Guide to the SLAA Process for Entry to the Oral Surgery Specialist List

This guide offers specialty-specific information to assist applicants seeking entry to the GDC Specialist List via the Specialist List Assessed Application (SLAA) route.
It is designed to complement the guidance and documentation provided by the General Dental Council (GDC).

Section 1: Route to Entry

Under the new GDC Specialist List Regulations (2024), there are five defined routes to entry:

Route 1 – EEA Oral Surgery qualification – Specialist Oral Surgery qualification awarded by an EEA Member State or Switzerland

Route 2 – Oral Surgery qualification outside UK – Postgraduate Oral Surgery qualification awarded outside the United Kingdom (demonstrating equivalence to CCST in Oral Surgery).

Route 3 – Knowledge and experience – Knowledge and experience in Oral Surgery derived from academic or research work (demonstrating equivalence to CCST in Oral Surgery).

Route 4 – GMC-registered Oral and Maxillofacial Surgeon – Registered as a specialist on the General Medical Council's (GMC) register for Oral and Maxillofacial Surgery and has completed training equivalent to that required for the award of a CCST in Oral Surgery.

Route 5 – Specialist UK qualification – Specialist qualification awarded in the United Kingdom and relevant knowledge and skill and experience in the specialty in question (demonstrating equivalence to CCST in Oral Surgery).

In this guide, we will focus on entry through **Route 3.**
(For the purposes of this guide, the term 'trainee' refers to you/the applicant.)

Section 2: How to Present Evidence

Evidence in the following format is advised:

1 **Summary Sheet:** This will help structure your portfolio and demonstrate how each higher learning outcome (HLO) has been achieved. It can help direct the panel to the relevant evidence. (An example summary sheet is based off the GDC example and provided in Appendix 1)
2 **Size:** A4
3 **Patient identifying information:** none should be included
4 **Binding:** none
5 **Electronic information:** not accepted
6 **Page numbering:** makes it easier to navigate your portfolio
7 **Original Documents:** You are advised to avoid sending original documents
8 **Certified copies:** are preferred instead of original documents (e.g. institution stamp/ signature)
9 **Translations:** are accepted but must follow strict GDC guidance

n.b. The GDC are developing an online portal to upload evidence

Section 3: Portfolio

Irrespective of route to entry, a portfolio must be presented containing the following:

1. Evidence of academic or research work and projects
2. Clinical caseload logbook
3. Evidence of supervised learning events (SLEs) and work-based assessments (WBAs)
4. Curriculum vitae
5. References

The clinical caseload logbook, SLEs and WBAs should be used to evidence that all domains of the specialty curriculum for Oral Surgery have been met.

The Oral Surgery curriculum is an essential to understand and reference in your preparation and submission. It very helpfully blueprints what kind of evidence is suitable for each higher learning outcome.

Oral surgery specialty training curriculum

The oral surgery syllabus also provides further information

Please also note each specialty curriculum contains section C generic curriculum, the generic curriculum passport is also a helpful document in structuring this part of your application.

The domains for the specialty curriculum for Oral Surgery have been included below for reference.

Table 1: Content of the specialty curriculum for oral surgery	
Generic Domain	Content
1	Professional knowledge and management
2	Leadership and teamworking
3	Patient safety, quality improvement and governance
4	Personal education, training, research and scholarship
Specialty Specific Domain	Content
1	Assessment, diagnosis and management of patients requiring dentoalveolar surgery
2	Assessment, diagnosis and management of patients with hard or soft tissue trauma
3	Assessment, diagnosis and management of patients with orofacial pain and temporomandibular disorders
4	Assessment, diagnosis and management of patients requiring effective management of pain and anxiety
5	Assessment, diagnosis and management of patients with soft tissue lesions (mucosal, lymphatic, vascular, dermatological, neural, muscular and salivary gland).
6	Assessment, diagnosis and management of patients with hard tissue lesions of the jaws
7	Assessment, diagnosis and management of patients in need of oral rehabilitation (including osseointegrated dental implants)
8	Assessment, diagnosis and management of patients with Critical Conditions
9	Capabilities in Practice (CiPs) (the high-level outcomes of training) These tasks are the high-level outcomes of the curriculum and grouping these together describe the role.

