General Dental Council

JMDF
JOINT MEETING OF DENTAL FACULTIES

Oral Surgery
Specialty Training Curriculum

Approved on: 23 January 2023

Foreword

This specialty curriculum sets out the specialist knowledge, skills, and capabilities for the attainment of the award of the Certificate of Completion of Specialty Training (CCST) and admission onto the Specialist List for Oral Surgery.

It also demonstrates how Oral Surgery meets the GDC's Principles and Criteria for Specialist Listing. This standards-driven, transparent approach protects patients, the public, employers, and others through preparation of dentists to deliver high quality, safe, patient, and public-centred care as specialists within the UK healthcare system.

The curriculum has been written by the Oral Surgery Specialty Advisory Committee (SAC), a constituent committee of the Advisory Board for Specialty Training in Dentistry (ABSTD). The SAC is responsible for and owns the specialty-specific content and learning outcomes of the relevant specialty curriculum. They are also responsible for the choice of assessment of both the generic and the specialty-content of the curriculum.

The delivery of the curriculum via training and assessment providers is quality assured by the GDC using the Standards of Specialty Education. Successful completion of the relevant specialty training and assessment will lead to the award of a Certificate of Completion of Specialty Training (CCST) and successful candidates will be eligible to apply for inclusion on the relevant GDC specialist list and be eligible to use the title of "Specialist". It is recognised that in some parts of the country competencies beyond those listed in this curriculum may be required to deliver different services. This curriculum does not preclude additional training to reflect local needs. The curriculum will be regularly updated as the core competencies and capabilities required for specialist listing evolve.

This curriculum will take effect for new trainees from September 2024.

Acknowledgements

The Oral Surgery curriculum was written by the Specialist Advisory Committee (SAC) in Oral Surgery Curriculum Working Group:

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with input from the SAC Oral Surgery and wider Orthodontic Oral Surgery Communities both in the UK and Internationally. Their continual input to the curriculum development process is greatly appreciated.

SECTION A: PURPOSE STATEMENT FOR ORAL SURGERY
Introduction to the Oral Surgery Specialty

The GDC specialty of Oral Surgery deals with the diagnosis and management of pathology of the teeth, mouth and jaws requiring surgical intervention or combined surgical and

medical intervention; it also includes education, training and research related to the specialty.

Oral Surgery deals with complex patients undergoing routine surgical procedures and or routine/complex patients undergoing complex surgical procedures. These additional surgical, demographic, social, medical, and psychological complexities require specific training in patient and procedural risk assessment and management to prevent unnecessary complications.

The specialist oral surgeon will have undergone training to gain additional knowledge and skills in the anatomical and surgical domain of oral surgery. The specialist will be experienced and competent to manage children, adolescents, and adults, many of whom are dentally anxious and are medically compromised requiring extractions and surgery of the soft and hard tissues in the orofacial region under local anaesthesia, local anaesthesia with sedation or under general anaesthesia. They will often be involved in delivering multi-disciplinary care by working closely with other dental, medical, and surgical specialties. They can lead and deliver Oral Surgery in a range of care environments, including general practice, intermediate practice, specialist practice, community dental clinics, academic settings and hospitals.

Entry into specialty training is highly competitive and run annually on a national basis. Applicants will have been required to complete foundation training and are expected to have gained a broad experience in a range of environments prior to entry. Training is expected take 3- 4 years full time. Currently legislation dictates a minimum of 3 years (see information later) and may take place in any environment that oral surgery is delivered. Training is oriented to achieving outcomes and COPDEND will work with the SAC review the time it takes to achieve all learning outcomes year on year.

The Oral Surgery Curriculum recognises and addresses these additional requirements, beyond the competence of a general dentist, in order to protect the public.

Teaching and Research in Oral Surgery

OS specialists will deliver teaching, training and undertake assessment activities in a range of environments. UK dental schools have academic oral surgery departments that deliver undergraduate and postgraduate training. These teams are led by specialists who oversee the curriculum development, assessment design and day to day organization and delivery of education and assessment for those enrolled on these courses.

In the undergraduate arena this delivery of education will be supported by non-specialists but overseen by a specialist.

Within the postgraduate arena, most of the education is delivered by specialists, and results in a student attaining an academic qualification in oral surgery, but not necessarily becoming a specialist themselves. These qualifications usually require a research component to be completed as well, which would usually be overseen by an OS specialist.

Training to become an OS specialist is overseen by the Health Education branch of the NHS and usually takes place within NHS facilities. Other facilities outside the NHS may be used where appropriate. Most training occurs in secondary care establishments. Many programmes include oral surgery in primary care settings. At all levels the training pathway is overseen by specialists, from setting up training posts, recruitment, delivery of didactic education related to the specialty as well as overseeing training in the clinical environment and assessing of trainees' knowledge and ability. Specialists who work as trainers would work closely with trainees who attend their clinics, operating lists and other departmental and multi-disciplinary meetings, and provide educational and pastoral support to trainees.

OS specialists also undertake research, audit, and service evaluation in order to identify optimal or gold standard practice, in addition to identifying unmet needs in the provision of oral surgery patient care. The nature of the role and additional training that a specialist has will determine the amount of time allocated to these various activities with those in academic roles engaging in more research than those in service delivery roles. However, all specialists will have knowledge of how to plan, organise and undertake research projects as well as how to critically appraise research literature. They will also have skills required to present and publish any research, audit, or service evaluation projects to allow for

dissemination of knowledge.

