>Act promptly and effectively on investigation results.</p> <p>Communicate aims and likely success of treatment and prognosis of condition to patient and/or parent/guardian in an empathic manner.</p> <p>Break bad news in an empathic and supportive manner.</p> <p>Agree treatment plan in partnership with patient and/or parent/guardian.</p> <p>Use skills to overcome barriers to communication e.g. use of interpreter and written information</p>	<p>Recognise urgency of patients with oral presentations requiring immediate assessment and management, and differentiates from non-urgent cases.</p> <p>Recognise and acts appropriately to oral presentations potentially associated with high morbidity including malignancy, or where associated with a significant underlying disease at other sites.</p> <p>Provide the patient or their parent/guardian with appropriate options and promote care undertaken in partnership.</p> <p>Recognise own limitations with respect to all aspects of patient care and chooses appropriately when to seek timely advice and input from other healthcare colleagues.</p> <p>Ensure information about interventions is shared promptly and accurately between a patient's health providers, including between primary and secondary care.</p> <p>Assess outcomes.</p> <p>Demonstrate willingness and ability to teach students and healthcare colleagues sound</p>	<p>Supervised outpatient clinics</p> <p>Ward-based learning, including ward rounds and consultations.</p> <p>Planned teaching <i>e.g.</i> specialist registrar training days.</p> <p>Clinical meetings – departmental, regional and national.</p> <p>Independent study</p> <p>Appropriate courses</p> <p>Journal club meetings</p>

		<p>Identify possible cultural or religious barriers to effective communication or patient care</p> <p>Draw a close to a consultation appropriately</p> <p>Manage alternative and conflicting views from family, carers and friends</p>	<p>patient management where appropriate.</p> <p>Recognise importance of assessing new therapies in the context of established therapies and the available evidence.</p>	
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#### A4a. Prescribing and therapeutics

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to undertake safe and effective prescription of drugs.</p>	<p>Describe the ways in which choice of therapy is informed by: aims of care, modes of action, indications &amp; contraindications, adverse effects, drug interactions (including with complementary medicines), safe monitoring, duration of therapy.</p> <p>Explain the evidence base for use for:</p> <ul style="list-style-type: none"> <li>• Topical drugs;</li> <li>• Intralesional drugs;</li> <li>• Systemic drugs.</li> </ul> <p>Describe appropriate procedures for pre-prescription baseline assessment and subsequent drug monitoring, including interpretation of results.</p> <p>Describe appropriate management of local and systemic adverse reactions to prescribed drugs</p> <p>Describe the issues involved in prescribing off license</p> <p>Describe the key aspects of concordance and compliance.</p> <p>Outline tools to promote patient safety and prescribing, including information technology systems.</p>	<p>Effectively communicate the risks and benefits of pharmacological therapeutic options to the patient or their parent/guardian with reference to specific issues related to unlicensed drugs.</p> <p>Prescribe drugs safely and effectively taking account of contra-indications, side effects and important drug interactions</p> <p>Undertake regular review of long term medications</p> <p>Make informed decisions to reduce the potential of adverse risk to patients related to drug prescription. For example, appropriate dose adjustments following therapeutic drug monitoring or physiological change (e.g. deteriorating renal function)</p> <p>Use information technology and consultation with relevant agencies to ascertain the best available information.</p> <p>Critically appraise and evaluate effectiveness of interventions including new therapies.</p> <p>Promote patient concordance with medication.</p>	<p>Make decisions about therapeutic interventions in partnership with patient and/or parent/guardian</p> <p>Recognise the benefit of minimising number of medications taken by a patient</p> <p>Appreciate the role of non-medical prescribers</p> <p>Remain open to advice from other healthcare professionals on medication issues</p> <p>Recognise the importance of resources when prescribing, including the role of Drug Formularies</p> <p>Remain up to date with therapeutic alerts, and respond appropriately</p>	<p>Supervised outpatient clinics</p> <p>Ward-based learning, including ward rounds and consultations.</p> <p>Planned teaching <i>e.g.</i> specialist registrar training days.</p> <p>Clinical meetings – departmental, regional and national.</p> <p>Independent study</p> <p>Appropriate courses</p> <p>Journal club meetings</p>

	Explain the issues in use of opioids and other addictive drugs.	Recognise patients who may be addicted to opioids or other drugs.		
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#### A4b. Operative interventions