See Appendix 2 & 3 for the specific higher learning outcomes (HLOs) for each domain.

1. Evidence of academic work and projects

a. Postgraduate qualifications from academic or research work

Examples:

- Certificates
- Thesis titles and abstract
- Authenticated syllabus of academic courses
- Oral surgery or OMFS masters
- Post-graduate certificate in education
- Post-graduate certificate in healthcare sciences

b. The RCS Diploma of Membership in oral Surgery (MOralSurg) or Dental Specialty Fellowship in Oral Surgery examination pass certificate

c. Details of research projects

Examples:

- Abstracts of publications
- Details of grants awarded
- Ethics applications
- Names and address of supervisors
- List and details of publications

d. Research presentations and invited lectures

Include:

- Title of presentation
- Forum
- Poster/ oral presentation
- Date
- Feedback received

e. List of PhD or Masters projects

f. Audit/ QI/ service development project details

- For audits - 2 cycle audits recommended
- Named lead for at least one of the projects submitted

2. Clinical Caseload Logbook

a. The logbook should be broken down into sections for each post you have held. A summary sheet for each post is of benefit.

b. The logbook must be validated by your named trainer/teacher/clinical lead for that post with the following:

- Full name of personal validating

- Signature of person validating
- Job title of person validating
- Date
- Stamped
- Must say 'this is a true and accurate record of the work carried out'

c. For each patient, the operative logbook should include:
   - Date of procedure
   - Location
   - Age
   - Medical status
   - Your role
   - Details of the procedure carried out
   - Relevant complications

d. Include a log of different methods of anxiety management eg sedation and GA

e. For non-operative clinical experience, logged details should include:
   - Assessment
   - Diagnosis
   - Treatment plan
   - Multi-disciplinary experience

   This may be useful for orofacial pain and management of soft tissue lesions (Domains 3 and 5).

f. Indicative procedures which correlate and map to the requirements of those undertaking dental specialty training are outlined in the table below, appropriate numbers to show relevant experience are expected in each of these:
   (Please note this is a recommendation only based upon specialty training)

Domain/ procedure **As Operator**
Surgical removal (flap elevated, bone removal +/- tooth section) 3M
Other surgical extractions
Other non-surgical extractions including vertical 3Ms
Surgical removal of impacted supernumerary/premolar/canine
Coronectomy of M3M
Exposure of Palatal or Buccal Tooth with and without bonding
Excision of Mucocoele
Management of maxillary and mandibular cyst. Enucleation/ marsupialisation +/- adjuvant medications
Planning, harvesting and placement fixation of bone graft or other augmentation

procedure
Planning and placement of Dental implant
Sedation cases operator/sedationist
Drainage of infection Buccal, sub masseteric, sublingual, submandibular
Sialolithectomy
Biopsies
Closure of Oroantral communication (OAC) and or Fistula (OAF)
Removal root from antrum
Root end /Radicular surgery experience
Non Surgical Cases - Orofacial Pain (including TMD cases), mucosal disease / MRONJ / salivary gland

g. You can use e-logbook which is free to sign up to, available for all grades of staff and has procedure codes specific to the Oral Surgery curriculum already loaded.
https://www.elogbook.org/
If you use e-logbook, your logbook will need to be downloaded into a spreadsheet so it can be validated as detailed above.

3. Evidence of Supervised Learning Events (SLEs) and Work Based Assessments (WBAs)

It might be useful to sign up to the ISCP (Intercollegiate surgical curriculum programme). A small fee is payable on sign up but the account can be linked to eLogbook and can be used to access example SLE or WBA documents. Any completed SLEs and WBAs can also be logged here for ease.

There is also the possibility to download copies of the WBAs without paying for an account or using the portfolio.

What are SLEs and WBAs?

