

SPECIALTY TRAINING CURRICULUM

SPECIAL CARE DENTISTRY

2009

Specialist Advisory Committee for Special Care Dentistry
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TABLE OF CONTENTS

| | |
|--|-----------|
| Introduction | 3 |
| Standard 1: Rationale | 3 |
| 1.1 Purpose of the curriculum | 3 |
| 1.2 Curriculum development | 4 |
| 1.3 Context of curriculum development | 4 |
| 1.4 Entry Requirements | 5 |
| 1.5 Duration of training | 5 |
| 1.6 Linkage to subsequent stages of training and education | 7 |
| Standard 2: Content of learning | 7 |
| 2.1 General professional content | 7 |
| 2.2 Specialty-specific content | 18 |
| 2.3 Assessment strategy | 40 |
| Standard 3: Model of learning | 42 |
| Standard 4: Learning experiences | 43 |
| Standard 5: Supervision and feedback | 44 |
| Standard 6: Managing curriculum implementation | 45 |
| Standard 7: Curriculum review and updating | 45 |
| Standard 8: Equality and diversity | 46 |
| References | 48 |
| Appendix | 49 |

Introduction

This curriculum relates to specialty training in Special Care Dentistry. Within the World Health Organisation's International Classification of Functioning, Disability and Health (ICF) [1] people requiring Special Care Dentistry are those with a disability or activity restriction that directly or indirectly affects their oral health, within the personal and environmental context of the individual. The aim of this training is to build a knowledge and skill base in the specialty, which was formally recognised by the General Dental Council in September 2008, with the specialist list opening in October 2008. Special Care Dentistry takes a comprehensive, holistic approach, as outlined in the ICF definition above, to the care of patients, traditionally referred to as a group of people with 'special or additional needs'. It is appropriate therefore that the training will draw on expertise across a wide variety of disciplines in health and social care.

Definition of Special Care Dentistry

Special Care Dentistry provides preventive and treatment oral care services for people who are unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these factors. Special Care Dentistry is concerned with the improvement of oral health of individuals and groups in society who fall within these categories. It requires a holistic approach that is specialist led in order to meet the complex requirements of people with impairments. It pertains to adolescents and adults, as the care of children with disabilities and additional needs sits within the domain of the specialty of paediatric dentistry

STANDARD 1: RATIONALE

1.1 Purpose of the curriculum

This curriculum outlines the scope, delivery and assessment designed to guide the training of Specialist Registrars in Special Care Dentistry. The

training will produce dentists who are specialists in Special Care Dentistry and who will be able to register on the General Dental Council (GDC) specialist list in Special Care Dentistry on completion of training. In the United Kingdom, the specialist list enables the registered dentist to use the title 'Specialist in Special Care Dentistry'. The award of a Certificate of Completion of Specialist Training (CCST), which enables access to the specialist list, requires evidence of satisfactory completion of specialty training as detailed in this curriculum.

1.2 Curriculum development

The curriculum has been developed following guidance of the Postgraduate Medical Education and Training Board (PMETB) *Standards for Curricula and Assessment Systems* [2] and *A Guide to Postgraduate Dental Specialty Training in the UK* 'The Dental Gold Guide' 2009 [3]. The curriculum has been based on the Training in Special Care Dentistry programme produced in 2003 by the Joint Advisory Committee in Special Care Dentistry (JACSCD) [4] and the Specialist Training Curriculum in Special Care Dentistry produced by the Shadow Specialist Advisory Committee in Special Care Dentistry (SACSCD) in 2007 [5]. The latter curriculum was approved by the Specialist Dental Education Board of the General Dental Council as the first specialist training programme for Special Care Dentistry and was the approved training programme when the specialist list opened for mediation in October 2008.

1.3 Context of curriculum development

The General Dental Council has recognised the need for a Specialty in Special Care Dentistry to promote the highest possible standards of oral health care for people requiring special care with the opening of the specialist list in Special Care Dentistry in October 2008.

The provision of comprehensive oral care to meet the complex individual needs of people with impairments cuts across a number of dental specialties and requires additional specialist knowledge and skills. Further, it requires a community approach in the primary care setting, as well as access to a range

of treatment facilities in secondary care centres, to ensure continuity of care in the best interests of the patients. The focus is on the provision of oral care rather than on the provision of specific dental procedures.

The curriculum has been prepared by the Curriculum Working Group set up by the SAC for Special Care Dentistry to the standards of the Postgraduate Medical Education and Training Board (PMETB) [2] and the Specialist Dental Education Board (SDEB). The curriculum complies with the Guide to Postgraduate Dental Specialty Training in the UK 'The Dental Gold Guide' 2009 [3].

The Curriculum Working Group, a sub-group of the Specialist Advisory Committee (SAC) in Special Care Dentistry was constituted as follows:

Dr Janice Fiske (Royal College of Surgeons of England member and Chairperson of the SAC in Special Care Dentistry), Senior Lecturer / Honorary Consultant in Special Care Dentistry

Dr Shelagh Thompson (Academic Member of the SAC), Senior Lecturer / Honorary Consultant in Special Care Dentistry

Mr Nick Goss (Lay Member of the SAC), Disability Consultant and Director of Goss Consultancy Ltd.

The Specialist Training Curriculum [5] approved by the GDC in 2007 was written by Dr Janice Fiske based on the JACSCD document *Training in Special Care Dentistry* [4] written by Professor June Nunn in 2003. During its development, the curriculum has evolved in conjunction and consultation with former members of JACSCD and the membership of the SAC in Special Care Dentistry.

1.4 Entry requirements

The specialty trainee must be registered with the General Dental Council. Entry to training in Special Care Dentistry would normally follow a period of general professional training which allows applicants to demonstrate they have received a broad based training and have achieved the foundation competencies set out in the Dental Foundation Curriculum [6].

Whilst the Diplomas of Membership of the Joint Dental Faculties (RCS England), the Faculty of Dental Surgery (RCS Edinburgh/RCPS Glasgow) or the Faculty of Dentistry (RCS Ireland) are positive indicators that there has been completion of this period of foundation training, it is not essential that a candidate holds such a qualification.

The entry requirements for specialty training will follow the specific guidance of *Principles for Entry to Specialty Training* (adapted from PMETB) in the 'The Dental Gold Guide' Section 6 [3].

Those candidates seeking to show equivalence of training may demonstrate they have gained competencies in another way and these should match the competency areas specified in the UK Dental Foundation Programme Training [6].

Appointment to a training post will be through open competition and will follow guidance issued in the 'The Dental Gold Guide' Section 6 [3]. Selection will be through an Advisory Appointments Committee and evidence of attributes such as motivation and career commitment will aid in the selection process. However, there is no requirement for the prior completion of any particular post.

1.5 Duration of training

The training reflects the nature of Special Care Dentistry by taking place in a variety of primary care, hospital, and community settings.

It would be expected that a specialty trainee without accredited prior learning, training or experience in Special Care Dentistry would complete training in 3 years. The Specialist Advisory Committee (SAC) in Special Care Dentistry may be called upon to advise Deaneries on duration of training for those trainees with accredited prior learning, training and experience. Specialty trainees may have qualifications that are approved as accredited prior

learning by the SAC in Special Care Dentistry after submission of the course curriculum and assessment schedules.

'Less than Full-Time Training' (LTFT) opportunities may exist as defined in the 'The Dental Gold Guide' Section 6 [3].

In addition, there will be opportunities for those trainees who wish to pursue academic training, research or undertake higher degrees to be able to enter Deanery approved integrated combined academic and clinical programmes [3].

1.6 Linkage to subsequent stages of training and education

At completion of specialty training in Special Care Dentistry, CCST holders may gain employment as substantive and honorary consultants in the NHS. Some employing bodies may expect the CCST holder to additionally possess a range of extended competencies as well as the core specialty skills in Special Care Dentistry. Linkages to subsequent stages of training and education to meet any such requirements will be determined at a future date.

Standard 2: Content of learning

2.1 General professional content

The specialty curriculum in Special Care Dentistry states the content and expected experiences in a variety of primary care, hospital, and community settings. It describes the process of achieving the learning outcomes of specialty training in Special Care Dentistry. The curriculum details the structure and methods of learning, teaching, assessment and feedback. The knowledge, skills and attitudes required to be a specialist in Special Care Dentistry and for the acquisition of a CCST are set out within the curriculum.

The details of the supervision requirements of a specialty training programme are included in 'The Dental Gold Guide' Section 7 [3] and the competencies, experience and performance of the specialty registrar will be monitored

through the Annual Review of Competence Progression (ARCP). The ARCP can inform the Educational Supervisor (ES) and Training Programme Director (TPD) of potential shortfalls in learning experience so that these may be addressed.

The trainee must have demonstrated compliance with Standards for Dental Professionals laid down by the General Dental Council [7] as advised in the 'The Dental Gold Guide' Section 7.31 [3]. The generic learning outcomes specified in this specialty curriculum relate to the management of adolescents and adults who fulfil the criteria of requiring Special Care Dentistry as defined previously in the introduction.

The three year specialist training programme in Special Care Dentistry will include experience and study in the following key areas:

1. Biological sciences of relevance to Special Care Dentistry
2. Concepts of impairment, disability, functioning and health
3. Behavioural sciences
4. Impairment, disability and oral health
5. Oral health care and oral health promotion for specific people / population groups with impairment and disability
6. Oral health care planning for the individual
7. Clinical Special Care Dentistry
8. Legislation, ethics and clinical governance
9. Research, statistics and scientific writing

A substantial part of the theoretical aspects of the training programme may be delivered through attendance at a University based course, either through direct attendance or through participation in a distance learning course.

In addition, the trainee will occupy a training post that is structured to provide her/him with supervised experience in a variety of hospital and community settings.

Formal completion of training will be marked by satisfactory summative assessment and success in the Membership in Special Care Dentistry. Ideally, this will be a Tricollegiate Membership in Special Care Dentistry.

The Appendix to this document provides further detail on how individual learning outcomes may be assessed.

The general professional and specialty-specific content of the curriculum is detailed in the following tables.

Each learning outcome should be prefaced by: “*On completion of training, the Specialist in Special Care Dentistry ...*”

2.1 GENERAL PROFESSIONAL CONTENT

1 MAINTAINING GOOD CLINICAL PRACTICE

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|------------------------------|---|---|---|---------------------------------|----------------------|
| Professional approach | the requirements of an effective leader the different models of leadership | provide specialist leadership in the provision of Special Care Dentistry | behave in a professional manner | CBL EC | PDP MSF |
| Life-long learning | the requirements for continuing professional development | recognise learning opportunities and identify them for members of the Special Care Dentistry team maintain a personal development portfolio and assist others to do so monitor own performance through audit and feedback | comply with GDC requirements for revalidation | SDL Appraisal ST CBL | WBA PDP |
| Evidence | the principles of evidence-based practice | critically appraise evidence provide constructive feedback | use evidence in support of patient care and defend decisions taken | EC PW ST | MSCD WBA |
| Written records | the principles and guidelines for 'good' clinical note keeping the reasons for confidentiality | communicate effectively through written records apply the principles of confidentiality in the context of written records | take account of legal requirements relating to written, electronic and digital records communicate promptly and accurately take account of confidentiality requirements related to written, electronic and digital clinical records and their transport | EC CBL ST | MSCD WBA |

Key: Teaching and Learning Methods

ACI= audit/critical incident analysis, CA = clinical attachment, CBL= Case based learning, CTS=clinical teaching/supervision, EC = External course, MDC=Multi-disciplinary clinic, MSF=Multi source feedback, PW=Project work, SDL=Self-directed learning, ST=structured teaching

Assessment Methods

MSCD=Membership in Special Care Dentistry, MSF=Multi source feedback, PDP=Personal development portfolio, WBA= workplace-based assessment

| Subject | Knowledgeshould be able to describe: | Skillsshould be able to: | Attitudes and Behavioursshould: | Teaching and Learning method(s) | Assessment method(s) |
|---|---|---|--|--|-----------------------------|
| Use of information technology | the principles of retrieval and utilisation of data recorded in clinical systems | apply the principles of confidentiality in the context of information technology use digital imaging devices effectively | take account of the legal aspects relating to holding electronic and digital records demonstrate a positive and proactive attitude to new technology | EC PW ACI | MSCD WBA |
| Organisational framework for clinical governance and its application in practice | the elements of clinical governance the principles of clinical governance, in particular related to infection control | participate actively in clinical governance participate in audit report serious untoward incidents | recognise the importance of teamwork in implementing a clinical governance framework recognise and take account of the learning from serious untoward incidents | ACI SDL Appraisal ST | WBA PDP |
| Risk assessment and risk management | the principles of risk assessment | carry out risk assessments develop and apply relevant procedures develop and monitor action plans to obviate further risk | recognise the value of risk assessments | EC ACI CBL | MSCD WBA |
| Audit (general) | the principles of internal and external quality assurance the audit process | initiate and complete audit projects demonstrate improvement as the result of audit | recognise the benefit of audit to patient care and individual performance | ACI ST EC | MSCD WBA PDP |
| Guidelines | the content of guidelines applicable to the practice and delivery of Special Care Dentistry the process of developing guidelines | interpret and apply guidelines applicable to the practice and delivery of Special Care Dentistry contribute to the evolution of guidelines applicable to the practice and delivery of Special Care Dentistry | show regard for individual patient needs when utilising guidelines | ST ACI CBL | MSCD WBA PDP |

