

**General
Dental
Council**



**Special Care Dentistry
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 Special Care Dentistry (SCD).

It also demonstrates how Special Care Dentistry 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 Special Care Dentistry 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 2024.

Acknowledgements

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SECTION A: PURPOSE STATEMENT FOR SPECIAL CARE DENTISTRY

1. Introduction to the Special Care Dentistry Specialty

Special Care Dentistry is the provision of oral health care services for people who are unable to accept/receive routine dental care because of a physical, sensory, intellectual, mental, medical, emotional, or social impairment or disability or a combination of these factors. The specialty focuses on adolescents and adults and includes the important period of transition as the young person moves into adulthood and adults move into frail older age.

Special Care Dentistry takes a holistic approach to the prevention and management of oral healthcare needs for people with complex and /or additional needs and includes advocacy to improve their oral health. It requires multidisciplinary and inter-professional partnership working across health and social care to ensure an integrated, comprehensive approach to provision of care.

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

A specialist in SCD will be experienced and competent in the planning of care and provision of dental treatment for patients with complex needs. This will take time, expertise and possible liaison with others involved in their care. They will have undertaken training to gain the additional knowledge and skills. Treatment maybe provided under local anaesthesia, conscious sedation or general anaesthesia in primary, secondary or tertiary care. These skills and knowledge are beyond that expected of a GDP.

Entry to training is competitive with applicants required to have worked in different settings both in primary and secondary care and to have acquired a sound competency in clinical dental skills. In recent years successful applicants have completed PG certification in dental/medical education and diplomas in SCD. Training takes place in a variety of settings, including community clinics, general and dental hospitals and non-clinical environments.

The SCD patient profile experience inequitable access to healthcare services, including dentistry. They experience poorer oral health outcomes and have historically higher rates of oral disease and tend to lose more teeth. Barriers in society and services mean that access to treatment can be difficult to achieve especially where a patient is not able to tolerate treatment in a conventional clinic setting. Patients who rely on others to perform personal care, including toothbrushing, are at increased risk of oral disease, as are medically complex patients. Through involvement in research and cross sector working, SCD contributes to epidemiological study of the population and has an understanding of allocation of resource to improve outcomes for disadvantaged groups.

SCD research and oral health promotion programmes are structured in order to target those with the greatest need, at risk of the poorest outcomes and to explore co-productive initiatives with other medical and social care providers such as substance misuse teams, community nursing teams, health promotion teams. This could include outreach care for homeless people, work within secure mental health units, provision of care from mobile dental units. SCD contributes to wider initiatives by viewing oral health as a component of general health, and in turn health as integral part of holistic policy. SCD advocates for opportunity and enablement for marginalised patients to access oral healthcare. SCD provides oral care for sections of the population unable to access GDP and therefore reduces inequalities in outcomes on a population level by offering a wide variety of dental treatments, techniques and settings.

Teaching and research

A specialist in SCD will be aware of how to plan and undertake research, including the challenges involved with certain special care patient groups. This would include seeking opportunities to engage with undertaking collaborative, inter-professional and / or multi-centre research. They will have undertaken training on how to present and appraise the evidence base, related to special care dentistry. They will be integral to working in managed and other professional clinical networks in conjunction with dental public health where required, to identify local care needs and facilitate the development and training of dentists and dental care professionals working with special care patients in primary and secondary care.

The relative proportion of time a trainee will spend on research and teaching will vary depending on the location of their training and the opportunities available. A trainee based in a dental hospital will have chance to be involved in undergraduate teaching both chairside and didactic. A community-based trainee maybe more limited to for example, teaching of DCPs and involvement in StR peer teaching. In a similar way research opportunities will depend on location with some trainees being able to join established research programmes in a teaching hospital linked to a university. Others may write up case reports, compile academic essays or prepare poster presentations

Wherever they are located all trainees will be expected to show evidence of undertaking teaching and evidence of research in their portfolio to present at their review of competency progress meetings.