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to undertake safely and effectively, operative techniques:</p> <ul style="list-style-type: none"> <li>• As definitive management of localised benign disease; or</li> <li>• To establish a tissue diagnosis, including where oral soft tissue malignancy is suspected.</li> </ul> <p>The trainee will be able to describe the appropriate application of operative techniques in other relevant situations.</p>	<p>Describe basic sciences of relevance to operative techniques.</p> <p>Describe different operative techniques including scalpel surgery, laser and cryotherapy.</p> <p>Explain the key features of safe and effective local anaesthesia for operative interventions including regional anaesthesia</p> <p>Identify the operative intervention options informed by aims of care, indications and contra-indications, complications (with reference to medico-legal aspects) and the evidence base for use.</p>	<p>Provide effective explanation for the role of operative management</p> <p>Provide accurate evaluation of operative interventions options for different oral soft tissue lesions</p> <p>Perform the following surgical procedures safely, competently and effectively:</p> <ul style="list-style-type: none"> <li>• Soft tissue excisional and incisional biopsy</li> <li>• Cryotherapy</li> <li>• Labial gland biopsy.</li> </ul> <p>Arrange appropriate follow-up.</p>	<p>Make decisions about operative interventions in partnership with patient and/or parent/guardian</p> <p>Recognise own limitations and chooses appropriately when to seek advice from surgical or other colleagues.</p> <p>Assess outcomes.</p>	<p>Supervised clinical sessions</p> <p>Independent study</p>



**B1a. Oral Soft Tissues in Health**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>To provide the trainee with the knowledge of the structure and function in health of lips and oral soft tissues.</p> <p>The trainee will be able to correlate health of the lips and oral soft tissues to disease states and use this insight to inform patient care.</p>	<p>Describe relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to health.</p> <p>Describe alterations of these in disease states.</p>	<p>Apply knowledge of basic sciences when assessing patients and formulation of treatment plans.</p> <p>Select appropriate interventions on the basis of basic sciences of relevance to oral soft tissues.</p>	<p>Recognise the importance of basic sciences for understanding health and disease.</p>	<p>Attend trainee seminars within department.</p> <p>Journal club review.</p> <p>Independent study.</p> <p>Attendance at suitable courses.</p>

**B1b. Oral Soft Tissue Disease**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to undertake specialist assessment and management of oral soft tissue disease.</p>	<p>Describe the repertoire of responses of oral soft tissues to trauma or pathology.</p> <p>Describe the clinical features (with reference to epidemiology) and underlying pathophysiology of:</p> <ul style="list-style-type: none"> <li>• Localised oral soft tissue disorders;</li> <li>• Iatrogenic oral soft tissue disorders;</li> <li>• Diseases with extra-oral manifestations that present with oral soft tissue disorders.</li> </ul> <p>Describe the different intervention options with consideration of their potential advantages and disadvantages including:</p> <ul style="list-style-type: none"> <li>• Drugs; or</li> <li>• Operative interventions.</li> </ul>	<p>Apply knowledge of basic sciences when assessing patients and formulation of treatment plans.</p> <p>Select appropriate interventions on the basis of basic sciences of relevance to oral soft tissues.</p>	<p>Recognise the importance of basic sciences for understanding health and disease.</p>	<p>Supervised outpatient clinics</p> <p>Ward-based learning, including ward rounds and consultations.</p> <p>Planned teaching <i>e.g.</i> specialist registrar training days.</p> <p>Clinical and scientific meetings – departmental, regional, national and international.</p> <p>Independent study</p> <p>Appropriate courses</p> <p>Journal club meetings</p>

**B1bi. Hypersensitivity reactions**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to investigate, diagnose and manage patients with oral soft tissue disease with a hypersensitivity basis.	<p>Describe mechanisms involved in soft tissue disorders with an aetiology related to underlying hypersensitivity.</p> <p>In relation to oral disease describe the indications, contraindications and limitations of:</p> <ul style="list-style-type: none"><li>• Contact urticarial testing;</li><li>• Epicutaneous patch testing;</li><li>• Indirect immunofluorescence, ELISA and related investigations;</li><li>• Direct immunofluorescence.</li></ul> <p>Describe different options for eliminating or reducing patient exposure to triggers of hypersensitivity reactions.</p>	<p>Apply knowledge of basic sciences when assessing patients and formulation of treatment plans.</p> <p>Select appropriate interventions</p>	Recognise the importance of basic sciences for understanding health and disease.	<p>Exposure to colleagues from relevant clinical and laboratory disciplines</p> <p>Independent study</p> <p>Supervised outpatient consultations</p>