They are forms of formative assessment. Think of these as an opportunity to gain feedback to support your learning and development of skills. They will also act as part of the body of evidence to demonstrate you have met all the competencies required to be allowed entry to the GDC specialist list.

Who can sign off SLAs and WBAs?

They can be signed off by consultants in the specialty in question or relevant specialty to the competency, colleagues on the GDC specialist list and senior trainees where deemed appropriate. A variety of colleagues signing these off, provides stronger evidence.

Do I receive feedback?

Ideally all SLEs or WBA should be followed by a short feedback session which can provide you with constructive advice and guidance. If an SLE or WBA identified areas which require improvement, these should still be included in your portfolio. You can reflect on these situations and they can help inform learning and training needs. Document your reflections for each one. A follow up SLE/WBA at a later date can then show uptake of guidance and improvement.

What SLEs and WBAs will I need?

There are 5 types of SLEs/WBAs along with reflection entries which you will need:

1. **Direct Observation of Procedural Skills (DOPs)**
2. **Procedure Based Assessments (PBAs)**
3. **Case Based Discussion (CBDs)**
4. **Clinical Evaluation Exercises (CEXs)**
5. **Multisource Feedback (MSF)**
   &
6. **Evidence of Reflective Practice**

More information on each of these can be found below.

How many do I need of each of these?

See the table below for INDICATIVE numbers of each. Please note, these are minimum indicative numbers only. Achieving the numbers in the table below will NOT guarantee entry to the GDC Oral Surgery Specialist List.

Table 3: Indicative numbers for SLEs and WBAs	
Type	**Indicative number**
DOPs & PBAs	60 expected over StR training
CBD	20

CEX	28
Evidence of reflective practice	N/A
MSF	N/A

It is important to note that the WBA must be the appropriate choice of assessment for the procedure performed, and each case can only be used once for a WBA, not multiple times in different ways.

N.B The oral surgery curriculum and syllabus for specialty training references additional sources of competence including **Capabilities in Practice** (high level clinical outcomes of training), these may be considered to add to your evidence portfolio. Information is on ISCP website and link here.

1. **Direct Observation of Procedural Skills (DOPs):**

What: Trainee is observed by an assessor when performing a procedure.

When: Any short procedure or part of a procedure (when compared to a PBA – see information below). Focusing on a small part of a large procedure can be more helpful in gaining feedback.

Examples:

- Removal of teeth – sectioning a maxillary molar
- Pain and anxiety management – provision of sedation
- Soft tissue surgery – excisional biopsy of a polyp
- Implant surgery – preparing an osteotomy for an implant
- Management of cysts – enucleation/removal of the lining of a small mandibular cyst
- Orthodontic surgery – raising a flap for an expose and bond of a canine
- Antral surgery – closure of an OAC

As with all SLEs and WBAs, you should aim to vary your DOPs and map them to the different domains of the curriculum to show a good breadth of skill.

Form: An example DOPs form is provided in Appendix 4

2. **Procedure Based Assessments (PBAs)**

What: Trainee is observed by an assessor when performing a procedure.

When: In comparison to a DOPs which focusses on a smaller part of a procedure, a PBA assesses a trainee when performing an entire procedure from start to finish, including checking/requesting equipment, consent, the procedure itself, and provision of post-operative instructions and arranging follow up where required.

Examples:

The below is a list of suggested procedures suitable for PBAs which map to different domains of the specialty curriculum:

- Closed exposure of an impacted or ectopic tooth with a chain
- Closure of an OAC or OAF with a buccal advancement flap

- Coronectomy
- Cranial nerve examination
- Enucleation of mandibular cyst
- Enucleation of maxillary cyst
- Excision of Mucocele
- Excisional biopsy
- Incision and drainage of odontogenic infection
- Incisional biopsy
- Marsupialisation of cyst
- Open exposure of impacted tooth
- Removal of root from antrum
- Sialolithectomy
- Surgical removal of impacted supernumerary, canine or premolar
- Surgical removal of lower 3rd molar – distoangular, horizontal and mesioangular
- Surgical removal of maxillary wisdom tooth (including raising a flap, bone removal and tooth sectioning)

Forms: A dedicated form for each of the above-mentioned procedures is available on the ISCP website. Alternatively, an example generic form is included in Appendix 5

3. Case Based Discussion (CBD)

What: A case-based discussion uses available patient records for a patient with whom you have been involved. The case is then discussed as a formative assessment with your chosen suitable assessor.

