

# Oral Medicine Clinical Syllabus

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## **Introduction**

This clinical syllabus has been designed to operate in tandem with and be linked to the General Dental Council's specialty training curriculum for oral medicine. The clinical syllabus will be revised concomitantly with the curriculum on a 5-yearly basis. The specialty training curriculum lists all of the outcomes (skills, experience and knowledge) that trainees are required to achieve prior to satisfactory completion of training. This specialty training clinical syllabus provides educators and trainees with an overall view of the clinical topics and activities that should be covered during training in order to achieve the required curriculum outcomes. The clinical syllabus content has been mapped across to the curriculum outcomes. Furthermore, the clinical syllabus content has been linked to the Intercollegiate Surgical Curriculum Programme (ISCP) portfolio, in order to guide educators and trainees during the training programme and ensure that the full breadth of topics have been covered during the training programme.

## **Evidencing competencies**

### **Clinical Experience**

- To evidence clinical experience, trainees should record all conditions seen and medications prescribed in their clinical log books.
- Trainees should also record all conditions seen and medications prescribed within their medical attachments.
- This should be supported with a good number and range of Work Based Assessments (WBAs). CBDs and CEXs are particularly useful in evidencing the competencies outlined in this section.

### **Theoretical Knowledge**

- To evidence theoretical knowledge, trainees can use WBAs to record discussions involving those specific topics.
- Trainees can also provide evidence of attendance at relevant courses and teaching sessions with thorough reflection on the competencies achieved.

# 1. Oral tissues in health

## 1.1 Underlying knowledge

Trainees should:

- Have knowledge of the structure and function in health of the lips and the oral soft tissues.
- Be able to correlate health of the lips and oral soft tissues to disease states and use this to inform patient care.
- Be able to describe relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to oral health.
- Be able to apply knowledge of the basic sciences when assessing patients and formulating treatment plans.

## 1.2 Normal anatomy

Trainees should be able to recognise the following and provide an explanation to patients where required:

- Circumvallate papillae
- Foliate papillae
- Lingual lymphoid tissue (lingual tonsil)
- Physiologic pigmentation
- Fordyce spots
- Varicosities
- Fissured tongue
- Torsy, bony exostoses and normal hard tissue structures (e.g. mylohyoid ridge, genial tubercle)
- Geographic tongue
- Coated tongue

# 2. Oral mucosal disease

## 2.1 Underlying knowledge

Trainees should be able to:

- Demonstrate an understanding of the pathophysiology and natural history of the range of oral mucosal diseases comprising those related to disease of oral and maxillofacial region as well as systemic disease.
- Recognise the range of presentations, both typical and atypical of oral mucosal disease of local and systemic origin.
- Take a relevant history from a patient with oral mucosal disease.

- Perform a relevant oral soft tissue examination.
- Recognise pathological changes of the oral mucosae and interpret those in the context of disorders of the oral and maxillofacial region as well as the patient's medical background.
- Accurately use common terminology relevant to physiological and pathological changes of oral soft tissues.
- Recognise oral mucosal disorders with potential significant risk including underlying significant systemic illness and malignancy.
- Formulate an appropriate differential diagnosis in patients presenting with oral mucosal disease.
- Request appropriate investigations in the management of oral mucosal disease of local and systemic origin.
- Interpret investigation results in the management of mucosal disease of local and systemic origin.
- Formulate an appropriate management plan, taking into account patient preferences, impact of the condition on patient quality of life, risks and benefits of pharmacological interventions.
- Have awareness of and be able to critically appraise the evidence base relating to the management of oral mucosal disease.
- Recognise the importance for multi-disciplinary input, identify and refer to relevant specialist services outside of the scope of Oral Medicine practice in the management of mucosal disease of local and systemic origin.

## **2.2 Pharmacology and Prescribing - Knowledge and Skills**

Trainees should be able to:

- Demonstrate an understanding of the pharmacological principles relevant to medications used in the management of oral mucosal disease.
- Demonstrate an understanding of unwanted effects and common adverse reactions of medications used for the management of oral mucosal disease.
- Be able to prescribe safely and appropriately the following medications used in the management of oral mucosal disease:

Topical

- Antivirals
- Antifungals
- Antibacterials
- Corticosteroids
- Calcineurin inhibitors

Systemic

- Antivirals
- Antifungals
- Antibacterials (including immunomodulatory tetracyclines)
- Corticosteroids

- Azathioprine
- Colchicine
- Hydroxychloroquine
- Mycophenolate mofetil

Have theoretical knowledge and recognition of the role of the following medications in the management of oral mucosal disease:

- Dapsone
- Methotrexate
- Thalidomide
- Pentoxifylline
- Biologic agents
- Cyclophosphamide
- Systemic calcineurin inhibitors

### **2.3 Oral lichenoid disorders and similar conditions**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the following conditions:

- Oral lichen planus
- Oral lichenoid reaction
- Oral presentations of lupus
- Chronic oral Graft versus Host Disease (GvHD)
- Oral mucositis

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Hepatitis C presenting as oral lichen planus
- Chronic ulcerative stomatitis

### **2.4 Immunobullous diseases and related conditions**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the oral involvement of the following conditions:

- Pemphigus vulgaris
- Subepithelial blistering conditions:
  - Mucous membrane pemphigoid
  - Bullous pemphigoid
  - Erythema multiforme (minor and major)
- Angina bullosa haemorrhagica