2. Special Care Dentistry improving the health of patients and the population

Patient pathways

A specialist in SCD will accept referrals from health and social care professionals for patients whose condition or circumstance prevents them from accepting care in a general dental practice.

For example, a typical referral could be from a health or social care professional whose client has a learning disability, dementia or other cognitive disability who does not have capacity to consent for their treatment. They cannot cooperate for an oral examination and are displaying atypical behaviour indicative of pain or discomfort. This would then involve triage, assessment and necessary arrangements to enable an examination for diagnosis and possible treatment which may involve acclimatisation, behavioural management, oral sedation, examination on a domiciliary basis. The specialist in SCD will then manage their care holistically to provide care which may require behaviour management, sedation or general anaesthesia.

Other referrals are for patients with complex medical or mental health needs whose treatment in a primary care environment might be unsafe or require the application of medical knowledge. Referrals can come from general dental practitioners, medical practitioners and other health and social care professionals.

Day to day work will involve providing a wide range of dental treatment, including restorative and oral surgery in different settings. These include under general anaesthesia in an operating theatre, hospital outpatient departments and in community clinics. Specialists will also provide care outside of a clinic setting, on a domiciliary basis including patients homes, wards, secure units. Special care dentists will arrange and attend best interest meetings, liaise with health and social care professionals and have a knowledge of legal frameworks and legislation more than that expected of a GDP. The specialist requires knowledge and understanding of all factors impacting on oral health and provision of care which are beyond that of a GDP

A specialist in SCD takes a holistic view of a patient with a focus on quality of life. A specialist in SCD can apply a comprehensive skill set of clinical dentistry, including restorative, oral surgery and oral medicine competency, to complex patients and situations in order to treat oral conditions such as dental infection, dental caries, periodontal disease and soft/hard tissue pathology. Oral health is improved by managing pain and infection, preventing the possible adverse outcomes of these for SCD patients and preventing progression or development of further oral disease. The medical, dental and behavioural consequences of oral disease are variable in the SCD patient group, for example dental infection may carry a significant risk of serious illness for a patient who is medically compromised or immunosuppressed. There may be increased impact of oral disease on mental health conditions or a patient not able to communicate pain may demonstrate their distress through self-injurious or other behaviours.

A specialist in SCD will be able to employ a range of skills and techniques not available in GDP including complex admission to hospital settings, community outreach programmes, conscious sedation, general anaesthesia in order to treat existing disease, reduce experience of pain and

infection, maintain a healthy oral environment and improve quality of life. They will also undertake service development projects and quality improvement initiatives.

A specialist in SCD is aware of oral health promotion initiatives in a variety of settings, such as residential schools, nursing homes, and will work to support these as part of the professional skill mix. They will be able to work with the local population, will understand population-based measures and indicators of need.

SCD provides oral care for sections of the population unable to access GDP and therefore reduces inequalities in outcomes on a population level by offering a wide variety of dental treatments, techniques and settings.

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.

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.

4. 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.

5. Training specific to Special Care Dentistry

Training for SCD takes place in both community and hospital settings to ensure a wide range of patients for clinical experience. Training centres include community clinics. Trainers will be both specialists and consultants in SCD but other specialists maybe involved for example restorative, oral medicine to ensure all aspects of the curriculum are covered. Trainees will work with other health care professionals for example clinic nurse specialists in medicine such as oncology, speech & language therapists, anaesthetists, to provide holistic care. It would be expected that trainees will rotate to ensure contact with other SCD trainees and those from other medical and dental disciplines.

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 Supervised Learning Events (SLEs) 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 SLEs. 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 SLEs can be found in the glossary of assessment terms. Supervised Learning Event assessment 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 SLEs. 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 SLEs 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. It is anticipated that 4 years (full-time) would normally be required to satisfactorily complete the Special Care Dentistry curriculum to the required depth and breadth. However, the RCP process allows for adjustments to be made to this where appropriate.