How: You might find it useful to discuss more than one case at a time, especially if comparing the cases might be useful for learning. If accessing suitable consultants and specialists to act as an assessor is challenging, discussing multiple cases in one session can help overcome this barrier. It can be useful to prepare each case as a presentation, so all the necessary records are available and conveniently located for ease.

What to include:

CBD assesses all aspects of a patient's care including:

- Diagnosis
- Assessment including radiographic records
- Management
- Ethical and professional issues
-

Which: A range of cases which map to different domains of the curriculums should be discussed, including those with more challenging non-clinical elements such as, but not limited to, safeguarding, patient communication, complaints, and multidisciplinary team working.

Where: The cases can be presented or discussed on a one-to-one basis with your assessor or in a forum type setting like department meetings.

Reflection: An ideal CBD will also result in a reflection which will include some form of self-evaluation; what did you learn from this experience, what you did well, what could be improved and how will you implement change/achieve improvement.

Form: An example CBD form is included in Appendix 6

4. **Clinical Evaluation Exercises (CEXs**)

What: A CEX is a formative assessment, by your chosen appropriate supervisor, of a patient consultation.

When: There should be a good case mix covering different areas of the curriculum, and CEXs can take place in different settings, for example in an outpatient clinic or on a ward prior to or post procedure.

The following 3 situations are recommended clinical situations for which CEX should be considered:

- Informed consent – children
- Informed consent – adults
- Managing situations where individuals lack the capacity to consent for themselves

Other CEX should be gained from a range of clinical situations mapping to different domains of the curriculum.

Form: An example CEX form is included in Appendix 7

5. **Multisource feedback (MSF)**

What: This is also known as peer assessment or 360 degrees feedback.

When: It must be completed in the last 3 years.

How: If you work for an NHS Trust, you will have access to this through your trusts chosen provider system for Appraisal/MSF. You should discuss the results with a senior colleague, or as part of your appraisal, and record the discussion.

If you do not have access to MSF systems, it is available on ISCP if you sign up or you may be able to create your own feedback form including the following domains:

- Clinical knowledge and skills
- Communication
- Teamwork
- Professionalism
- Integrity
- Leadership and management
- Reliability and punctuality
- Respect for others
- Teaching and supervision if applicable

You must self-rate yourself in each domain and then provide questionnaires to a range of clinical and non-clinical colleagues to rate your practice. To be accurate, your colleagues must be able to complete their questionnaires anonymously. If conducted electronically, you will then receive a report with a summary of the results. If conducted manually/analogue, the returned questionnaires can be analysed manually. The results and your reflection on the findings should then be discussed

with a supervisor/senior colleague, which can occur at your annual appraisal, and this discussion should be recorded.

6. Evidence of Reflective Practice

Number: There is no guidance or indication available on the number of reflections which should be included in your portfolio. (StR recommendation is at least 6/ training year and can be linked to WBAs).

What: A reflection showcases your development, insight and professionalism. They should include a discussion of what you have learnt from a particular situation, it should be related to your clinical practice and ideally mapped to the curriculum. A good reflection is honest, personalised and reflects growth.
It is good practice to reflect on each WBA/SLE you do, as well as additional for any situation/ scenario in your job you feel warrants reflection and exhibits your qualities of development as a clinician.

Include: Examples of what can be included in a reflection are below:

- Title/Date/Location of event
- Brief background or description of events including what was your role
- Feeling/assumptions of beliefs about the situation
- Associated evidence base
- Similarities or differences to similar cases encountered
- Impact on other patients/colleagues/yourself
- What went well/poorly
- What was challenging/surprising
- What, if any, further learning do you need
- Action points/plan to change practice in the future

Form: An example reflection template is included in Appendix 8

What support can I get in completing my WBAs/ portfolio:

Your trust/ partnership may support you in this process.
There is a separate guidance produced for them to use and provide a framework and signpost resources.

