Syllabus for the Speciality-Specific Content of the Special Care Dentistry Speciality Curriculum
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Introduction to Special Care Dentistry

Special Care Dentistry is the provision of oral health care services for people who are unable to accept/receive routine dental care because of a physical, sensory, intellectual, mental, medical, emotional, or social impairment or disability or a combination of these factors. The specialty focuses on adolescents and adults and includes the important period of transition as the young person moves into adulthood and adults move into frail older age. Special Care Dentistry takes a holistic approach to the prevention and management of oral healthcare needs for people with complex and /or additional needs and includes advocacy to improve their oral health. It requires multidisciplinary and inter-professional partnership working across health and social care to ensure an integrated, comprehensive approach to provision of care.

Special care dentists require specialist knowledge, attitudes, and skills to plan, facilitate and provide high quality comprehensive oral care for people with complex and/or additional needs. They have a detailed understanding of disability and of the environmental, social, medical, and psychological issues in relation to health behaviour, oral health, oral function, and quality of life.
Care is provided in a variety of locations which can include primary care, hospitals, domiciliary settings, secure settings, and nursing and residential homes. They are also responsible for research and the teaching of SCD.

Contents

Domain 5: Professional, Legal and Ethical Context of Special Care Dentistry

To have a comprehensive understanding of the legal, cultural and social context of disability, health and social exclusion and understand the professional, legal and ethical framework underpinning Special Care Dentistry (SCD)

Outcome	Examples	Evidence	Expected stage of training to successfully complete
5.1 To understand legal and political issues for major disability groups and marginalised groups	• Be able to apply in practice legislation relevant to SCD considering reasonable adjustment and research for these patient groups • Recognise their legal responsibilities and be able to apply, in practice, the Human Rights Act to clinical situations. Examples include: domiciliary dental care, liberty protection safeguards, managing in-patients and people in secure settings • Implement the requirements of Equality, Diversity and Human Rights-related legislation (e.g. Equality Act, Human Rights Act, Public Sector Equality Duty, Mental Health Act) and be able to advise if any legislations have been breached.	• Training (e.g. Mandatory training, CPD, training course) • Feedback from stakeholders • MSF • WBAs, procedure-based assessments • PDP	Early
5.2 Demonstrate awareness of legal and ethical frameworks, relevant to Special Care Dentistry	• Undertake appropriate risk assessments e.g. medical risk assessment, domiciliary risk assessments • To undertake moving and handling risk assessments, and appropriate training in safe handling of special care patients • To work within appropriate legal frameworks within clinical practice including restraint and clinical holding • Understand the ethics of physical and pharmacological intervention and restraint, and the impact on the patients and carers	• Training (e.g. Mandatory training, CPD, training course) • SCD specialty exam • MSF • WBAs, procedure-based assessments • PDP	Early-Middle

		• To be able to apply in practice the ethics of impairment and disability e.g. genetic counselling, palliative/end of life care and DNA-CPR/resuscitation	• Reflective practice	
5.3	Understand specialty-specific clinical policies, guidelines, and quality assurance initiatives	• Understand and work to develop guidelines, policies, and care pathways, relevant to SCD, with local peer-review groups, specialist societies/charities and/or guideline development groups, and advocacy groups • Work with peer-review groups to develop local best practice	• Feedback from stakeholders • WBAs • MSF • CPD; attendance at speciality-specific and management meetings • QI/audit projects • SCD specialty exam	Middle-Late

5.4	Demonstrate an understanding of multidisciplinary and inter professional team working, relevant to Special Care Dentistry	• Engaging and working with medical and health and social care professionals in the multi-disciplinary health care management of people with disabilities, examples including:
		  • Paid and unpaid carers
		  • Nursing homes and residential care
		  • Community nurses
		  • Community mental health team
		  • Social services
		  • Learning disability teams; outreach teams and day centres
		  • Positive behavioural management teams
		  • Allied health professionals, e.g. Speech & language therapists, Occupational Therapy, dieticians
		  • Third party groups, e.g. charity funded healthcare team
		  • In-patient medical unit teams
			• Procedure based assessments
			• WBAs
			• MSF (e.g. feedback from members of the MDT teams)
			• Reflective practice
			• SCD specialty exam
				Early

	• General Medical Practitioners • Palliative care teams		

Domain 6: Impairment, Disability and Oral Health

To have a comprehensive understanding of the nature of and relationships between impairment, disability and oral health in the context of social and behavioural health-related sciences, and to be able to use enhanced communication strategies with people requiring Special Care Dentistry.