1. Oral Surgery improving the health of patients and the population

<u>Patient Pathways</u>

The patient pathway will depend on the patient comorbidities, the complexity of the surgical care that they require, the pain management required, as well as access to workforce at different levels. Patients are often referred by GDPs or other healthcare professionals to specialists because their conditions are best managed by the oral surgery team. Patients may be seen by specialists working in general or specialist primary care practice settings or they may be referred to specialist services in primary, intermediate or secondary care settings, particularly if the patient is medically complex or requires sedation or general anaesthesia.

Specialists undertake patient assessment, diagnosis, and treatment planning for patients with complex ectopic teeth, cysts, soft and hard tissue pathology, orofacial pain, dental implantology as well as those who need non-surgical extractions but have complex medical and social needs. Following treatment planning specialists consent patients to undergo treatment with local anaesthesia, local anaesthesia with sedation or general anaesthesia.

Specialists will have treatment sessions dedicated to the management of conditions effecting the oral and peri-oral cavity under local anaesthesia, sedation, or general anaesthesia providing care for complex conditions that GDPs cannot manage in primary care.

Some patients require a single treatment episode or procedure, whereas others may require longer term care depending on the nature of the condition and the patient requiring care.

Specialists will also carry out other allied duties related to the organization and delivery of care in local and regional sites such as chairing local dental committees and managed clinical networks. These will ensure that efficient and patient-centered referral systems and procedures are in place to deliver safe, effective and timely care to patients in the most suitable environment.

Specialists are also responsible for providing both postgraduate and undergraduate training up to specialist level.

The Oral Surgery specialty is actively involved in improving the oral health of patients and the population by supporting the development of trained and quality assured specialists in order to maintain and protect patient safety based upon GDC Standards.

The specialty improves oral health through the removal of carious and periodontally compromised teeth, preventing dental pain and managing both localised and systemic infection which helps to restore masticatory function and improve mental wellbeing. In some cases, patients are unable to undergo or tolerate treatment within a dental practice environment and specialists working with intra-venous sedation or general anaesthetic facilities enable the delivery of safe and effective patient care.

The recently updated dental tool kit aims to deliver better dental oral health ([Delivering better oral health: an evidence-based toolkit for prevention - GOV.UK (www.gov.uk)](https://www.gov.uk)[1], and states there is a specific priority for adults with partially erupted third molars who are at higher risk of developing caries in the impacted third molar itself or, in the case of mesioangular impacted third molars, on the distal surface of the preceding second molar tooth. These patients with this condition provide a significant part of oral surgical work.

The specialty is also involved with identifying and managing both benign and malignant soft and hard tissues lesions and conditions in the jaws and oro-facial region in close conjunction with Oral and Maxillofacial Surgery (OMFS) and Oral Medicine (OM).

In conjunction with orthodontics the OS specialty is involved in the diagnosis and management of malocclusions, impacted and ectopic teeth, enabling better masticatory function, aesthetics and hence wellbeing.

The specialty is involved in promoting general health through smoking, drug and alcohol cessation advice.

The specialty also works to improve the oral health of patients and the population by supporting the development of quality assured training programs that produce specialists familiar with and experienced in clinical research, audit, and service evaluation to ensure continued improvement of patient care based upon the best evidence base. For example, research produced by the Oral Surgery workforce has underpinned improvement in accessibility, service quality, commissioning, sedation for anxious patients, patient safety and National Guidelines in third molar surgery, orofacial pain [Trigeminal Neuralgia (TN) and Temporo-Mandibular Disorders (TMD) through the RCS Eng], endodontic surgery, implant surgery antimicrobial stewardship and conscious sedation. In addition, the specialty strives to improve patient safety with involvement in, and leading developments in national guidance. These include parameters of care for patients with third molars (FDS RCS_National Guidance for wisdom_tooth surgery) 2021[2] and patient safety LoCSSIPs[3.] All of these endeavours help to improve the oral health of patients and the population.

OS improves oral health through the management of pathology of the teeth, mouth, and jaws, often relieving pain and infection. The complexity of the condition and the patient will determine their suitability for treatment in different environments with many being treated in NHS intermediate or secondary care settings by specialists. Workforce surveys and the Getting it Right First Time (GIRFT) (GIRFT OMFS 2019[4] and GIRFT Hospital Dentistry 2021[5]) reports show that oral surgery procedures comprise of over 80% of secondary care activity in OS and OMFS units and most Oral Surgery providers/specialists are working in all NHS care sectors with a broad scope of activity. Conventionally private Oral Surgery is only refunded for consultant level staff with private indemnity recognition, and there are very few OS specialists who work solely in the private sector. In fact, a recent BAOS survey reported limited private work by the Oral Surgery workforce with over 85% of OS trainees working solely in the NHS[6].

Complex surgical cases on patients without co-morbidities could be suitable for treatment in NHS intermediate care environments by specialists and the development of more of these schemes would meet a definite dental public health need. However, the increase in the ageing population who are dentate with significant medical comorbidities[7], may result in a large cohort of patients who will be unsuitable for care in the primary care environment but will rely on delivery in NHS secondary care facilities which will also result in an increased need for specialist care.

2. Entry to the training programme

Entry to an oral surgery training programme is through competitive entry and the recruitment process will ensure that applicants are assessed against the essential and desirable criteria contained within the person specification.

A specialty trainee must be registered with the General Dental Council. It is desirable that during previous early years training the individual has experienced work in as many sectors of dental provision as possible. Evidence of excellence in terms of attributes such as motivation, career commitment will be expected, as will an ability to demonstrate the competences and capabilities required for entry to specialist training, either by successfully completing a period of agreed dental foundation/vocational and core training or by demonstrating that those competences have been gained in another way.