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Pemphigus foliaceus
- Paraneoplastic Autoimmune Multiorgan Syndrome (PAMS) - paraneoplastic pemphigus
- Other subepithelial blistering conditions
  - Mucous membrane pemphigoid subtypes (Linear IgA disease, Epidermolysis bullosa acquisita)
  - Dermatitis herpetiformis
  - Stevens–Johnson syndrome and toxic epidermal necrolysis
  - Chronic bullous dermatosis of childhood

## **2.5 Aphthous stomatitis and other types of oral ulceration not covered elsewhere**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the oral involvement of the following conditions:

- Recurrent aphthous stomatitis
  - Minor
  - Major
  - Herpetiform
- Aphthous-like ulceration
  - Behçet’s disease
  - Coeliac disease
  - Inflammatory bowel diseases (Crohn’s disease and ulcerative colitis)
  - Haematinic deficiencies
  - Viral infections (human immunodeficiency virus, cytomegalovirus, herpes simplex virus with respect to primary herpetic stomatitis and recurrent herpetic lesions)
- Traumatic ulceration
- Drug-induced ulceration (e.g. nicorandil, methotrexate, NSAIDs)

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Other autoinflammatory conditions, for example: Periodic Fever, Aphthous stomatitis, Pharyngitis and cervical Adenitis (PFAPA) syndrome
- MAGIC syndrome (Mouth and Genital Ulcers with Inflamed Cartilage)
- Monogenic autoinflammatory diseases and periodic fevers presenting with aphthous ulceration (Neonatal-Onset Multisystem Inflammatory Disease)
- Sweet’s syndrome
- Cyclical neutropenia and other immune defects
- Pyostomatitis vegetans associated with inflammatory bowel disease
- Traumatic Ulcerative Granuloma with Stromal Eosinophilia (TUGSE)
- Factitious ulceration



## 2.6 Infectious diseases not covered elsewhere

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the following conditions:

- Bacterial infection
  - Staphylococcus aureus
    - Angular cheilitis
  - Mixed microbial infection
    - Acute Necrotizing Ulcerative Gingivitis
- Fungal infection
  - Oral Candidosis (*albicans* and other candida species)
    - Acute pseudomembranous candidosis
    - Acute atrophic candidosis
    - Chronic atrophic candidosis - denture stomatitis
    - Chronic hyperplastic candidosis
    - Chronic erythematous candidosis - median rhomboid glossitis
    - Angular cheilitis
- Viral infection
  - Human herpes viruses (HHV)
    - Varicella zoster virus (VZV) (shingles)
    - Epstein Barr virus (EBV) - Oral hairy leukoplakia
  - Human papilloma virus (HPV) associated papilloma
  - HIV and its oral sequelae not covered elsewhere

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Bacterial infection
  - Impetigo
  - Staphylococcal mucositis
  - Syphilis
  - Other mycobacterial infections
- Fungal infection
  - Chronic mucocutaneous candidosis (CMC)
  - Deep mycoses
- Viral infection
  - Kaposi sarcoma (HHV-8)
  - Malignancies associated with immunosuppression (e.g. Non-hodgkin's lymphoma/EBV-associated malignancy)
  - HPV-associated oropharyngeal squamous cell carcinoma
  - Coxsackieviruses
    - Herpangina
    - Hand foot and mouth disease
  - VZV primary infection (chickenpox)
  - CMV and its oral sequelae not covered elsewhere
  - EBV - Glandular Fever

## **2.7 Malignancy and oral potentially malignant disorders not covered elsewhere**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage or appropriately refer the following conditions:

- Perioral and oral mucosal malignancies:
  - Oral squamous cell carcinoma
  - Basal cell carcinoma
  - Haematological malignancies including lymphoma
- Oral potentially malignant disorders/lesions (based on WHO classification)
  - Leukoplakia and its subtypes
  - Proliferative verrucous leukoplakia (PVL)
  - Erythroleukoplakia
  - Erythroplakia
  - Oral epithelial dysplasia
    - Low grade (mild)
    - High grade (moderate/severe)
  - Oral submucous fibrosis and paan chewers' mucosa
  - Actinic cheilitis (keratosis)

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Rare oral malignancies and metastases to the oral cavity from distant sites
- Oral potentially malignant disorders
  - Palatal lesions in reverse smokers
  - Hereditary or congenital disorders with increased risk of associated malignancy
    - Dyskeratosis congenita
    - Epidermolysis bullosa
    - Fanconi anaemia

## **2.8 Mucosal hyperplasia / overgrowth**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the following conditions:

- Frictional hyperkeratosis
- Fibroepithelial hyperplasia
- Squamous cell papilloma
- Pyogenic granuloma
- Epulides
- Drug induced gingival overgrowth

## **2.9 Congenital mucosal pathologies**

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Genodermatoses, for example:
  - White sponge naevus
  - Ectodermal dysplasia
  - Darier's disease
  - Hailey Hailey
- Other congenital disorders affecting the oral mucosa, for example:
  - Neurofibromatosis
  - Hereditary gingival fibromatosis
  - Cowden's syndrome
  - MEN2B (multiple endocrine neoplasia type 2)

## **2.10 Allergy, hypersensitivity, granulomatous and vasculitic disorders**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the oral involvement of the following conditions:

- Angioedema
- Oral Allergy Syndrome
- Plasma cell gingivitis/mucositis
- Orofacial Granulomatosis and oral manifestations of Crohn's disease