Outcome	Examples	Evidence	Expected stage of training to successfully complete
6.1 Recognise the cultural and social context of disability	• Be able to describe social and environmental barriers people with disabilities can encounter in society and methods used to promote equality e.g. equality impact assessments in health care setting, social support, reasonable adjustments in ensuring legal compliance and promoting best practice, equality and diversity training • Be able to show understanding of the concepts of health, illness and disease • Demonstrate understanding of patterns of health/oral health and disease by ethnicity, gender, age, disability, and socio-economic circumstances, including beliefs, attitudes, behaviours and health service engagement • Critically appraise explanations for health and oral inequalities by ethnicity, gender, age and disability • Be able to describe models of disability and their relevance to patient groups	• Reflective practice • Project work • SCD specialty exam • WBAs • MSF • CPD	Middle-Late

	• Display positive language, attitude and behaviour and appreciate how this affects provision of care in a health care setting • Be able to describe how equality impact assessments contribute to the development of policies and procedures		
6.2 Demonstrate an understanding of the epidemiology of disability	• Understand the prevalence of common causes of impairment and how these may result in disability and the direct/indirect impact on oral health • Understand oral health-related quality of life outcomes with specific reference to people with disabilities • Be able to describe the distribution of determinants of oral health inequalities in people living with disabilities and marginalised groups. • Understand the concept and experience of living with long-term conditions for the individual and those supporting them, including key transition stages • Be able to apply current evidence relating to oral health and disability	• WBAs • Logbook • SCD specialty exam • Reflective practice • Quality improvement projects • Project work	Early - Middle
6.3 Demonstrate knowledge and awareness of the barriers to inclusion for major disability groups and marginalised groups	• Identify barriers an individual might encounter including attitudinal and organisational level and measures which could be taken to address these • Demonstrate examples of barriers to care that people may encounter in dentistry, and the use of reasonable adjustments to overcome these • Be able to reduce and eliminate disabling barriers in planning care	• WBAs • Reflective practice • Logbook	Early
6.4 Demonstrate communication strategies in the healthcare setting for a range of disability groups	• Use appropriate communication in health care settings including during shared decision making. These should include verbal, paralinguistic and non-verbal communication and use of augmentative alternative communication tools, inclusive language etiquette and language support.	• WBAs • SCD specialty exam • MSF • PDP	Early-Middle

	• Be able to use specific communication skills/styles relevant to the situation e.g. breaking bad news and use them effectively • Demonstrate understanding of models of communication in health care settings, utilising a person-centred approach	• Logbook • CPD • Reflective practice	
6.5 Understand and support health related behaviour	• Demonstrate understanding of the competing definitions of adherence and theories of health behaviour change • Demonstrate understanding of psychological models of behaviour change and symptom perception and impact on health, behaviour change and oral health care use • Critically appraise interventions to encourage and support behaviour change and oral health care use • Demonstrate an understanding of the role of non-disabled people in supporting people with disabilities to live independently: parents/family, carers, professionals, support workers. • Understand how to support health behaviour change in collaboration with health and social care partners using a common risk factor approach	• CPD • WBAs • PDP • MSF • Reflective practice • Logbook • SCD specialty exam	Middle-Late
6.6 Ability to develop dental services for people with a disability and marginalised groups	• Participate in the planning of care pathways for people with a disability and marginalised groups. • Plan and implement provision of comprehensive care for patients with a disability across a variety of settings (for example domiciliary, in-patient, clinic based) • Participate in developing care pathways and/or services for people with specific systemic disease including oncology and organ transplant	• Management training • WBAs • Logbook • Reflective practice • Project work	Late

Domain 7: Oral Care of Complex Patients			
Outcome	**Examples**	**Evidence**	**Expected stage of training to successfully complete**
7.1 Demonstrate knowledge and understanding of systemic diseases and their oral manifestations	• Knowledge of definitions, epidemiology, pathophysiology, general clinical features and medical management of conditions in the following categories: - Cardiovascular - Haematological - Respiratory - Gastrointestinal - Hepatic - Renal - Endocrine and metabolic - Neurological - Musculoskeletal - Connective tissue - Dermatological - Infectious - Immunologically mediated and allergies - Oncology • Describe features, diagnose and be aware of the management of the oral manifestations of systemic disease and the therapeutic interventions used in their treatment • Knowledge of oncological disease and its management and potential oral side-effects	• WBAs • Portfolio • CPD • SCD specialty exam	Middle-Late

	• Demonstrate knowledge of medical scoring systems including American Society of Anaesthesiology (ASA) Scale for assessing fitness for anaesthesia		
7.2 Demonstrate an understanding of pharmacology and therapeutics in medically complex patients	• Understand the indications, routes of delivery, actions, metabolism, side effects, and precautions of commonly used groups of drugs • Describe features, diagnose and manage oral side effects of interventions used in the management of systemic diseases, for example xerostomia • Describe and deliver appropriate drug regimens for medically complex patients in the dental setting, taking account of possible adverse drug reactions and interactions with other prescribed drugs	• Portfolio • WBAs • CPD • SCD specialty exam	Middle
7.3 Demonstrate competency in the dental management of medically complex patients	• Obtain information from relevant teams to undertake medical, social and dental risk assessment and treatment planning for medically complex patients • Formulate and deliver pre-operative treatment modifications in relation to medically complex patients. For example: ○ Identifying the most appropriate health care setting ○ Identifying, organising and interpreting further investigations as appropriate to enable the delivery of safe dental care, including blood tests and point-of-care testing ○ Demonstrating knowledge and interpretation of electromechanical tests such as sphygmomanometry and pulse oximetry ○ Identify and manage patients requiring prophylactic medications including antibiotics and steroids	• Portfolio • WBAs • CPD • Reflective practice • SCD specialty exam	Late