3. Outline of the training programme

Training programmes include suitable placements/rotational arrangements to cover all the necessary areas of the curriculum and may include an appropriate balance between dental teaching hospitals/schools, district general hospitals and specialist clinical environments, such that each trainee gains the breadth of training required for satisfactory completion of the curriculum.

The training programmes are usually based around a training centre, normally comprising a dental teaching hospital/school together with other associated, recognised, and validated training environments.

Currently legislation restricts Oral Surgery training to a minimum of 3 years training. It is anticipated that 4 years would normally be required to satisfactorily complete the new Oral Surgery curriculum to the required depth and breadth. However, the annual review of competence progression (ARCP) process allows for adjustments to be made to this where appropriate.

4. Training specific to Oral Surgery

The distinctive identity of Oral Surgery provides an academic and clinical focus for undergraduate and postgraduate education, research, and scholarship. This supports advances in patient care through providing a framework for quality improvement and discovery, including pathology support to fundamental science, translational research, and clinical trials. The Specialty, along with the cognate specialist society, the British Association of Oral Surgeons (BAOS), acts as a focus and stimulus for further development, including through support and development of specialty trainees.

This curriculum is patient-centered and prioritises prevention of complications. Patient safety is the priority of training demonstrated through safety-critical content, expected levels of performance, critical progression points, required breadth of experience and levels of trainer supervision needed for safe and professional practice. Upon satisfactory completion of training programmes, we expect trainees to be able to work safely and competently in the defined area of practice and to be able to manage or mitigate relevant risks effectively.

Training can take place in all environments where oral surgery care is delivered. Currently, most of the training is carried out in secondary care but more training in primary and intermediate care settings is anticipated in future.

Training will include exposure to a wide range of oral surgery care and multi-disciplinary care delivered by specialists and consultants in a range of dental and medical disciplines.

The duration of training will be dictated by the time taken to achieve all the learning outcomes. Relevant prior experience may help trainees to achieve some of the required competencies more quickly, however, current recruitment for trainees in Oral Surgery cannot approve prior learning due to legislation. Approved prior education and learning (APEL)is available for other specialty training. At present current legislation (The European Primary and Specialist Dental Qualifications Regulations 1998 (legislation.gov.uk)[8] means that training must be a minimum of 3 years for Oral Surgery and Orthodontics. For most trainees undertaking the new Oral Surgery Curriculum the expected duration will be 3- 4 years and this will be regularly reviewed once the curriculum is being used and is in practice.

The main changes to this curriculum compared with the previous version are:-

- The generic elements of the curriculum have increased emphasis on patient safety, leadership, and management skills, which will also require more time allocated to their delivery and attainment.
- It will also be necessary, due to the increased co-morbidities of the ageing patient population, resulting in more complex patient care. The medical complexity of patients with age is recognized, those surviving cancer and many patients on novel medications, including New oral anticoagulants, provides a significant increase in the patient need for Oral Surgery led clinics for high-risk extractions to minimise complications and improve patient safety (GIRFT[5]).

- As surgery is associated with more surgical and medical risks for the patient, there are increasing technological advances are improving patient safety. There are many technical advances related to oral surgery being introduced, including imaging (Magnetic resonance imaging (MRI) replacing conventional radiation imaging and Magnetic Resonance Neurography), augmented reality for surgery, ultrasound drill replacing conventional tools, thus there is a significant challenge in the technical aspect of training.
- The new curriculum also addresses issues raised by GIRFT[5] that significant proportion of clinical delivery, by Oral Surgery in secondary care, is based in TMD and orofacial pain, that currently is not recognised or recorded eLogbook activity, as it is non-surgical. In recognition of this need this domain has been expanded.
- A new domain has been introduced 'Capabilities in Practice (CiPs) (the high-level outcomes of training)' similar to the new medical surgical curricula. This domain is an essential part of training to ensure that the trainee demonstrates the ability to plan, lead and execute clinics, operating lists, walk in emergencies and ongoing patient care, often required in managing patients at risk of medical related osteonecrosis for example.
- The new curriculum also increases multi-disciplinary working in many domains.

Training progress will be assessed through Workplace Based Assessments (WPBAs), reviews of competence and there will be an end of training specialty specific summative assessment. Trainees progress will be regularly reviewed through the RCP process, and they will be supported to progress at a pace that is appropriate for them and compliant with current legislation.

5. Evidence and assessment

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

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

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

The principle of WPBAs is that trainees are assessed on work that they undertake on a day-to-day basis and that the assessment is integrated into their daily work. The curriculum does not stipulate minimum numbers of assessments for WPBAs. When there is a requirement by specialty, this can be found in the specialty assessment strategy which is available at Higher Specialist Training Documents and Curricula — Royal College of Surgeons (rcseng.ac.uk).

A full list of WPBAs can be found in the glossary of assessment terms. WPBA tools will include but are not limited to:
- Clinical examination exercise
- Case based discussions
- Direct observation of procedural skills
- Procedure based assessments
- Multisource feedback
- Patient/user feedback

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

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

In sections C and D, a list of sources of evidence are provided against each of the HLOs. These are provided as a list of possible sources, and there is no expectation that the full list of sources would be used as evidence of attainment of a particular HLO. Some of the assessments in Section D will be mandatory (for example College examinations), but other forms of assessment should be tailored to the training program/local circumstances/stage of training, and these should be agreed with the Training Provider(s) as part of the RCP process and the Education supervisor(s) as part of a learning agreement. **All mandatory assessments are clearly indicated in section D.**

In Section C no individual assessment is mandated for all specialties. Further guidance will be provided in the specialty assessment strategy which highlight how the HLOs are best achieved within each programme. This will normally be through application in practice rather than summative assessment, although this may vary by specialty dependent on the range of workplace assessments.