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Hereditary angioedema (C1 esterase inhibitor deficiency)
- Orofacial manifestations of granulomatous disease
  - Sarcoidosis
  - Mycobacterial infection e.g. TB
- Vasculitides
  - e.g. Granulomatosis with polyangiitis

## **2.11 Oral pigmented lesions**

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the following conditions:

- Localised oral pigmentation
  - Amalgam tattoo
  - Melanotic macule
  - Melanocytic naevus
- Multiple or generalised oral pigmentation
  - Racial/physiological
  - Smokers' melanosis
  - Post-inflammatory pigmentation

- Drugs (including but not limited to antimalarials, tetracyclines, imatinib, chlorhexidine)
- Addison's disease

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Localised pigmentation
  - Malignant melanoma
  - Kaposi sarcoma
  - Melanoacanthoma
- Multiple or generalised pigmentation
  - Metals (bismuth, mercury, silver, gold, arsenic, copper, chromium, cobalt, manganese)
  - Endocrine, for example:
    - Pregnancy
    - Albright syndrome
    - Nelson's syndrome
  - Genetic, for example:
    - Peutz-Jeghers syndrome
    - Isolated mucocutaneous melanotic pigmentation (IMMP)
    - Laugier-Hunziker syndrome
    - Incontinentia pigmenti
    - Carney syndrome
  - Others, for example:
    - Generalised neurofibromatosis
    - Haemochromatosis
    - Thalassaemia

## 2.12 Oral vascular lesions

Trainees should gain clinical experience of and be able to diagnose, investigate, and manage the following conditions:

- Oral vascular malformations
  - Arteriovenous
  - Capillary
  - Venous
  - Lymphatic
- Oral vascular tumours
  - Congenital haemangioma

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Infantile haemangioma
- Multiple/systemic vascular malformations e.g. Proteus syndrome

### 3. Orofacial pain, neurological and psychological disorders

#### 3.1 Underlying knowledge

Trainees should be able to:

- Recognise the range of presentations of both typical and atypical orofacial pain conditions, and formulate appropriate differential diagnoses of the conditions listed below.
- Demonstrate an understanding of the aetiopathogenesis and natural history of diseases that may result in pain and neurological manifestations within the oral and maxillofacial region.
- Describe related anatomy and physiology relevant to chronic orofacial pain, including cranial nerves, pain pathways, pain receptors, action potentials and central sensitisation.
- Accurately use common terminology relevant to chronic pain, such as allodynia, hyperalgesia, paraesthesia and dysaesthesia.
- Conduct a thorough pain history that includes the presenting complaint, medical and social history, as well as understanding the impact of pain on a patient's quality of life.
- Perform a relevant cranial nerve examination to exclude possible underlying neurological conditions.
- Recognise significant neurological signs that may manifest in the oral medicine clinic that may indicate potentially significant underlying neurological disease. This includes 'red flag' presentations and acute neurological emergencies that would require prompt urgent liaison with appropriate medical specialties.
- Appropriately request investigations and interpret imaging reports when indicated in the management of chronic orofacial pain and neurological manifestations, such as brain MR and CT scans.
- Work effectively and safely with distressed patients and recognise the interplay between mental health and chronic pain.
- Be able to assess patients who may be anxious, depressed or at risk of suicide and know when and how to access support.
- Be able to recognise own limitations and choose appropriately when to seek advice from the mental health team.
- Apply the biopsychosocial model to the management of patients with chronic pain and recognise how these factors can impact on disease presentation, treatment outcomes and barriers to clinical response.
- Formulate an appropriate diagnosis and management plan, taking into account patient preferences and managing expectations.
- Understand the role of non-pharmacological methods of chronic pain management relying on evidence-based knowledge, such as interpersonal strategies of pain management and multidisciplinary approach along with clinical psychology and physiotherapy.
- Be able to identify and instigate as appropriate through liaison with other healthcare professionals management strategies for patients with substance misuse.

- Be able to perform a cognitive test where appropriate e.g. mini mental state examination (MMSE)

### **3.2 Pharmacology and Prescribing - Knowledge and Skills**

Trainees should be able to:

- Demonstrate an understanding of the role and pharmacological principles relevant to medications used in the management of orofacial pain.
- Demonstrate knowledge of unwanted effects and common adverse reactions of medications used for the management of orofacial pain.
- Demonstrate a theoretical understanding of pharmacological management of orofacial pain
- Be able to safely and appropriately prescribe the following medications used in the management of orofacial pain:

Topical

- Lidocaine
- Benzydamine hydrochloride

Systemic

- Antiepileptic drugs
  - Gabapentinoids - Gabapentin, Pregabalin
  - Sodium channel blockers - Carbamazepine, Oxcarbazepine, Lamotrigine
- Antidepressants
  - Tricyclics - Amitriptyline, Nortriptyline
  - Serotonin-Noradrenaline Reuptake Inhibitors (SNRIs) - Duloxetine

Have theoretical knowledge and recognition of the role of the following medications in the management of orofacial pain:

- Other antiepileptics - Phenytoin, Valproic acid, Topiramate
- Benzodiazepines - Clonazepam, Diazepam
- Selective serotonin reuptake inhibitors (SSRIs) - Sertraline, Fluoxetine
- Muscle relaxants - Baclofen
- Topical capsaicin
- Botulinum toxin type A - 'Botox'
- Topical cocaine

### **3.3 Dentoalveolar and oral mucosal causes of orofacial pain**

Trainees should be able to exclude dentoalveolar and oral mucosal pathology as underlying causes of orofacial pain:

- Dental pathology:
  - Pulpitis
  - Periapical periodontitis

- Fractured tooth syndrome
- Periodontal disease
- Salivary gland disease
- Oral mucosal disease
- Maxillary sinusitis
- Cancer pain

Trainees should be able to identify possible signs and refer/signpost appropriately to a relevant medical and/or dental specialty when indicated.