	• Formulate and deliver peri-operative treatment modifications in relation to medically complex patients. For example:
	  ○ Selecting the most appropriate anaesthetic modality
	  ○ Staging dental treatment appropriate to the risk assessment
	  ○ Ensuring appropriate monitoring
	• Formulate and deliver post-operative treatment modifications in relation to medically complex patients. For example:
	  ○ Arranging appropriate follow up based on the risk assessment
	  ○ Considering the need for post-operative antibiotics
	• Demonstrate awareness on the appropriate dental management of following specific patient cohort:
	  - Patients undergoing cancer therapy including surgery, chemotherapy, radiotherapy and immunotherapy
	  - Patient undergoing organ transplant
	  - Patients undergoing valvular cardiac surgery
	  - Patients at risk of medication-related osteonecrosis of the jaw		

7.4 Demonstrate competency in the dental management of the frail older person	• Understand the biology, physiology and psychology of aging • Understand frailty and dependence in relation to aging and on the delivery of dental care, including measurement scales • Describe conditions that are more common in the older person that affect delivery of dental care	• Logbook • WBAs • CPD • Reflective practice • SCD specialty exam	Middle-Late

	• Recognise age related changes to the oro-facial system and dental disease risk
	• Undertake medical, social, and dental risk assessments for frail older persons
	• Formulate and deliver treatment modifications for the delivery of dental care in relation to the frail older person. For example:
	  • Liaise with carers, next of kin, and/or other relevant teams involved in medical and social care
	  • Identifying the most appropriate health care setting based on degree of frailty
	  • Ensuring appropriate support is in place on discharge		

7.5 Demonstrate competency in the dental management of patients with mental health conditions	• Demonstrate an understanding of mental health conditions including acute presentations • Recognise the impact of mental health conditions and their management on general health, the oro-facial system and dental disease risk • Demonstrate an understanding of legislation related to Mental Health • Understand the influence of poor mental health on oral disease risk and oral health related outcomes • Undertake medical, social, and dental risk assessments for people with mental health conditions • Formulate and deliver treatment modifications for people with mental health conditions. For example: ○ Identifying the most appropriate health care setting based on the severity of their mental health condition	• Logbook • WBAs • CPD • Reflective practice • SCD specialty exam	Middle-Late

	○ Undertaking capacity assessment which takes into account the mental health condition ○ Identifying the most appropriate pathway of dental care for people residing in a secure setting ○ Ensuring appropriate support is in place on discharge		

Domain 8: Dental Public Health and Oral Health Promotion

To have a sound understanding of population-based oral health, epidemiology, health promotion and approaches to planning and delivery of oral healthcare services for Special Care Dentistry.

Outcome	Examples	Evidence	Expected stage of training to successfully complete
8.1 Understand oral health surveillance methods, data interpretation and application	• Be aware of measures of general health, oral health and disease • Show an understanding of local and population determinants of health for SCD patients • Interpret epidemiological data used to profile oral health and disease, and how this applies to SCD patient groups • Critically appraise a variety of study designs, methodology and data interpretation with an understanding of specific relevance to health and social care challenges for SCD • Show an understanding of the relationship between health and socio-economic circumstances of SCD patients and the relationship this has with oral diseases • Show an appreciation of the barriers to data collection for SCD patient groups	• Publications • Journal Club • Teaching sessions • Project work • WBAs • Reflective practice	Early-Middle
8.2 Demonstrate an understanding of oral health promotion, as applied to Special Care Dentistry	• Describe the links between oral health and general health in the context of disease and inequalities • Recognise approaches to health promotion interventions for SCD patient groups • Reflect upon experiences of delivery of oral health promotion programmes in differing settings – residential centres, learning and day centres, patient's own home, secure settings, inpatient settings, homeless projects, transient communities. • Describe a common risk factor approach to health promotion as	• WBAs • Reflective practice • Logbook • Teaching sessions • Project work	Middle - Late