An assessment blueprint is provided within Sections C and D which illustrates the WPBAs that can be used to assess the HLOs.

Progress through training is assessed through the Review of Competence Progression (RCP) process, and training is completed when all the curriculum requirements are satisfied, and HLOs have been evidenced.

6. Research

Trainees may combine specialty training and academic development with an intention of becoming a clinical academic. The same curriculum outcomes for clinical training are required to be achieved as for any other trainee. Consideration of the required training time will need to be assessed depending on the proposed timetable.

SECTION B: DELIVERING THE CURRICULUM AGAINST THE GDC STANDARDS FOR SPECIALTY EDUCATION

The GDC sets Standards for Specialty Dental Education (Dental Specialty training (gdc-uk.org) and assures that training commissioners and examination providers (collectively referred to as "providers") meet these standards.

The standards relate to

• Patient protection (training commissioners only)

• Quality evaluation and review

• Specialty trainee assessment

As part of the quality assurance process, the GDC will ensure that training and assessment is designed, delivered and reviewed within a quality framework, that patient safety is at the heart of programme delivery and that assessments are reliable, valid and clearly mapped to the Specialty curriculum learning outcomes. Reports from GDC quality assurance activity are available on the Dental Specialty training (gdc-uk.org) webpage.

SECTION C – GENERIC PROFESSIONAL CONTENT OF THE SPECIALTY CURRICULUM

Section C – Generic Professional Content of the Specialty Curriculum

Domain 1: Professional knowledge and management

Outcome	Examples
1.1. Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	Effectively and respectfully communicate with patients, relatives, carers, guardians by: • consulting with patients and carers in a sensitive and compassionate way • giving clear and accurate verbal/oral information with information the recipient wants and needs and avoiding unnecessary jargon • giving clear, accurate and legible written information in a form the recipient can understand, with information the recipient wants and needs and avoiding unnecessary jargon • making accurate and contemporaneous records of observations or findings in English • making information accessible and inclusive by adapting written and verbal communication and tone and adopting appropriate techniques and communication aids/resources to suit others as appropriate • assessing their communication support needs and implementing appropriate methods to reduce communication barriers. For example, by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians, and others • demonstrating ability to communicate effectively and sensitively when delivering bad news • recognising own limitations and works within limits of capabilities. • Competency in obtaining informed consent Effectively and respectfully communicate with colleagues by: • promoting and effectively participating in multidisciplinary, inter-professional team working • communicate effectively with referrers regarding patient consultation and treatment • ensuring continuity and coordination of patient care and/or management of any ongoing care through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing
1.2. Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	They should do this by: • maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence)

Outcome	• Examples
	• influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges
1.3. Demonstrate they can deal with complexity and uncertainty	They should do this by: • showing appropriate professional behaviour and judgement in clinical and non-clinical contexts • demonstrating resilience • managing the uncertainty of success or failure • adapting management proposals and strategies to take account of patients' informed preferences, co-morbidities and long-term conditions • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
1.4. Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice	They should do this by: • understanding, and adhering to, the principles of continuing professional development • understanding relevant guidance and law including that relating to equality and diversity, employment, health and safety, data protection etc, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland • understanding information governance, data protection and storage and the legal parameters relating to digital and written records in the context of their workplace • recognising the need to ensure that publicly funded health services are delivered equitably
1.5. Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland	They should do this by: • understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded, and audited • demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis • understanding how resources are managed, being aware of competing demands and the importance of avoiding waste • having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and Judicial Review • recognise and work towards achieving carbon neutrality within the context of understanding the importance of sustainability in design and delivery of services and demonstrating application of these principles in practice

Outcome	Examples
1.6. Recognise and demonstrate their role in health promotion, disease prevention and dental population health	They should do this by: • understanding the factors affecting health inequalities as they relate to the practise of dentistry being willing and able to work to reduce health inequalities relevant to the practise of dentistry • understanding national and local population oral health needs • understanding the relationship of the physical, economic and cultural environment to health and its impact on patients and patient outcomes • understanding the role of national and local public health organisations and systems and how the role of a dental specialist supports these organisations in improving the public's dental health

1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	• Understanding that patients are partners with their health care providers
	    o providing balanced information about treatment options
	    o eliciting the patient's concerns, values and preferences
	    o offering support to the patient to help them to reach a decision and making that final decision together.
	• being able to articulate personal values and principles yet show understanding of how these may be different to those of others – patients and colleagues.
	• valuing, respecting and promoting equality and diversity

Domain 2: Leadership and teamworking

Outcome	Examples
2.1. Demonstrate understanding of the importance of personal qualities within leadership (focus on self)	They should do this by: • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Relevant model: NHS Leadership Academy: the nine leadership dimensions

2.2.	Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	They should do this by: • being able to seek out the views of others in maintaining and improving specialist services • being able effectively to lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate
		• being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams
2.3.	Demonstrate the importance of planning and an understanding of managing dental specialist services	They should do this by: • understanding and being able to work effectively within the relevant being NHS funding, structures and pathways in their local healthcare system in relation to specialist dental services and the healthcare services they interface with, • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures

Domain 3: Patient safety, quality improvement and governance

Outcome		Examples
3.1.	Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	They should do this by: • understanding how to raise safety concerns appropriately through local and national clinical governance systems. • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care • demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice

3.2.	Recognise the impact of human factors on the individual, teams, organisations and systems	They should do this by: • understanding of effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal health, conduct or performance • demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely
3.3.	Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	They should do this by: • using a range of quality improvement methodologies to improve dental services and improve patient care • demonstrating understanding the importance of patient and public involvement in decision-making when changes to services are proposed • engaging with all relevant stakeholders in the planning and implementation of change
		• working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems • demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations and other groups with protected characteristics in the UK, assess and recognise impact of cultural and language and other barriers and strategies for oral health promotion
3.4.	Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	They should do this by: • recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional, or social impairments or disabilities, or with a combination of these factors • understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision • recognising and taking responsibility for safeguarding vulnerable patients • understanding when it is appropriate and safe to share information on a patient
1.5	Immediate Life Support	Demonstrate competency and undertake annual training in Immediate Life Support

Domain 4: Personal education, training, research and scholarship

Outcome	Examples
4.1. Demonstrate that they can plan and deliver effective education and training activities	They should do this by: • providing safe clinical supervision of learners • providing effective educational supervision of learners, including giving supportive, developmental feedback to learners • seeking and respecting patients' wishes about whether they wish to participate in the education and training of learners • evaluating and reflecting on the effectiveness of their educational activities and changes to improve practice • promoting and participating in inter-professional learning (including with members of the wider healthcare team in dentistry and in other healthcare professions) • demonstrating an ability to use a range of teaching methods for individual and group teaching, including face to face and online teaching and the use of simulation and other technology enhanced learning methods
4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to	They should do this by: • demonstrating an ability to critically appraise evidence • interpreting and communicating research evidence and data to support patients and colleagues in making informed decisions about treatment • appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry

	Outcome	• Examples
	date with current and best practice	• demonstrating an understanding of the strengths and limitations of different approaches to gathering research evidence • conducting literature searches and reviews to inform their professional practice • locating and using clinical guidelines appropriately • demonstrating an understanding of stratified risk and personalised care
4.3.	Understand what is required to participate in research	They should do this by: • demonstrating understanding of clinical research design, ethics processes and research governance (GCP)

Generic Learning Outcomes Assessments Blueprint

HLO	Patient feedback/ MSF	WP BAs	Reflective reports	Training course or qualification (incl PG degrees)	Critical incidents/ complaint reviews	Research or QI/ audit projects	Logbook	Specialty specific summative assessment	Other	CS / ES reports
Domain 1: Professional knowledge and management										
1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	*	*	*	*			*	*	*1	*
1.2 Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	*	*	*	*	*			*		*
1.3 Demonstrate they can deal with complexity and uncertainty	*	*	*	*	*			*		
1.4 Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice				*		*		*	*9	
1.5 Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland		*	*	*		*		*		
1.6 Recognise and demonstrate their role in health promotion, disease prevention and population health	*	*				*		*		
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	*	*	*			*		*		*

Generic Learning Outcomes Assessments Blueprint

HLO		Patient feedback/ MSF	WP BAs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 2: Leadership and teamworking											
2.1 Demonstrate understanding of the importance of personal qualities within leadership (focus on self)		*	*	*		*		*		*	
2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	*	*	*	*	*	*		*			
2.3 Demonstrate the importance of planning and an understanding of managing dental specialist services		*	*	*	*	*		*	*9	*	

HLO	Patient feedback/ MSF	WP BAs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 3: Patient safety, quality improvement and governance										
3.1 Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	*	*		*		*		*	*2	*
3.2 Recognise the impact of human factors on the individual, teams, organisations and systems		*	*	*					*2	

HLO	Patient feedback / MSF	WP BAs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	*	*		*	*	*		*	*2	
3.4 Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the		*	*	*				*	*	*2
requirements of appropriate equality and diversity legislation										
3.5 Immediate Life Support				*						

HLO	Patient feedback / MSF	WP BAs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports

Domain 4: Personal education, training, research and scholarship

HLO	Patient feedback / MSF	WP BAs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
4.1 Demonstrate that they can plan and deliver effective education and training activities		*	*	*				*	*2,3,4,5	
4.2 Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice		*		*		*		*	*6,7,8	
4.3 Understand what is required to participate in research		*		*		*		*	*2,6,7	

1. Case presentation
2. CPD
3. Education feedback
4. Conference presentation
5. Observation of teaching
6. Journal clubs
7. Publications

8. Developing protocols
9. Objective structured assessments eg OSDPHA

SECTION D - SPECIALTY-SPECIFIC CONTENT OF THE SPECIALTY CURRICULUM FOR ORAL SURGERY

Domain 1: Assessment, diagnosis and management of patients requiring dentoalveolar surgery

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstrate capability to carry out independent practice of exodontia and diagnosis and management of unerupted and impacted teeth, including recognising and effectively preventing and dealing with complications	• Capable of undertake a holistic assessment of the patient (age; social; family; medical; dental; mental health and anxiety). • Capable of taking a thorough medical history from the patient and understand any conditions and drug therapies which may affect exodontia. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of interpreting radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in the diagnosis and management of exodontia and impacted and unerupted teeth. • Demonstrate an understanding of the principles of recording valid consent and competence in discussing material risks and capacity issues • Capable of assessing all risks associated with a procedure and understanding when no treatment is the best option. • Capable of carrying out techniques under local anaesthesia, sedation or general anaesthesia. • Capable of using forceps, elevators and instruments including luxators safely and effectively • Capable of designing and raising appropriate mucoperiosteal flaps. • Capable of safe and effective bone removal. • Capable of safe and effective tooth division. • Capable of recognising and managing intra-operative complications (e.g., haemorrhage control; loss of root into maxillary sinus; complications associated with the soft tissues or airway). • Capable of selecting appropriate suturing techniques to repair soft tissues. • Capable of recognising and managing alveolar bone fractures (e.g., buccal plate, fractured tuberosity) appropriately • Capable of recognising and managing oro-antral communications appropriately • Capable of delivering safe and effective post-operative instructions and ensuring safe patient discharge. • Capable of ensuring safe and effective patient follow-up. • Capable of recognising and managing post-operative complications (e.g., delayed haemorrhage; post-operative infections; dry socket) • Capable of recognising the necessity for taking tissue for pathological examination • Capable of selecting the correct transport medium and methods of transfer specimens to histopathology. • Capable of liaising with other specialties when necessary (e.g., dental, medical specialties and other allied healthcare professionals).