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. 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 \(gdc-uk.org\)](https://www.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 \(gdc-uk.org\)](https://www.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	<p>Effectively and respectfully communicate with patients, relatives, carers, guardians by:</p> <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 • 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 • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
<p>1.4 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
<p>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</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

Northern Ireland	<ul style="list-style-type: none"> • 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 Recognise and demonstrate their role in health promotion, disease prevention and dental population health	<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 • 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	They should do this by:

<p>qualities within leadership (focus on self)</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
<p>2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).</p>	<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 • 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</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.

<p>and regulatory systems, including equality and diversity</p>	<ul style="list-style-type: none"> • 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</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

equality and diversity legislation	<ul style="list-style-type: none"> • 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
3.5 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

	<ul style="list-style-type: none"> demonstrating an understanding of stratified risk and personalised care
4.3 Understand what is required to participate in research	<p>They should do this by:</p> <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 FOR SPECIAL CARE DENTISTRY

Section D - Specialty-Specific Content for Special Care Dentistry	
Domain 1: Professional, Legal and Ethical Context of Special Care Dentistry	
To have a comprehensive understanding of the legal, cultural and social context of disability, health and social exclusion and the professional, legal and ethical framework underpinning Special Care Dentistry	
Outcome	Examples

<p>1.1 Understand legal and political issues for major disability groups and marginalised groups</p>	<ul style="list-style-type: none"> • Demonstrate knowledge, understanding and application of the principles of current legislation relevant to disability, equality and diversity and human rights, when applied to clinical practice • Identify and demonstrate promotion and implementation of disability equality within society and healthcare settings • Understand role in advocacy and be able to advocate for people from major disability and marginalised groups, within health and social care organisations
<p>1.2 Demonstrate awareness of legal and ethical frameworks, relevant to special care dentistry</p>	<ul style="list-style-type: none"> • Understand ethical issues relevant to disability and impairment, including physical and pharmacological interventions, genetic counselling, palliative/end of life care and research • Demonstrate knowledge, understanding and ability to apply legal consent processes for adolescent and adult patients with special care needs and capacity issues, including when justifying and planning physical and / or pharmacological interventions • Participate and lead best interest/multi-disciplinary meetings for people lacking capacity, demonstrating appropriate understanding of the roles and involvement of family, care givers and representatives from wider legal, health and social services in assisted decision-making
<p>1.3 Understand specialty-specific clinical policies, guidelines, and quality assurance initiatives</p>	<ul style="list-style-type: none"> • Understand and work to develop guidelines, policies, and care pathways, relevant to special care dentistry, with local peer-review groups, specialist societies and/or guideline development groups • Understand business planning, justifying healthcare spend and good practice, in relation to equality and diversity issues
<p>1.4 Demonstrate an understanding of multidisciplinary and inter professional team working, relevant to special care dentistry</p>	<ul style="list-style-type: none"> • Identify, establish, participate and recognise the role of the special care dentist in multidisciplinary, inter-professional working with health and social care teams, including the development of services for special care groups and when treatment planning

Domain 2: Impairment, Disability and Oral Health

To have a comprehensive understanding of the nature of and relationships between impairment, disability and oral health in the context of social and behavioural health-related sciences