**B1bii. Oral soft tissue infections**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to diagnose and manage viral, bacterial, fungal and other infections of the oral soft tissues.</p>	<p>State normal oral flora, and describe the concepts related to commensal and potentially pathogenic micro-organisms, as well as infectious agents that are only ever pathogenic.</p> <p>Define the clinical features, investigation and management of infections that:</p> <ul style="list-style-type: none"> <li>• Are primary or reactivated infections of oral soft tissues;</li> <li>• Have oral soft tissue manifestations but also involve other parts of the body.</li> </ul> <p>Describe clinical features of infections in immunocompromised patients.</p> <p>Describe appropriate measures to reduce risks of infection spread.</p>	<p>Where relevant to undertake an appropriate history that may include a:</p> <ul style="list-style-type: none"> <li>• Sexual history;</li> <li>• History that covers other risk factors for blood borne viruses.</li> </ul> <p>Selects and performs appropriate investigations, including obtaining appropriate microbiological samples for:</p> <ul style="list-style-type: none"> <li>• Culture (with reference to the different sample types where appropriate);</li> <li>• Microscopy;</li> <li>• PCR;</li> <li>• Serology: including discussion of the key aspects of testing for blood borne viruses.</li> </ul>	<p>Recognise limitations of own skills and where appropriate liaise and refer to other healthcare colleagues, for example in Infectious Diseases or Sexual Health in a timely manner.</p> <p>Consult with reference infectious diseases laboratory</p>	<p>Exposure to colleagues from relevant clinical and laboratory disciplines</p> <p>Independent study</p> <p>Supervised outpatient consultations</p>

**B2a. Salivary Glands in Health**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to describe the structure and function in health of salivary glands and saliva.</p> <p>The trainee will be able to correlate health of salivary gland tissues to disease states and use this insight to inform patient care.</p>	<p>Describe relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to health.</p> <p>Describe alterations of these in disease states.</p>	<p>Apply knowledge of basic sciences when assessing patients and formulation of treatment plans.</p> <p>Select appropriate therapy on the basis of basic sciences of relevance to salivary glands and saliva.</p>	<p>Recognise the importance of basic sciences for understanding health and disease.</p>	<p>Attend trainee seminars within department.</p> <p>Journal club review.</p> <p>Independent study.</p> <p>Attendance at suitable courses.</p>

### B2b. Salivary Gland Disease

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to diagnose and appropriately manage patients presenting with disorders of major and minor salivary glands.</p>	<p>Describe the clinical features (with reference to epidemiology) and underlying pathophysiology of:</p> <ul style="list-style-type: none"> <li>• Localised salivary gland disorders;</li> <li>• Iatrogenic salivary gland disorders;</li> <li>• Diseases with extra-oral manifestations that present with salivary gland disorders</li> </ul> <p>Describe relevant diagnostic criteria for patients with dry mouth.</p> <p>Describe the application and interpretation, with reference to advantages and disadvantages, of imaging modalities and/or laboratory investigations for different salivary gland diseases.</p> <p>Describe the different therapeutic options with consideration of their potential advantages and disadvantages including:</p> <ul style="list-style-type: none"> <li>• Drugs; or</li> <li>• Operative interventions.</li> </ul>	<p>Perform an appropriate clinical examination, that where relevant will include chairside saliva volume measurements and Schirmer I tests</p> <p>Perform a labial gland biopsy</p>	<p>Recognise the importance of basic sciences for understanding health and disease.</p>	<p>Supervised outpatient clinics</p> <p>Clinical meetings – departmental, regional and national.</p> <p>Independent study</p> <p>Appropriate courses</p> <p>Journal club meetings</p>

**B3a. Nervous System in Health**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to describe the structure and function in health of the nervous system.  The trainee will be able to correlate health of the nervous system to disease states and use this insight to inform patient care.	Describe relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to health.  Describe alterations of these in disease states.	Apply knowledge of basic sciences when assessing patients and during formulation of treatment plans.  Select appropriate therapy on the basis of basic sciences of relevance to the nervous system.	Recognise the importance of basic sciences for understanding health and disease.	Attend trainee seminars within department.  Journal club review.  Independent study.  Attendance at suitable courses.

### B3bi. Orofacial Pain

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to diagnose and appropriately manage patients presenting with orofacial pain of odontogenic and non-odontogenic origin.</p>	<p>Describe the different manifestations of orofacial pain, and how the nature of the presentation classically varies between them.</p> <p>Describe the pathophysiology of orofacial pain.</p> <p>Define the indications for imaging studies and other investigations in the context of orofacial pain.</p> <p>Describe the different evidence based therapeutic options with consideration of their potential advantages and disadvantages including:</p> <ul style="list-style-type: none"> <li>• Drugs;</li> <li>• Psychological therapies</li> <li>• Selected Complementary and Alternative Medicines (CAM)</li> <li>• Operative interventions.</li> </ul> <p>Explain how current guidelines have been developed and how to apply them.</p> <p>Recognise the importance of patient information literature and support groups.</p>	<p>Recognise the application of structured questionnaires and related documentation</p> <p>Perform an appropriate neurological examination</p>	<p>Recognise orofacial pain with potentially high morbidity including suicide risk or malignancy, or where associated with a significant underlying systemic illness.</p> <p>Recognise own limitations and chooses appropriately when to seek timely advice and input in to patient care from other healthcare colleagues for example, The Pain Team, Neurology, Neurosurgery, Liaison Psychiatry or Clinical Psychology</p>	<p>Outpatient consultations with supervision</p> <p>Independent study</p> <p>External course</p>