Outcome	• Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
	• Capable of accurately assessing high risk third molars and requesting and interpreting appropriate imaging techniques including appropriate use of CBCT. • Capable of accurately assessing anatomical risks associated with removal of impacted teeth (e.g., nerve; maxillary sinus etc.). • Capable of accurately assessing the location of ectopic and impacted teeth. • Capable of selecting appropriate surgical techniques to remove high risk teeth. • Capable of effectively carrying out coronectomies. • Capable of carrying out effective exposure of teeth using both open and closed techniques (e.g., pack; gold chains; dressing plates). • Have knowledge of any relevant clinical guidelines (e.g., FDS RCS, SDCEP, NICE •

Domain 2: Assessment, diagnosis and management of patients with hard or soft tissue trauma

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstrate capability in the effective diagnosis and appropriate management of soft and hard tissue trauma and rehabilitation	- Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). - Capable of carrying out a full assessment including ABCDE assessment where appropriate. - Demonstrate knowledge and understanding of when to request appropriate imaging techniques. - Capable of assessing radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in the diagnosis and management of trauma. - Capable of assessing and competently managing dento-alveolar trauma including re-implantation of avulsed teeth. - Capable of diagnosing facial fractures and arranging appropriate management. - Capable of the assessment and appropriate management of soft tissue trauma involving multi-disciplinary team care when indicated. - Capable of history taking and undertaking examination of the patient with dental loss and/or alveolar resorption and formulate an appropriate treatment plan. - Capable of undertaking dental transplantation, exposure and bonding of ectopic teeth where appropriate - Capable of liaising appropriately with other specialties/MDTs.

Domain 3: Assessment, diagnosis and management of patients with orofacial pain and temporomandibular disorders

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstrate capability to diagnose and manage orofacial pain conditions and temporo-mandibular joint disorders including liaison and onward referral to other specialties when appropriate	- Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). - Capable of formulating a differential diagnosis for facial pain based upon history and relevant investigations. - Capable of carrying out a full cranial nerve examination. - Demonstrate knowledge and understanding of when to request appropriate imaging techniques. - Capable of interpreting radiographs (excluding CBCTs) used in the diagnosis and management of orofacial pain and TMD condition - Capable of interpreting radiology reports to facilitate management of orofacial pain and TMD conditions - Demonstrate knowledge of treatment options available for Temporomandibular disorders, Neuropathic orofacial pain (Post Traumatic Neuropathic pain, Trigeminal neuralgia, post herpetic Neuralgia and glossopharyngeal neuralgia), Neurovascular facial pain (migraine and trigeminal autonomic cephalalgias), Burning mouth disorder and syndrome, Idiopathic pain and other pain syndromes. - Capable of the prescription of appropriate occlusal appliances where indicated. - Demonstrate knowledge of behavioural management techniques for these problems. - Capable of communicating and working with colleagues on the multi-disciplinary management of these problems. - Capable of monitoring and evaluating the effectiveness of treatment regimes. - Demonstrate knowledge of when to refer to other specialties.

Domain 4: Assessment, diagnosis and management of patients requiring effective management of pain and anxiety

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstration of capability to effectively manage pain and anxiety including the use of conscious sedation	- Capable of the provision of profound and sufficient local anaesthesia during all treatment procedures taking account of the patient's medical status and treatment needs. - Capable of safe administration of local anaesthesia and able to manage any associated complications. - Capable of identifying when oral, inhalational and conscious sedation may be helpful and select the most appropriate form of sedation e.g., oral, IV etc. - Capable of administering oral, inhalational and conscious sedation in a safe and effective manner. - Capable of recognising and managing any complications associated with sedation. - Capable of referring to or consulting with other specialists when appropriate - Capable of identifying when general anaesthesia is appropriate. - Capable of planning provision of appropriate treatment for patients who can only undergo oral surgery procedures with the use of general anaesthesia. - Capable of informing patients of other options and risks associated with any form of anaesthesia/anxiety management. - Capable of recognising and managing any complications which may arise and demonstrate knowledge of those complications which require the involvement of the emergency services and onward referral for medical management

Domain 5: Assessment, diagnosis and management of patients with soft tissue lesions (mucosal, lymphatic, vascular, dermatological, neural, muscular and salivary gland).

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstration of capability of effective and independent diagnosis and management of patients with soft tissue lesions including salivary gland disorders.	- Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). - Capable of taking a thorough medical history from the patient identifying any conditions or drug therapies which may affect the oral mucosa and salivary glands. - Demonstrate knowledge and understanding of when to request appropriate imaging techniques - Capable of basic interpretation of images used in the diagnosis management of salivary gland conditions. - Capable of interpreting radiographic reports to facilitate management specifically for salivary glands including ultrasound, sialograms e tc . - Demonstrate knowledge and understanding of lymphatic drainage of head and neck tissues. - Capable of carrying out relevant cranial nerve, lymph node and soft tissue clinical examination. - Demonstrate knowledge and understanding of benign and malignant lymph node conditions and their subsequent management. - Demonstrate knowledge and understanding of the presentation and management of all infective, metabolic, inherited, and developmental conditions of the soft tissues and salivary glands. - Demonstrate knowledge and appropriate management of malignant and premalignant conditions of the soft tissues and salivary glands. - Capable of diagnosis and appropriate management of sialoliths. - Capable of undertaking appropriate incisional and excisional biopsy techniques to confirm diagnosis. Knowledge of application of FNA, core biopsies and their limitations. - Demonstrate knowledge and understanding of the most appropriate surgical management techniques and when onward referral may be necessary for definitive treatment. - Capable of liaising with other specialties when appropriate (e.g., oral medicine)