Outcome	Examples
2.1 Recognise the cultural and social context of disability	<ul style="list-style-type: none">• Understand social, health and oral health inequalities and critically appraise causation theories. Identify methods to promote equality in society in line with legal and ethical requirements• Describe different models of disability, associated terminology and how these models impact on service planning and delivery
2.2 Demonstrate an understanding of the epidemiology of disability	<ul style="list-style-type: none">• Demonstrate knowledge of the prevalence of common causes of impairment, how this may result in disability and the direct/indirect impact on oral health• Understand and critically appraise patterns of health/oral health and disease by ethnicity, gender, age and disability, including beliefs, attitudes and behaviours.• Understand oral health-related quality of life outcomes with specific reference to people with disabilities• Demonstrate a contemporary understanding of distribution and determinants of oral health inequalities in people living with disabilities and marginalised groups.• Understand the concept and experience of living with long-term conditions for the individual and those supporting them, including key transition stages
2.3 Demonstrate knowledge and awareness of the barriers to inclusion for major disability groups and marginalised groups	<ul style="list-style-type: none">• Demonstrate knowledge of barriers on an individual, attitudinal and organisational level that people with disability encounter in society and in health care and secure settings• Understand and implement reasonable adjustments to overcome barriers to inclusion in dentistry and the wider health and social setting• Devise and implement treatment plans which reduce, minimise impact of, and eliminate disabling barriers

<p>2.4 Demonstrate communication strategies in the healthcare setting for a range of disability groups</p>	<ul style="list-style-type: none"> • Understand how language, attitude and behaviour may affect treatment planning in a health care setting • Use appropriate communication in health care settings, including verbal, paralinguistic and non-verbal communication and augmentative alternative communication tools, inclusive language etiquette and language support, including during shared decision-making • Recognise when to employ specific communication skills/styles within the consultation e.g., breaking bad news and use them effectively
<p>2.5 Understand and support health related behaviour</p>	<ul style="list-style-type: none"> • Demonstrate understanding of the competing definitions of adherence and theories of health behaviour change • Demonstrate understanding of psychological models of behaviour change and symptom perception and impact on health, behaviour change and oral health care use • Critically appraise interventions to encourage and support behaviour change and oral health care use • Utilise psychological models as appropriate to support an individual or group's behaviour change and oral health care use
<p>2.6 Ability to develop dental services for people with a disability and marginalized groups</p>	<ul style="list-style-type: none"> • Demonstrate ability to plan care pathways and comprehensive care for people with a disability, specific systemic disease and marginalised groups in a variety of settings • Provide appropriate support for health behaviour change with health and social care partners using a common risk factor (CRF) approach • Plan preventive oral care programmes for patients who are dependent on others for their care

SECTION D - SPECIALTY-SPECIFIC CONTENT OF THE SPECIALTY CURRICULUM

Section D - Specialty-Specific Content of the specialty curriculum	
Domain 3: Oral Care of Complex Patients	
Outcome	Examples
3.1 Demonstrate knowledge and understanding of systemic diseases and their oral manifestations	<ul style="list-style-type: none"> • Demonstrate knowledge of definitions, epidemiology, pathophysiology, general clinical features and principles of medical management of a broad range of conditions • Describe features, diagnose and be aware of the management of the oral manifestations of systemic disease and the therapeutic interventions used in their treatment
3.2 Demonstrate an understanding of pharmacology and therapeutics in medically complex patients	<ul style="list-style-type: none"> • Understand the indications, modes, administration, actions, metabolism, side effects, drug interactions and precautions of commonly used groups of drugs which may have an impact on the delivery of dentistry
3.3 Demonstrate competency in the dental management of medically complex patients	<ul style="list-style-type: none"> • Undertake medical, social and dental risk assessments for medically complex patients • Formulate and deliver pre-, peri-, and post-operative treatment modifications in relation to medically complex patients • Liaise with medical colleagues and the wider healthcare providers to plan dental care for patients with complex medical disorders
3.4 Demonstrate competency in the dental management of the frail older person	<ul style="list-style-type: none"> • Undertake medical, social and oral health risk assessments for the frail older person • Formulate and deliver pre-, peri-, and post-operative treatment modifications • Demonstrate an understanding of the physiological impact of ageing on treatment provision
3.5 Demonstrate competency in the dental management of patients with mental health conditions	<ul style="list-style-type: none"> • Undertake medical, social and oral health risk assessments for patients with mental health conditions • Formulate and deliver pre-, peri-, and post-operative treatment modifications in relation to patients with mental health conditions

	<ul style="list-style-type: none"> • Liaise with medical colleagues and the wider healthcare providers to plan dental care for patients with mental health disorders
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Domain 4: Dental Public Health and Oral Health Promotion

Population-based oral health, epidemiology, health promotion and approaches to planning and delivery of oral healthcare services for Special Care Dentistry.