**B3bii. Neurological Dysfunction**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to diagnose and appropriately manage patients presenting with altered cranial nerve function related or unrelated to other neurological abnormalities.	<p>Describe the clinical features (with reference to epidemiology) and underlying pathophysiology of:</p> <ul style="list-style-type: none"><li>• Localised cranial nerve disorders;</li><li>• Iatrogenic cranial nerve disorders;</li><li>• Diseases with extra-oral manifestations that present with cranial nerve disorders</li></ul> <p>Define the indications for, and choice of imaging studies and other investigations in, the context of altered cranial nerve function</p>	Perform an appropriate neurological examination	Recognise the importance of basic sciences for understanding health and disease.	<p>Outpatient consultations with supervision</p> <p>Independent study</p> <p>External course</p>

#### B4. The Interface of Oral and Systemic Disease

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will relate health and disease of orofacial tissues to other relevant body systems where appropriate</p> <p>The trainee will be able to provide advice on medical disease to dental practitioners and patients and on specific oral implications of disease to medical practitioners.</p> <p>Development of management plan for chronic disease, including self-care and the use of a supportive multi-disciplinary team.</p> <p>Recall range of adverse drug reactions to commonly used drugs and recall drugs requiring therapeutic drug monitoring.</p> <p>Establish effective communication with relevant teams by means appropriate to the urgency of the situation.</p>	<p>Recognise medical disease, presentations and management, including complications of management.</p> <p>Describe the natural history of diseases that run chronic courses.</p> <p>Recognise imminent or acute illness.</p> <p>Explain current best practice in safe prescribing, including effects of patient factors and concomitant disease on prescribing.</p> <p>Use principles of clinical reasoning in medicine.</p>	<p>Perform detailed and reliable history taking and recording of appropriate details</p> <p>Demonstrate detailed and correct physical examination of relevance to orofacial health with examination, where appropriate, of other body systems.</p> <p>Select appropriate investigations. Formulates an accurate, complete and appropriate differential diagnosis.</p> <p>Select appropriate treatment plan.</p> <p>Communicate treatment plan and instructions/requests to patient and/or relatives/carers and to other medical consultants and general practitioners in a prompt and accurate manner.</p>	<p>Recognise urgency of patients requiring immediate assessment and treatment, and differentiates from non-urgent cases.</p> <p>Willingness to seek second opinion or alter management at an early stage if patient fails to respond or is unhappy with current treatment plan.</p> <p>Recognise the impact of long term conditions on patient, family and friends.</p> <p>Foster a supportive and respectful environment.</p> <p>Encourage open communication with all members of the team involved in patient care</p>	<p>Supervised outpatient clinics</p> <p>Ward-based learning, including ward rounds and consultations.</p> <p>Planned teaching <i>e.g.</i> specialist registrar training days.</p> <p>Clinical meetings – departmental, regional and national.</p> <p>Independent study</p> <p>Appropriate courses</p> <p>Journal club meetings</p> <p>Accessing GMC and GDC published guidance</p>

**B5. Mental Health**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will be able to identify serious or incidental psychiatric morbidity in patients presenting with oral disease	<p>Describe psychiatric differential diagnosis of relevance to orofacial disease</p> <p>Define features of depression, and risk factors for suicide</p> <p>Define the basic use of antidepressants, in the management of orofacial disease</p> <p>Describe structure of liaison services to psychiatry.</p> <p>Define the role of clinical psychologists in managing mental health.</p>	<p>Perform a psychiatric history</p> <p>Evaluate risk of suicide in a patient</p>	Recognise own limitations and choose appropriately when to seek advice from the Mental Health team.	<p>Independent study</p> <p>External course</p> <p>Outpatient consultations with supervision</p>

