

**General
Dental
Council**



**Oral and Maxillofacial Pathology
Specialty Training Curriculum**

Approved by GDC Registrar: 15 December 2022

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 and Maxillofacial Pathology (OMFP).

It also demonstrates how Oral and Maxillofacial Pathology 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 and Maxillofacial Pathology 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".

This curriculum will take effect for new trainees from September 2023.

Acknowledgements

The OMFP curriculum writing group was:

- Professor Keith Hunter (Chair), Sheffield/Liverpool
- Professor Kim Piper, London
- Dr Daniel Brierley, Sheffield
- Dr Lisette Martin, London
- Dr Hannah Cottom, London
- Trainee reps: Dr Sarah Waring (Stoke) and Dr Robert Kennedy (London)

We are grateful to Professor Edward Odell for input and guidance throughout.

SECTION A: PURPOSE STATEMENT FOR ORAL AND MAXILLOFACIAL PATHOLOGY

1. Introduction to the Oral and Maxillofacial Pathology (OMFP) Specialty

OMFP is a clinical dental specialty and a branch of cellular pathology, undertaken by specialised dentists working within cellular pathology departments in hospitals. OMFP specialists are concerned with the diagnosis and assessment of diseases of the head and neck, with an emphasis on the oral and maxillofacial region. OMFP is a branch of histopathology and, in common with medically qualified histopathologists, OMFPs provide reports based on interpretation of tissue biopsies of varying types and of surgical resection material. On occasion, this may also include assessing patients and advising on clinical management. OMFPs are at the forefront of the implementation of new tests and techniques in the diagnosis of diseases of the head and neck region.

2. Oral Maxillofacial Pathology improving the health of patients and the population

A background in dentistry is very important for this role. The level of specialist knowledge of the pathologies of this region, in combination with knowledge of the practice of dentistry fulfils a healthcare need which is not met by the other branches of either dentistry or medical histopathology. Patients are often managed in a hospital setting where a clinician will take a biopsy for the pathologist to examine. OMFP encompasses many types of pathology, where we may, for example, diagnose rare cysts specific to the jaws or complex salivary gland tumours requiring specialist knowledge and expertise. Thus, OMFP supports many branches of dentistry and medicine to ensure high standards of care and patient safety.

Specialists in OMFP play a key role in Head and Neck Cancer Multidisciplinary Teams, providing pathology reports for biopsies and surgical excisions, facilitating decision on the clinical care of cancer patients. OMFP specialists also diagnose conditions in biopsies and resections for patients under the care of a wide range of other dental and medical specialities and give advice on the patient's condition. Similar to doctors who train as pathologists, the training program takes five years to complete, and many are also involved in research and teaching of undergraduate and postgraduate dental and medical students.

3. Entry to the Training Programme

Entry to a specialty 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. The current version of the Person Specification for entry to training in OMFP can be found via the COPDEND website (<https://www.copdend.org/>).

A specialty trainee must be registered with the General Dental Council. It is desirable that, during previous years of training, the individual has experienced work in as many sectors of dental provision as possible, with experience in Oral Surgery and/or Oral & Maxillofacial Surgery, Oral Radiology and Oral Medicine particularly relevant. Direct experience of the speciality at dental core training level is very desirable. Evidence of

excellence in terms of attributes such as motivation and career commitment to the speciality 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.

4. Outline of the training programme

It is anticipated that 5 years (full time equivalent) would normally be required to satisfactorily complete the Oral and Maxillofacial Pathology curriculum to the required depth and breadth. However, the focus of specialty training is on achieving the HLOs rather than a prescribed duration therefore the review of competence progression (RCP) process allows for individual adjustments to be made to this where appropriate. The 5-year training programme is divided into three stages. The first to two to three years cover both training in oral and maxillofacial pathology and a minimum of one year in general/anatomical histopathology, where trainees will participate fully in the activities working and assessment practices of their medically qualified histopathology trainee colleagues. This year will include cut-up and reporting pathology specimens from different parts of the body. This allows for experience reporting pathology from other body systems e.g., dermatopathology, lymphoreticular, neuropathology and cardiothoracic pathology, ensuring the curriculum requirements are met.