### **3.4 Musculoskeletal causes of orofacial pain**

Trainees should gain clinical experience of, and be able to diagnose and manage the following conditions:

- Temporomandibular disorders (TMD):
  - Pain-related TMD
  - Disc displacement TMD
  - Degenerative joint TMD

### **3.5 Vasculitic causes of facial pain**

Trainees should have a theoretical understanding, and be able to recognise possible signs of the following condition:

- Giant cell arteritis (temporal arteritis)

Trainees should be able to identify possible signs and refer/signpost appropriately to a relevant medical specialty when indicated (e.g. Emergency department, Rheumatology).

### **3.6 Primary headache disorders**

Trainees should have a theoretical understanding of the following conditions:

- Migraine
- Tension-type headache
- Temporal arteritis
- Trigeminal autonomic cephalalgia

Trainees should be able to identify possible signs and refer/signpost appropriately to a relevant medical specialty when indicated (e.g. Neurology, Headache Clinic).

### **3.7 Neuropathic pain presenting in the head and neck**

Trainees should gain clinical experience of, and be able to diagnose, request relevant investigations and provide initial management of the following conditions:

- Trigeminal neuropathic pain
- Persistent idiopathic facial pain / persistent dentoalveolar pain disorder
- Postherpetic neuralgia
- Burning mouth syndrome
- Trigeminal neuralgia

Trainees should have a theoretical understanding of the following conditions and be able to refer/signpost appropriately (e.g. Neurology):

- Central neuropathic pain including central post-stroke pain and neuropathic pain in multiple sclerosis (MS)
- Glossopharyngeal neuralgia

Trainees should also:

- Have a theoretical understanding of the surgical management of patients with trigeminal neuralgia refractory to medication management, and be able to indicate and refer appropriately to neurosurgery.

### **3.8 Neurological Dysfunction**

Trainees should have a theoretical understanding of the following conditions:

- Smell and taste disorders
  - Anosmia
  - Dysgeusia
- Facial nerve palsy
- Hypoglossal nerve palsy

Trainees should be able to identify possible signs and refer/signpost appropriately to a relevant medical specialty when indicated (e.g. ENT, Neurology).

### **3.9 Functional disorders**

Trainees should gain clinical experience of, and be able to diagnose, request relevant investigations and provide initial management of the following conditions:

- Subjective halitosis
- Subjective xerostomia
- Subjective hypersalivation

Trainees should have a theoretical understanding of the following conditions:

- Bodily distress syndrome
- Delusional parasitosis

Trainees should be able to identify possible signs and refer/signpost appropriately to a relevant medical specialty when indicated (e.g. Clinical Psychology, Mental Health Services, Psychiatry).



## 4. Salivary gland disease

### 4.1 Underlying knowledge

Trainees should be able to:

- Describe the anatomy, histology and physiology of the major and minor salivary glands.
- Describe the composition and role of saliva in maintaining healthy oral mucosa.
- Correlate health of salivary gland tissues to disease states and use this insight to inform patient care.
- Describe and discuss the epidemiology, aetiology and clinical features of xerostomia and salivary gland hypofunction.
- Have knowledge of the pathogenesis and natural history of Sjögren's syndrome and be able to advise patients of the risk of lymphoma and red flag signs and symptoms.
- Discuss and justify the use of validated patient-reported and clinician-rated outcome measurements for xerostomia/Sjögren's syndrome.
- Have knowledge of the application and interpretation, with reference to advantages and disadvantages, of imaging modalities and/or laboratory investigations, including salivary gland biopsy for different salivary gland diseases.
- Have knowledge of the ophthalmologic tests used to assess ocular symptoms related to Sjögren's syndrome.
- Be able to assess salivary gland dysfunction by using where appropriate unstimulated/stimulated whole and selective salivary flow rates.
- Have knowledge of the different pharmacological and non-pharmacological therapeutic options with consideration of their potential physical, psychological and functional impact on the individual and carers.
- Be able to provide advice on the prevention of oral complications as a result of xerostomia.
- Demonstrate knowledge of the different pharmacological and non-pharmacological therapeutic options for the management of both xerostomia and sialorrhoea with consideration of their potential physical, psychological and functional impact on the individual and carers.
- Recognise the importance for multi-disciplinary input and be able to identify and refer to relevant medical and dental specialties to help aid in the diagnosis and management of salivary gland dysfunction of local and systemic origin.