## B6. Medical Emergencies

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will be able to recognise, manage and where required provide basic and immediate life support for adult and paediatric medical emergencies, in line with guidelines from the UK Resuscitation Council</p> <p>The trainee will be able to minimise risk of, recognise, assess and treat other acutely unwell adult and paediatric patients including simple faint, postoperative bleeding, hyperventilation, angina, myocardial infarction, acute asthma, anaphylaxis, diabetic emergencies, seizures and adrenal insufficiency</p>	<p>Describe the physiology or pathophysiology related to medical emergencies</p> <p>Explain the pharmacology and adverse effects of drugs used in the management of medical emergencies</p> <p>Define the requirements and procedures involved in selection and maintenance of emergency drugs and equipment</p> <p>Define correct handling of medical emergency drugs and equipment</p> <p>Identify and record risk factors for medical emergencies and institute preventive strategies</p>	<p>Perform assessment of acutely unwell patient and demonstrate detailed and correct physical examination</p> <p>Identify, prescribe and administer (where appropriate) pharmacological agents and use equipment correctly for the management of medical emergencies in adults and children</p> <p>Identify and refer with an appropriate degree of urgency, medical and dental emergencies, beyond the trainee's scope of management</p> <p>Communicate diagnosis and treatment to patient, team and paramedics</p> <p>Complete written documentation of medical emergency event and outcome</p> <p>Undertake incident review and act on the findings with the aim of improving management of future medical emergencies</p>	<p>Recognise potentially life-threatening events</p> <p>Recognise own limits and seeks help appropriately</p> <p>Recognise need for team support</p> <p>Value patient and team comprehension of situation</p> <p>Respect patient dignity at all times</p>	<p>Individual or small group tuition by local certified trainers in medical emergencies and BLS</p> <p>Formulate and revise local protocols to minimise risk and deal with medical emergencies</p> <p>Simulated case scenarios</p> <p>Audit or research project</p> <p>Organise and teach medical emergency courses to undergraduate students, general dental practitioners, colleagues on site and in community</p> <p>Library and electronic resources</p>

# **GENERIC COMPONENTS OF CURRICULUM**

## Teaching and training

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee should be able to demonstrate the potential to teach/train effectively</p>	<p>Outline adult learning principles relevant to medical education:</p> <ul style="list-style-type: none"> <li>• Identification of learning styles</li> <li>• Construction of educational objectives</li> <li>• Use of effective questioning techniques</li> <li>• Varying teaching format and stimulus</li> </ul> <p>Outline the structure of the effective appraisal interview</p> <p>Differentiate between appraisal and assessment</p> <p>Outline the workplace-based assessments in use</p> <p>Outline the appropriate local course of action to assist the failing trainee</p>	<p>Vary teaching format and stimulus, appropriate to situation and subject</p> <p>Provide effective feedback after teaching, and promote learner reflection</p> <p>Conduct effective appraisal</p> <p>Demonstrate effective lecture, presentation, small group and chair or bed side teaching sessions</p> <p>Provide appropriate career advice, or refer trainee to an alternative effective source of career information</p> <p>Participate in strategies aimed at improving patient education e.g. talking at support group meetings</p> <p>Recognise the failing trainee</p>	<p>Recognise the importance of the role of the physician and dentist as an educator</p> <p>Demonstrate willingness to teach trainees and other health and social workers in a variety of clinical settings</p> <p>Encourage discussions in the clinical settings to colleagues to share knowledge and understanding</p> <p>Show willingness to participate in workplace-based assessments</p> <p>Maintain honesty and objectivity during appraisal and assessment</p> <p>Show willingness to take up formal tuition in medical and dental education</p> <p>Recognise the importance of personal development as a role model to guide trainees in aspects of good professional behaviour</p>	<p>Independent study</p> <p>External course</p>

## Research

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will demonstrate the ability to participate and contribute to research</p>	<p>Explain the principles of performing a research study.</p> <p>Explain how to write a protocol for a study.</p> <p>Recognise how to use appropriate statistical methods</p> <p>Describe the principles of research ethics and the structure and function of local research ethics committees</p> <p>Describe the principles of research funding and how to obtain it</p> <p>Describe the importance of ethical approval and patient consent for clinical research</p>	<p>Undertake systematic critical review of scientific literature</p> <p>Demonstrate effective written and verbal presentation skills</p> <p>Initiate, complete and publish/present at least 1 research project or 2 case reports by the end of training</p>	<p>Demonstrate curiosity and a critical spirit of enquiry</p> <p>Ensure patient confidentiality</p> <p>Demonstrate knowledge of the importance of ethical approval and patient consent for clinical research</p>	<p>Involvement in research projects</p> <p>Personal study</p>

**Management of healthcare delivery**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee should be able to demonstrate knowledge of the principles of management within healthcare.</p>	<p>Outline the structure and relationships of different parts of health services including primary and secondary care services.</p> <p>Outline the role of health regulatory agencies (<i>e.g.</i> NICE, SIGN).</p> <p>Outline the financial structure of the health services including budgeting.</p> <p>Describe the Hospital management structure.</p> <p>Describe the role of postgraduate deaneries, specialist societies, the Royal Colleges and the regulatory Councils.</p> <p>Outline the principles of appointment procedures.</p>	<p>Develop management skills appropriate to the tasks required</p> <p>Develop a business plan</p>	<p>Recognise the importance of good management skills.</p> <p>Recognise the role of clinicians as active participants in healthcare management systems</p> <p>Show willingness to improve management skills.</p>	<p>Independent study</p> <p>Observation of management activities in training institution</p> <p>External course</p>