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Assessment Methods

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| Subject | Knowledgeshould be able to describe: | Skillsshould be able to: | Attitudes and Behavioursshould: | Teaching and Learning method(s) | Assessment method(s) |
|--|--|--|---|--|-----------------------------------|
| Patient Safety | <p>the principles of management of fitness to practice cases</p> <p>the role of the National Patient Safety Agency (NPSA)</p> <p>the principles of Immediate Life Support</p> <p>the management of medical emergencies in the dental surgery and domiciliary setting</p> | <p>carry out Immediate Life Support</p> <p>instigate management of medical emergencies in the dental surgery and domiciliary setting</p> | <p>show regard for patient safety</p> <p>recognise the importance of team training in the management of medical emergencies in the dental surgery and domiciliary setting</p> | <p>CBL</p> <p>EC</p> <p>CTS</p> <p>ST</p> | WBA |
| Structure of the NHS and the principles of management (in context of the role of the trainee) | <p>the principles of the NHS Constitution</p> <p>the structure of the NHS, in outline</p> | <p>utilise the role of being a trainee in Special Care Dentistry to advocate for the best interests of the patient within the NHS management structure</p> | <p>become involved in management activities</p> | <p>EC</p> <p>Clinical meetings</p> <p>ST</p> <p>SDL</p> <p>CA with appropriate senior staff and managers</p> | PDP |
| Relevance of outside bodies | <p>the role of:</p> <ul style="list-style-type: none"> • GDC • Specialist Societies • Defence Unions • Surgical Royal Colleges • BDA | <p>Communicate with and involve these bodies in appropriate situations</p> | <p>demonstrate acceptance of professional regulation</p> <p>share best practice</p> <p>participate in peer review</p> | <p>EC</p> <p>Clinical meetings</p> <p>ST</p> <p>SDL</p> | <p>MSCD</p> <p>WBA</p> <p>PDP</p> |

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2 TEACHING / TRAINING, APPRAISAL / ASSESSMENT, RESEARCH AND PUBLICATION

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge | Skills | Attitudes and Behaviours | Teaching and Learning method(s) | Assessment method(s) |
|---------------------------------|---|--|--|---------------------------------|---|
| | <i>.....should be able to describe:</i> | <i>.....should be able to:</i> | <i>.....should:</i> | | |
| Teaching | the educational principles relevant to teaching within the dental team | facilitate the learning process (e.g. identify learning outcomes, construct educational objectives, communicate effectively with learners, use appropriate teaching resources, give constructive and effective feedback) contribute to the training of all members of the Special Care Dentistry team | engage in teaching activities for the Special Care Dentistry team | CTS EC ST SDL | WBA PDP Educational qualifications |
| Appraisal and assessment | the purpose of appraisal the principles of appraisal the roles of the appraiser and appraisee | maintain an appraisal portfolio apply the principles of appraisal and assessment take an active part in the appraisal process | employ appraisal and assessment | MSF CTS | PDP |
| Research and publication | the principles of undertaking projects including ethical considerations principles of research governance principles of peer review | present findings effectively both verbally and in writing review articles using a constructive critical approach | have an enquiring mind respect patients' and parents'/carers' autonomy and wishes in regard to research | PW EC ST SDL | MSCD PDP WBA Research and publication record |

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3 RELATIONSHIPS WITH PATIENTS / PARENTS / CARERS

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge | Skills | Attitudes and Behaviours | Teaching and Learning method(s) | Assessment method(s) |
|-------------------------|--|--|--|---------------------------------|----------------------|
| Informed consent | <p><i>.....should be able to describe:</i></p> <p>the principles of informed consent</p> <p>the principles of the Mental Capacity Act (2007) and the Deprivation of Liberty Safeguards</p> <p>the process for gaining informed consent</p> | <p><i>.....should be able to:</i></p> <p>obtain informed consent in relation to adults with special care needs</p> <p>assess capacity</p> <p>work with other agencies to obtain informed consent in circumstances where there is lack of capacity</p> <p>share information appropriately when necessary to safeguard vulnerable adults</p> | <p><i>....should:</i></p> <p>respect patients' and parents'/carers' autonomy and wishes, including their right to refuse treatment even when it would be in their best interests</p> | ST CBL EC SDL | MSCD WBA |
| Confidentiality | <p>relevant strategies to ensure confidentiality</p> <p>the situations when confidentiality might be broken</p> | <p>apply the principles of confidentiality in relation to clinical care</p> | <p>respect the right to confidentiality</p> | ST CBL EC SDL | MSCD WBA |
| Legal issues | <p>the legal issues relating to the practise and delivery of Special Care Dentistry</p> <p>the key elements of the Human Rights Act</p> | <p>work within appropriate legal frameworks</p> <p>apply knowledge of the Human Rights Act to the clinical situation</p> | <p>demonstrate empathy while acting in the patient's /family's best interests</p> | ST CBL EC SDL | MSCD WBA |

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4 WORKING WITH COLLEAGUES

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|-----------------------|---|--|---|--|----------------------|
| Clinical teams | the function of other clinical specialties and their benefits and limitations the extended care team | recognise when input from another specialty is required for individual patients and instigate the required input refer appropriately to health and social workers work effectively with other health care professionals and dental specialists | recognise her/his own limitations demonstrate conscientiousness and co-operation | Appraisal EC MDC – any MSF CBL | WBA PDP MSF |
| Complaints | the principles of complaints procedures the principles of independent review | manage dissatisfied patients, parents/carers and colleagues manage complaints in accordance with current guidance and good practice, such as that set out by the Department of Health, the Care Quality commission, etc. | accept responsibility for managing complaints | EC ST SDL | WBA PDP MSF |

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5 HEALTH

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge | Skills | Attitudes and Behaviours | Teaching and Learning method(s) | Assessment method(s) |
|------------------------|---|--|---|---------------------------------|----------------------|
| | <i>.....should be able to describe:</i> | <i>.....should be able to:</i> | <i>.....should:</i> | | |
| Personal health | the role of occupational health services the principles of responsibility to the public | recognise when personal health takes priority over work pressures and be able to take the necessary time off and/or seek any necessary support | recognise personal health as important recognise and act upon signs/symptoms of impaired personal health | EC ST SDL | PDP MSF |
| Stress | the effects of stress the support facilities for dentists and other members of the Special Care Dentistry team | develop appropriate coping mechanisms for stress recognise the signs and symptoms of stress seek help if appropriate | recognise how stress effects her/him employ strategies to manage stress | EC ST | PDP MSF |

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6 PROBITY

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|-----------------------------|--|---|--|---------------------------------|----------------------|
| Service information | the principles of probity the legal framework for advertisements | recognise when probity could be an issue | act in accordance with good practice in relation to equality and diversity issues take account of cultural differences | SDL ST | MSCD |
| Financial regulation | the elements of a business plan the NHS/private care relationship | work within the financial rules of an employing institution write a simple business plan | adopt an ethos of justifying healthcare spend, from whatever source show integrity by acting in an honest and trustworthy manner declare any conflicts of interest at the outset | EC ST | PDP |

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2.2 SPECIALTY-SPECIFIC CONTENT

1. BIOLOGICAL SCIENCES OF RELEVANCE TO SPECIAL CARE DENTISTRY

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|----------------------------------|---|---|--|--|----------------------|
| 1. Cell biology | the role of cell biology in health and disease | <p>apply knowledge of cell biology in the diagnosis of oro-facial and dental conditions</p> <p>apply knowledge of normal ageing in the differential diagnosis of oral conditions in older people</p> | take account of this knowledge in diagnosis and treatment planning of patient conditions | SDL ST | MSCD WBA |
| 2. Microbiology | principals and practice of infection control in the dental clinic and in a variety of care settings including domiciliary care | <p>principals and practice of infection control in the dental clinic</p> <p>demonstrate how to prepare biological specimens and samples for transfer to diagnostic laboratories, legislation and guidelines</p> <p>demonstrate ability to take blood samples, swabs and oral tissue biopsies to provide material required for testing</p> | <p>employ the practical aspects of infection control when carrying out dental treatment</p> <p>comply with universal infection control principles when providing oral care for patients with, or at risk of, blood-borne viral diseases</p> | CA CBL SDL ST | MSCD WBA |
| 3. Growth and development | <p>normal development and potential abnormalities in</p> <ul style="list-style-type: none"> - general growth - craniofacial growth - growth of the dento-alveolar complex - tooth eruption <p>genetic and environmental influences on growth and development</p> <p>the principles of genetically determined conditions</p> | <p>apply knowledge of genetic principles in the diagnosis of oro-facial and dental conditions</p> <p>detect abnormality in general, craniofacial or dento-alveolar development</p> <p>apply knowledge of genetics to be aware of systemic factors that might be relevant to oral health care</p> <p>recognise syndromes where oro-facial features form a significant component of the syndrome</p> <p>access information related to syndromes</p> | <p>recognise the impact of abnormalities in general, craniofacial or dento-alveolar development on patients and their families</p> <p>recognise the role of the special care dentist as part of multidisciplinary teams in the management of patients with genetically determined conditions</p> | CA –eg in genetics learning disability, cleft lip and palate, hypodontia, and restorative dentistryclinics CBL SDL ST | MSCD WBA |

| | | | | | |
|---|--|--|---|---------------------------------|------------------------|
| | <p>the features and genetic basis of common craniofacial anomalies and syndromes with significant oro-facial features</p> <p>the features and genetic basis of genetically determined defects of dental hard tissue and of tooth form, size and number</p> | <p>where orofacial features form a significant component of the syndrome</p> | | | |
| 4a. Occlusion and function of the masticatory system | <p>the structure, function and principles of managing dental occlusion, function and dysfunction</p> | <p>apply the principles of managing dental occlusion, function and dysfunction</p> | <p>consult and collaborate with colleagues in other specialties where necessary</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| 4b. Periodontal disease | <p>the pathogenesis, classification and management of periodontal disease</p> | <p>diagnose and manage periodontal disease in adults</p> <p>deliver appropriate and effective preventive periodontal programmes for special care adults including mechanical and antimicrobial plaque control and team working with DCPs</p> <p>recognise when periodontal disease may be related to systemic disease</p> <p>recognise when referral for a specialist periodontal opinion is indicated</p> | <p>refer patients to other specialties as appropriate</p> <p>recognise the multifactorial issues associated with managing periodontal disease in special care patients eg cognition, communication, manual dexterity, carers' attitudes and beliefs, etc.</p> <p>take account of the support that patient and family/carer may need to manage periodontal disease</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |

| | | | | | |
|--|---|--|--|------------------|-------------|
| 4c. Dental Caries | <p>the aetiology, pathology and sequelae of dental caries</p> <p>the effects of fluorides used systemically and topically</p> <p>the appropriate staging and management and materials used in operative intervention</p> <p>the protective effects of saliva and the management of xerostomia</p> | <p>use appropriate diagnostic tools and demonstrate an understanding of their benefits and limitations</p> <p>construct and deliver appropriate and effective caries prevention for special care adults utilising the skills within the dental team</p> <p>develop individual patient and community preventive protocols</p> <p>construct and deliver effective and appropriate restorative and surgical treatment plans for adults with dental caries</p> | <p>recognise the multifactorial nature of dental caries</p> <p>take account of the factors which are associated with patients with special care needs being at high risk of developing caries</p> <p>recognise the key role of prevention in the management of caries throughout adulthood</p> <p>employ preventive measures accordingly</p> | CBL SDL ST | MSCD WBA |
| 4 d. Pulpal condition | <p>the aetiology, pathology, sequelae and management of pulpal disease</p> <p>the biological basis of success and failure of endodontic therapy</p> | Treatment plan and deliver effective preventive, restorative / endodontic care | consult and collaborate with colleagues in other specialties where appropriate | CBL SDL ST | MSCD WBA |
| 4 e. Oral Implantology and Bone Biology | an overview of the clinical science of <i>implantology</i> | recognise the scope of use of dental implants and relevance in special care dentistry | refer patients to other specialties as appropriate | CBL SDL ST | MSCD WBA |

| | | | | | |
|---|--|---|--|--|------------------------|
| 5. Biomedical Sciences Oral Physiology | <p>the role of saliva in maintaining oral health</p> <p>mechanisms involved in salivary secretion</p> <p>the anatomical and physiological features of the masticatory system including mechanisms and pathology of swallowing, speech, taste and olfaction</p> | <p>construct and deliver effective and appropriate preventative treatment plans for special care patients who have masticatory dysfunction</p> <p>recognise neurological conditions and the effects they may have on masticatory function and oral health</p> | <p>refer patients to other specialties as appropriate</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| 6. Oral and Related Systemic Diseases 6 a. General Pathology | <p>current knowledge of general pathology including. Inflammation, healing and neoplasia</p> | <p>apply knowledge of mechanisms and stages of inflammatory processes, healing and of neoplasia to patient care</p> | <p>refer patients to other specialties as appropriate</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| 6 b. Oral Medicine | <p>describe the features, diagnosis and management of common disorders of the oral mucous membranes, particularly oral malignancies and bisphosphonate related osteonecrosis of the jaw</p> | <p>diagnose soft and hard tissue pathology</p> <p>deliver appropriate and effective preventive treatment</p> <p>recognise pathology that requires investigation and management with or by other specialties</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties where appropriate</p> <p>ensure that referral is undertaken in a timely fashion and in line with NHS cancer referral time targets</p> | <p>CBL</p> <p>MDC-Oral Medicine</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |

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| 6 c. Pharmacology and Therapeutics | <p>the indications, modes, administration, actions, metabolism, side effects, drug interactions and precautions of commonly used groups of drugs</p> <p>the reasons for latex-free dentistry</p> <p>latex free dental materials and products</p> | <p>deliver appropriate drug regimen for special care patients in dentistry, taking account of possible interactions with medically prescribed drugs</p> <p>describe the use of these drugs for: older people, people with systemic disease and in pregnancy</p> <p>provide latex free dentistry</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties where necessary</p> | <p>CBL</p> <p>MDC-Oral Medicine</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| 6 d. Human Systemic Disease | <p>assess, treatment plan and execute dental treatment in the context of the overall health of the patient</p> <p>the significance of a patient's dental symptoms, previous dental experience and attitudes towards dentistry and oral health.</p> <p>the significance of a patient's past and present medical history, social history and family history.</p> <p>the significance of extra-oral signs of systemic disease which affect dental treatment.</p> <p>the significance of intra-oral signs which are a manifestation of systemic disease.</p> | <p>treatment plan and carry out treatment for patients with systemic disease</p> <p>explain the significance of a patient's dental symptoms, previous dental experience and attitudes towards dentistry and oral health.</p> <p>elicit and explain the significance of a patient's past and present medical history, social history and family history.</p> <p>elicit and explain the significance of extra-oral signs of systemic disease which affect dental treatment.</p> <p>elicit and explain the significance of intra-oral signs which are a manifestation of systemic disease.</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties where appropriate</p> <p>recognise how previous dental experience, medical experience, attitudes, social history and family history impact on dental-related behaviour</p> <p>show empathy when previous dental experience, medical experience and other causes of anxiety impact on dental-related behaviour</p> | <p>CBL</p> <p>MDC</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |

Key: Teaching and Learning Methods

CA = clinical attachment, CBL= Case based learning, MDC=Multi-disciplinary clinic- Oral Medicine, PW=Project work, SDL=Self-directed learning, ST=structured teaching

Assessment Methods

MSCD=Membership in Special Care Dentistry, MSF=Multi source feedback, PDP=Personal development portfolio, WBA= workplace-based assessment

2. CONCEPTS OF IMPAIRMENT, DISABILITY, FUNCTIONING AND HEALTH

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>..... should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|---|---|---|---|---------------------------------|-----------------------------------|
| Definitions, Models and Philosophies | <p>the principles of the Disability Discrimination Act and the Disability Equality Duty</p> <p>the importance of promoting disability equality</p> <p>the social model of disability</p> | <p>apply the social model of disability and how it relates to special care dentistry</p> | <p>demonstrate positive attitudes to disabled people</p> <p>demonstrate use of inclusive language</p> <p>demonstrate disability etiquette</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| Barriers to inclusion | <p>the social and environmental barriers that disabled people can encounter in society</p> <p>how such barriers can be minimised</p> <p>the methods used to promote disability equality</p> <p>the types of inclusive language and language support</p> | <p>ensure that special care dentistry practice takes account of the barriers disabled people encounter</p> <p>and how they might relate to special care dentistry</p> | <p>demonstrate an ability to reduce and eliminate disabling barriers in devising, developing and implementing treatments plans</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>PDP</p> |
| Understand the concept of reasonable adjustments | <p>the concept of reasonable adjustments</p> <p>the importance of reasonable adjustments in ensuring legal compliance and promoting best practice</p> | <p>Identify and apply a range of reasonable adjustments to the practice of special care dentistry</p> | <p>demonstrate positive attitude towards individual and collective person-centred, reasonable adjustment management</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |
| Equality Impact assessments | <p>the concept of equality impact assessments</p> <p>the basic definition and process for carrying out equality impact assessments</p> | <p>undertake an equality impact assessment</p> | <p>show regard towards equality impact assessments and the benefits they can have for special care dentistry</p> | <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> |

Key: Teaching and Learning Methods

CA = clinical attachment, CBL= Case based learning incorporating equality and diversity, MDC=Multi-disciplinary clinic, PW=Project work, SDL=Self-directed learning, ST=structured teaching

Assessment Methods

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3. BEHAVIOURAL SCIENCES

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|---|--|---|--|---|--|
| 1.Principles of behavioural psychology and sociology | <p>the principles of human behaviour as they apply to the practice of dentistry</p> <p>models of health belief</p> <p>locus of control/self efficacy</p> <p>theories of behaviour</p> <p>principles of behaviour change, adherence behaviour, compliance and deviance, and negotiation</p> <p>principles of learning theory as they relate to medical/dental practice</p> <p>aetiology of stress, anxiety and phobia and the measurement of anxiety</p> <p>management of dental stress, anxiety and phobia, including coping styles</p> <p>psychiatry and somatic complaints including the orofacial manifestations of psychiatric disease</p> <p>self and public perception</p> <p>loss and bereavement, including the emotional effects of tooth loss</p> <p>dentists as a vulnerable group of health care practitioners, including:</p> <ul style="list-style-type: none"> - alcohol and substance abuse - occupational stress and its management | <p>use appropriate communication skills in the health care setting</p> <p>use inclusive language etiquette e.g. faith related behaviour</p> <p>utilise the various elements of communication, such as language, listening, non-verbal communication</p> <p>apply knowledge of doctor-patient communication</p> <p>break bad news</p> <p>communicate with specific groups of people who have particular communication needs, e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a stroke, etc</p> <p>demonstrate negotiation skills</p> <p>demonstrate networking/liaison skills</p> | <p>recognise the impact of dental anxiety on dental attendance and oral health</p> <p>recognise the emotional experience of disability</p> <p>recognise occupational stress and its management</p> <p>recognise when to employ specific communication skills/styles e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a stroke, etc</p> | <p>CA</p> <p>CBL</p> <p>JC</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

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| <p>2. Pain</p> | <p>current terminology, the development of pain science and the role of pain management in dentistry</p> <p>mechanisms of neuropathic, neurovascular, musculoskeletal pain in the orofacial region, including referred and psychosomatic pain</p> <p>clinical assessment procedures including history taking, physical examination and special tests used in establishing the aetiology of pain.</p> <p>interventional and non-interventional methods of chronic pain management</p> | <p>diagnose the cause of orofacial pain using a process of differential diagnosis</p> <p>demonstrate clinical management of orofacial pain</p> <p>recognise patterns of referred pain in the orofacial region</p> <p>recognise behaviour associated with pain in patients unable to verbally express pain</p> | <p>show regard for the effects of acute and chronic pain on patient behaviour</p> <p>take account of the effects patient pain can have on the patient-carer relationship</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |
| <p>3. Health Economics</p> | <p>key aspects of the market for health and health care</p> <p>the approaches to financing health services - including different mechanisms for financing health care and the likely impact on the efficiency of health services and access to care</p> <p>the principles of world class commissioning</p> | <p>apply the principles of health economics to:</p> <ul style="list-style-type: none"> - obtaining resources for people with disability and impairments - developing oral healthcare services for people with disability and impairments | <p>show regard for appropriate use of healthcare monies, from whatever source</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

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4. IMPAIRMENT, DISABILITY AND ORAL HEALTH

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledgeshould be able to describe: | Skillsshould be able to: | Attitudes and Behavioursshould: | Teaching and Learning method(s) | Assessment method(s) |
|---|--|--|--|---|-----------------------------------|
| 1. Conditions leading to Impairment and Disability | <p>the differences between the medical, social and psycho-social models of disability</p> <p>the following conditions and the impact they have on the individual and their oral health:</p> <ul style="list-style-type: none"> – medically compromising conditions – learning impairment and associated conditions – mental health conditions, including emotional and phobic states – physical impairment – sensory impairment – emotional impairment – social disability | <p>diagnose, treatment plan and provide safe and effective oral healthcare and dental treatment for adolescents and adults with conditions that make them more prone to oral/dental disease or which may complicate the delivery of dental care</p> | <p>recognise the impact of disability on patients, their families and carers</p> <p>take account of the impact of disability and impairment on oral healthcare provision when treatment planning</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |
| 2. Oral Health in Disability | <p>the basic principles of epidemiology</p> <p>epidemiology of disability by condition and age group</p> <p>epidemiology of oral diseases from national and international oral/dental health surveys</p> <p>the relationship of the results of epidemiological studies to public health practice and policy development</p> <p>different manifestations of impairments for medically, intellectually, mentally, physically and sensorily compromised people</p> <p>day to day implications of impairment and any consequent disability.</p> <p>oral and dental manifestations and treatment of specific conditions such as</p> | <p>communicate effectively with patients, families and carers, other clinicians and members of the patient's extended care team</p> <p>work within multidisciplinary teams</p> <p>plan appropriate oral health care for special care patients</p> <p>facilitate access to appropriate modes of delivery of oral healthcare, eg sedation, general anaesthesia, and domiciliary care</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties where appropriate</p> <p>recognise the effects of oral health on quality of life factors for people with disability</p> <p>take account of appropriate modes of delivery of oral healthcare during treatment planning</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

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| | <p>malocclusion in cerebral palsy, periodontal disease in Down's syndrome, hypodontia in ectodermal dysplasia, oral care during end of life care</p> <p>relationship between disability and oral health</p> <p>access to oral healthcare services</p> <p>factors affecting quality of life, including:</p> <ul style="list-style-type: none"> - self-esteem, appearance, social acceptability and, relationships - diet, nutrition and alternative feeding routes - comfort / pain, - provision of mouth-held devices <p>disability and preventive dentistry, including:</p> <ul style="list-style-type: none"> - education - communication - home versus surgery delivered care - role of carers - modifications required to techniques and materials - pharmacological approach - role of fluorides and fluoridation | | | | |
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Assessment Methods

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5. ORAL HEALTH CARE AND ORAL HEALTH PROMOTION FOR SPECIFIC PEOPLE / POPULATION GROUPS WITH IMPAIRMENT AND DISABILITY

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|---|--|---|---|---|-----------------------------------|
| 1. Developing Oral Healthcare Services | <p>the development of services for people with:</p> <ul style="list-style-type: none"> – learning disability – physical impairment – complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant – progressive neurological conditions – mental illness – a history of substance misuse <p>the development of services for people in:</p> <ul style="list-style-type: none"> – long stay community, residential, nursing and day care units, or housebound – secure units – special education units – ethnic and refugee groups who are socially excluded – special educational establishments <p>the development of services for people who are homeless or travelers</p> <p>the need for equality impact assessments as part of the process of service development and/or change</p> <p>the role of patient and public involvement in the development of patient services</p> | <p>develop services for people with special care needs with.</p> <ul style="list-style-type: none"> – learning disability – physical impairment – complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant – progressive neurological conditions – mental illness – a history of substance misuse <p>develop services for people in:</p> <ul style="list-style-type: none"> – long stay community, residential, nursing and day care units, or housebound – secure units – special education units – ethnic and refugee groups who are socially excluded – special educational establishments <p>develop services for people who are homeless or travelers</p> <p>contribute to multidisciplinary teams for the development of services for people in special care groups</p> <p>implement equality impact assessments for the development of or changes to services to meet the needs of these groups of people</p> <p>demonstrate the available methods of patient and public involvement used in service development</p> | <p>recognise the role of the Special Care Dentist in developing services for special care patients</p> <p>take account of the views of patients, their families/carers and other appropriate public groups, through patient and public involvement when developing services for special care patients</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

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| 2. Management of Service Delivery | <p>the process of planning, delivery and evaluation of oral care services for people with impairment and disability in community and hospital settings</p> <p>the principles and application of patient empowerment in relation to service delivery in Special Care Dentistry</p> <p>management techniques in the health care system with emphasis on people, resources and capacity in service delivery</p> <p>leadership, influencing and negotiating skills</p> <p>the dynamics of teams and groups in service delivery</p> <p>the roles of the various members of the Special Care Dentistry team</p> <p>information management and communication technology in relation to service delivery</p> <p>understanding and use of epidemiological data to monitor and develop service provision</p> | <p>plan and deliver oral care services for people with impairment and disability in community and hospital settings, making effective use of the various members of the Special Care Dentistry team</p> <p>monitor and evaluate services for people with impairment and disability in terms of quality of care delivery and cost benefit in community and hospital settings</p> <p>make the case for appropriate service change based on evaluation of the monitoring data</p> | <p>demonstrate leadership skills in negotiating services for people with impairment and disability</p> <p>show regard for the roles of the various members of the Special Care Dentistry team and employ them to maximum effect</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |
| 3. Management of Care for Special Groups | <p>the management of oral health care for people with:</p> <ul style="list-style-type: none"> - learning disability - physical impairment - complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant - progressive neurological conditions - mental illness - a history of substance misuse <p>the management of oral health care for people in:</p> <ul style="list-style-type: none"> - long stay community, residential, nursing and day care units, or | <p>provide oral health care for people with:</p> <ul style="list-style-type: none"> - learning disability - physical impairment - complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant - progressive neurological conditions - mental illness - a history of substance misuse <p>provide oral health care for people in:</p> <ul style="list-style-type: none"> - long stay community, residential, nursing and day care units - special education units | <p>consult and collaborate with colleagues in other medical and surgical specialties and in social care, where appropriate, to facilitate patient/group management</p> <p>take account of the broad range of issues involved in the management of oral health care for people with disability</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

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| | <p>housebound</p> <ul style="list-style-type: none"> – secure units – special education units – ethnic and refugee groups who are socially excluded – special educational establishments <p>the management of oral health care for people who are homeless or travelers</p> | <ul style="list-style-type: none"> – ethnic, refugee groups who are socially excluded – special educational establishments <p>provide oral health care for people who are:</p> <ul style="list-style-type: none"> – confined to home and require domiciliary care – homeless – travelers | | | |
| 4. Inter-Professional Working | <p>the organisational structure and role of the health service and other statutory and voluntary organisations</p> <p>roles of Dental Care Professionals</p> <p>cross-sectoral and inter-agency working</p> <p>caring and advocacy</p> <p>the role of primary health care teams and the dental and medical specialties</p> <p>joint care planning approach</p> <p>community networks and alliances</p> <p>collaboration with other specialists</p> <p>working within the dental team</p> | <p>carry out cross-sectoral and inter-agency working</p> <p>initiate a joint care planning approach</p> <p>develop community networks and alliances</p> <p>develop collaboration with other specialists and health/social services professionals</p> <p>work as an effective member of both the dental team and the extended care team</p> <p>demonstrate leadership skills within the Special Care Dentistry team to ensure appropriate skills mix within the specialist team</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties and in social care where appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |
| 5. Oral Health Promotion | <p>the theories of health promotion</p> <p>planning population based oral health promotion policies</p> <p>the principles of public and patient engagement</p> | <p>plan oral health promotion policies for differing populations</p> <p>undertake at least one method of public and patient involvement eg questionnaire, in-depth interviewing, focus group, etc.</p> | <p>consult and collaborate with colleagues in other medical and surgical specialties and in social care where appropriate</p> <p>take account of patient and public views in policy development</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