### 4.2 Iatrogenic salivary gland dysfunction

Trainees should gain clinical experience of, and be able to diagnose and manage the following conditions:

- Medication-induced salivary gland dysfunction
  - Medication-induced salivary gland hypofunction and xerostomia
  - Medication-induced sialorrhoea
- Cancer therapy-associated salivary gland hypofunction and Chronic Graft versus Host Disease

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Surgical and traumatic injuries resulting in dysfunction of
  - Salivary gland innervation
  - Damage to/removal of glandular tissue

### **4.3 Local, obstructive, inflammatory and reactive disorders**

Trainees should have awareness of the management of the following conditions:

- Sialolithiasis
- Sialadenitis (inflammatory)
- Mucocele
- Ranula

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Juvenile parotitis/recurrent parotitis
- Necrotising sialometaplasia

### **4.4 Infectious diseases**

Trainees should gain clinical experience of, and be able to diagnose and manage the following conditions:

- Bacterial
  - Bacterial sialadenitis

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice and provide basic/supportive management if encountered:

- Viral
  - Mumps

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice, and refer/signpost appropriately (e.g. Infectious Diseases):

- Bacterial
  - Tuberculosis
- Viral
  - HIV
  - Hepatitis C
  - Epstein-Barr virus
  - Cytomegalovirus

## 4.5 Immune-mediated diseases

Trainees should gain clinical experience of, and be able to diagnose and manage the oral manifestations of the following conditions:

- Sjögren's syndrome

Trainees should be able to:

- Use an updated and validated classification for the diagnosis of primary and secondary Sjögren's syndrome.
- Identify the glandular and extraglandular manifestations of Sjögren's syndrome.
- Recognise the impact of Sjögren's syndrome on pregnancy outcomes and be able to discuss this with patients and refer appropriately.

Trainees should have a theoretical understanding of the following, be able to apply this knowledge to clinical practice, provide basic/supportive management if encountered and refer/signpost appropriately if required (e.g. Rheumatology):

- Sarcoidosis
- IgG4-related disease
- Eosinophilic granulomatosis with polyangiitis
- Eosinophilic sialadenitis
- Reduced salivary flow rate related to immune-mediated conditions (in the absence of Sjögren's syndrome)
- Systemic lupus erythematosus
- Mixed connective tissue disease

## 4.6 Salivary gland tumours

Trainees should have a theoretical understanding of the following conditions, be able to apply this to clinical practice, and refer/signpost appropriately (e.g. OMFS):

- Benign salivary gland tumours for example
  - Pleomorphic adenoma
  - Myoepithelioma
  - Basal cell adenoma
  - Warthin tumour
- Malignant salivary gland tumours for example
  - Mucoepidermoid carcinoma
  - Adenoid cystic carcinoma
  - Acinic cell carcinoma
- Haematolymphoid tumours
  - Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma)

## 4.7 Systemic disorders affecting the salivary glands

Trainees should have a theoretical understanding of how the following conditions can affect salivary gland function, be able to apply this to clinical practice, and refer/signpost appropriately:

- Diabetes Mellitus
- Hypo/hyperthyroidism
- Central nervous system trauma for example
  - Nerve damage by surgery
  - Cerebrovascular accidents including stroke
- Neuromuscular/sensory dysfunction including Parkinson's disease, cerebral palsy and motor neurone disease
- Salivary gland aplasia/atresia/agenesis
- Ectodermal dysplasia
- Cystic fibrosis
- Prader-Willi Syndrome
- Dehydration
- Malnutrition
  - Anorexia nervosa
  - Bulimia nervosa
- Nephrotic syndrome
- Alcoholism
- Amyloidosis

#### **4.8 Other conditions not covered elsewhere**

Trainees should have a theoretical knowledge of the following, be able to apply this to clinical practice, and refer/signpost appropriately:

- Sialorrhoea
  - Systemic causes
    - Toxin exposure including mercury vapour and pesticides
    - Infection - Rabies
    - Gastroesophageal reflux
  - Local causes
    - Anatomic including macroglossia
    - Infection – dental and tonsil
    - Inflammation – teething
  - Physiological causes for example pregnancy

### **5. Systemic diseases presenting in the head and neck not covered elsewhere**

#### **5.1 Autoimmune rheumatic disorders**

Trainees should have a theoretical understanding of how the following conditions can present in the head and neck region, be able to apply this to clinical practice, and

refer/signpost appropriately:

- Systemic sclerosis and its subsets (limited cutaneous, diffuse cutaneous, CREST)
- Dermatomyositis
- Rheumatoid arthritis

## **5.2 Other musculoskeletal / immune mediated disorders**

Trainees should have a theoretical understanding of how the following conditions can present in the head and neck region, be able to apply this to clinical practice, and refer/signpost appropriately:

- Spondyloarthropathies
- Osteoarthritis

## **5.3 Deficiency states**

Trainees should have a theoretical understanding of how the following conditions can present in the head and neck region, be able to apply this to clinical practice, and refer/signpost appropriately:

- Vitamin C deficiency (scurvy)
- Plummer-Vinson/Patterson-Kelly syndrome
- Tylosis

# **6. Diseases of bone**

## **6.1 Underlying knowledge**

Trainees should:

- Be able to describe the anatomy of the oral cavity, jaws, teeth and supporting structures of the head and neck.
- Have knowledge of the underlying pathogenesis of common malignant and benign bone pathology affecting the mandible and maxilla.
- Have knowledge of the clinical and radiological features commonly associated with malignant diseases found within the maxilla and mandible.
- Have knowledge of the clinical and radiological features commonly associated with benign cysts and tumours within the bone of the head and neck.

## **6.2 Malignant Bone Disease**

Trainees should recognise the general features of malignant bone diseases on plain x-ray films and be able to formulate a differential diagnosis. Trainees should be able to make an appropriate referral.