Outcome	Examples
4.1 Understand oral health surveillance methods, data interpretation and application	<ul style="list-style-type: none"> • Access and interpret measures of general health, oral health and disease and their determinants on a local and population level for SCD patients, including relevant statistical measures and tests • Understand the use of epidemiological tools used to profile oral health and disease, their strengths, limitations, and challenges for SCD patient groups • Critically appraise a variety of study designs and methodology with an understanding of specific relevance to health and social care challenges for Special Care Dentistry
4.2 Demonstrate an understanding of oral health promotion, as applied to SCD	<ul style="list-style-type: none"> • Understand oral health as a component of general health in the context of chronic disease, comorbidity and socio-economic inequalities • Demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations in the UK, assess and recognise impact of cultural and language barriers and strategies for oral health promotion (relevant to SCD) in this group • Describe whole population methodologies of health and oral health promotion interventions, adopting a CRF approach with specific examples for SCD patient groups in differing settings, including practical limitations in delivery and evaluation • Understand and critically evaluate concepts, ethics and practicalities of oral health screening for SCD groups • Show an awareness of efficient use of resource and skill mix within dental and non-dental healthcare teams in oral health promotion interventions for SCD patient groups
4.3 Demonstrate an understanding of service planning for individuals with complex needs	<ul style="list-style-type: none"> • Understand oral disease burden and the impact on quality of life in a health and social care context • Demonstrate a holistic understanding of a multi-agency approach to development of services and advocate for the individual via appropriate channels

4.4 Understand how to develop SCD services for populations	<ul style="list-style-type: none"> • Understand national and local public health, social and healthcare strategy, policy, structures and systems, and application of these to the development of Special Care Dentistry services
4.5 Demonstrate Leadership and management skills, as applied to SCD	<ul style="list-style-type: none"> • Have an appreciation of the differing impacts, physical and emotional effects of caring for Special Care Dentistry patients on the dental team • Understand adaptive techniques for emergency management of healthcare services including where the impact on SCD patient groups may be inequitable
4.6 Demonstrate an understanding of wider approaches to oral healthcare services	<ul style="list-style-type: none"> • Demonstrate understanding of regional and national health service and structures targeted at SCD patient groups • Be able to identify national strategic direction and political influence which will impact upon SCD policy at a local level

Domain 5: Clinical Special Care Dentistry

The specialist in SCD requires a range of dental skills covering all aspects of clinical dentistry. In addition, they must be able to provide this care for SCD patients in challenging environments including under conscious sedation and general anaesthesia. They need to recognise when aspects of care require the input of a specialist in a different dental or medical discipline. They should be able to advocate for their patient to receive the best care possible.

Outcome	Examples
5.1 Demonstrate competency in restorative clinical skills	<ul style="list-style-type: none"> • Demonstrate competency in the diagnosis and management of patients with endodontic, periodontic and prosthodontic treatment needs • Demonstrate knowledge of when to refer to a restorative specialist • Participate in joint working with restorative specialists and laboratory technicians for restorative treatment, including implantology