Your upskilling can be of great benefit to your workplace, community and the patient care provided, therefore investment is warranted in many cases.

This may take the form of:

- Facilitating your secondment to other clinical settings to gain skills and WBAs in areas of the curriculum you cannot achieve in your workplace.
- Time given for academic and portfolio related pursuits
- Support in carrying out and promotion of quality improvement, management and leadership projects

Your local NHS England workforce, training and Education body (who oversee regional dental training such as DCT and StR) can also signpost and facilitate access to external resources such as those used for StR training.

This may include:

1. Signposting to relevant courses and training
2. Facilitate access to clinical environments to meet your portfolio needs

4. Curriculum Vitae (CV)

Generic content of the specialty curriculum as shown in Appendix 3 may be demonstrated and evidenced through your CV. (Please note, some of the domains may also be evidenced through SLEs and WBAs.)

What to include in your CV:

- Complete record of any postgraduate study
- Membership and Fellowship exams
- Employment to date (including clarification of full-time equivalence for each post)
- NHS appraisal within the last 12 months (if applicable)
- Personal development plan (PDP) related to the specialty
- Continuing professional development (CPD) log and certificates (relevant to the oral surgery curriculum)
- Evidence of teaching, training and supervision
    - Formal training in teaching and training
    - Experience of teaching healthcare students and professionals (with details provided of the teaching)
    - List of PhD/master's degree projects and students you have supervised to completion (date, name of candidate and title of project)
- Quality improvement activities and service developments
    - Title
    - Date
    - Trust and registration number
    - Your role: Lead or collaborator
    - Number of cycles
    - Summary of outcomes
    - Resultant change
    - Implementation of change date

You may have included information on:

- Postgraduate study
- CPD
- Quality improvement projects and service developments

in part 1 of your portfolio. DO NOT duplicate information included in other sections. You can simply put a note in to direct the assessor to the relevant section or page number.

5. References

Number: minimum of 2 references

Who can provide a reference: senior colleagues on the specialist register (or in the case of OMFS consultants, those who have been on the OS specialist list).

Character references: these will not be accepted

FAQs and Troubleshooting

Q: What if I cannot obtain signed validation for my older logbooks?

A: Contact the GDC Specialist Lists Team with an explanatory statement and alternative corroborative evidence.

Q: What if I work primarily in private practice or outside the NHS?

A: Equivalent private-sector experience can be accepted if validated and mapped to the specialty curriculum.

Q: What if I am the most senior clinician in my workplace?

A: Arrange short-term placements or peer observation sessions in recognised specialist units to obtain SLE/WBA evidence.

Q: What if I have further questions I can not find the answer to?

A: Applicants who are ready to apply for entry on to the specialist list are encouraged to ask their GDC caseworkers questions if they require further guidance, especially in the situation where a caseworker has returned an incomplete application.

Appendices

Appendix 1: Example summary sheet

Appendix 2: Specialty Specific Content of the specialty curriculum for oral surgery – Higher Learning outcomes (HLOs)

Appendix 3: Generic content of the specialty curriculum

Appendix 4: Example DOPS sheet

Appendix 5: Example PBA sheet

Appendix 6: Example CBD sheet

Appendix 7: Example CEX sheet

Appendix 8: Example of a Reflection template

Appendix 1: Summary Information Sheet

Domain number	**Domain name**	**HLO**	**How have you met this outcome**	**Where can the evidence be found**	**Assessor's comments**
1	Assessment, diagnosis and management of patients requiring dentoalveolar surgery	Demonstrate capability to carry out independent practice of exodontia and diagnosis and management of unerupted and impacted teeth, including recognising and effectively preventing and dealing with complications	List what you have done eg: DOPs PBA CBD CEX Publications Teaching Master's thesis etc	(Include relevant sections/page numbers here, making it easy for the assessors to find)	(Leave blank for the assessor)
2	Fill in as above row				
3					
4					
5					
6					
7					
8					
9					

Appendix 2: Specialty Specific Content of the specialty curriculum for oral surgery – Higher Learning outcomes (HLOs) for each domain.