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6. ORAL HEALTH CARE PLANNING FOR THE INDIVIDUAL

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|--|---|---|---|---|-----------------------------------|
| 1. Assessment, Diagnosis, Treatment Planning and Prevention | <p>assessment of the person who requires special oral health care</p> <p>history taking, examination, diagnosis and treatment planning for the individual</p> <p>methods of obtaining information from the individual, carer and wider circle of social and health care professionals in relation to the individual's care needs</p> <p>methods of assessment of the needs and priorities of individuals in order to promote positive oral health gain</p> <p>the impact of disability on oral health care planning for the individual</p> <p>organisation and delivery of appropriate treatment services in the relevant care setting for the individual, including domiciliary care settings</p> <p>the requirements of co-ordination of an inter-professional team in the delivery of optimal care for individuals</p> <p>the management and clinical skills necessary to provide preventive and treatment services for individuals</p> <p>the development of preventive healthcare programmes for such patients in a variety of care settings</p> <p>the design, implementation and monitoring of individual oral health care plans</p> | <p>identify and assess the person who requires special oral health care</p> <p>obtain information from the individual, carer and wider circle of social and health care professionals in relation to the individual's care needs</p> <p>provide appropriate care for persons with impairments or disability using adjuncts as appropriate</p> <p>provide appropriate care for persons with complex medical conditions</p> <p>design, deliver and monitor appropriate, individual health care plans to prevent / minimise the effects of oral disease</p> <p>provide oral health care in a domiciliary setting</p> | <p>take account of the ethical and legal aspects of managing oral health care for people with impairment and disability</p> <p>consult and collaborate with colleagues in other medical and surgical specialties and in social care where necessary</p> <p>show regard for the circumstances that people live in, when carrying out domiciliary visits</p> <p>employ appropriate management and clinical skills in order to provide preventive and treatment services for individuals</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

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| <p>2. Behaviour Management, Pharmacology and Therapeutics</p> | <p>how to recognise the management requirements of the individual</p> <p>relevant pharmacological and therapeutic adjuncts required in pain, anxiety and disease management</p> <p>the ethical and legal requirements relating to the provision and delivery of conscious sedation techniques</p> <p>the reasoning for selecting the most appropriate adjunct to treatment, based on the patient assessment</p> <p>the skills required to manage pain and anxiety in a variety of clinical settings through:</p> <ul style="list-style-type: none"> - behaviour management - local anaesthesia - conscious sedation including transmucosal, oral, inhalational and intravenous techniques - general anaesthesia including day-case and in-patient care. <p>in outline, the additional therapies that can be used to manage pain and anxiety, such as:</p> <ul style="list-style-type: none"> - hypnosis - acupuncture | <p>recognise normal and uncharacteristic behaviour patterns in adults with impairment and disability</p> <p>apply knowledge of behavioural patterns and psychology in the management of anxiety</p> <p>recognise when to seek help for patients with behaviours that require further assessment and treatment in another care setting</p> <p>deliver comprehensive restorative care and exodontias for adults with impairments and disability under local anaesthesia, conscious sedation and general anaesthesia where appropriate</p> <p>recognise the role of the special care dentist working with the anaesthetist in airway management</p> | <p>take account of the relevant ethical and legal requirements during the provision and delivery of conscious sedation techniques</p> <p>take account of the relevant ethical and legal requirements relating to the delivery of treatment under general anaesthesia</p> <p>consult and collaborate with colleagues in other medical and surgical specialties and in social care where necessary</p> <p>refer patients to other members of the dental, health and social care teams as appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
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7. CLINICAL SPECIAL CARE DENTISTRY

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledgeshould be able to describe: | Skillsshould be able to: | Attitudes and Behavioursshould: | Teaching and Learning method(s) | Assessment method(s) |
|---------------------------------|--|--|--|---|--|
| 1. Restorative Dentistry | <p>management and treatment of individual teeth using intra- and extra-coronal restorations</p> <p>how to identify and maintain key teeth to facilitate long-term care</p> <p>restorative and replacement techniques for the management of broken down, fractured and missing teeth</p> <p>diagnosis, prevention and simple restorative treatment of non-carious tooth surface loss e.g. abrasion, erosion and attrition</p> <p>diagnosis and non-surgical management of temporomandibular dysfunction.</p> <p>materials relevant to clinical dentistry, including those that can be effectively used in the domiciliary setting</p> | <p>carry out a high standard of clinical dentistry</p> <p>treat individual teeth using intra- and extra- coronal restorations</p> <p>recognise and maintain key teeth to facilitate long-term care</p> <p>utilise restorative techniques for the management of broken down, fractured and missing teeth</p> <p>diagnose, prevent and provide simple restorative treatment of non-carious tooth surface loss e.g. abrasion, erosion and attrition</p> <p>diagnose and manage non-surgical treatment of temporomandibular dysfunction.</p> <p>communicate findings and treatment proposals to individuals (where possible), carers, advocates and other professionals</p> <p>discuss treatment options in an appropriate manner with individuals (where possible), carers, advocates and other professionals</p> | <p>refer patients to other specialties as appropriate</p> <p>discuss treatment options with individuals (where possible), carers, advocates and other professionals as appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 2. Periodontology | <p>gingival and periodontal conditions</p> <p>techniques for periodontal surgery</p> <p>principles of implantology</p> | <p>diagnose and manage periodontal disease in people with impairments and disability</p> <p>deliver appropriate and effective preventive periodontal programmes</p> <p>recognise when periodontal disease may</p> | <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

| | | | | | |
|--|---|---|--|---|--|
| | | <p>be related to systemic disease</p> <p>utilise techniques for prevention appropriate to special care groups e.g. communication with people who have dyslexia, dyspraxia, autistic spectrum disorder, learning disability, etc.</p> <p>recognise when a specialist opinion is necessary</p> | | | |
| 3. Endodontics | <p>principles and practice of routine endodontic care</p> <p>the principles and practice of surgical endodontics</p> | <p>carry out routine endodontic care</p> | <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 4. Removable and Fixed Prosthodontics | <p>treatment planning and provision of removable prosthodontic treatment</p> <p>diagnosis and provisional treatment planning of fixed prosthodontic treatment</p> <p>principles and practice of implant dentistry.</p> <p>maxillofacial prosthodontic management of developmental and acquired hard and soft tissue defects</p> <p>relevant laboratory procedures</p> | <p>diagnose, treatment plan and provide removable prosthodontic appliances, including techniques appropriate to special care patients such as copy denture techniques</p> <p>diagnose and formulate provisional treatment planning of fixed prosthodontic treatment, including implants</p> <p>provide evidence of how removable and fixed prosthodontic treatment can effect quality of life</p> | <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 5. Orthodontics | <p>examination, diagnosis and treatment planning</p> <p>scope, design and use of orthodontic appliances</p> <p>oral surgery in relation to orthodontics</p> <p>management of developmental anomalies, including cleft lip and palate, hypodontia and craniofacial anomalies</p> | <p>recognition of clinical situations where it is appropriate to liaise with , or refer to appropriate specialties</p> <p>engage in effective multidisciplinary communication and planning when appropriate</p> | <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate</p> <p>recognise the role of the Special Care Dentist in management of adults with impairment and disability with CLP, hypodontia and</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

| | | | | | |
|--|---|---|---|---|--|
| 6. Oral Medicine and Oral Pathology | <p>diagnosis, treatment planning and management of oral care for people:</p> <ul style="list-style-type: none"> - with common oral medical conditions - undergoing chemotherapy, radiotherapy and immunotherapy - undergoing organ transplant <p>the characteristics of oral manifestations of systemic disease</p> <p>the characteristics and management of oral side effects of prescribed medication</p> <p>normal haematological values, such as: full blood count and haematinics (Fe, Folate, B12); clotting factors; urea and electrolytes, etc.</p> | <p>manage oral care for people:</p> <ul style="list-style-type: none"> - with common oral medical conditions - undergoing chemotherapy radiotherapy, immunotherapy - undergoing organ transplant <p>recognise oral manifestations of systemic disease</p> <p>recognise and manage oral side effects of prescribed medication</p> <p>interpret haematological tests such as: full blood count and haematinics (Fe, Folate, B12, Sickle cell screening); clotting studies; urea and electrolytes; liver function tests; thyroid function tests</p> | <p>craniofacial anomalies</p> <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate, for example when cancer, other medical conditions or abnormal test results are recognised</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 7. Oral Surgery | <p>the management of routine exodontia, including the raising of a flap and the removal of retained roots/fractured teeth</p> <p>principles for and techniques of incisional and excisional biopsy of gingival and mucosal lesions</p> <p>the principles and practice of dento-alveolar surgery :</p> <ul style="list-style-type: none"> - Surgical treatment planning for patients with systemic disease - Minor oral surgery including surgical extraction of impacted teeth - Management of dento-alveolar trauma <p>use of electromechanical aids and interpretation of results in diagnosis such as:</p> <p>ECG ; blood pressure monitor; SO₂ Monitor; Blood sugar monitor; Coaguchek S monitor, Sickle Cell testing</p> | <p>manage routine exodontias, including the raising of a flap and the removal of retained roots/fractured teeth</p> <p>perform techniques of incisional and excisional biopsy of gingival and mucosal lesions</p> <p>recognise results that are not within 'normal' expectations</p> | <p>recognise one's own limitations</p> <p>refer patients to other specialties as appropriate for example when complex oral surgery is required or test results are not within 'normal' expectations</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

| | | | | | |
|---|---|--|---|-----|------|
| 8. Management of Medical Emergencies | the diagnosis and treatment of medical emergencies that can occur during the provision of dental treatment in the dental surgery and in the domiciliary setting | diagnose emergencies | recognise one's own limitations | CA | MSCD |
| | when and how to liaise with other healthcare professionals in the emergency management of all patients under their care. | initiate treatment of medical emergencies that occur during the provision of dental treatment in the dental surgery and in the domiciliary setting | call for assistance from other specialties as appropriate, eg paramedics | CBL | WBA |
| | the correct use of emergency drugs | liaise with other healthcare professionals in the emergency management of all patients under their care. | recognise the role of the Special Care Dentist in management of medical emergencies and the need for multidisciplinary working and practice in simulated settings | SDL | CbD |
| | | use emergency drugs correctly in the appropriate circumstances | take on the role of team leader in the emergency situation | ST | PDP |

Key: Teaching and Learning Methods

CA = clinical attachments + Medical Simulator , CBL= Case based learning, EC= External Course, MDC=Multi-disciplinary clinic, PW=Project work, SDL=Self-directed learning, ST=structured teaching, JC=Journal Club

Assessment Methods

MSCD=Membership in Special Care Dentistry, MSF=Multi source feedback , PDP=Personal development portfolio, WBA= workplace-based assessment, CbD= Case Based Discussion

8. LEGISLATION, ETHICS AND CLINICAL GOVERNANCE

Each learning outcome should be prefaced by: 'On completion of training the Specialist in Special Care Dentistry...'

| Subject | Knowledge <i>should be able to describe:</i> | Skills <i>should be able to:</i> | Attitudes and Behaviours <i>should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|----------------------------|--|---|--|---|--|
| 1. Informed Consent | <p>the legal and ethical framework and issues important to the practice of Special Care Dentistry</p> <p>principles of duty of care and negligence</p> <p>principles of consent</p> <p>the process of obtaining informed consent</p> <p>confidentiality and the professional relationship</p> <p>assessment of capacity to consent and what to do when capacity is lacking</p> <p>risk assessment</p> <p>rationale for appropriate use of physical/pharmacological intervention.</p> | <p>ensure the legal and ethical framework is followed in all aspects of Special Care Dentistry</p> <p>provide leadership as future lead clinicians in gaining consent utilising legislation such as the principles set out in the Mental Capacity Act</p> | <p>recognise the importance of teamwork to implement consent and adhere to legal and ethical framework</p> | <p>CA</p> <p>CBL</p> <p>EC</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 2. Regulations | <p>health and safety regulations</p> <p>decontamination and infection control regulations</p> <p>moving and handling skills</p> <p>principles of confidentiality</p> <p>principles of good record keeping</p> <p>ethical aspects of practice and research</p> <p>ethics of physical and pharmacological intervention and restraint.</p> <p>issues related to the ethics of impairment and disability such as</p> | <p>practice within the regulatory framework in dentistry and with respect to specific regulations related to impairment and disability, equality and diversity, and human rights</p> | <p>recognise the importance of teamwork to implement consent and adhere to regulatory framework</p> | <p>EC</p> <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> |

| | | | | | |
|---|--|---|--|---|--|
| | genetic counselling, palliative care, end of life care and resuscitation. | | | | |
| 3. Legislative Framework | <p>the role of the professional governing bodies</p> <p>the role of Dental Care Professionals</p> <p>vicarious liability</p> <p>contemporaneous Legislation related to equality and diversity, capacity, human rights, and dignity and respect, such as:</p> <ul style="list-style-type: none"> - The Human Rights Act - Disability Discrimination Act - Public Sector Equality Duties - Equality Impact Assessments - Single Equality Schemes, and - other relevant related legislation | <p>implement the requirements of Equality, Diversity and Human Rights related legislation</p> <p>advise appropriately when Equality, Diversity and Human Rights related legislation is being breached</p> | <p>take account of appropriate legislation and act accordingly in the day to day practice of special care dentistry</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 4. Protection of Vulnerable People | <p>current legislation regarding the protection of children and adults, such as:</p> <ul style="list-style-type: none"> - the Child Protection Act - Law Reform Commissioner's report on Vulnerable adults <p>types of abuse</p> <p>signs and symptoms that suggest abuse is taking place</p> <p>national and local guidance and protocols for management of suspected abuse</p> | <p>recognise the signs of abuse</p> <p>take appropriate action in the event of suspected abuse</p> <p>respect confidentiality</p> | <p>support the team during action taken in the event of suspected abuse</p> <p>recognise the issues of the safety of the abused individual</p> | <p>CA</p> <p>CBL</p> <p>SDL</p> <p>ST</p> <p>EC</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |
| 5. Medico-legal Report Writing | <p>good and contemporaneous practice in medico-legal report writing</p> | <p>keep accurate and contemporaneous patient records</p> <p>write clinical reports when requested by the legal professions in line with current good practice</p> | <p>communicate promptly and accurately with regard to the legal aspects of report writing</p> | <p>CA CBL</p> <p>SDL</p> <p>ST</p> | <p>MSCD</p> <p>WBA</p> <p>CbD</p> <p>PDP</p> |

Key: Teaching and Learning Methods

ACI= Audit / Critical Incident Analysis, CA = clinical attachments, CBL= Case based learning, CTS= Clinical teaching/supervision, EC=External Courses, MDC=Multi-disciplinary clinic, PW=Project work (Audit project and specimen legal report), SDL=Self-directed learning, ST=structured teaching, JC=Journal Club

Assessment Methods MSCD=Membership in Special Care Dentistry, MSF=Multi source feedback, PDP=Personal development portfolio, WBA= workplace-based assessment, CbD= Case Based Discussion

9. RESEARCH, STATISTICS AND SCIENTIFIC WRITING

Each learning outcome should be prefaced by: ‘On completion of training the Specialist in Special Care Dentistry...’

| Subject | Knowledge <i>.....should be able to describe:</i> | Skills <i>.....should be able to:</i> | Attitudes and Behaviours <i>.....should:</i> | Teaching and Learning method(s) | Assessment method(s) |
|--|--|---|--|-----------------------------------|---|
| Research, Statistics and Scientific Writing | the principles of research methods and research governance basic statistical reasoning and problem solving methods of searching the literature the process of applying for ethical approval the principles of different types of research design setting up databases analysis of research critical review of research publications writing up case reports and research project(s) suitable for publication. the essential components for conducting ethical research research methodology biostatistics | undertake: – basic statistical reasoning and problem solving – searching the literature – applying for ethical approval – designing research projects – setting up databases – analysis of research data – critical review of research publications; write up case reports and research project(s) suitable for publication | demonstrate an enquiring mind respect patients and carers’ autonomy in respect to participation in research display a positive attitude to the legislation regarding research governance | PW SDL ST EC | MSCD PDP WBA Research and publication record |

Key: Teaching and Learning Methods

EC=External Courses, MDC=Multi-disciplinary clinic, PW=Project work , SDL=Self-directed learning, ST=structured teaching

Assessment Methods

MSCD =Membership in Special Care Dentistry, PDP=Personal development portfolio, WBA= workplace-based assessment

2.3 Assessment strategy

The assessment strategy will follow the principles set down in *Principles for an Assessment System for Postgraduate Medical Training* by PMETB [8].