### **6.2.1 Jaw metastases from non-head and neck tumours**

Trainees should recognise the general features of jaw metastases from non-head and neck tumours that can present as changes in bone morphology (e.g. bone expansion/erosion) or with nerve compression or nerve infiltration giving rise to sensory or motor abnormalities.

## **6.3 Benign Bone Disease**

Trainees should be able to recognise the features of benign bony disease listed below, formulate a differential diagnosis and make an appropriate referral when indicated.

### **6.3.1 Odontogenic cysts**

- Cysts of inflammatory origin (associated with non-vital teeth)
  - Radicular cysts (periapical cyst)
  - Residual cysts
  - Inflammatory collateral (paradental) cysts
- Cysts of developmental or unknown origin
  - Dentigerous cysts
  - Lateral periodontal cysts
  - Gingival cysts
- Non-odontogenic Cysts
  - Nasopalatine duct cysts
  - Nasolabial cyst

### **6.3.2 Odontogenic tumours (Benign)**

### **6.3.3 Pseudocysts**

## **6.4 Infections and effects of medication/radiation on bone metabolism**

Trainees should know the risk factors for and be able to provide a differential diagnosis for the following conditions. They should be able to make an appropriate referral.

- Osteomyelitis
- Osteonecrosis
- Medication-Related Osteonecrosis of the Jaws (MRONJ)
- Osteoradionecrosis (ORN)

## **7. Procedures**

### **7.1 Underlying knowledge**

Trainees should be able to:

- Describe different operative options such as scalpel surgery, laser and cryotherapy.

- Explain the key features of safe and effective local anaesthesia for operative interventions including regional anaesthesia.
- Recognise the importance of, and perform appropriate aseptic technique.
- 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 each use.
- Perform risk assessment and take appropriate medical history relevant to each procedure.
- Understand and explain possible risks associated with each procedure in order to obtain valid informed consent.
- Demonstrate ability to perform referred essential procedures safely, competently and effectively.

## **7.2 Essential procedures**

### **7.2.1 Oral mucosal biopsies**

Trainees should have the knowledge and be able to perform the following surgical procedures safely, competently and effectively with appropriate haemostatic control:

- Soft tissue excisional biopsy
- Soft tissue incisional biopsy for histology and direct immunofluorescence

### **7.2.2 Venepuncture**

Trainees should be able to demonstrate competence in performing venepuncture.

### **7.2.3 Intralesional steroid injection**

Trainees should be able to demonstrate theoretical knowledge of, and to administer safely, competently and effectively intralesional corticosteroids.

## **7.3 Desirable procedures**

### **7.3.1 Cryotherapy**

Trainees should have theoretical knowledge of relative risks and benefits of performing the procedure, and be able to describe the operative technique.

### **7.3.2 Skin prick testing and skin patch testing**

Trainees should have theoretical knowledge of relative risks and benefits of performing the procedure, and be able to describe the technique.

### **7.3.3 Labial gland biopsy**

Trainees should have theoretical knowledge of relative risks and benefits of performing the procedure, and be able to describe the operative technique.

## 8. Medical competencies and attachments

It is recognised that additional experience and training in medical specialties of relevance to Oral Medicine practice will benefit the holistic development of trainees. Training opportunities will vary between units making a prescriptive list of medical placements unfeasible. Rather, trainees should identify appropriate medical attachments which they may find beneficial to their development as an oral medicine specialist. The timing of the medical attachments will depend on both the educational needs of each trainee and the individual training programme.

For each medical placement the trainee should identify and agree individual learning goals with their educational and clinical supervisor in advance of the placement. Trainees should be able to evidence their development on each placement by completing supervised learning events (SLEs), clinical logbook entries, reflective logs and clinical supervisors' reports.

**Suggested medical attachments include:**

### 8.1 Dermatology

Trainees should be able to:

- Recognise common cutaneous disorders such as eczema, psoriasis and be able to identify cutaneous manifestations of oral mucosal diseases such as lichen planus, immunobullous disorders, chronic GvHD.
- Take a focused history in relation to screening for cutaneous manifestations.
- Use and understand the common descriptive terms used to describe skin lesions.
- Formulate differential diagnosis and suggest appropriate investigations related to oromucosal conditions such as direct immunofluorescence, and interpretation of results.
- Describe the common topical and systemic medications used in dermatology and those pertinent to the field of oral medicine. Be familiar with and observe the use of immunomodulatory and immunosuppressive medication, for example Methotrexate, Dapsone, Hydroxychloroquine, Ciclosporin and Biological treatment.
- Know the indications for Biological therapy in management of diseases relevant to the field of oral medicine.
- Identify cutaneous features suspicious of malignancy, particularly basal cell carcinomas, melanomas and lymphoma.
- Demonstrate the ability to refer appropriately to Dermatology.

*Relevant conditions*

- Immunobullous disorders
- Lichenoid disorders
- Skin cancers



- Graft versus Host Disease
- Genital Dermatoses
- Angioedema, urticarial and skin allergy

## 8.2 Gastroenterology

Trainees should be able to:

- Understand the natural history of common diseases affecting the gastrointestinal system with emphasis on conditions encountered in the practice of oral medicine.
- Undertake an appropriate focused history relevant to gastroenterology conditions.
- Formulate a differential diagnosis and suggest appropriate investigations.
- Have an understanding regarding the role of immunosuppressants and biologics used to manage inflammatory bowel disease (IBD).
- Have an understanding regarding the role of dietary therapies, such as exclusive enteral nutrition, and cinnamon and benzoate free diets in the management of IBD.
- Recognise the “red flag” features associated with gastrointestinal disease and malignancy.
- Demonstrate the ability to refer appropriately to Gastroenterology.