Link to Oral surgery specialty training curriculum

Domain 1	Assessment, diagnosis and management of patients requiring dentoalveolar surgery
HLO: Demonstrate capability to carry out independent practice of exodontia and diagnosis and management of unerupted and impacted teeth, including recognising and effectively preventing and dealing with complications	• Capable of undertake a holistic assessment of the patient (age; social; family; medical; dental; mental health and anxiety). • Capable of taking a thorough medical history from the patient and understand any conditions and drug therapies which may affect exodontia. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of interpreting radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in the diagnosis and management of exodontia and impacted and unerupted teeth. • Demonstrate an understanding of the principles of recording valid consent and competence in discussing material risks and capacity issues • Capable of assessing all risks associated with a procedure and understanding when no treatment is the best option. • Capable of carrying out techniques under local anaesthesia, sedation or general anaesthesia. • Capable of using forceps, elevators and instruments including luxators safely and effectively • Capable of designing and raising appropriate mucoperiosteal flaps. • Capable of safe and effective bone removal. • Capable of safe and effective tooth division. • Capable of recognising and managing intra-operative complications (e.g., haemorrhage control; loss of root into maxillary sinus; complications associated with the soft tissues or airway). • Capable of selecting appropriate suturing techniques to repair soft tissues. • Capable of recognising and managing alveolar bone fractures (e.g., buccal plate, fractured tuberosity) appropriately • Capable of recognising and managing oro-antral communications appropriately • Capable of delivering safe and effective post-operative instructions and ensuring safe patient discharge. • Capable of ensuring safe and effective patient follow-up. • Capable of recognising and managing post-operative complications (e.g., delayed haemorrhage; post-operative infections; dry socket) • Capable of recognising the necessity for taking tissue for pathological examination • Capable of selecting the correct transport medium and methods of transfer specimens to histopathology. • Capable of liaising with other specialties when necessary (e.g., dental, medical specialties and other allied healthcare professionals). • Capable of accurately assessing high risk third molars and requesting and interpreting appropriate imaging techniques including appropriate use of CBCT. • Capable of accurately assessing anatomical risks associated with removal of impacted teeth (e.g., nerve; maxillary sinus etc.). • Capable of accurately assessing the location of ectopic and impacted teeth.

	• Capable of selecting appropriate surgical techniques to remove high risk teeth. • Capable of effectively carrying out coronectomies. • Capable of carrying out effective exposure of teeth using both open and closed techniques (e.g., pack; gold chains; dressing plates). • Have knowledge of any relevant clinical guidelines (e.g., FDS RCS, SDCEP, NICE

Domain 2	Assessment, diagnosis and management of patients with hard or soft tissue trauma
Demonstrate capability in the effective diagnosis and appropriate management of soft and hard tissue trauma and rehabilitation	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of carrying out a full assessment including ABCDE assessment where appropriate. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of assessing radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in the diagnosis and management of trauma. • Capable of assessing and competently managing dento-alveolar trauma including re-implantation of avulsed teeth. • Capable of diagnosing facial fractures and arranging appropriate management. • Capable of the assessment and appropriate management of soft tissue trauma involving multi-disciplinary team care when indicated. • Capable of history taking and undertaking examination of the patient with dental loss and/or alveolar resorption and formulate an appropriate treatment plan. • Capable of undertaking dental transplantation, exposure and bonding of ectopic teeth where appropriate • Capable of liaising appropriately with other specialties/MDTs.