Trainees will then spend a further two to three years in more advanced specialty training in the full range of oral and maxillofacial and relevant head and neck pathology, including tooth pathology, jaw lesions, and a range of inflammatory, reactive and developmental disorders.

Training programmes will 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. In particular, some of the specialised aspects of oral/dental pathology (for example tooth pathology) or endocrine pathology, may only be available in certain centres.

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

5. Training specific to Oral and Maxillofacial Pathology

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

The training program will include opportunities for experience of research and development projects and critical assessment of published work so as to contribute to the development of the service and to the underpinning evidence and knowledge base in the speciality. As many of the

training programs are closely linked to academically active Head and Neck Services, opportunities will range from contributions to case series and other educational papers to involvement in translational science projects and clinical trials, varying from centre to centre. Outputs may include peer reviewed publications or presentations, book chapters and contributions to national guidelines

There will be opportunities for teaching in all training programs, in dental and medical undergraduate curricula and in some cases, taught postgraduate programs, but the extent of this will vary from centre to centre.

6. 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 Workplace Based Assessments/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 \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/higher-specialist-training/documents-and-curricula).

A full list of WPBAs can be found in the glossary of assessment terms. WBPA 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 methods. 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 methods 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.

7. 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 (see Section 5). Consideration of the required training time will need to be assessed depending on the proposed timetable and will be reviewed at RCP. Please refer to the Dental Gold Guide.

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

The GDC sets Standards for Specialty Dental Education ([Dental Specialty training \(gdc-uk.org\)](http://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 \(gdc-uk.org\)](http://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: <ul style="list-style-type: none">• 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

	<ul style="list-style-type: none"> • 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 <p>Effectively and respectfully communicate with colleagues by:</p> <ul style="list-style-type: none"> • 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
<p>1.2 Demonstrate that they can make decisions, while maintaining professional behaviour and judgement</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence) • influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges
<p>1.3 Demonstrate they can deal with complexity and uncertainty</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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

	<ul style="list-style-type: none"> • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
1.4	<p>Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice</p> <p>They should do this by:</p> <ul style="list-style-type: none"> • 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	<p>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</p> <p>They should do this by:</p> <ul style="list-style-type: none"> • 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
1.6	<p>Recognise and demonstrate their role in health promotion, disease prevention</p> <p>They should do this by:</p> <ul style="list-style-type: none"> • 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

and dental population health	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Understanding that patients are partners with their health care providers <ul style="list-style-type: none"> ○ providing balanced information about treatment options ○ eliciting the patient's concerns, values and preferences ○ 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)	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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

<p>wider healthcare system (working with others).</p>	<ul style="list-style-type: none"> • 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
<p>2.3. Demonstrate the importance of planning and an understanding of managing dental specialist services</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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
<p>Domain 3: Patient safety, quality improvement and governance</p>	
<p>Outcome</p>	<p>Examples</p>
<p>3.1. Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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

<p>3.2. Recognise the impact of human factors on the individual, teams, organisations and systems</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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
<p>3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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
<p>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</p>	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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 date with current and best practice	<p>They should do this by:</p> <ul style="list-style-type: none"> • 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 • 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: <ul style="list-style-type: none">• demonstrating understanding of clinical research design, ethics processes and research governance (GCP)
--	---

Generic Learning Outcomes Assessments Blueprint

HLO	Patient feedback / MSF	SLEs	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)										
---	--	--	--	--	--	--	--	--	--	--

HLO	Patient feedback / MSF	SLEs	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	SLEs	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	
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 requirements of appropriate equality and diversity legislation		*	*	*			*	*	*2	
3.5 Immediate Life Support				*						

HLO	Patient feedback / MSF	SLEs	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										
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 AND MAXILLOFACIAL PATHOLOGY