<p>5.2 Demonstrate competency in oral surgery and oral medicine clinical skills</p>	<p>Demonstrate competency in the diagnosis and management of patients with oral surgery and oral medicine needs, including;</p> <ul style="list-style-type: none"> • oral surgery of hard and soft tissues • early referral of suspected malignancy • oral mucosal changes and diseases • orofacial pain <p>Appropriate referral for management of complicated conditions</p>
<p>5.3 Demonstrate competency in radiography and radiology skills specific to the specialty</p>	<p>In addition to the skills and knowledge expected of a general dental practitioner:</p> <ul style="list-style-type: none"> • Demonstrate knowledge of indications for and interpretation of CBCT in special care dentistry • Demonstrate knowledge of how to adapt radiography techniques for specific patient needs
<p>5.4 Demonstrate competency in inter-disciplinary working with paediatric dentistry and orthodontics teams</p>	<ul style="list-style-type: none"> • Demonstrate ability to undertake an orthodontic assessment and make valid and timely referrals for special care patients • Knowledge and experience of joint treatment planning with paediatric dental teams, to ensure effective transitioning care
<p>5.5 Demonstrate competency in dental care provision in domiciliary and alternative clinical dental settings</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of the indications for, aims of, commissioning of, and practical requirements of dental care provided in secure establishments, mobile and domiciliary dental settings • Have experience of providing dental care in domiciliary, mobile and/or secure establishment settings
<p>5.6 Demonstrate competency in physical interventions to manage special care groups</p>	<ul style="list-style-type: none"> • Demonstrate an understanding of the indications for and requirements of safe handling, positive behavioural support and physical intervention for SCD patients, including planning or providing clinical holding

Domain 6 Management of pain and anxiety in Special Care Dentistry

Safe and effective pain and anxiety control is a fundamental aspect of the modern practice of dentistry. Specialists in Special Care Dentistry must be able to select the most appropriate modality for each individual patient. Training in conscious sedation must include supervised clinical experience and include experience in providing a range of dental treatment under general anaesthesia.

Outcome	Examples
6.1 Demonstrate an understanding of pain, dental anxiety and stress in patients requiring Special Care Dentistry	<ul style="list-style-type: none"> • Demonstrate understanding of: <ul style="list-style-type: none"> ○ mechanisms of pain ○ dental anxiety, fear and phobia including reasons for and consequences ○ the psychological response to stress including associated cognitive changes, behaviours and emotions • Recognise the impact of dental anxiety on dental attendance and oral health-related quality of life
6.2 Demonstrate an understanding of non-pharmacological approaches to managing pain and anxiety in Special Care Dentistry	<ul style="list-style-type: none"> • Demonstrate understanding of principles and appropriate use of non-pharmacological interventions to manage: <ul style="list-style-type: none"> ○ pain ○ dental anxiety and phobia ○ stress
6.3 Demonstrate an understanding of pharmacological techniques to manage pain and anxiety	<ul style="list-style-type: none"> • Understand the principles of: <ul style="list-style-type: none"> ○ Safe and effective local anesthetic (LA) ○ Safe and effective LA combined with conscious sedation (CS) techniques: nitrous oxide / oxygen, IV, transmucosal and oral midazolam ○ Safe and effective LA combined with Advanced CS techniques (e.g., propofol, fentanyl, ketamine)

6.4 Demonstrate competency in clinical skills in pain and anxiety control	<p>Demonstrate proficiency in the:</p> <ul style="list-style-type: none"> assessment and treatment planning for special care patients, including the rationale for determining the most appropriate method (LA, CS, GA) of achieving safe and effective pain and anxiety control. use of LA and CS, including the safe and effective administration of drug/s, appropriate clinical and electronic monitoring, recovery, discharge and aftercare recognition and management of commonly occurring complications of treatment using LA and CS provision of dentistry under CS and GA, recognising the need to modify treatment in different environments <p>Experience of</p> <ul style="list-style-type: none"> managing a GA list: including admission of patients for day case surgery, working with the theatre team, learning disability nurses, communication with anaesthetist, liaison with family/carers, and leading the dental team formulating a treatment plan in theatre working within a multidisciplinary team to provide other medical care during dental GA admitting patients and working with hospital team to provide care for patients requiring dental care under in-patient GA
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Special Care Dentistry Assessments Blueprint