Domain 3	Assessment, diagnosis and management of patients with orofacial pain and temporomandibular disorders
Demonstrate capability to diagnose and manage orofacial pain conditions and temporo-mandibular joint disorders including liaison and onward referral to other specialties when appropriate	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of formulating a differential diagnosis for facial pain based upon history and relevant investigations. • Capable of carrying out a full cranial nerve examination. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of interpreting radiographs (excluding CBCTs) used in the diagnosis and management of orofacial pain and TMD condition • Capable of interpreting radiology reports to facilitate management of orofacial pain and TMD conditions • Demonstrate knowledge of treatment options available for Temporomandibular disorders, Neuropathic orofacial pain (Post Traumatic Neuropathic pain, Trigeminal neuralgia, post herpetic Neuralgia and glossopharyngeal neuralgia), Neurovascular facial pain (migraine and

	trigeminal autonomic cephalalgias), Burning mouth disorder and syndrome, Idiopathic pain and other pain syndromes. • Capable of the prescription of appropriate occlusal appliances where indicated. • Demonstrate knowledge of behavioural management techniques for these problems. • Capable of communicating and working with colleagues on the multi-disciplinary management of these problems. • Capable of monitoring and evaluating the effectiveness of treatment regimes. • Demonstrate knowledge of when to refer to other specialties.

Domain 4	Assessment, diagnosis and management of patients requiring effective management of pain and anxiety
Demonstration of capability to effectively manage pain and anxiety including the use of conscious sedation	• Capable of the provision of profound and sufficient local anaesthesia during all treatment procedures taking account of the patient's medical status and treatment needs. • Capable of safe administration of local anaesthesia and able to manage any associated complications. • Capable of identifying when oral, inhalational and conscious sedation may be helpful and select the most appropriate form of sedation e.g., oral, IV etc. • Capable of administering oral, inhalational and conscious sedation in a safe and effective manner. • Capable of recognising and managing any complications associated with sedation. • Capable of referring to or consulting with other specialists when appropriate • Capable of identifying when general anaesthesia is appropriate. • Capable of planning provision of appropriate treatment for patients who can only undergo oral surgery procedures with the use of general anaesthesia. • Capable of informing patients of other options and risks associated with any form of anaesthesia/anxiety management. • Capable of recognising and managing any complications which may arise and demonstrate

Domain 5	Assessment, diagnosis and management of patients with soft tissue lesions (mucosal, lymphatic, vascular, dermatological, neural, muscular and salivary gland).
Demonstration of capability of effective and independent diagnosis and management of patients with soft tissue lesions including salivary gland disorders.	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of taking a thorough medical history from the patient identifying any conditions or drug therapies which may affect the oral mucosa and salivary glands. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques • Capable of basic interpretation of images used in the diagnosis management of salivary gland conditions. • Capable of interpreting radiographic reports to facilitate management specifically for salivary glands including ultrasound, sialograms etc.

	• Demonstrate knowledge and understanding of lymphatic drainage of head and neck tissues. • Capable of carrying out relevant cranial nerve, lymph node and soft tissue clinical examination. • Demonstrate knowledge and understanding of benign and malignant lymph node conditions and their subsequent management. • Demonstrate knowledge and understanding of the presentation and management of all infective, metabolic, inherited, and developmental conditions of the soft tissues and salivary glands. • Demonstrate knowledge and appropriate management of malignant and premalignant conditions of the soft tissues and salivary glands. • Capable of diagnosis and appropriate management of sialoliths. • Capable of undertaking appropriate incisional and excisional biopsy techniques to confirm diagnosis. Knowledge of application of FNA, core biopsies and their limitations. • Demonstrate knowledge and understanding of the most appropriate surgical management techniques and when onward referral may be necessary for definitive treatment. • Capable of liaising with other specialties when appropriate (e.g., oral medicine)