Domain 6: Assessment, diagnosis and management of patients with hard tissue lesions of the jaws

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Demonstration of capability of effective and independent diagnosis and management of patients with hard tissue lesions and conditions of the jaws.	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of taking a thorough medical history from the patient identifying any conditions or drug therapies which may affect the hard tissues of the jaws. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of selecting appropriate imaging techniques to aid diagnosis and management • Capable of interpreting radiographic images (including CBCTs) and reports to facilitate diagnosis and management. • Demonstrate knowledge and understanding of the presentation and management of all infective, metabolic, inherited, and developmental conditions of the jaws. • Demonstrate knowledge and understanding of management of craniofacial and dental deformities • Capable of undertaking exposure and bonding of ectopic teeth and knowledge and experience of transplantation of teeth where indicated. • Demonstrate knowledge of the staging process and management guidelines for MRONJ, osteoradionecrosis and osteomyelitis. • Demonstrate knowledge and appropriate management of malignant and premalignant conditions of the hard tissues of the jaws • Demonstrate knowledge of all odontogenic and non-odontogenic cysts of both soft and hard tissues. • Demonstrate knowledge of solid odontogenic and non- odontogenic tumours of soft and hard tissues • Capable of using appropriate biopsy techniques to establish diagnosis. • Capable of appropriate cyst management including enucleation, marsupialisation, medical treatment or onward referral if necessary. • Capable of the diagnosis and surgical management of peri- radicular lesions where appropriate. • Capable of ensuring appropriate post-operative management and follow up. • Demonstrate understanding of the most appropriate management techniques and when onward referral may be necessary for definitive treatment. • Capable of liaising with other specialties when appropriate

Domain 7: Assessment, diagnosis and management of patients in need of oral rehabilitation (including osseointegrated dental implants)

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
Capability in the assessing and management of patients who require Osseo integrated dental implants.	- Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). - Capable of history taking and examination of the patient with dental loss and/or alveolar resorption and formulate an appropriate treatment plan. - Capable of requesting appropriate imaging techniques. - Capable of interpreting radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in implant techniques. - Demonstrate knowledge of the appropriate uses of implants and bone augmentation techniques. - Demonstrate knowledge and experience of dental implant placement. - Demonstrate knowledge and experience of augmentation techniques. - Demonstrate knowledge and experience of soft tissue augmentation - Demonstrate knowledge and experience of undertaking sinus augmentation techniques - Demonstrate evidence of experience of implant placement as part of an MDT. - Capable of liaising with other specialties or involvement in MDTs where appropriate

Domain 8: Assessment, diagnosis and management of patients with Critical Conditions

Outcome	Examples: the list below provides **examples** of how the higher level learning outcome could be achieved. The assessments should evidence that the outcome has been met rather than collating evidence for every example.
- Capable of diagnosing and effectively managing Critical Conditions including; - Medical emergencies - Life-threatening airway compromise - Spreading infections of the of the orofacial region and sepsis - Haemorrhage arising from the mouth and jaws - Suspected Malignancy of the head and neck - Trigeminal Nerve injuries - Displaced tooth or instrument - Failed acute dental extractions	- Demonstrate the knowledge and understanding of the physiology or pathophysiology related to medical emergencies. - Demonstrate the knowledge and understanding of the pharmacology and adverse effects of drugs used in the management of medical emergencies. - Demonstrate the knowledge and understanding of selection and maintenance of emergency drugs and equipment. - Capable of correct handling of medical emergency drugs and equipment. - Capable of identifying and recording risk factors for medical emergencies and instituting preventive strategies. - Capable of recognising an acutely ill patient - Capable of performing assessment of the acutely unwell patient including a detailed and appropriate physical examination. - Capable of identifying, prescribing, and administering (where appropriate) pharmacological agents, including by intramuscular injection, and using equipment correctly for the management of medical emergencies in adults and children. - Capable of identifying and referring with an appropriate degree of urgency, medical and dental emergencies, beyond the trainee's scope of management. - Capable of communicating the diagnosis and treatment to patient, team and paramedics. - Capable of completing written documentation of medical emergency events and outcomes. - Capable of recognising potentially life-threatening events including sepsis and instituting appropriate referral/ management. - Capable of recognising own limits and seeking help appropriately. - Capable of recognising the need for team support and multi-disciplinary working. - Capable of valuing patient and team comprehension of the situation. - Always demonstrate respect for patient dignity. Demonstrate knowledge and understanding of pharmacovigilance including chemotherapeutic agents, anticoagulants, anti-resorptive, Immunomodulatory drugs etc.

Domain 9: Capabilities in Practice (CiPs) (the high-level outcomes of training) These tasks are the high-level outcomes of the curriculum and grouping these together describe the role.