HLO	MSF	CE X	DOPs	CB D	PDP	Logbook	College examination (MSpec Care Dentist)	Training courses	Reflective records	CPD	Patient feedback	Attend meetings
1.1 Understand legal and political issues for major disability groups and marginalised groups	*				*		*	*				
1.2 Demonstrate awareness of legal and ethical frameworks, relevant to SCD	*				*	*	*	*	*		*	

1.3 Understand specialty-specific clinical policies, guidelines, and quality assurance initiatives	*					*				*		
1.4 Demonstrate an understanding of multidisciplinary and inter-professional team working, relevant to SCD	*	*	*	*	*	*			*			*
2.1 Recognise the cultural and social context of disability	*	*	*	*		*			*	*		
2.2 Demonstrate an understanding of the epidemiology of disability	*	*	*	*		*			*	*		
2.3 Demonstrate knowledge and awareness of the barriers to inclusion	*	*	*	*		*			*			
2.4 Demonstrate communication strategies in the healthcare setting	*	*	*	*		*	*					
2.5 Understand and support health related behaviour	*	*	*	*		*	*					
2.6 Demonstrate ability to develop dental services for people with a disability and marginalised groups.	*	*	*	*		*		*				
3.1 Demonstrate knowledge and understanding of systemic diseases and their oral manifestations		*	*	*			*			*		
3.2 Demonstrate an understanding of pharmacology and therapeutics in medically complex patients		*	*	*		*	*			*		
3.3 Demonstrate competency in the dental management of medically complex patients		*	*	*		*	*			*		
3.4 Demonstrate competency in the dental management of the frail older person		*	*	*		*	*		*	*		
3.5 Demonstrate competency in the		*	*	*		*	*					

dental management of patients with mental health conditions												
4.1 Understand oral health surveillance methods, data interpretation and application		*	*	*		*	*		*			
4.2 Demonstrate an understanding of oral health promotion as applied to SCD		*	*	*		*	*		*			
4.3 Demonstrate and understanding of service planning for individuals with complex needs		*	*	*		*			*			
4.4 Describe how to develop SCD services for populations		*	*	*					*			
4.5 Demonstrate leadership and management skills as applied to SCD	*				*				*			
4.6 Demonstrate an understanding of wider approaches to oral healthcare services							*		*			
5.1 Demonstrate competency in restorative clinical skills	*	*	*	*			*		*	*		
5.2 Demonstrate competency in oral surgery and oral medicine clinical skills	*	*	*	*			*		*	*		
5.3 Demonstrate competency in radiography and radiology clinical skills, specific to SCD	*	*	*	*			*		*	*		
5.4 Demonstrate competency in inter-disciplinary working with paediatric dentistry and Orthodontics teams	*	*	*	*			*		*	*		
5.5 Demonstrate competency in dental care provisions in domiciliary and alternative clinical dental settings		*	*	*			*		*			

5.6 Demonstrate competency in physical interventions to manage special care groups		*	*	*			*		*			
6.1 Demonstrate an understanding of pain, dental anxiety and stress in patients requiring Special Care Dentistry	*	*	*	*	*				*	*		
6.2 Demonstrate an understanding of non-pharmacological approaches to managing pain and anxiety	*	*	*	*	*				*	*		
6.3 Demonstrate an understanding of pharmacological techniques to manage pain and anxiety		*	*	*		*	*		*			
6.4 Demonstrate competency in clinical skills in pain and anxiety control		*	*	*	*	*			*	*		

*Assessments in red are mandated

*Assessments in black are flexible and the trainee can choose whether they wish to use them to evidence their learning

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
CL	Clinical Lecturer
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DDMFR	Diploma in Dental and Maxillofacial Radiology
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
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
PHE	Public Health England
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
SAC	Specialty Advisory Committee
SCRT	Specialty Curriculum Review Team
SLE	Supervised Learning Event
SOP	Standard operating procedure
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](#)