The purposes of assessments are to:

- Confirm suitability of specialty choice at an early stage of training
- Provide feedback to the trainees about progress in achieving competencies through evidence submitted for the Annual Review of Competence Progression (ARCP)
- Identify learning needs and progression to the next stage of training
- Drive learning
- Support trainees in gaining a Membership in Special Care Dentistry from the Royal College of Surgeons
- Provide evidence for the award of the CCST, and
- Provide assurance to the public that the successful trainee is capable of unsupervised specialist practice

Throughout the Specialty training programme, an integrated system of assessments that will be blueprinted against and supporting this curriculum must be used to measure the progress of the trainee and level of achievement against agreed criteria. A number of assessment tools will be employed to provide evidence of knowledge, skills and attitudes throughout training and these will be blueprinted against the learning outcomes as evidenced in the accompanying Tables and Appendix. 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 Postgraduate Deaneries and the JCSTD [9,10] together with the SAC in Special Care Dentistry will develop and administer the assessment strategy. The workplace-based assessments and specialist examinations in Special

Care Dentistry will be overseen by the Dental Faculties who will develop a matrix that includes a detailed assessment blueprint to allow adequate sampling across the curriculum. Satisfactory completion will be monitored as part of ARCP and will be one of the criteria upon which eligibility to progress will be judged.

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 mini Clinical Evaluation Exercise (MiniCEX), the Direct Observation of Procedural Skills in Surgery (DOPS), Case Based Discussion (CBD) and Procedure Based Assessment (PBA) by Multi-Source Feedback (MSF) including 360° appraisal which follows current best practice of assessment [11]:

| Workplace-based assessments (WBA) | Number per year | Attitudes and Behaviours |
|--|----------------------------|------------------------------------|
| Clinical management | 4-6 by different assessors | ARCP |
| DOPS | 6 continuing procedures | Appraisal |
| CBD | 6 | Personal development portfolio PDP |
| PBA | 4 | MSF |

Summative assessment will include taking a Membership in Special Care Dentistry from the Royal Colleges of Surgeons.

To ensure parity for trainees in different Postgraduate Deaneries, the SAC for Special Care Dentistry will develop standardised assessment forms with the Postgraduate Deaneries. The SAC in Special Care Dentistry will work with appropriate bodies (such as Specialty Training Committees, Training Programme Directors, Postgraduate Deaneries, Royal Colleges, etc.) to ensure there is standardisation between trainers/examiners in the various training venues to ensure quality management. This will lead to the provision of robust 'Training the Trainers' and examiner training programmes.

Standard 3: Model of learning

The training plan must be structured and training should take precedence over service provision. For the foreseeable future it is likely that a proportion of training will take place in University Dental Schools, which will be expected to link with relevant hospital departments and community establishments to ensure that a complete training is achieved. The training curriculum has been planned in modules that are linked to various topics as shown in the Tables and Appendix. Modules need not necessarily be studied in the order presented.

The majority of the curriculum will be delivered through work-based experiential learning. The programme should comprise 60% direct clinical care, including participation in diagnostic and treatment planning / review clinics in a variety of primary care, hospital and community settings and will include provision of treatment under local anaesthesia, conscious sedation and general anaesthesia.

An additional 20% of the programme should be treated more flexibly and be devoted to 'other' training activities which may include indirect patient contact (such as attendance at clinics with members of multi-disciplinary teams such as Learning Disability teams and Speech and Language Therapists). This will include Special Care management-related activities. During this component of training, the trainee should gain appropriate experience of teaching (for

example, undergraduate and postgraduate dentists and dental care professionals). Initially the trainee should be mentored by an experienced teacher and but will be expected to exercise increasing independence as training progresses.

The remaining 20% of the programme should be ring-fenced for study (including participation in a structured teaching programme where available) and project work. Trainees should be given the opportunity to undertake appropriate project work in relation to research, audit and management activities. The trainee should be encouraged to produce clinical articles for submission to peer-reviewed journals e.g. case reports, if it is not feasible to gain experience of research. The clinical component of training must not, however, be affected by such activities.

The Specialist training programme should encourage the trainee to develop into a life-long learner capable of reflection and a desire to continue self-directed learning to enhance further career development. Trainers will allow trainees to become less dependent upon direct supervision as they progress through training, subject to satisfactory assessment. Demonstration of the trainee's independent action in learning and in consistent competent performance will confer employability of Specialists in Special Care Dentistry. The model of specialist training depends upon experienced well-trained mentors capable of facilitating and encouraging trainees to become independent through self-direction.

Standard 4: Learning experiences

The curriculum will be delivered through a variety of learning experiences in primary, secondary and tertiary care settings (including Universities) to allow the trainee to develop key transferable skills appropriate to the practice and delivery of Special Care Dentistry at specialist level. This will include specific learning experiences such as attendance at multidisciplinary clinics, supervised by trainers with appropriate specific areas of expertise. Learning

from peers will occur at clinical meetings and through formal/informal mentoring schemes. Clinical meetings, journal clubs and specialty audit meetings will provide specific learning experiences and opportunities which should form part of the training programme.

Trainees will have different learning styles which should be recognised in the specialty training programme [12]. The training environment should provide appropriate reference material (text-books, journals, computer packages etc.). Attendance at relevant local, national and international meetings and courses should be encouraged. Secondments to other training centres should be arranged when it is apparent that elements of the curriculum cannot be delivered within a training centre.

Standard 5: Supervision and feedback

The Specialty training programme must allow the trainee access to more than one Specialist in Special Care Dentistry with a significant teaching input. It should be recognised that different management approaches exist within the specialty and that, although presentation of unstructured training may confuse trainees, a rigid approach is however, equally unsatisfactory. The trainee should be allowed to gain a perspective of the range and effectiveness of contemporary practice of Special Care Dentistry to allow adult learning. This will allow a balance between a programme which provides core knowledge and one which encourages the trainee to make judgements and choices.

The trainees may receive training in relation to other appropriate treatment modalities that are within the remit of other relevant specialties. It would be appropriate for the trainee to be supervised by specialists or other individuals with specific expertise in those fields.

The Postgraduate Deanery will provide the quality management of the training programme that is essential to the success of Specialty training as described in *Managing Specialty Training* in 'The Dental Gold Guide' [3, 9].

Standard 6: Managing curriculum implementation

The GDC has responsibility to quality assure specialist training and specialist listing nationally [9]. It is the responsibility of the Postgraduate Deaneries to quality manage the curriculum locally, and to ensure that the programme delivers the requisite breadth and depth of training stated in the curriculum documentation.

The SAC in SCD will ensure consistency within the specialty and will work with the JCSTD and other appropriate bodies to develop mechanisms of equity in quality of training with other specialties [9, 10].

Trainees must register with the SAC in Special Care Dentistry on appointment to a training programme. They must familiarise themselves with the curriculum and with the training requirements to satisfactorily complete training and be awarded the CCST. They must also be familiar with the requirements of the Membership in Special Care Dentistry examination and must make appropriate use of personal development portfolios.

Assessment throughout training will be undertaken as detailed in the assessment blueprint. The Postgraduate Dean/Director will be responsible for monitoring the continuous assessment of trainees through the ARCP process.

The award of the CCST will be based on satisfactory completion of all areas of the curriculum, summative assessment occurring by way of the Membership in Special Care Dentistry examination. The Postgraduate Dean/Director will forward to the GDC a recommendation for award of the CCST.

Standard 7: Curriculum review and updating

The Special Care Dentistry curriculum should be considered a document that will require updating in line with future progress in the practice and research

within Special Care Dentistry. This will ensure that the curriculum continues to be fit for purpose.

It is anticipated that a full review of the curriculum would normally occur 5-yearly which will enable adequate time to be given to evaluate the impact of change. The curriculum will be monitored by the Deaneries and through the SAC using information gathered from a variety of sources including Deaneries (through their Specialty Training Committees), Training Programme Directors and trainers, the National Health Service, trainees (through the annual survey of trainees) and appropriate lay representation. The SAC will communicate any curriculum changes to existing trainees via the network of Training Programme Directors and the Trainees Group in Special Care Dentistry.

Standard 8: Equality and diversity

Recruitment to training and the process of training in Special Care Dentistry must follow the guidance in *Recruitment into Specialty Training* in 'The Dental Gold Guide [3] to comply with PMETB's *Principles for Entry into Specialty Training* [8] adapted for dentistry by the SDEB of the GDC. This will promote and allow implementation of best practice in equality and diversity. Everyone must be treated in a fair, open and honest manner and training should encompass a comprehensive approach to equality and diversity. Appropriate reasonable adjustment will be made for trainees with disabilities, special educational or other needs. Training programmes are legally required to avoid direct or indirect discrimination in relation to age, disability, gender, race, religion or belief, and sexual orientation.

Equality and Diversity training must comply with the requirements set out in 'The Dental Gold Guide [3]. Additional training in current equality legislation must take place to cover all the mandatory requirements and good practice.

Current key legislation includes:

- The Race Relations Act 1976 and The Race Relations Amendment Act (RRAA) 2000
- The Disability Discrimination Act 1995 and subsequent amendments

- The Sex Discrimination Act 1975 and 1986, and the 1983 and 1986 Regulations
- The Equal Pay Act 1970 and the Equal Pay (Amendment) Regulations 1983 and 1986
- The Human Rights Act 1998
- The Employment and Equality (Sexual Orientation) Regulations 2003
- The Employment and Equality (Religion or Belief) Regulations 2003
- Gender Recognition Act 2004
- The Employment Equality (Age) Regulations 2006
- The Equality Bill, 2009

Less than Full-Time Training (LTFT) arrangements may be made for trainees to work flexibly at the point of application for entry into specialty training or at any time once they have been accepted into such training, subject to the established Deanery regulations stated in 'The Dental Gold Guide [3].

Acknowledgements

The curriculum was prepared by a working group of the Specialist Advisory Committee in Special Care Dentistry comprising Dr Janice Fiske, Dr Shelagh Thompson and Mr Nick Goss, Disability Consultant, Director of Goss Consultancy Ltd, with the support, advice and guidance of the other members of the SAC in SCD.

Special Care Dentistry was not fully recognised by the GDC as a dental specialty until September 2008. As a result of its recent formation it has had the advantage of viewing the revised curricula of other dental SACs in the revision of its own curriculum. The curriculum development group is grateful for this. We are particularly grateful to the SAC in Paediatric Dentistry.

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APPENDIX

1. Generic content

1.1 MAINTAINING GOOD CLINICAL PRACTICE

| | MSCD | WBA | PDP | Other |
|--|------|---------------|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| the requirements of an effective leader | | | X | MSF |
| the different models of leadership | | | X | MSF |
| the requirements for continuing professional development | | CBD | X | |
| the principles of evidence based practice | X | CBD | | |
| the principles and guidelines for 'good' clinical note keeping | | CBD | | |
| the reasons for confidentiality | X | CBD | | |
| the principles of retrieval and utilisation of data recorded in clinical systems | X | CBD | | |
| the elements of clinical governance | X | CBD | | |
| the elements of clinical governance in particular related to infection control | X | CBD | | |
| the principles of risk assessment | X | DOPS/CBD | | |
| the principles of internal and external quality assurance | X | | | |
| the content of guidelines applicable to the practice and delivery of Special Care Dentistry | X | | | |
| the role of the National Patient Safety Agency (NPSA) | | CBD | | |
| the principles of management of fitness to practice cases | | CBD | | |
| the principles of Adult Immediate Life Support | | MiniCEX / PBA | | |
| the management of medical emergencies in the dental surgery and domiciliary setting | | MiniCEX | | |
| the principles of the NHS constitution and structure of the NHS in outline | | | X | |
| the role of GDC, Specialist Societies, Defence Unions, Postgraduate Deaneries, the Dental Faculties of the Surgical Royal Colleges, BDA. | X | CBD | | |
| <i>On completion of training a Specialist in Special Care Dentistry should be able to:</i> | | | | |
| provide specialist leadership in the provision of Special Care Dentistry | | | X | MSF |
| recognise learning opportunities and identify them for other members of the Special Care Dentistry team | | | X | MSF |
| maintain a personal development portfolio and assist others to do so | | | X | |
| monitor own performance through audit and feedback | | | X | |
| critically appraise evidence | X | CBD | | |
| provide constructive feedback | X | CBD | | |
| communicate effectively through written records | X | CBD / PBA | | |
| apply the principles of confidentiality in the context of written records | X | CBD/PBA | | |

| | | | | |
|---|---|--------------|---|-----|
| apply the principles of confidentiality in the context of information technology | X | CBD/PBA | | |
| use digital imaging devices effectively | | MiniCEX | | |
| participate actively in clinical governance | | CBD | | |
| participate in audit | | | X | MSF |
| report serious untoward incidents | | CBD | | |
| carry out risk assessments | X | CBD | | |
| develop and monitor action plans to obviate further risk | | | X | |
| initiate and complete audit projects | X | CBD | X | |
| interpret and apply guidelines applicable to the practice and delivery of Special Care Dentistry | X | CBD | X | |
| contribute to the evolution of guidelines applicable to the practice and delivery of Special Care Dentistry | | CBD | X | |
| demonstrate Immediate Life Support | X | MiniCEX/DOPS | | |
| involve these bodies when appropriate | | CBD | X | |
| <ul style="list-style-type: none"> • GDC • Specialist Societies • Defence unions • Postgraduate Deaneries • Surgical Royal Colleges • BDA | | | | |
| <i>On completion of training a Specialist in Special Care Dentistry should:</i> | | | | |
| behave in a professional manner | | | X | |
| comply with GDC requirements for revalidation | | | X | |
| use evidence in support of patient care and defend decisions taken | X | CBD/PBA | | |
| take account of legal requirements relating to written, electronic and digital records | X | CBD/PBA | | |
| communicate promptly and accurately | | | X | MSF |
| demonstrate a positive and proactive attitude to new technology | | | X | |
| recognise the importance of teamwork in implementing a clinical governance framework | | ALL | X | |
| recognise and take account of the learning from serious untoward incidents | | ALL | | |
| recognise the value of risk assessments | | ALL | | |
| recognise the benefit of audit to patient care and individual performance | X | CBD | | |
| Show regard for individual patient needs when utilising guidelines | | ALL | | |
| Show regard for patient safety | | ALL | X | |
| become involved in management activities | | | X | |
| demonstrate acceptance of professional regulation, share best practice and participate in peer review | | | X | |