	applied to SCD patient groups • Have an awareness of oral and general health promotion programmes and how these may be adapted for greater impact on a SCD patient group • Understand and critically evaluate concepts, ethics and practicalities of oral health research and quality improvement programmes, including challenges relating to consent, access, sample size and reliability in SCD patient groups • Work with dental and non-dental health and social care teams in oral health promotion interventions • Be able to deliver oral health advice for those reliant on third parties for daily maintenance of oral health	• Stakeholder engagement • Multidisciplinary engagement	
8.3 Demonstrate an understanding of service planning for individuals with complex needs	• Understand the consequences of oral disease and impact on quality of life for people requiring SCD • Be able to engage with multi-agency health and social care workers to plan delivery of care • Apply individual patient circumstances to the wider health and social care context and advocate for the individual via appropriate channels	• WBAs • Reflective practice • Logbook • Attendance at MDT meetings • Attendance at specialty specific meetings e.g. Managed Clinical Network	Middle-late
8.4 Understand how to develop Special Care Dentistry services for populations	• Be aware of national and local public health, social and healthcare strategy and policy, and how this affects the development of SCD services • Be able to describe formal stages of service development, including oral health needs assessment, interpretation of data, equality impact assessment, options appraisal • Show an understanding of broad principles of health economics and business planning	• Reflective practice • WBAs • Project work • Presentations • Attendance at management and/or leadership	Late

	• Be able to engage with multi-agency workers as part of planning a service (medical, social and community services, health service management, public services) • Have awareness of wider healthcare structures and systems in order to develop and lead specialist SCD services and care pathways	meetings e.g. MCN, Oral Health Advisory Groups, Health Board/Trust, Local Dental Network	
8.5 Demonstrate Leadership and management skills, as applied to SCD	• Be able to acknowledge the differing impacts, physical and emotional effects of caring for SCD patients on the dental team • Be able to prioritise healthcare resources especially where the impact on SCD patient groups may be inequitable	• Reflective practice • MSF • PDP • CPD	Middle
8.6 Demonstrate an understanding of wider approaches to oral healthcare services	• Be able to describe health service structure and funding streams, including specific campaigns, targeted at SCD patient groups	• Reflective practice • Project work • Attendance at multi professional meetings	Late

Domain 9: Clinical Special Care Dentistry

The specialist in SCD requires a range of dental skills covering all aspects of clinical dentistry. In addition they must be able provide this care in challenging environments. They need to recognise when aspects of care require specialist level treatment and work with that specialist to provide the optimum care for their patient. They should be able to advocate for their patient to receive the best care possible.

Outcome	Examples	Evidence	Expected stage of training to successfully complete
9.1 Demonstrate competency in restorative clinical skills	• Demonstrate competency in the diagnosis and management of patients with endodontic, periodontic and prosthodontic treatment needs • Demonstrate knowledge of when to refer to a restorative specialist • Participate in joint working with restorative specialists and laboratory technicians for restorative treatment, including implantology • Understand advancing technologies in restorative dentistry including intra-oral scanning in SCD **Endodontics** Should be competent at the diagnosis and management of patients with uncomplicated endodontic treatment needs (LEC Level 1 complexity) (Appendix 1) **Periodontics** Should be competent at the diagnosis and non-surgical management of patients with uncomplicated periodontal diseases (BSP Complexity 1 & 2) (Appendix 2) **Prosthodontics**	• WBAs • Reflective practice • SCD specialty exam • CPD • Multi-source feedback	Middle-Late

	Should be competent at and able provide: • Fixed prosthodontics Complexity 1 with or without modifying factors & Complexity 2 without modifying factors (Appendix 3) • Removable prosthodontics Complexity 1 with or without modifying factors & Complexity 2 without modifying factors (Appendix 3) • Evidence of a basic understanding of implantology; and to recognise the application and relevance of dental implants in SCD		
9.2 Demonstrate competency in oral surgery and oral medicine clinical skills	• Demonstrate competency in the diagnosis and management of patients with oral surgery and oral medicine needs, including; • oral surgery of hard and soft tissues • early referral of suspected malignancy • oral mucosal changes and diseases • orofacial pain • Appropriate referral for management of complicated oral surgery/oral medicine conditions **ORAL SURGERY:** Should be competent at: • Extraction of erupted tooth/teeth including erupted uncomplicated third molars and buried roots (whether fractured during extraction or retained root fragments) • Surgical removal of buried roots and fractured or residual root fragments and uncomplicated third molars, involving bone removal • Early referral of patients (using 2-week pathway) with possible pre-malignant or malignant lesions • Management of haemorrhage following tooth/teeth extraction • Diagnosis and treatment of localised odontogenic infections and post-operative surgical complications with appropriate therapeutic agents	• WBAs • Reflective practice • SCD specialty exam • CPD • Multi-source feedback	Middle-Late

	• Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients who require specialised management • Minor soft tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis. **ORAL MEDICINE:** Should be able to recognise and provide immediate care for patients with: • Oral mucosal changes presenting as red, white, red/white, ulcerated, vesicular/bullous, pigmented lesions or soft tissue swelling, which may be asymptomatic or an incidental finding; • Changes in saliva and salivary glands presenting as oral dryness, excess saliva or salivary gland swelling; • Orofacial pain/dysaesthesia/paraesthesia/numbness not due to typical dental disease (caries and periodontal disease), altered oral sensations and other neurological abnormalities. Recognition of situations where the presenting complaint indicates referral, appropriate timing of this and choice of service, for example: • Priority: Suspicion of cancer (2-week pathway) or other conditions which may be life threatening if undiagnosed, such as vesiculobullous disease, HIV or trigeminal neuralgia, allergic or immunologic conditions and other underlying complex systemic disease		
9.3 Demonstrate competency in radiography and	In addition to the skills and knowledge expected of a general dental practitioner:	• WBAs • Reflective practice	Middle-Late

radiology skills specific to the specialty	• Demonstrate knowledge of, indications for, and interpretation of CBCT in SCD • Demonstrate knowledge of how to adapt radiography techniques for specific patient needs • Understand the requirement for, and considerations of, dental radiography during GA and conscious sedation. • Understand and manage the role of comforters and carers appropriately during dental radiography.	• SCD specialty exam • CPD • Multi-source • feedback	
9.4 Demonstrate competency in inter disciplinary working with paediatric dentistry and orthodontics teams	• Demonstrate ability to undertake an orthodontic assessment and make appropriate valid and timely referrals for special care patients • Knowledge and experience of joint treatment planning with paediatric dental teams, to ensure effective transitioning care	• WBAs • Reflective practice • SCD specialty exam • CPD • Multi-source feedback	Middle-Late
9.5 Demonstrate competency in dental care provision in domiciliary and alternative clinical dental settings	• Demonstrate an understanding of the indications for, aims of, commissioning of, and practical requirements of dental care provided in domiciliary, mobile and/or secure settings • Demonstrate an understanding of dental treatment planning in patients with palliative conditions e.g. minimally invasive dentistry and/or pain control • Have experience of providing dental care in domiciliary, mobile and/or secure settings	• WBAs • Reflective practice • SCD specialty exam • CPD • Multi-source feedback	Late
9.6 Demonstrate competency in physical interventions to manage special care groups	• Demonstrate an understanding of the indications for and requirements of safe handling, positive behavioural support and physical intervention for SCD patients, including planning or providing clinical holding	• WBAs • Reflective practice • SCD specialty exam • CPD • Multi-source	Late

		feedback	

Domain 10: Management of pain and anxiety in Special Care Dentistry Safe and effective pain and anxiety control is a fundamental aspect of the modern practice of dentistry. Specialists in Special Care Dentistry must be able to select the most appropriate modality for each individual patient. Training in conscious sedation must include supervised clinical experience and include experience in providing a range of dental treatment under general anaesthesia.			
Outcome	**Examples**	**Evidence**	**Expected stage of training to successfully complete**
10.1 Demonstrate an understanding of pain, dental anxiety and stress in patients requiring Special Care Dentistry	• Demonstrate understanding of pain and mechanisms of pain and ways to measure pain (e.g. scales, pain diaries) • Recognise behaviour associated with pain in patients unable to verbally express pain and understand the effects this can have on the patient-carer relationship • Demonstrate understanding of dental fear, dental anxiety and dental phobia, causes and consequences, including the impact on dental attendance and oral health-related quality of life • Demonstrate an understanding of measures of dental anxiety and be able to use them • Demonstrate understanding of the psychological and physiological response to stress and be able to recognise cognitive changes, behaviours and emotions associated with the stress response • Demonstrate understanding of the relationship between life events and their effect on health and well-being	• CPD • PDP • WBAs • PDP • MSF • Reflective practice • Logbook	Early-Middle

	• Demonstrate understanding of ways to manage stress and be able to use stress management techniques with the dental team and SCD patients		
10.2 Demonstrate an understanding of non pharmacological approaches for managing pain and anxiety in Special Care Dentistry	• Demonstrate understanding of non-pharmacological interventions for example: low and advanced level dental anxiety management techniques (Appendix 4) • Recognise aspects of both verbal and non-verbal communication relating to anxiety, phobia and stress in patients requiring SCD	• CPD • PDP • WBAs • MSF • Reflective practice • Logbook • SCD specialty exam	Middle-late
10.3 Demonstrate an understanding of pharmacological techniques to manage pain and anxiety	Understand the principles of: • Safe and effective local anaesthesia (LA) • Basic Conscious Sedation (CS) techniques - inhalation, intravenous, transmucosal and oral sedation • Advanced CS techniques (e.g. propofol, fentanyl, ketamine) • Safe and effective General Anaesthesia (GA) • Understand the importance of compliance with national and local guidance relating to the use of LA, CS and GA for patients requiring SCD • Understand the current regulatory framework relating to CS and GA	• WBAs • Logbook • Reflective practice • SCD specialty exam • CPD • PDP • MSF	Middle
10.4 Demonstrate competency in clinical skills in pain and anxiety control	Demonstrate proficiency in the: • Assessment and treatment planning for special care patients, including the rationale for determining the most appropriate method or combination of methods (LA, CS, GA) to achieving safe and effective pain and anxiety control and acceptance of care.	• Logbook • WBAs • PDP • CPD • Reflective practice	Late