Section D - Specialty-Specific Content of the specialty curriculum for Oral and Maxillofacial Pathology		
Domain 5: Key clinical skills		
Outcome	Examples	
5.1	Able to demonstrate leadership and management skills within the laboratory setting for the benefit of patient care.	<ul style="list-style-type: none"> • Describes and explains the structure, resources and legislation surrounding laboratory practice and accreditation, including UKAS accreditation. • Demonstrates awareness of scientific, technical and managerial developments that may affect the organisation and delivery of Pathology services, including commissioning. • Demonstrates understanding of method validation in relation to pathology • Demonstrates ability to use Internal Quality Control and External Quality Assurance information effectively to diagnose and resolve analytical problems
5.2	Able to provide laboratory and other services effectively in the investigation, diagnosis, and management of patients.	<ul style="list-style-type: none"> • Describes and explains Laboratory Information Management Systems and other healthcare IT systems, including understanding the legislation surrounding information governance. • Effectively liaises with specialty services and requests appropriate special investigations, including, but not limited to, histochemical stains and molecular pathology techniques. • Can interpret reports from related clinical disciplines in the light of pathology findings • Describes and explains reasoning behind investigational and diagnostic advice clearly to clinicians, laboratory staff, legal professionals and lay persons • Demonstrates a practical understanding of the use, applications and limitations of light microscopy, digital pathology techniques and artificial intelligence to clinical practice.
5.3	Able to manage and contribute to a multi-disciplinary team effectively	<ul style="list-style-type: none"> • Demonstrates and understands effective management and team working skills within laboratory medicine, including influencing, negotiating, continually re-assessing priorities and effectively managing complex, dynamic situations. This includes the ability to adapt priorities and workload dynamically. • Identifies and supports effective continuity and coordination of patient care through the appropriate and timely transfer of information • Recognises the importance of prompt and accurate information sharing with the laboratory team and with those primarily responsible for the care of the patient

	<ul style="list-style-type: none"> • Able to work effectively with outside agencies such as the GDC, GMC, RCS, RCPATH, HEE/NES/HEIW/NIMDTA and regional, national and international research / diagnostic networks. • Able to integrate the pathological findings in order to advise a Cancer MDT and able to provide prognostic information.
<p>5.4 Able to receive, manage and interpret pathological specimens, relevant to the scope of practice of OMF Pathology, accurately and safely, mindful of risks to self and others.</p>	<ul style="list-style-type: none"> • Able to accurately interpret and manage a range of macroscopic specimens from the oral and maxillofacial region in anatomical terms, for diagnostic, prognostic and therapeutic purposes. • Able to identify and interpret microscopic features of normal histological appearances and disease processes (including those revealed by additional techniques and/or in frozen sections) in order to provide an accurate surgical pathology report in all of the following areas: <ul style="list-style-type: none"> ○ Dental Pathology ○ Oral mucosa ○ Salivary and other mucosal glands ○ Jaws, craniofacial bones and temporomandibular joint ○ Pharynx, larynx and Sino nasal tract ○ Lesions of the ear (other than skin) ○ Neck dissections • Familiar with, by observation, routine hospital post-mortem examination • Able to portray an appropriate level of certainty around a pathological diagnosis so as to influence the clinical team accordingly • Can interpret reports from related clinical disciplines in particular, and where appropriate, interpret oral and maxillofacial imaging in the light of pathology findings and within the scope of a dentally qualified individual. • Able to provide a timely accurate report in clear and appropriate language, in written and spoken form, in order to inform the multidisciplinary team for diagnostic and prognostic purposes. • Able to use appropriate local SOPs, published guidelines and diagnostic coding as required • Able to provide a provisional verbal report urgently, according to clinical need, and document appropriately (e.g., for intraoperative pathology) • Able to counsel peer health professionals on the outcomes of pathology investigations • Demonstrate the ability to report independently
<p>5.5 Able to demonstrate appropriate knowledge, background and skills, relevant to clinical</p>	<ul style="list-style-type: none"> • Able to demonstrate a knowledge base in anatomy, the pathological and medical sciences and molecular pathology to underpin safe clinical practice. • Provide pathology support to clinical trials and research