**Time management**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
The trainee will demonstrate appropriate time management and decision making skills	Outline techniques for improving time management  Recall how time is of use in patient diagnosis and management	Delegate appropriately to ensure critical situations are addressed promptly  Prioritise and re-prioritise own work load and that of members of healthcare team	Recognise when they or others are falling behind and take steps to rectify the situation	Independent study  Observation of management activities in training institution  External course

## Evidence based practice

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>The trainee will understand the principles of evidence based practice</p>	<p>List the drawbacks of commonly used guidelines</p> <p>Define the steps of diagnostic reasoning:</p> <ul style="list-style-type: none"> <li>• Interpret history and clinical signs</li> <li>• Conceptualise clinical problem</li> <li>• Generate hypothesis within context of clinical likelihood</li> <li>• Test, refine and verify hypothesis</li> <li>• Develop problem list and action plan</li> </ul> <p>Define the concepts of disease natural history and assessment of risk</p> <p>Recall methods and associated problems of quantifying risk e.g. cohort studies</p> <p>Outline the concepts and drawbacks of quantitative assessment of risk or benefit e.g. numbers needed to treat</p> <p>Describe commonly used statistical methodology</p>	<p>Interpret clinical features and interpret their reliability and relevance to clinical scenario</p> <p>Generate plausible hypothesis(es) following patient assessment</p> <p>Construct a concise and applicable problem list using available information</p> <p>Define the relevance of an estimated risk of a future event to an individual patient</p> <p>Use risk calculators appropriately</p> <p>Apply quantitative data of risks and benefits of therapeutic intervention to an individual patient</p> <p>Search and comprehend medical literature to guide reasoning</p>	<p>Recognise the difficulties in predicting occurrence of future events</p> <p>Show willingness to discuss intelligibly with a patient the notion and difficulties of prediction of future events, and benefit/risk balance of therapeutic intervention</p> <p>Be willing to facilitate patient choice</p> <p>Show willingness to search for evidence to support clinical decision making</p> <p>Demonstrate ability to identify one's own biases and inconsistencies in clinical reasoning</p>	<p>Independent study</p> <p>External course</p>

**Patient safety**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
Ensures patient safety as a priority	<p>Outline the features of a safe working environment</p> <p>Recall the components of safe working practice defined in the Foundation Programme</p> <p>Outline local procedures for optimal practice e.g. safe prescribing and drug monitoring</p> <p>Recall principles of risk management</p> <p>Recall side effects and contraindications of medications prescribed</p> <p>Outline the hazards of medical equipment in common use</p>	<p>Recognise when a patient is not responding to treatment, reassess the situation, and encourage others to do so</p> <p>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</p> <p>Sensitively counsel a colleague following a significant event, or near incident, to encourage improvement in practice of individual and unit</p> <p>Improve patients' and colleagues' understanding of the side effects and contraindications of therapeutic intervention</p> <p>Ensure the correct and safe use of medical equipment, ensuring faulty equipment is reported appropriately</p>	<p>Continue to maintain a high level of safety awareness and consciousness at all times</p> <p>Encourage feedback from all members of the team on safety issues</p> <p>Show willingness to take action when concerns are raised about performance of members of the healthcare team, and act appropriately when these concerns are voiced to you by others</p> <p>Continue to be aware of one's own limitations, and operate within them competently</p> <p>Continue to strive for improved practice and patient safety</p>	<p>Observation and performance in outpatient clinics.</p> <p>External course</p>

### Team working

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>Work effectively with colleagues as part of a healthcare team</p>	<p>Outline the components of effective collaboration</p> <p>Describe the roles and responsibilities of members of the healthcare team</p> <p>Outline factors adversely affecting performance and methods to rectify these</p>	<p>Practise with attention to the important steps of providing good continuity of care</p> <p>Accurate attributable note-keeping</p> <p>Demonstrate leadership and management in the following areas:</p> <ul style="list-style-type: none"> <li>• Education and training</li> <li>• Deteriorating performance of colleagues (e.g. stress, fatigue)</li> <li>• High quality care</li> <li>• Effective handover of care</li> <li>• Participate in interdisciplinary team meetings</li> <li>• Provide appropriate supervision to less experienced colleagues</li> </ul>	<p>Encourage an open environment to foster concerns and issues about the functioning and safety of team working</p> <p>Recognise and respect the request for a second opinion</p> <p>Recognise the importance of induction for new members of a team</p> <p>Recognise the importance of prompt and accurate information sharing with Primary Care team following hospital attendance</p>	<p>Routine clinical practice</p>