1.2 TEACHING / TRAINING, APPRAISAL / ASSESSMENT, RESEARCH AND PUBLICATION

| | MSCD | WBA | PDP | OTHER |
|--|------|-----|-----|--|
| On completion of training, a Specialist in Special Care Dentistry should be able to describe: | | | | |
| the educational principles relevant to teaching within the dental team | | | X | |
| the purpose and principles of appraisal | | | X | |
| the roles of the appraiser and appraisee | | | X | |
| the principles of undertaking projects including ethical considerations | X | | | |
| the principles of research governance | | | | |
| The principles of peer review | | | | |
| On completion of training, a Specialist in Special Care Dentistry should be able to: | | | X | EDUCATIONAL QUALIFICATIONS |
| facilitate the learning process (e.g. identify learning outcomes, construct educational objectives, communicate effectively with learners, use appropriate teaching resources, give constructive and effective feedback) | | | | |
| contribute to the training, mentoring and supervision of all members of the Special Care Dentistry team | | | X | |
| maintain an appraisal portfolio | | | X | |
| apply the principles of appraisal and assessment | | | X | |
| take an active part in the appraisal process | | | | |
| present findings effectively both verbally and in writing | X | ALL | X | |
| review articles using a constructive critical approach | | | X | |
| carry out a project complying with the requirements for ethical approval and patient consent | X | | X | RESEARCH AND PUBLICATION RECORD |
| On completion of training, a Specialist in Special Care Dentistry should: | | | | |
| engage in teaching activities for the Special Care Dentistry team | | | | |
| employ appraisal and assessment | | | X | MSF |
| have an enquiring mind | | ALL | X | |
| respect patients' and parents'/carers' autonomy and wishes in respect of research | | | X | |

1.3 RELATIONSHIPS WITH PATIENTS/PARENTS/CARERS

| | MSCD | WBA | PDP | OTHER |
|--|------|-----|-----|-------|
| On completion of training, a Specialist in Special Care Dentistry should be able to describe: | | | | |
| the principles of informed consent | X | ALL | | |
| the principles of the Mental Capacity Act (2007) and the Deprivation of Liberty Safeguards | X | ALL | | |
| the process for gaining informed consent | X | ALL | | |
| relevant strategies to ensure confidentiality in relation to adolescent and adult patients | X | ALL | | |
| the situations in which confidentiality might be broken in relation to adolescent and adult patients | X | ALL | | |
| the key elements of the Human Rights Act | X | ALL | | |
| On completion of training, a Specialist in Special Care Dentistry should be able to: | | | | |
| obtain informed consent in relation to adolescent and adult patients with special care needs | X | ALL | | |
| assess capacity | | | | |
| work with other agencies to obtain informed consent in exceptional circumstances where there is lack of capacity | X | ALL | | |
| share information appropriately when necessary to safeguard vulnerable adults | X | ALL | | |
| apply the principles of confidentiality in relation to clinical care | | | | |
| work within appropriate legal frameworks | X | ALL | | |
| apply knowledge of the Human Rights Act to the clinical situation | X | ALL | | |
| On completion of training, a Specialist in Special Care Dentistry should: | | | | |
| respect patients' and parents'/carers' autonomy and wishes including their right to refuse treatment even when it would be in their best interests | X | ALL | | |
| respect the right to confidentiality | X | ALL | | |
| demonstrate empathy while acting in the patient's / family's best interests | X | ALL | | |

1.4 WORKING WITH COLLEAGUES

| | MSCD | WBA | PDP | OTHER |
|--|------|-----|-----|-------|
| On completion of training, a Specialist in Special Care Dentistry should be able to describe: | | | | |
| the function of other clinical specialties and their benefits and limitations | | | X | |
| the extended care team | | | X | |
| the principles of complaints procedures | | CBD | X | |
| the principles of independent review | | CBD | | |
| On completion of training, a Specialist in Special Care Dentistry should be able to: | | | | |
| recognise when input from another specialty is required for individual patients and instigate the required input | | | X | 360 |
| refer appropriately to health and social workers | | CBD | X | |

| | | | | |
|---|--|--------------|---|-----|
| work effectively with other health care professionals and dental specialists | | CBD/ MiniCEX | X | 360 |
| manage dissatisfied patients, parents/carers and colleagues | | CBD/ MiniCEX | X | |
| manage complaints in accordance with current guidance and good practice | | | X | |
| On completion of training, a Specialist in Special Care Dentistry should: recognise his/her own limitations | | CBD/ MiniCEX | X | |
| demonstrate conscientiousness and co-operation | | | X | 360 |
| accept responsibility for managing complaints | | | X | |

1.5 HEALTH

| | MSCD | WBA | PDP | OTHER |
|--|------|-----|-----|-------|
| On completion of training, a Specialist in Special Care Dentistry should be able to describe: the role of occupational health services | | | X | 360 |
| the principles of responsibility to the public | | | X | 360 |
| the effects of stress | | | X | 360 |
| the support facilities for dentists and other members of the Special Care Dentistry team | | | X | 360 |
| On completion of training, a Specialist in Special Care Dentistry should be able to: recognise when personal health takes priority over work pressures and be able to take the necessary time off and/or seek any necessary support | | | X | 360 |
| develop appropriate coping mechanisms for stress | | | X | 360 |
| recognise the signs and symptoms of stress | | | X | 360 |
| seek help if appropriate | | | X | |
| On completion of training, a Specialist in Special Care Dentistry should: recognise personal health as important | | | X | 360 |
| recognise and act upon signs/symptoms of impaired personal health | | | X | 360 |
| recognise how stress affects him/her | | | X | 360 |
| employ strategies to manage stress | | | X | 360 |

1.6 PROBITY

| | MSCD | WBA | PDP | OTHER |
|---|------|-----|-----|-------|
| <i>On completion of training, a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| the principles of probity | X | | | |
| the legal framework for advertisements | | | X | |
| the elements of a business plan | | X | X | |
| the NHS /private care relationship | | | X | |
| <i>On completion of training, a Specialist in Special Care Dentistry should be able to:</i> | | | | |
| recognise when probity could be an issue | X | | X | |
| work within the financial rules of an employing institution | | | X | |
| write a simple business plan | | | X | |
| <i>On completion of training, a Specialist in Special Care Dentistry should:</i> | | | | |
| act in accordance with good practice in relation to equality and diversity issues | X | | | |
| take account of cultural differences | X | | | |
| adopt an ethos of justifying healthcare spend | X | | X | |
| show integrity by acting in an honest and trustworthy manner | | | X | |
| declare any conflicts of interest at the outset | | | X | |

2. Specialty Specific Content

2.1 BIOLOGICAL SCIENCE RELEVANT TO SPECIAL CARE DENTISTRY

| | MSCD | WBA | PDP | Other |
|---|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | X | ALL | | |
| the role of cell biology in health and disease | | | | |
| principals and practice of infection control in the dental clinic and in a variety of care settings including domiciliary care | X | ALL | | |
| normal development and potential abnormalities in | X | ALL | | |
| - general growth, craniofacial growth, growth of the dento-alveolar complex, tooth eruption | | | | |
| genetic and environmental influences on growth and development | X | ALL | | |
| the principles of genetically determined conditions | X | ALL | | |
| the features and genetic basis of common craniofacial anomalies and syndromes with significant oro-facial features | X | ALL | | |
| the features and genetic basis of genetically determined defects of dental hard tissue and of tooth form, size and number | X | ALL | | |
| the structure, function and principles of managing dental occlusion, function and dysfunction | X | ALL | | |
| the pathogenesis, classification and management of periodontal disease | X | ALL | | |
| the aetiology, pathology and sequelae of dental caries | X | ALL | | |
| the effects of fluorides used systemically and topically | X | ALL | | |
| the appropriate staging, management and materials used in operative intervention | X | ALL | | |
| the protective effects of saliva and the management of xerostomia | X | ALL | | |
| the aetiology, pathology, sequelae and management of pulpal disease | X | ALL | | |
| the biological basis of success and failure of endodontic therapy | X | ALL | | |
| an overview of the clinical science of implantology | X | ALL | | |
| the role of saliva in maintaining oral health and mechanisms involved in salivary secretion | X | ALL | | |
| the anatomical and physiological features of the masticatory system including mechanisms and pathology of swallowing, speech, taste and olfaction | X | ALL | | |
| current knowledge of general pathology including. Inflammation, healing and neoplasia | X | ALL | | |
| the features, diagnosis and management of common disorders of the oral mucous membranes, particularly oral malignancies and bisphosphonate related osteonecrosis of the jaw | X | ALL | | |
| the indications, modes, administration, actions, metabolism, side effects, drug interactions and precautions of commonly used groups of drugs | X | ALL | | |
| the reasons for latex-free dentistry | X | ALL | | |
| latex free dental materials and products | X | ALL | | |

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|--|---|-----|--|--|
| assess, treatment plan and execute dental treatment in the context of the overall health of the patient | X | ALL | | |
| explain the significance of a patient's dental symptoms, previous dental experience and attitudes towards dentistry and oral health | X | ALL | | |
| the significance of a patient's past and present medical history, social history and family history | X | ALL | | |
| the significance of extra-oral signs of systemic disease which affect dental treatment | X | ALL | | |
| the significance of intra-oral signs which are a manifestation of systemic disease | X | ALL | | |
| On completion of training a Specialist in Special Care Dentistry should be able to : | | | | |
| apply knowledge of cell biology in the diagnosis of oro-facial and dental conditions | X | ALL | | |
| apply knowledge of normal ageing in the differential diagnosis of oral conditions in older people | X | ALL | | |
| apply the principals and practice of infection control in the dental clinic | X | ALL | | |
| demonstrate how to prepare biological specimens and samples for transfer to diagnostic laboratories, legislation and guidelines | X | ALL | | |
| demonstrate ability to take blood samples, swabs and oral tissue biopsies to provide material required for testing | X | ALL | | |
| apply the knowledge of genetic principles in the diagnosis of oro-facial and dental conditions | X | ALL | | |
| detect abnormality in general, craniofacial or dento-alveolar development | X | ALL | | |
| apply knowledge of genetics to be aware of systemic factors that might be relevant to oral health care | X | ALL | | |
| recognise syndromes where oro-facial features form a significant component of the syndrome | X | ALL | | |
| access information related to syndromes where orofacial features form a significant component of the syndrome | X | ALL | | |
| apply the principles of managing dental occlusion, function and dysfunction | X | ALL | | |
| diagnose and manage periodontal disease in adults with impairments and disability | X | ALL | | |
| deliver appropriate and effective preventive periodontal programmes for special care adults including mechanical and antimicrobial plaque control and team working with DCPs | X | ALL | | |
| recognise when periodontal disease may be related to systemic disease | X | ALL | | |
| recognise when referral for a specialist periodontal opinion is indicated | X | ALL | | |
| use appropriate diagnostic tools to diagnose caries and demonstrate an understanding of their benefits and limitations | X | ALL | | |
| construct and deliver appropriate and effective caries prevention for special care adults utilising the skills within the dental team | X | ALL | | |
| develop individual patient and community preventive protocols | X | ALL | | |
| construct and deliver effective and appropriate restorative and surgical treatment plans for adults with dental caries | X | ALL | | |
| treatment plan and deliver effective preventative, restorative / endodontic care | X | ALL | | |
| recognise the scope of use of dental implants and relevance in special care dentistry | X | ALL | | |
| construct and deliver effective and appropriate preventative treatment plans for special care patients who have masticatory dysfunction | X | ALL | | |

| | | | | |
|--|---|-----|--|--|
| recognise neurological conditions and the effects they may have on masticatory function and oral health | X | ALL | | |
| apply knowledge of mechanisms and stages of inflammatory processes, healing and neoplasia to patient care | X | ALL | | |
| diagnose soft and hard tissue pathology | X | ALL | | |
| deliver appropriate and effective preventative treatment | X | ALL | | |
| recognise pathology that requires investigation and management with or by other specialties | X | ALL | | |
| deliver appropriate drug regimen for special care patients in dentistry, taking account of possible interactions with medically prescribed drugs | X | ALL | | |
| describe the use of these drugs in dentistry for: older people, people with systemic disease and in pregnancy | X | ALL | | |
| provide latex free dentistry | X | ALL | | |
| treatment plan and carry out treatment for patients with systemic disease | X | ALL | | |
| explain the significance of a patient's dental symptoms, previous dental experience and attitudes towards dentistry and oral health | X | ALL | | |
| elicit and explain the significance of a patient's past and present medical history, social history and family history | X | ALL | | |
| elicit and explain the significance of extra-oral signs of systemic disease which affect dental treatment | X | ALL | | |
| elicit and explain the significance of intra oral signs which are a manifestation of systemic disease | X | ALL | | |
| On completion of training a Specialist in Special Care Dentistry should be able to demonstrate: | | | | |
| a positive attitude to the practical aspects of infection control | X | ALL | | |
| demonstrate a positive attitude towards the provision of oral care for patients with, or at risk of, blood-borne viral diseases | X | ALL | | |
| understanding of the impact of abnormalities in general, craniofacial or dento-alveolar development on patients and their families | X | ALL | | |
| understanding of the role of the Special Care Dentist as part of multidisciplinary teams in the management of patients with genetically determined conditions | X | ALL | | |
| understanding of the necessity to consult and collaborate with colleagues in other specialties where necessary | X | ALL | | |
| understanding of the multifactorial issues associated with managing periodontal disease in special care patients eg cognition, communication, manual dexterity, carers' issues, etc. | X | ALL | | |
| understanding of the multifactorial nature of dental caries and how patients with special care needs may present a higher risk | X | ALL | | |
| understanding of the key role of prevention in the management of caries throughout adulthood | X | ALL | | |
| understanding for timely referral and in line with NHS cancer referral time targets | X | ALL | | |
| recognition of how previous dental experience, medical experience, attitudes, social history and family history impact on dental-related behaviour | X | ALL | | |
| empathy when previous dental experience, medical experience and other causes of anxiety impact on dental-related behaviour | X | ALL | | |