<p>practice and in the advancement of dentistry, the speciality and patient care.</p>	<ul style="list-style-type: none"> • Reflective participation in a range of local, regional and national courses, as well as attendance at relevant conferences as required to complete the requirements of the curriculum and the program training matrix. • Demonstrates effective time management, task prioritisation and use of audit and service review in surgical histopathology practice • Can demonstrate involvement in education, at undergraduate and/or postgraduate level and/or in training of other health professionals.
<p>5.6 Able to demonstrate a broad experience and understanding of general pathology subspecialties and basic knowledge of autopsy pathology.</p>	<ul style="list-style-type: none"> • Demonstrates experience in all the main general pathology subspecialties, with particular emphasis on (but not limited to): <ul style="list-style-type: none"> ○ Non-gynaecological Cytology ○ Dermatopathology, particularly of the maxillofacial region ○ Endocrine pathology ○ Gastrointestinal and Genito-urinary pathology ○ Musculo-skeletal pathology and soft tissue lesions ○ Haemato-lymphoid specimens. ○ Neuropathology • Able to undertake independent cut-up of common small specimens in general pathology subspecialities. • Able to undertake supervised and, if possible, independent cut-up of common larger resection specimens • Able to interpret histology and write an appropriate report for a wide range of histopathology and non-gynaecological cytopathology specimens (common biopsies, common cancer resections, e.g., skin, colorectal carcinoma, breast, lung etc and fine needle aspiration specimens, hospital autopsy pathology and specimens), particularly those pathologies that may be seen within the head and neck region.

Oral and Maxillofacial Pathology Assessments Blueprint

HLO	Quality improvement activity	MSF	DOPs	CBD	AOPs	Logbook	College examination (FRCPATH)	Reflective reports/ PDP	CPD record	ES reports	Patient/ service user feedback
5.1 Able to demonstrate leadership and management skills within the laboratory setting for the benefit of patient care.	*	*	*	*	*	*	*	*	*	*	
5.2 Able to provide laboratory and other services effectively in the investigation, diagnosis, and management of patients.	*	*	*	*	*	*	*	*		*	
5.3 Able to manage and contribute to a multi-disciplinary team effectively	*	*	*	*	*	*	*	*		*	
5.4 Able to receive, manage and interpret pathological specimens, relevant to the scope of practice of OMF Pathology, accurately and safely, mindful of risks to self and others.	*	*	*	*	*	*	*	*	*	*	*
5.5 Able to demonstrate appropriate knowledge, background and skills, relevant to clinical practice and in the advancement of dentistry,	*	*	*	*	*	*	*	*	*	*	

the speciality and patient care											
5.6 Able to demonstrate a broad experience and understanding of general pathology subspecialties and basic knowledge of autopsy pathology.	*	*	*	*	*	*	*	*	*	*	

Note: Assessments in red are mandated. SLEs are mandated (see section 6), but the individual tools are not. However, a balanced portfolio of SLE evidence should be provided. Assessments in black are flexible and the trainee can choose whether they wish to use them to evidence their learning. CEX are not used in the assessment of specialty aspects of Pathology Training. SLA forms to be used are those from the RCPATH Web.

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
DOP/DOPS	Direct observation of procedure/procedural skills
EPA	Entrustable professional activities
ES	Educational Supervisor
ESR	Educational Supervisor's Report
FDS(DPH)	Fellowship in Dental Surgery in Dental Public Health
FDS(OM)	Fellowship in Dental Surgery in Oral Medicine
FDS(OS)	Fellowship in Dental Surgery in Oral Surgery
FDS(Orth)	Fellowship in Dental Surgery in Orthodontics
FDS(PaedDent)	Fellowship in Dental Surgery in Paediatric Dentistry
FDS(RestDent)	Fellowship in Dental Surgery in Restorative Dentistry
FRCPath	Fellowship of the Royal College of Pathologists
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
MEndo	Membership in Endodontics/Membership in Restorative Dentistry
MPaedDent	Membership in Paediatric Dentistry
MSCD	Membership in Special Care Dentistry

MSF	Multi-source feedback
MOralSurg	Membership in Oral Surgery
MOrth	Membership in Orthodontics
MPerio	Membership in Periodontics/Membership in Restorative Dentistry
MPros	Membership in Prosthodontics/Membership in Restorative Dentistry
NES	NHS Education for Scotland
NHS	National Health Service
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
OSDPHA	Objective Structured Dental Public Health Assessment
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* <i>note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide</i>
TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Workplace-based Assessment
WR	Written report
WTE	Whole Time Equivalent

References

- GDC Principles and Criteria for Specialist Listing incorporating the [Standards for Specialty Education 2019](#) and [GDC principles of specialist listing](#)
- Dental Gold Guide 2021 - [Dental Gold Guide 2021 - COPDEND](#)