*Relevant conditions*

- Inflammatory Bowel Disease
- Coeliac Disease
- Gastro-oesophageal reflux disease
- Irritable Bowel Syndrome
- Viral Hepatitis
- Peutz-Jeghers syndrome

## 8.3 Rheumatology

Trainees should be able to:

Understand the natural history of common rheumatological diseases with emphasis on conditions encountered in the practice of oral medicine.

- Undertake a focused history relevant to rheumatology conditions and recognise extra oral manifestations of these.
- Formulate a differential diagnosis and suggest appropriate investigations with the ability to interpret basic autoantibody results.
- Understand the use of pharmacological interventions commonly used in a Rheumatology setting, particular their indications, monitoring and safety profile.
- Be aware of how disease activity of common Rheumatology conditions are monitored.
- Demonstrate the ability to refer appropriately to Rheumatology.

*Relevant conditions*

- Sjögren’s Syndrome
- Behçet’s Disease
- Rheumatoid Arthritis

- Fibromyalgia
- Osteoporosis
- Polyangiitis with Granulomatosis – spectrum of vasculitic disease
- Sarcoidosis
- Systemic Lupus Erythematosus

## 8.4 Psychiatry / Mental Health

Trainees should be able to:

- Understand common disorders such as schizophrenia, depression, anxiety, and personality disorders.
- Undertake an appropriate psychiatric history and mental state examination.
- Consider the biological, psychological, and social management and prognosis of each condition.
- Assess and manage suicidal ideation and risk.
- Acknowledge the application of the Mental Health Act as applicable to each jurisdiction.
- Justify when it is appropriate to disclose patient information without their consent.
- Awareness of psychopharmacology and psychological therapies in the management of common psychiatric conditions.
- Awareness of the cultural variations in psychiatric illness.
- Demonstrate the ability to refer appropriately to mental health services.

### *Relevant conditions*

- Mood (affective) disorders, including depression and mania
- Schizophrenia and delusional disorders
- Anxiety
- Alcohol and substance misuse
- Personality disorders
- Self-harm and suicide
- Psychiatry of the elderly
- Intellectual disability

## 8.5 Neurology/ Neurosurgery

Trainees should be able to:

- Understand the natural history of common neurological conditions with emphasis on conditions relevant to the practice of oral medicine and facial pain.
- Undertake an appropriate history relevant to neurological conditions.
- Recognise signs and symptoms of neurological disease in the orofacial tissues.
- Be able to carry out a satisfactory cranial nerve examination and identify altered cranial nerve function.
- Have a basic understanding of surgical and non-surgical neurological treatments in the management of conditions relevant to oral medicine.

- Appreciate the role of imaging and other investigations in diagnosing neurological disease.
- Recognise “red flag” features which may prompt urgent neurological review.
- Demonstrate the ability to refer appropriately to Neurology or Neurosurgery.

*Relevant conditions*

- Primary headache disorders- TACs, migraine, tension type headaches
- Peripheral nerve disorders including mono- and poly-neuropathies
- Trigeminal neuralgia
- Bell’s palsy
- Complex regional pain syndrome
- Multiple sclerosis and other demyelinating disorders
- Movement disorders
- Tumours of the brain and peripheral nervous system
- Stroke
- Dementia

## **8.6 Haematology**

Trainees should be able to:

- Identify haematological disease, and possible manifestations in the head and neck.
- Undertake an appropriate history relevant to haematology conditions.
- Recognise the systemic manifestations of haematological disease.
- Be able to manage oral complications of haematological disease e.g. GvHD.
- Recognise “red flag” features, including the ‘B’ symptoms of lymphoma.
- Demonstrate the ability to refer appropriately.

*Relevant conditions*

- Anaemias
- Leukaemias and lymphoma
- Neutropenia: primary and secondary
- Pancytopenia and its causes
- Clotting disorders
- GvHD
- Recurrent infections
- Anticoagulants - indications, contraindications, and management
- Myeloproliferative disorders
- Gammopathies

## **8.7 Infectious Diseases**

Trainees should be able to:

- Understand the natural history of common infectious diseases with emphasis on conditions encountered in the practice of oral medicine.

- Undertake an appropriate history relevant to infectious diseases including a travel and sexual history.
- Recognise extraoral manifestations of infectious disease.
- Formulate a differential diagnosis and suggest appropriate investigations.
- Be able to recognise orofacial manifestations of HIV, syphilis, and tuberculosis.
- Appreciate complications of infectious diseases – such as hepatocellular carcinoma.
- Understanding when and how to refer for further specialist input.

*Relevant conditions*

- Genitourinary infections
- HIV
- Occupational infections and their management
- Tuberculosis
- Health care associated infections
- Hepatitis
- Lyme disease

## **8.8 Immunology / Allergy**

Trainees should be able to:

- Understand the natural history of common immunological conditions with emphasis on conditions encountered in the practice of oral medicine.
- Undertake an appropriate history relevant to immunology.
- Formulate a differential diagnosis and suggest appropriate investigations to facilitate diagnosis.
- Consider the use of skin patch and prick testing in oral medicine practice.
- Consider management and prognosis of each condition.
- Recognise “red flag” features.
- Demonstrate the ability to refer appropriately to Immunology / Allergy services.