2.2 CONCEPTS OF IMPAIRMENT, DISABILITY, FUNCTIONING AND HEALTH

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| the principles of the Disability Act and the Disability Equality Duty | X | X | | |
| the importance of promoting disability equality | X | X | | |
| the social model of disability | X | X | | |
| the social/environmental barriers that disabled people can encounter in society | X | X | | |
| how such barriers can be minimised | X | X | | |
| the methods used to promote disability equality | X | X | | |
| the types of inclusive language and language support | X | X | | |
| the concept of reasonable adjustments | X | X | | |
| the importance of reasonable adjustments in ensuring legal compliance and promoting best practice | X | X | | |
| the concept of equality impact assessments | X | X | | |
| the basic definition and process for carrying out equality impact assessments | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should be able to:</i> | | | | |
| apply the social model of disability and how it relates to Special Care Dentistry | X | X | | |
| ensure that Special Care Dentistry practice takes account of the barriers disabled people encounter | X | X | | |
| demonstrate understanding of the barriers disabled people can encounter and how they relate to Special Care Dentistry | X | X | | |
| identify and apply a range of reasonable adjustments to the practice of Special Care Dentistry | X | X | | |
| undertake an equality impact assessment | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should:</i> | | | | |
| demonstrate positive attitudes to disabled people | X | X | | |
| demonstrate use of inclusive language | X | X | | |
| demonstrate disability etiquette | X | X | | |
| demonstrate an ability to reduce and eliminate disabling barriers in devising, developing and implementing treatment plans | X | X | | |
| demonstrate positive attitude towards individual and collective person centred, reasonable adjustment management | X | X | | |
| demonstrate regard towards equality impact assessments and the benefits they can have for Special Care Dentistry | X | X | | |

2.3 BEHAVIOURAL SCIENCES

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| On completion of training a Specialist in Special Care Dentistry should be able to describe: | | | | |
| the principles of human behaviour as they apply to the practice of dentistry | X | X | | |
| cognitive development and behavioural psychology | X | X | | |
| the models of health belief | X | X | | |
| locus of control/ self efficacy | X | X | | |
| theories of behaviour | X | X | | |
| principles of behaviour change, adherence behaviour, compliance and deviation, and negotiation | X | X | | |
| the principles of learning theory as they relate to medical/dental practice | X | X | | |
| the aetiology of stress, anxiety and phobia and the management of anxiety | X | X | | |
| the management of dental stress, anxiety and phobia, including coping styles | X | X | | |
| psychiatry and somatic complaints including the orofacial manifestations of psychiatric disease | X | X | | |
| self and public perception | X | X | | |
| loss and bereavement, including the emotional effects of tooth | X | X | | |
| dentists as a vulnerable group of health care practitioners, including: -alcohol and substance abuse, occupational stress and its management | X | X | | |
| current terminology, the development of pain science and the role of pain management in dentistry n | X | X | | |
| mechanisms of neuropathic, neurovascular, musculoskeletal pain in the orofacial region, including referred and psychosomatic pain | X | X | | |
| clinical assessment procedures including history taking, physical examination and special tests used in establishing the aetiology of pain | X | X | | |
| interventional and non-interventional methods of chronic pain management | X | X | | |
| key aspects of the market for health and health care | X | X | | |
| the approaches to financing health services- including different mechanisms for financing health care and their impact on efficiency of health services and access to care | X | X | | |
| the principles of world class commissioning | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: | | | | |
| use appropriate communication skills in the health care setting | X | | | |
| use inclusive language etiquette e.g. faith related behaviour | X | X | | |
| utilise the various elements of communication, such as language, listening, non verbal communication | X | X | | |
| apply knowledge of doctor-patient communication | X | X | | |
| break bad news | X | X | | |
| communicate with specific groups of people who have particular communication needs ,e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a | X | X | | |

| | | | | |
|--|---|---|--|--|
| stroke etc. | | | | |
| demonstrate negotiation, networking and liaison skills | X | X | | |
| diagnose the cause of orofacial pain using a process of differential diagnosis | X | X | | |
| demonstrate clinical management of orofacial pain | X | X | | |
| recognise patterns of referred pain in the orofacial region | X | X | | |
| recognise behaviour associated with pain in patients unable to verbally express pain | X | X | | |
| apply the principles of health economics to: obtain resources for people with disability and impairments, develop oral healthcare services for people with disability and impairments | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should:</i> | | X | | |
| recognise the impact of dental anxiety on dental attendance and oral health | X | | | |
| recognise the emotional experience of disability | X | X | | |
| recognise occupational stress and its management | X | X | | |
| recognise when to employ specific communication skills/styles e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a stroke etc. | X | X | | |
| show regard for the effects of acute and chronic pain on patient behaviour | X | X | | |
| take account of the effects patients pain can have on the patient-carer relationship | X | X | | |
| show regard for appropriate use of healthcare monies | X | X | | |

2.4 IMPAIRMENT, DISABILITY AND ORAL HEALTH

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| the differences between the medical and social and psycho-social model of disability | X | X | | |
| the following conditions and the impact they have on the individual and their oral health : medically compromising conditions, learning impairment and associated conditions, mental health conditions, including emotional and phobic states, physical impairment, sensory impairment, emotional impairment, social disability | X | X | | |
| the basic principles of epidemiology of oral diseases and disability | X | X | | |
| epidemiology of disability by condition and age group | X | X | | |
| epidemiology of oral diseases from national and international oral/dental health surveys | X | X | | |

| | | | | |
|--|---|---|--|--|
| the relationship of the results of epidemiological studies to public health practice and policy development | X | X | | |
| different manifestations of impairments for medically, intellectually, mentally, physically and sensorily compromised people | X | X | | |
| day to day implications of impairments and any consequent disability | X | X | | |
| oral and dental manifestations and treatment of specific conditions such as malocclusion in cerebral palsy, periodontal disease in Down syndrome, hypodontia in ectodermal dysplasia and oral care during end of life care | X | X | | |
| access to services | X | X | | |
| factors affecting quality of life, including: self-esteem, social acceptability and relationships, diet, nutrition and alternative feeding routes, comfort / pain and provision of mouth-held devices | X | X | | |
| disability and preventative dentistry, including: education, communication, home versus surgery delivered care, role of carers, modifications required to techniques and materials , pharmacological approach and role of fluoridation | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: diagnose, treatment plan and provide safe and effective oral healthcare and dental treatment for adolescents and adults with conditions that make them more prone to oral/dental disease or which may complicate the delivery of dental care | X | X | | |
| communicate effectively with patients, families and carers, other clinicians and members of the patient's extended care team | X | X | | |
| work within multidisciplinary teams | X | X | | |
| plan appropriate oral health care for special care patients | X | X | | |
| facilitate access to appropriate modes of delivery of oral healthcare , e.g. conscious sedation, general anaesthesia and domiciliary care | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should: recognise the impact of disability on patients, their families and carers | X | X | | |
| take account of the impact of disability and impairment on oral healthcare provision when treatment planning | X | X | | |
| consult and collaborate with colleagues in other medical and surgical specialties where appropriate | X | X | | |
| recognise the effects of oral health on quality of life factors for people with disability | X | X | | |
| take account of delivery of oral healthcare during treatment planning | X | X | | |

2.5 ORAL HEALTH CARE AND ORAL HEALTH PROMOTION FOR SPECIFIC PEOPLE / POPULATION GROUPS WITH IMPAIRMENT AND DISABILITY

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> the development of services for people with: learning disability, physical impairment, complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant, progressive neurological conditions, mental illness, a history of substance misuse | X | X | | |
| the development of services for people in: long stay community, residential, nursing and day care units, or housebound, secure units, special education units, ethnic and refugee groups who are socially excluded and special educational establishments | X | X | | |
| the development of services for people who are homeless or travelers | X | X | | |
| the need for equality impact assessments as part of the process of service development and/or change | X | X | | |
| the role of patient and public involvement in the development of patient services | X | X | | |
| the process of planning, delivery and evaluation of oral care services for people with impairment and disability in community and hospital settings | X | X | | |
| the principles and application of patient empowerment in relation to service delivery in Special Care Dentistry | X | X | | |
| management techniques in health care system with emphasis on people, resources and capacity in service delivery | X | X | | |
| leadership, influencing and negotiating skills | X | X | | |
| the dynamics of teams and groups in service delivery | X | X | | |
| the roles of the various members of the Special Care Dentistry team | X | X | | |
| information management and communication technology in relation to service delivery | X | X | | |
| understanding and use of epidemiological data to monitor and develop service provision | X | X | | |
| the management of oral health care for people with: learning disability, physical impairment, complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant, progressive neurological conditions, mental illness, a history of substance misuse | X | X | | |
| the management of oral health care for people in: long stay community, residential, nursing and day care units, or housebound, secure units, special education units, ethnic and refugee groups who are socially excluded and special educational establishments | X | X | | |
| the management of oral health care for people who are homeless or travelers | X | X | | |
| the organisational structure and role of the health service and other statutory and voluntary organisations | X | X | | |
| the roles of Dental Care Professionals | X | X | | |

| | | | | |
|---|---|---|--|--|
| cross-sectoral and inter-agency working | X | X | | |
| caring and advocacy | X | X | | |
| the role of the primary health care teams and the dental and medical specialties | X | X | | |
| joint care planning approach | X | X | | |
| community networks and alliances | X | X | | |
| collaboration with other specialists | X | X | | |
| Working within the dental team | X | X | | |
| the theories of health promotion | X | X | | |
| planning population based oral health promotion policies | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: | | | | |
| develop services for people with special care needs with: learning disability, physical impairment, complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant, progressive neurological conditions, mental illness, a history of substance misuse | X | X | | |
| develop services for people in: long stay community, residential, nursing and day care units, or housebound, secure units, special education units, ethnic and refugee groups who are socially excluded and special educational establishments | X | X | | |
| develop services for people who are homeless or travelers | X | X | | |
| contribute to multidisciplinary teams for the development of services for people in special care groups | X | X | | |
| implement equality impact assessments for the development of or changes to services to meet the needs of these groups of people | X | X | | |
| demonstrate the available methods of patient and public involvement used in service development | X | X | | |
| plan and deliver oral care services for people with impairment and disability in community and hospital settings, making effective use of the various members of the Special Care Dentistry team | X | X | | |
| monitor and evaluate services for people with impairment and disability in terms of quality of care delivery and cost benefit in community and hospital settings | X | X | | |
| make the case for appropriate service change based on evaluation of the monitoring data | X | X | | |
| provide oral health care for people with: learning disability, physical impairment, complex medical conditions, including those undergoing chemotherapy, radiotherapy, immunotherapy and organ transplant, progressive neurological conditions, mental illness, a history of substance misuse | X | X | | |
| provide oral health care for people in: long stay community, residential, nursing and day care units, secure units, special education units, ethnic and refugee groups who are socially excluded and special educational establishments | X | X | | |
| provide oral health care for people who are: confined to home and require domiciliary care, homeless or travelers | X | X | | |
| carry out cross-sectoral and inter-agency working | X | X | | |
| initiate a joint care planning approach | X | X | | |
| develop community networks and alliances | X | X | | |
| develop collaboration with other specialists and health/social services professionals | X | X | | |

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| work as an effective member of both the dental team and the extended care team | X | X | | |
| demonstrate leadership skills within Special Care Dentistry team to ensure appropriate skills mix within the Specialist team | X | X | | |
| plan oral health promotion policies for differing populations | X | X | | |
| undertake at least one method of public and patient involvement e.g. questionnaire, in-depth interviewing, focus group etc. | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should:</i> | | | | |
| recognise the role of the Special Care Dentist in developing services for special care patients | X | X | | |
| take account of the views of patients, their families/ carers and other appropriate public groups, through patient and public involvement when developing services for special care patients | X | X | | |
| demonstrate leadership in negotiating services for people with impairment and disability | X | X | | |
| show regard for the roles of the various members of the Special Care Dentistry team and employ them to maximum effect | X | X | | |
| consult and collaborate with colleagues in other medical and surgical specialties and in social care where appropriate, to facilitate patient/ group management | X | X | | |
| take account of the broad range of issues involved in the management of oral health care for people with disability | X | X | | |
| consult and collaborate with colleagues in other medical and surgical specialties and in social care where appropriate | X | X | | |
| take account of patient and public views in policy development | X | X | | |