	• Use of LA and CS via inhalation, intravenous and transmucosal routes, including the safe and effective administration of drug/s in line with national standards • Awareness on when to refer to anaesthetic-led sedation services in theatre or dental clinics based on regional service design • Clinical and electronic monitoring where indicated, and supervise recovery, discharge and aftercare. • Recognition and management of commonly occurring complications of treatment using LA, CS and GA • Provision of dentistry under CS, recognising the need to modify treatment based on the type of sedation and the patient's response to CS • Provision of all necessary dental care under GA, recognising the need to modify treatment due to the requirement for GA, particularly in high-risk GA contexts, in line with national guidance on the use of GA in SCD **Experience of:** • Planning and implementing non-pharmacological approaches to support dental care via LA, CS or GA, such as plan acclimatisation, desensitisation and arranging psychological support, when indicated to support dental care provision and where available • Working as operator-sedationist to provide CS via inhalation, intravenous and transmucosal routes in line with national guidance • Planning appropriate hospital admissions and supporting the implementation of reasonable adjustments in collaboration with		

	anaesthetic teams, learning disability nurses, families/carers and other relevant professionals • Managing a GA list: including admission of patients for surgery, briefings with the theatre team, working with hospital teams and leading the dental team • Formulating a patient-specific treatment plan in theatre (whether GA or theatre-based CS is used) • Working within a multidisciplinary team to provide other medical care during dental GA		

More detailed training guidance can be found in these documents:

The use of general anaesthesia in Special Care Dentistry: A clinical guideline from the British Society for Disability and Oral Health
Andrew R. Geddis-Regan, Deborah Gray, Sarah Buckingham, Upma Misra, Carole Boyle, the British Society for Disability and Oral Health
First published: 21 January 2022 https://doi.org/10.1111/scd.12652
For sedation

Standards for Conscious Sedation in the Provision of Dental Care (V1.1) The dental faculties of the Royal Colleges of Surgeons and the Royal College of Anaesthetists Report of the Intercollegiate Advisory Committee for Sedation in Dentistry 2020

Appendix 1: NHS England Commissioning standard levels for Endodontic treatment (Level 1)

Level 1

Diagnosis and management of patients with uncomplicated endodontic treatment need including but not limited to:

• Root canals with a curvature <30 degree to root axis and considered negotiable, from radiographic evidence, through their entire length

• No root canal obstruction or damaged access, e.g. perforation

• Previously treated teeth with a poorly condensed root filling short of ideal working length where there is evidence of likely canal patency beyond the existing root filling

• Routine dismantling of plastic restorations, crowns and bridges to assess restorability

• Pulp extirpation as an emergency treatment

• Incision and drainage as an emergency treatment

• Straightforward re-treatment

• Coronal trauma severity limited to enamel and dentine.

This also includes any endodontic treatment not covered in level 2 or 3 procedural complexity

Appendix 2: NHS England Commissioning standard levels for Periodontal treatment (Levels 1+2)

Level 1

Classification, diagnosis and management of patients with uncomplicated periodontal diseases including but not limited to:

• Evaluation of periodontal risk, diagnosis of periodontal condition & design of initial care plan within the context of overall oral health needs.

• Measurement/recording of periodontal indices

• Communication of nature of condition, clinical findings, risks & outcomes.

• Designing personalised care plans.

• Providing treatment including behaviour modification.

• Assessment of patient understanding, willingness & capacity to adhere to advice & care plan.

• Evaluation of outcome of periodontal care and provision of supportive periodontal care programme.

• On-going motivation & risk factor management including plaque biofilm control.

• Avoidance of antibiotics except in specific conditions (necrotising periodontal diseases or acute abscess with systemic complications) unless recommended by specialist as part of comprehensive care plan.

• Preventive & supportive care for patients with implants.

• Palliative periodontal care and periodontal maintenance.

Any other treatment not covered by level 2 or 3 complexity

Level 2

Management of patients:

• With Stage II or III periodontitis who following primary care periodontal therapy have residual true pocketing of >5mm or 4mm + bleeding on probing.

• With certain non-plaque-induced periodontal diseases e.g. virally induced diseases, auto-immune diseases, abnormal pigmentation, vesiculo-bullous disease, periodontal manifestations of gastrointestinal & other systemic diseases and syndromes, under specialist guidance.

• With Grade C periodontitis as determined by a specialist at referral.

• With furcation defects and other complex root morphologies when strategically important and, realistic and delegated by a specialist.

• With gingival enlargement non-surgically, in collaboration with medical colleagues.

• Who require pocket reduction surgery when delegated by a specialist.

• With peri-implant mucositis where implants have been placed under NHS contract.