**Quality improvement**

Objective	Knowledge	Skills	Attitudes	Teaching and learning methods
<p>Understands the principles of quality and safety improvement</p>	<p>Define local and national significant event reporting systems</p> <p>Outline local health and safety protocols (fire, manual handling etc)</p> <p>Outline the use of patient early warning systems to detect clinical deterioration</p> <p>Keep abreast of national patient safety initiatives including National Patient Safety Agency</p> <p>Describe the principles of the Data Protection Act and how this affects handling of patient data.</p> <p>Outline the principles of the audit spiral</p>	<p>Contribute to quality improvement processes</p> <p>Successfully complete an audit project</p>	<p>Show willingness to participate in safety improvement strategies</p> <p>Recognise the importance of clinicians in critically re-evaluating the quality of the work of their teams to improve performance</p>	<p>Routine clinical practice</p> <p>External course</p>

# ORAL MEDICINE ASSESSMENT BLUEPRINT

<b>Curriculum Area</b>	<b>Objective</b>	<b>Mini CEX</b>	<b>CbD</b>	<b>DOPS</b>	<b>MSF</b>	<b>Patient Assessment Questionnaire</b>	<b>ISFE</b>	<b>Other</b>
History taking	The trainee will be able to elicit, record and interpret an accurate history from patients of any age within the scope of Oral Medicine practice.	✓	✓	✓		✓	✓	
Clinical examination	The trainee will be able to perform an appropriate clinical examination on patients of any age within the scope of Oral Medicine practice	✓		✓		✓		
Investigations	The trainee will be able to select and request (and in some instances undertake) appropriate and relevant investigations within the scope of Oral Medicine practice.	✓	✓				✓	
	To be able to interpret and where necessary seek clarification on the meaning of a range of laboratory and imaging investigation results to inform subsequent patient care.	✓	✓				✓	
Patient management	The trainee will be able to undertake specialist assessment and management of a patient of any age within the scope of Oral Medicine practice, in both an outpatient and inpatient hospital setting.	✓	✓				✓	

Curriculum Area	Objective	Mini CEX	CbD	DOPS	MSF	Patient Assessment Questionnaire	ISFE	Other
Prescribing and therapeutics	The trainee will be able to undertake safe and effective prescription of drugs.		✓				✓	
Operative interventions	The trainee will be able to undertake safely and effectively, operative techniques: <ul style="list-style-type: none"> <li>• As definitive management of localised benign disease; or</li> <li>• To establish a tissue diagnosis, including where oral soft tissue malignancy is suspected.</li> </ul>	✓		✓				
	The trainee will be able to describe the appropriate application of operative techniques in other relevant situations.	✓	✓				✓	
Oral soft tissue in health	To provide the trainee with the knowledge of the structure and function in health of lips and oral soft tissues.	✓	✓				✓	
	The trainee will be able to correlate health of the lips and oral soft tissues to disease states and use this insight to inform patient care.	✓	✓				✓	
Oral soft tissue disease	The trainee will be able to undertake specialist assessment and management of oral soft tissue disease.	✓	✓				✓	



<b>Curriculum Area</b>	<b>Objective</b>	<b>Mini CEX</b>	<b>CbD</b>	<b>DOPS</b>	<b>MSF</b>	<b>Patient Assessment Questionnaire</b>	<b>ISFE</b>	<b>Other</b>
Hypersensitivity reactions	The trainee will be able to investigate, diagnose and manage patients with oral soft tissue disease with a hypersensitivity basis.	✓	✓				✓	
Oral soft tissue infections	The trainee will be able to diagnose and manage viral, bacterial, fungal and other infections of the oral soft tissues.	✓	✓				✓	
Salivary glands in health	The trainee will be able to describe the structure and function in health of salivary glands and saliva.	✓	✓				✓	
	The trainee will be able to correlate health of salivary gland tissues to disease states and use this insight to inform patient care.	✓	✓				✓	
Salivary gland disease	The trainee will be able to diagnose and appropriately manage patients presenting with disorders of major and minor salivary glands.	✓	✓				✓	
Nervous system in health	The trainee will be able to describe the structure and function in health of the nervous system.	✓	✓				✓	
	The trainee will be able to correlate nervous system disease states to health and use this insight to inform patient care.	✓	✓				✓	