2.6 ORAL HEALTH CARE PLANNING FOR THE INDIVIDUAL

| | MSCD | WBA | PDP | Other |
|---|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| assessment of the person who requires special oral health care | X | X | | |
| history taking, examination, diagnosis and treatment planning for the individual | X | X | | |
| methods of obtaining information from the individual, carer and wider circle of social and health care professionals in relation to the individual's care needs | X | X | | |
| methods of assessment of the needs and priorities of individuals in order to promote positive oral health gain | X | X | | |
| the importance of capacity building and self directed support of the individual | X | X | | |
| the impact of disability on oral health care planning for the individual | X | X | | |
| organisation and delivery of appropriate treatment services in the relevant care setting for the individual including domiciliary care settings | X | X | | |

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| the requirements of coordination of an inter-professional team in the delivery of optimal care for individuals | X | X | | |
| the management and clinical skills necessary to provide preventative and treatment services for individuals | X | X | | |
| the development of preventative healthcare programmes for patients in a variety of care settings | X | X | | |
| the design, implementation and monitoring of individual oral health care plans | X | X | | |
| how to recognise the management requirements of the individual | X | X | | |
| relevant pharmacological and therapeutic adjuncts required in pain, anxiety and disease management | X | X | | |
| the ethical and legal requirements relating to the provision and delivery of conscious sedation techniques | X | X | | |
| the reasoning for selecting the most appropriate adjunct to treatment, based on the patient assessment | X | X | | |
| the skills required to manage pain and anxiety in a variety of clinical settings through: – behaviour management – local anaesthesia – conscious sedation including trans-mucosal, oral, inhalational and intravenous techniques – general anaesthesia including day-case and in-patient care | X | X | | |
| in outline, the additional therapies that can be used to manage pain and anxiety, such as: – hypnosis – acupuncture | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: | | | | |
| identify and assess the person who requires special oral health care | X | X | | |
| obtain information from the individual, carer and wider circle of social and health care professional in relation to the individual's care needs | X | X | | |
| provide appropriate care for persons with impairments or disability using adjuncts as appropriate | X | X | | |
| provide appropriate care for persons with complex medical conditions | X | X | | |
| design, deliver and monitor appropriate individual health care plans to prevent / minimise the effects of oral disease | X | X | | |
| provide oral health care in a domiciliary setting | X | X | | |
| recognise normal and abnormal behaviour patterns in adults with impairment and disability | X | X | | |
| apply knowledge of behavioural patterns and psychology in the management of anxiety | X | X | | |
| recognise when to seek help for patients with behaviours that require further assessment and treatment in another care setting | X | X | | |
| deliver comprehensive restorative care and exodontias for adults with impairments and disability under local anaesthesia, conscious sedation and general anaesthesia where appropriate | X | X | | |
| recognise the role of the special care dentist working with the anaesthetist in airway management | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should: | | | | |
| take account of the ethical and legal aspects of managing oral health care for people with impairment and disability | X | X | | |

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| consult and collaborate with colleagues in other medical and surgical specialties and in social care where necessary | X | X | | |
| show regard for the circumstances that people live in when carrying out domiciliary visits | X | X | | |
| employ appropriate management and clinical skills in order to provide preventive and treatment services for individuals | X | X | | |
| take account of the ethical and legal requirements relating to the provision and delivery of conscious sedation techniques | X | X | | |
| take account of the ethical and legal requirements relating to the delivery of treatment under general anaesthesia | X | X | | |
| consult and collaborate with colleagues in other medical and surgical specialties and in social care where necessary | X | X | | |
| refer patients to other members of the dental, health and social care teams as appropriate | X | X | | |

2.7 CLINICAL SPECIAL CARE DENTISTRY

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| management and treatment of individual teeth using intra- and extra- coronal restorations | X | X | | |
| how to identify and maintain key teeth to facilitate long-term care | X | X | | |
| restorative and replacement techniques for the management of broken down, fractured and missing teeth | X | X | | |
| diagnosis, prevention and simple restorative treatment of non-cariou tooth surface loss e.g. abrasion, erosion and attrition | X | X | | |
| diagnosis and non-surgical management of temporomandibular dysfunction | X | X | | |
| materials relevant to clinical dentistry, including those that can be effectively used in the domiciliary setting | X | X | | |
| gingival and periodontal conditions | X | X | | |
| techniques for periodontal surgery | X | X | | |
| principles of implantology | X | X | | |
| principles and practice of routine endodontic care | X | X | | |
| principles and practice of surgical endodontic therapy | X | X | | |
| treatment planning and provision of removable prosthodontics | X | X | | |
| diagnosis and provisional treatment planning of fixed prosthodontics | X | X | | |
| principles and practice of implant dentistry | X | X | | |

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| maxillofacial prosthodontic management of developmental and acquired hard and soft tissue defects | X | X | | |
| relevant laboratory procedures | X | X | | |
| examination, diagnosis and treatment planning | X | X | | |
| scope, design and use of orthodontic appliances | X | X | | |
| oral surgery in relation to orthodontics | X | X | | |
| management of developmental anomalies, including cleft lip and palate, hypodontia and craniofacial anomalies | X | X | | |
| diagnosis, treatment planning and management of oral care for people: – with common oral medical conditions – undergoing chemotherapy, radiotherapy and immunotherapy – undergoing organ transplant | X | X | | |
| the characteristics of oral manifestations of systemic disease | X | X | | |
| the characteristics of oral side effects of prescribed medication | X | X | | |
| normal haematological values such as: full blood count and haematinics (Fe, Folate, B12, Sickle cell screening); clotting studies; urea and electrolytes etc. | X | X | | |
| the management of routine exodontia, including the raising of a flap and the removal of fractured teeth | X | X | | |
| principles for and techniques of incisional and excisional biopsy of gingival and mucosal lesions | X | X | | |
| the principles and practice of dento-alveolar surgery : – surgical treatment planning for patients with systemic disease – minor oral surgery including surgical extraction of impacted teeth – management of dento-alveolar trauma | X | X | | |
| use of electromechanical aids in diagnosis such as: ECG ; blood pressure monitor; SO ₂ Monitor, blood sugar monitor; CoaguChek S monitor, Sickle Cell testing | X | X | | |
| the diagnosis of emergencies and treatment of medical emergencies that can occur during the provision of dental treatment in the dental surgery and in the domiciliary setting | X | X | | |
| when and how to liaise with other healthcare professionals in the emergency management of all patients under their care | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: | | | | |
| carry out a high standard of clinical dentistry | X | X | | |
| treat individual teeth using intra- and extra- coronal restorations | X | X | | |
| recognise and maintain key teeth to facilitate long-term care | X | X | | |
| utilise restorative techniques for the management of broken down, fractured and missing teeth | X | X | | |
| diagnose, prevent and provide simple restorative treatment of non-cariou tooth surface loss e.g. abrasion, erosion and attrition | X | X | | |
| diagnose and manage non-surgical treatment of temporomandibular dysfunction | X | X | | |
| communicate findings and treatment proposals to individuals (where possible), carers, advocates | | | | |

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| and other professionals | X | X | | |
| discuss treatment options in an appropriate manner with individuals (where possible), carers, advocates and other professionals | X | X | | |
| diagnose and manage periodontal disease in people with impairments and disability | X | X | | |
| deliver appropriate and effective preventative periodontal programmes | X | X | | |
| recognise when periodontal disease may be related to systemic disease | X | X | | |
| utilise techniques for prevention appropriate to special care groups e.g. communication with people who have dyslexia, dyspraxia, autistic spectrum disorder, learning disability etc. | X | X | | |
| recognise when a specialist opinion is necessary | X | X | | |
| diagnose, treatment plan and provide removable prosthodontic appliances, including techniques appropriate to special care patients such as copy denture techniques | X | X | | |
| diagnose and formulate provisional treatment planning of fixed prosthodontic treatment, including implants | X | X | | |
| provide evidence of how removable and fixed prosthodontic treatment can effect quality of life | X | X | | |
| recognition of clinical situations where it is appropriate to liaise with, or refer to appropriate specialties | X | X | | |
| engage in effective multidisciplinary communication and planning when appropriate | X | X | | |
| manage oral care for people: – with common oral medical conditions – undergoing chemotherapy, radiotherapy and immunotherapy – undergoing organ transplant | X | X | | |
| recognise oral manifestations of systemic disease | X | X | | |
| recognise and manage oral side effects of prescribed medication | X | X | | |
| interpret haematological tests such as: full blood count and haematinics (Fe, Folate, B12, Sickle cell screening); clotting studies; urea and electrolytes; liver function tests; thyroid function tests | X | X | | |
| manage routine exodontias, including the raising of a flap and the removal of fractured teeth | X | X | | |
| perform incisional and excisional biopsy of gingival and mucosal lesions | X | X | | |
| recognise results that are not within 'normal' expectations | X | X | | |
| diagnose emergencies | X | X | | |
| initiate treatment of medical emergencies that can occur during the provision of dental treatment in the dental surgery and in the domiciliary setting | X | X | | |
| liaise with other healthcare professionals in the emergency management of all patients under their care | X | X | | |
| use emergency drugs in appropriate circumstances | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should: refer to other specialties as appropriate | X | X | | |
| be prepared to discuss treatment options with individuals (where possible), carers, advocates and other professionals as appropriate | X | X | | |

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| recognise one's own limitations | X | X | | |
| refer patients to other specialists as appropriate , for example when cancer, other medical conditions or abnormal tests are recognised | X | X | | |
| refer patients to other specialists as appropriate, for example, when complex oral surgery is required or test results are not within 'normal' expectations | X | X | | |
| call for assistance from other specialties as appropriate e.g. paramedics | X | X | | |
| recognise the role of the Special Care Dentist in management of adults with impairment and disability with CLP, hypodontia and craniofacial anomalies | X | X | | |
| recognise the role of the Special Care Dentist in management of medical emergencies and the need for multidisciplinary working and practice in simulated settings | X | X | | |
| take on the role of team leader in the emergency situation | X | X | | |

2.8 LEGISLATION, ETHICS AND CLINICAL GOVERNANCE

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| the legal and ethical framework and issues important to the practice of Special Care Dentistry | X | X | | |
| principles of duty of care and negligence | X | X | | |
| principles of consent | X | X | | |
| the process of obtaining informed consent | X | X | | |
| confidentiality and the professional relationship | X | X | | |
| assessment of capacity to consent and what to do when capacity is lacking | X | X | | |
| risk assessment | X | X | | |
| rationale for appropriate use of physical/pharmacological intervention | X | X | | |
| health and safety regulations | X | X | | |
| decontamination and infection control regulations | X | X | | |
| moving and handling skills | X | X | | |
| principles of confidentiality | X | X | | |
| principles of good record keeping | X | X | | |
| ethical aspects of practice and research | X | X | | |
| ethics of physical and pharmacological intervention and restraint | X | X | | |
| issues related to the ethics of impairment and disability such as genetic counselling, palliative care, end of life care and resuscitation | X | X | | |

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| the role of the professional governing bodies | X | X | | |
| the role of Dental Care Professionals | X | X | | |
| vicarious liability | X | X | | |
| contemporaneous legislation such as The Human Rights Act, Disability Discrimination Act, Public Sector Equality Duties, Equality Impact Assessments, Single Equality Schemes, and other relevant equality and diversity related legislation | X | X | | |
| current legislation regarding the protection of children and adults, such as the Child Protection Act Law Reform Commissioner’s report on Vulnerable adults | X | X | | |
| types of abuse | X | X | | |
| signs and symptoms that suggest abuse is taking place | X | X | | |
| national and local guidance and protocols for management of suspected abuse | X | X | | |
| good and contemporaneous practice in medico-legal report writing | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should be able to: | | | | |
| ensure the legal and ethical framework is followed in all aspects of Special Care Dentistry | X | X | | |
| provide leadership as future lead clinicians in gaining consent utilising legislation such as the principles set out in the Mental Capacity Act | X | X | | |
| practice within the regulatory framework in dentistry and with respect to specific regulations in impairment and disability, equality and diversity and human rights | X | X | | |
| implement the requirements of Equality, Diversity and Human Rights related legislation | X | X | | |
| advise appropriately when Equality, Diversity and Human Rights related legislation is being breached | X | X | | |
| recognise the signs of abuse | X | X | | |
| respect confidentiality | X | X | | |
| keep accurate and contemporaneous patient records | X | X | | |
| write clinical reports when requested by the legal professions in line with current good practice | X | X | | |
| On completion of training a Specialist in Special Care Dentistry should: | | | | |
| recognise the importance of teamwork to implement consent and adhere to legal and ethical framework | X | X | | |
| take account of appropriate legislation and act accordingly in the day to day practice of special care dentistry | | | | |
| support the team during action taken in the event of suspected abuse | X | X | | |
| recognise the issues of the safety of the abused individual | X | X | | |
| communicate promptly and accurately with regard to the legal aspects of report writing | X | X | | |

2.9 RESEARCH, STATISTICS AND SCIENTIFIC WRITING

| | MSCD | WBA | PDP | Other |
|--|------|-----|-----|-------|
| <i>On completion of training a Specialist in Special Care Dentistry should be able to describe:</i> | | | | |
| principles of research methods and research governance | X | X | | |
| basic statistical reasoning and problem solving | X | X | | |
| methods of searching the literature | X | X | | |
| the process of applying for ethical approval | X | X | | |
| the principles of different types of research design | X | X | | |
| setting up databases | X | X | | |
| analysis of research | X | X | | |
| critical review of research publications | X | X | | |
| writing up case reports and research project(s) suitable for publication | X | X | | |
| the essential components for conducting ethical research | X | X | | |
| research methodology | X | X | | |
| biostatistics | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should be able to:</i> | | | | |
| undertake: | X | X | | |
| – basic statistical reasoning and problem solving | | | | |
| – searching the literature | | | | |
| – applying for ethical approval | | | | |
| – designing research projects | | | | |
| – setting up databases | | | | |
| – analysis of research data | | | | |
| – critical review of research publications | | | | |
| write up case reports and research project(s) suitable for publication | X | X | | |
| <i>On completion of training a Specialist in Special Care Dentistry should:</i> | | | | |
| demonstrate an enquiring mind | X | X | | |
| respect patients and carers' autonomy in respect to participation in research | X | X | | |
| display positive attitudes to the legislation regarding research governance | X | X | | |