Appendix 3: NHS England Commissioning standard levels for Prosthodontic treatment (Levels 1+2)

Level 1

Diagnosis and management of patients with uncomplicated prosthodontic treatment needs including but not limited to:

Straightforward patient factors

• Patient factors and medical history represent commonly encountered conditions and a wide range of less common conditions that have no significant implications for routine dentistry

AND Technical treatment delivery at routine level of complexity

• All routine plastic fixed and partial removable restorations where conforming to existing occlusion.

(* This includes many toothwear cases where dentine is exposed and requires protection.)

• Fixed restorations where aesthetic, functional and occlusal stability and control can be maintained.

(* This includes the provision of Resin Bonded Bridges.)

• All removable restorations where the hard and soft tissue anatomy is healthy and reasonably well formed

Any prosthodontics care not covered in level 2 or 3 complexity

Level 2

The management of patients with prosthodontic needs:

Patient with moderately difficult complicating factors where:

• Technical excellence essential to minimise risk of re-intervention, extraction or loss of vitality (e.g. for patients undergoing bisphosphonate therapy, radiotherapy, haemophilia management).

• Factor or factors that increase complexity (e.g. previous poor management, analgesia concerns or in some cases a complex medical history)

• A motivated patient in whom behaviour change or risk factor management is challenging.

Moderately difficult technical treatment needs and/or environment:

• Pre-prosthetic procedures or optimisation (optimisation of abutments, occlusal adjustments, and minor surgical procedures) required

• Occlusal reorganisation is needed and medium-term stability can be achieved with plastic restorations, a removable appliance or both.
(* This includes the majority of moderate tooth wear cases.)

• Aspects of occlusion need careful management to avoid premature failure of restorations (e.g. guidance where multiple restorations)

• Replacement and temporisation of multiple fixed restorations is required and the stability or control of the oral condition may be at risk

• There are anatomical difficulties related to soft tissues

• There is compromised health of denture-bearing soft tissue

• Manageable access difficulties, including minor gagging problems

• Raised or critical aesthetic or functional expectations/needs

• Some cases following minor orthodontic treatment

• The provision of simple implant retained prostheses (single tooth, simple overdenture) that meet NHS criteria.

Appendix 4: Low and advanced dental anxiety management techniques (NHS Clinical Standards for dental anxiety management)

www.england.nhs.uk/long-read/clinical-guide-for-dental-anxiety-management/

Low level dental anxiety management techniques – suitable for all patients, to be delivered by practitioners at all Tier levels:

Rapport building
Environmental change
Enhancing control
Managing physiological arousal
Retrospective control
Feedback positive coping

Advanced dental anxiety management techniques – suitable for patients with moderate and phobic levels of dental anxiety, high levels of invasive treatment and/or those with additional psychological and physical co-morbidities

Communication tools: Letter to the dentist
Treatment staging
Longer appointments
Cognitive Behavioural Therapy (CBT)
CBT –
CBT and/or mental health complexities

Assessment strategy:
The purpose of assessment is to reassure the trainee, their employer and the public that they have achieved the required outcomes associated with their chosen specialty.

The Higher Learning Outcomes (HLOs) should not be demonstrated through singular assessments. A programmatic assessment approach should be used in the workplace in which there are multiple assessment points over time, undertaken by multiple assessors with a range of methodologies and sufficient evidence to ensure reliability.

The overall approach to assessment and provision of evidence of attainment in the curriculum is one of flexibility, as far as that is possible. Trainees should focus on 'quality over quantity', utilising assessments which are valid and appropriate to evidence the HLOs.

Trainees will be expected to maintain a personal development portfolio including workplace-based assessments and specialty examinations. Each component of the curriculum will not be assessed by every possible method; however, it is intended that assessment methods should be applied on the basis that they are applied to the appropriate stage of training and will be appropriate for particular circumstances of the environment in which training is taking place.

The principle of workplace based assessments (WBAs) is that trainees are assessed on work that they undertake on a day-to-day basis and that the assessment is integrated into their daily work. WBA assessment tools will include but are not limited to:

- Clinical examination exercise (CEX)
- Case based discussions (CBD)
- Direct observation of procedural skills (DOPS)
- Multisource feedback
- Patient/user feedback

Training courses may be an effective way of gaining the underpinning knowledge and skills for some of the HLOs. However, attendance at a course will not normally be sufficient evidence of competence; assessors will be looking for evidence of competence and how the learning is applied in practice.

Continuous assessment throughout training will be undertaken by the educational supervisor, clinical supervisors and other educators involved in training, using a range of WBAs. All assessments completed in the workplace have a formative function, with trainees given contemporaneous feedback on their performance, and these all contribute to the decision about a trainee's progress.