*Relevant conditions*

- Angioedema
- Allergies
- Autoimmune conditions

## **8.9 General Practice**

Trainees should be able to:

- To be able to understand and identify common ailments that present to primary care
- To be able to understand the process of risk assessment in patients presenting with non-specific signs and symptoms in the context of known and unknown past medical history and when and how to escalate.

- To be able to understand how primary and secondary care services both within medicine and dentistry can collaborate and share patient care in the context of acute and chronic patient management.
- To be able to clerk a patient and take a focused history identifying red flag signs warranting urgent referral.

#### *Relevant conditions*

- Functional disorders
- Primary headache disorders
- Common rheumatological conditions such as Rheumatoid arthritis
- Psychiatry and mental health- presentation and management in primary care
- Common dermatology conditions seen in primary care
- Common gastroenterology conditions seen in primary care

## **8.10 Ophthalmology**

Trainees should be able to:

- To be able to take a focused ophthalmic history
- To be able to identify red flag ophthalmic signs and symptoms which would warrant urgent review and understand how to action such referrals
- Have an understanding of the ocular manifestations of common encountered oral medicine conditions i.e. Pemphigoid and Sjögren's syndrome.
- Gain an understanding of topical and systemic therapeutics used in managing ocular disease relevant to the practice of oral medicine
- To understand how oral medicine and ophthalmology service can best provide patient centred care for their mutual patients

#### *Relevant conditions*

- Immunobullous disease
- Sjögren's Syndrome
- Behçet's Disease
- Ocular manifestations associated with systemic disease

## **9. Management and Leadership**

The following topics are suggested as areas to be covered through self-directed learning and support GDC Section C domains 1-4.

### **9.1 Managing a Service: (GDC Domains 1 and 2)**

- Learning components:
  - o Business cases – staff & service development
  - o Commissioning
  - o Finance – Budgeting & Cost improvement programmes & Business planning
  - o Incident management
  - o Service delivery & contract management

- Portfolio evidence:
  - Leadership toolkit e.g. FMLM/Spiral Leadership
  - Journal logs
- Assessment:
  - CBD – management
  - ISFE

## **9.2 Managing People: (GDC domain 2)**

- Learning components:
  - Appraisals & Job planning
  - Human Factors
  - Leadership styles
  - Managing performance & conduct
  - Recruitment process
  - Staff development
  - Unconscious bias
- Portfolio evidence:
  - Spiral toolkit
  - Other evidence
- Assessment:
  - ISFE

## **9.3 Quality Improvement, Governance, and legislative framework (GDC Domain 1 & 3):**

- Learning components:
  - Complaints management
  - Duty of Candour
  - GDC & GMC standards
  - Health & safety in the workplace
  - Infection Prevention & Control
  - Information governance
  - Patient safety, including avoiding harm through medicine management & LocSIPS
  - Patient experience
  - Record keeping
  - Service improvement
- Portfolio evidence:
  - Leadership toolkit e.g. FMLM/Spiral Leadership
  - Other evidence
  - Journal log

- Assessment:
  - Assessment of Audit tool in ISCP
  - ISFE

#### **9.4 National strategy and policies (GDC Domain 1):**

- Learning components:
  - Chief Dental Office strategies & policy
  - NHS England & NHS Improvement strategies & Policies
- Portfolio evidence:
  - Leadership toolkit e.g. FMLM/Spiral Leadership
  - Other evidence
  - Journal log
- Assessment:
  - ISFE

#### **9.5 Personal Education (GDC Domain 4):**

The GDC curriculum domain 4 is predominantly about self-development and developing others through education, research and scholarship. It is felt that the outcomes of these domains are sufficiently descriptive. For this domain there is no specific learning content as trainees will be encouraged to undertake formal education & learning training as well as partake in clinical research. Additionally, NIHR trainees will by necessity be enrolled in formal research methodology training.

#### **9.6 Leadership (GDC Domain 2):**

Leadership should be considered very differently from management skills. Leadership outcomes can be found in Domain 2 section C of the curriculum. Leadership skills acquisition is very much a personal journey and it does not stop when a trainee attains their CCST. The journey should be centred on reflective practice, taking individual life experiences and reflecting on one's own leadership needs. However there are numerous tools and programs available at both local and national level that can help develop leadership skills and provide direction for trainees in their learning needs. Examples of these are:

- HEE Spiral Leadership Toolkit  
<https://lasepgmdsupport.hee.nhs.uk/support/solutions/articles/7000038522-spiral-leadership-toolkit>
- NHS leadership Academy programmes e.g. Edward Jenner  
<https://www.leadershipacademy.nhs.uk/>
- Faculty of Medical Leadership and Management  
<https://www.fmlm.ac.uk/>

- Fellowship Programmes which can be applied for as an Out of Programme Experience (OOPE) and is at the discretion of the local post graduate dental dean. Examples of fellowship programmes currently available are:-
- Darzi Fellowship
- Topol Programme for Digital Fellowships in Healthcare
- Scottish Clinical Leadership Fellowship
- Faculty of Medical Leadership and Management (FMLM) Fellowships
- The Chief Dental Officer's Clinical Fellow Scheme for dentists in England
- The National Medical Director's Clinical Fellow Scheme for doctors
- Trust level management and leadership courses. Trainees should review their organisations' intranet to see what local support is available
- Professional coaching