To perform a high-level clinical task as a specialist surgeon requires trainees to be able to integrate areas of learning from all parts   of the syllabus, including knowledge, clinical skills, professional skills and technical skills. In addition, a specialist surgeon will need   to have acquired the generic skills, behaviours and values shared by all clinicians and team members order to perform the task   safely and well. A capability is a set of skills that can be developed through training from novice to specialist and, therefore, these high-level clinical outcomes are known as Capabilities in Practice

Outcome	CIPs to be acheived
Capabilities in Practice (CiPs) (the high-level outcomes of training)	- Capable of managing an outpatient clinic - Capable of managing unselected urgent referrals - Capable of managing on-going care of patients - Capable of managing an operating list - Capable of managing multi-disciplinary working

Oral Surgery Assessments Blueprint

HLO	Patient feedback	MSF	DOPs	CBD	CEX	PBA	College examination	CBCT 1 and 2	Reflective reports incl CiP self assessment	Training course (sedation, ILS/ALS/PILS)	E Logbook
1. Demonstration of capability to carry out independent practice of exodontia and diagnosis and management of unerupted and impacted teeth, including recognising and effectively preventing and dealing with complications	*	*	*	*	*	*	*	*	*		*
2. Demonstrate capability in the effective diagnosis and appropriate management of soft and hard tissue			*	*	*	*	*	*			*
3. Demonstration capability to diagnose and manage orofacial pain conditions and temporo-mandibular joint disorders including liaison and onward referral to other specialties when appropriate.			*	*	*		*	CBCT2			
4. Demonstration of capability to effectively manage pain and anxiety including the use of conscious sedation techniques and referral for General Anaesthesia when appropriate			*	*	*	*	*			*	
5. Demonstration of capability of effective and independent diagnosis and management of patients with soft tissue lesions including salivary gland disorders		*	*		*	*	*	*			*
6. Demonstration of capability of effective and independent diagnosis and management of patients with hard tissue lesions and conditions of the jaws.		*	*		*	*	*	*			*
7. Capability in the assessing and management of patients who require Osseo integrated dental implants.		*	*	*	*	*	*	Referrers course			*
8. Capable of diagnosing and effectively managing Critical Conditions including: • Medical emergencies • Life-threatening airway compromise • Spreading infections of the of the orofacial region and sepsis • Haemorrhage arising from the mouth and jaws • Suspected Malignancy of the head and neck • Trigeminal Nerve injuries • Displaced tooth or instrument • Failed acute dental extractions		*	*	*	*	*	*			*	

9. Capabilities in Practice (CiPs) (the high-level outcomes of training)		*	*		*	*	*		*		

SECTION E: GLOSSARY OF TERMS AND REFERENCES

- ABFTD - Advisory Board for Foundation Training in Dentistry

- ABSTD - Advisory Board for Specialty Training in Dentistry

- ACAT - Acute Care Assessment Tool

- ACF - Academic Clinical Fellow

- AoA - Assessment of Audit

- ARCP - Annual Review of Competence Progression

- CAT - Critically Appraised Topic

- CBD - Case-based discussion

- CCST - Certificate of Completion of Specialty Training

- CEX/mini CEX - Clinical evaluation exercise

- CPA - Competence in practice assessment

- COPDEND - Committee of Postgraduate Dental Deans and Directors

- CPD - Continuing Professional Development

- DDMFR - Diploma in Dental and Maxillofacial Radiology

- DDPH - Diploma in Dental Public Health

- DOP/DOPS - Direct observation of procedure/procedural skills

- DSFE - Dental Specialty Fellowship Examinations

- EPA - Entrustable professional activities

SECTION E: GLOSSARY OF TERMS AND REFERENCES

- ES - Educational Supervisor

- ESR - Educational Supervisor's Report

- F(DPH) College - Fellowship in Dental Public Health

- F(Endo) College - Fellowship in Endodontics

- F(Orth) College - Fellowship in Orthodontics

- F(OS) College - Fellowship in Oral Surgery

- F(OM) College - Fellowship in Oral Medicine

- F(Paed Dent) College - Fellowship in Paediatric Dentistry

- F(Perio) College - Fellowship in Periodontics

- F(Pros) College - Fellowship in Prosthodontics

- F(RD) College - Fellowship in Restorative Dentistry

- F(SCD) College - Fellowship in Special Care Dentistry

- FRCPath - Fellowship of the Royal College of Pathologists

- FRCR - Fellowship of The Royal College of Radiologists

- GDC - General Dental Council

- HcAT - Healthcare Assessment and Training

- HEIW - Health Education and Improvement Wales

- HEE - Health Education England

- ISCP - Intercollegiate Surgical Curriculum Project

- ISFE - Intercollegiate Specialty Fellowship Examination

- JCPTD - Joint Committee for Postgraduate Training in Dentistry

- MSF - Multi-source feedback

- NES - NHS Education for Scotland

SECTION E: GLOSSARY OF TERMS AND REFERENCES

- NHSE - National Health Service England

- NIMDTA - Northern Ireland Medical and Dental Training Agency

- NTN - National Training Number

- OoP - Out of Programme

- OoPC - Out of Programme: Career Break

- OoPE - Out of Programme: non-training Experience

- OoPR - Out of Programme: Research

- OoPT - Out of Programme: Training

- OoT - Observation of teaching

- OSCE - Objective Structured Clinical Examination

- PBA - Procedure-Based Assessments

- PGDD - Postgraduate Dental Deans and Directors

- PDP - Personal Development Plan

- QA - Quality Assurance

- RCS Ed - Royal College of Surgeons of Edinburgh

- RCS Eng - Royal College of Surgeons of England

- RCPSG - Royal College of Physicians and Surgeons of Glasgow

- RCR - Royal College of Radiologists

- SAC - Specialty Advisory Committee

- SCRT - Specialty Curriculum Review Team

- STC - Specialty Training Committee

- StR - Specialty Training Registrar* *note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide*

- TPD - Training Programme Director

SECTION E: GLOSSARY OF TERMS AND REFERENCES

- VTN - Visitor Training Number

- WPBA - Workplace Based Assessment

- WR - Written report

- WTE - Whole Time Equivalent

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