The assessment process should be initiated by the trainee, who should identify opportunities for assessment throughout their training. In the assessment blueprint, a list of sources of evidence are provided against each of the HLOs. These are provided as a list of possible sources, and there is no expectation that the full list of sources would be used as evidence of attainment of a particular HLO. Some of the assessments

in Section D will be mandatory (for example College examinations), but other forms of assessment should be tailored to the training program/local circumstances/stage of training, and these should be agreed with the Training Provider(s) as part of the RCP process and the Education supervisor(s) as part of a learning agreement.

Workplace–based assessments

Assessment of progress and competence throughout the training period will be achieved principally through workplace-based assessment. The trainees will be assessed on work that they are doing on a day-to-day basis thus integrating assessment into their daily work and fulfilling the principle of workplace-based assessment.

The trainee should initiate the assessment process and throughout their training must identify opportunities for assessment choosing the assessment tool, procedure and the assessor. The assessments must be undertaken by a number and range of different assessors covering a broad range of activities and procedures appropriate to the stage of training.

Workplace-based assessments will include the Clinical Evaluation Exercise (CEX), the Direct Observation of Procedural Skills in Surgery (DOPS), Case Based Discussion (CBD) and Procedure Based Assessment (PBA) by Multi-Source Feedback (MSF), which follows current best practice of assessment:

Workplace-based assessments (WBA)

WBAs	**No. per year**	**Assessment using different assessors at specialist level:**
CEX	At least 6, including 1 CEX consent	During clinical consult (assessor observes)
CBD	At least 6	At least 3 cases direct involvement (30 mins incl. feedback)
DOPS	Minimum of 17	Case complexity noted & overall performance level
MSF	At least 1	Minimum 8 raters (including AES) + self-assessment
Patient feedback	1	Formal patient feedback from 20 patients
OOT	1	Can be local/regional/national/international

Over the entire training period, it is advised **at least 4 DOPS** for each of the below procedures are completed:

1. Assessment of capacity & completion of relevant paperwork
2. Management of patient under general anaesthetic (interoperative + post-operative care) including day case and in-patient
3. Managing dental anxiety using behavioural methods
4. Provision of inhalation sedation
5. Provision of intravenous sedation
6. Provision of domiciliary care

Additionally, it is advised at least 2 DOPS for the provision of oral or transmucosal sedation are undertaken during duration of the training period.

A range of the remaining DOPS should be completed over the training period:

Special Care Dentistry Key Index Procedures/DOPS:

1. Cannulation +/- blood samples
2. Design & fit of complete denture
3. Design & fit of partial denture
4. Diagnosis and management of bacterial, viral & fungal infections
5. Diagnosis and management of orofacial pain
6. Perform biopsy – incisional/excisional
7. Provision of non-surgical endodontic therapy care
8. Provision of periodontal care
9. Provision of restorative care
10. Provision of risk-based preventative care
11. Routine extraction of a tooth
12. Surgical extraction with bone removal

Overall performance level for DOPS:

Level 0 - Insufficient evidence observed to support a summary judgement

Level 1 – **WAS** Unable to perform the procedure, or part observed, under supervision

Level 2 – **WAS** Able to perform the procedure, or part observed, under supervision

Level 3 – **WAS** Able to perform the procedure with minimum supervision (needed occasional help)

Level 4 – **WAS** Competent to perform the procedure unsupervised (could deal with complications that arose)

Given that the benchmark for the judgement is determined against the standard expected of a trainee on completion of training, it would be expected that a trainee in the early years of training may receive more 2s and 3s with a progression towards a rating of "4" as the trainee moves through the training programme.

Reflective practice:

It is recommended to complete at least 6 reflections a year. Reflection is also integrated in workplace-based assessment including CEX, CBD or DOPS.

Multi-source Feedback

The MSF is created by the trainee annually. The trainee conducts a self-assessment and chooses raters from a range of grades, one of whom must be the trainee' current AES. It is recommended to allow sufficient time to undertake this process prior to RCP, with a recommendation of starting the process within 3 months of the RCP panel. The minimum range of raters is outlined below:

- 2 Consultants/specialists
- 2 Senior nurses
- 2 Other doctors/dentists
- 2 Other healthcare professionals

Three MSF are the minimum number to complete over the training period, with an MSF being completed in both the first and third years of the training period. Additional MSF can be recommended at any time within the training programme by the TPD and/ or RCP panel to assist with evaluation the trainee's progression.

Review of Competence of Progression:

Progress through training is assessed through the Review of Competence Progression (RCP) process, and training is completed when all the curriculum requirements are satisfied, and HLOs have been evidenced. It is anticipated that 3-4 years would normally be required to satisfactorily complete the Special Care Dentistry curriculum to the required depth and breadth. However, the RCP process allows for adjustments to be made to this, where appropriate.

An RCP should be undertaken within 6 months of initiating of the training programme, and annual RCPs undertaken thereafter.

Summative assessment

This will include an intercollegiate fellowship specialty-specific examination by the Royal Colleges of Surgeons.