<b>Curriculum Area</b>	<b>Objective</b>	<b>Mini CEX</b>	<b>CbD</b>	<b>DOPS</b>	<b>MSF</b>	<b>Patient Assessment Questionnaire</b>	<b>ISFE</b>	<b>Other</b>
Orofacial pain	The trainee will be able to diagnose and appropriately manage patients presenting with orofacial pain of odontogenic and non-odontogenic origin	✓	✓				✓	
Neurological dysfunction	The trainee will be able to diagnose and appropriately manage patients presenting with altered cranial nerve function related or unrelated to other neurological abnormalities	✓	✓				✓	
Interface of oral and systemic disease	The trainee will be able to provide advice on medical disease to dental practitioners and patients and on specific oral implications of disease to medical practitioners.	✓	✓				✓	
	Development of management plan for chronic disease, including self-care and the use of a supportive multi-disciplinary team.	✓	✓				✓	
	Recall range of adverse drug reactions to commonly used drugs and recall drugs requiring therapeutic drug monitoring.	✓	✓				✓	
	Establish effective communication with relevant teams by means appropriate to the urgency of the situation.	✓	✓		✓		✓	

Curriculum Area	Objective	Mini CEX	CbD	DOPS	MSF	Patient Assessment Questionnaire	ISFE	Other
Mental health	The trainee will be able to identify serious or incidental psychiatric morbidity in patients presenting with oral disease	✓	✓				✓	
Medical emergencies	The trainee will be able to recognise, manage and where required provide basic and immediate life support for adult and paediatric medical emergencies, in line with guidelines from the UK Resuscitation Council						✓	Simulator
Medical emergencies	The trainee will be able to minimise risk of, recognise, assess and treat simple faint, postoperative bleeding, hyperventilation, angina, myocardial infarction, acute asthma, anaphylaxis, diabetic emergencies, choking, seizures and adrenal insufficiency		✓					Simulator

<b>Curriculum Area</b>	<b>Objective</b>	<b>Mini CEX</b>	<b>CbD</b>	<b>DOPS</b>	<b>MSF</b>	<b>Patient Assessment Questionnaire</b>	<b>ISFE</b>	<b>Other</b>
Teaching and training	The trainee should be able to demonstrate the potential to teach/train effectively							Feedback from presentations
Research	The trainee will demonstrate the ability to participate and contribute to research							Published paper in peer reviewed literature
Management of healthcare delivery	The trainee should be able to demonstrate knowledge of the principles of management within healthcare						✓	
Time management	The trainee will demonstrate appropriate time management and decision making skills				✓			
Evidence based practice	The trainee will understand the principles of evidence based practice						✓	
Patient safety	Ensures patient safety as a priority				✓		✓	
Team working	Work effectively with colleagues as part of a healthcare team				✓			
Quality improvement	Understands the principles of quality and safety improvement						✓	



## CRITERIA FOR CONSIDERATION WHEN MAKING ALLOWANCE FOR PAST TRAINING AND EXPERIENCE IN RELATION TO THE LENGTH OF TRAINING POSTS IN ORAL MEDICINE.

This document is predicated on the principle that there is a minimum length for any specialty training programme determined by EU law of 3-years. Therefore a maximum of 2-years allowance can be made from a 5-year Oral Medicine programme for past experience and training to comply with this regulation.

### PRINCIPLES

Any individual who is applying for moderation of their training programme as a StR on the basis of past experience and training must do so in writing to the Postgraduate Dental Dean who is responsible for their training programme. The Postgraduate Dental Dean will normally involve the SAC in the Additional Dental Specialties in the process of making an appropriate allowance on the basis of documented periods of training to help to ensure a consistent national approach to this process.

Allowance can be granted in 2 circumstances,

- To reflect specific periods of training (for example, a period of study with specific educational objectives and outcomes and a robust assessment framework)
- To reflect the applicant developing specific skills that are part of a training programme but may also be acquired outside that programme (for example, training in research methods that could be obtained during a higher research degree).

Obviously there may be circumstances where an individual could argue that they have received further training at an appropriate level in both of these areas and due allowance can be made in both for any individual applicant.

In relation to clinical training consideration will also be made for the interval between episodes of clinical training. The rapidity of change in techniques and thinking make the value of any clinical training experience time-limited unless there is also clear evidence of continuing professional development in that area to maintain contemporary clinical knowledge.

### EXAMPLES OF PRIOR TRAINING WITH “ALLOWANCES”

Those who have successfully completed an undergraduate medical degree recognised for registration with the General Medical Council UK would normally be given a 2-year allowance for their past experience and training.

Successful completion of a 1 or 2-year WTE taught clinical programme (e.g. Masters or Professional Doctorate) from a recognised educational institution with an appropriate framework of quality-assured supervision, educational development and assessment. The normal allowance would be 6-months, but allowance could be made for up to 1-years reduction from training, depending on the level of clinical activity and supervised training that formed part of the masters programme, associated with any generic research skills training.