Domain 6	Assessment, diagnosis and management of patients with hard tissue lesions of the jaws
Demonstration of capability of effective and independent diagnosis and management of patients with hard tissue lesions and conditions of the jaws.	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of taking a thorough medical history from the patient identifying any conditions or drug therapies which may affect the hard tissues of the jaws. • Demonstrate knowledge and understanding of when to request appropriate imaging techniques. • Capable of selecting appropriate imaging techniques to aid diagnosis and management • Capable of interpreting radiographic images (including CBCTs) and reports to facilitate diagnosis and management. • Demonstrate knowledge and understanding of the presentation and management of all infective, metabolic, inherited, and developmental conditions of the jaws. • Demonstrate knowledge and understanding of management of craniofacial and dental deformities • Capable of undertaking exposure and bonding of ectopic teeth and knowledge and experience of transplantation of teeth where indicated. • Demonstrate knowledge of the staging process and management guidelines for MRONJ, osteoradionecrosis and osteomyelitis. • Demonstrate knowledge and appropriate management of malignant and premalignant conditions of the hard tissues of the jaws • Demonstrate knowledge of all odontogenic and non-odontogenic cysts of both soft and hard tissues. • Demonstrate knowledge of solid odontogenic and non- odontogenic tumours of soft and hard tissues • Capable of using appropriate biopsy techniques to establish diagnosis.

	• Capable of appropriate cyst management including enucleation, marsupialisation, medical treatment or onward referral if necessary. • Capable of the diagnosis and surgical management of peri- radicular lesions where appropriate. • Capable of ensuring appropriate post-operative management and follow up. • Demonstrate understanding of the most appropriate management techniques and when onward referral may be necessary for definitive treatment. • Capable of liaising with other specialties when appropriate

Domain 7	Assessment, diagnosis and management of patients in need of oral rehabilitation (including osseointegrated dental implants)
Capability in the assessing and management of patients who require Osseo integrated dental implants.	• Capable of undertaking a holistic assessment of the patient (social; family; medical; dental; mental health and anxiety). • Capable of history taking and examination of the patient with dental loss and/or alveolar resorption and formulate an appropriate treatment plan. • Capable of requesting appropriate imaging techniques. • Capable of interpreting radiographic images (including small field of view CBCT scans of the dentoalveolar anatomy) and reports used in implant techniques. • Demonstrate knowledge of the appropriate uses of implants and bone augmentation techniques. • Demonstrate knowledge and experience of dental implant placement. • Demonstrate knowledge and experience of augmentation techniques. • Demonstrate knowledge and experience of soft tissue augmentation • Demonstrate knowledge and experience of undertaking sinus augmentation techniques • Demonstrate evidence of experience of implant placement as part of an MDT. • Capable of liaising with other specialties or involvement in MDTs where appropriate

Domain 8	Assessment, diagnosis and management of patients with Critical Conditions
• Capable of diagnosing and effectively managing Critical Conditions including; • Medical emergencies • Life-threatening airway compromise • Spreading infections of the of the orofacial region and sepsis • Haemorrhage arising from the	• Demonstrate the knowledge and understanding of the physiology or pathophysiology related to medical emergencies. • Demonstrate the knowledge and understanding of the pharmacology and adverse effects of drugs used in the management of medical emergencies. • Demonstrate the knowledge and understanding of selection and maintenance of emergency drugs and equipment. • Capable of correct handling of medical emergency drugs and equipment. • Capable of identifying and recording risk factors for medical emergencies and instituting preventive strategies. • Capable of recognising an acutely ill patient • Capable of performing assessment of the acutely unwell patient including a detailed and appropriate physical examination. • Capable of identifying, prescribing, and administering (where appropriate) pharmacological agents, including by intramuscular injection, and using equipment correctly for the management of medical emergencies in adults and children.

mouth and jaws • Suspected Malignancy of the head and neck • Trigeminal Nerve injuries • Displaced tooth or instrument • Failed acute dental extractions	• Capable of identifying and referring with an appropriate degree of urgency, medical and dental emergencies, beyond the trainee's scope of management. • Capable of communicating the diagnosis and treatment to patient, team and paramedics. • Capable of completing written documentation of medical emergency events and outcomes. • Capable of recognising potentially life-threatening events including sepsis and instituting appropriate referral/ management. • Capable of recognising own limits and seeking help appropriately. • Capable of recognising the need for team support and multi-disciplinary working. • Capable of valuing patient and team comprehension of the situation. • Always demonstrate respect for patient dignity. Demonstrate knowledge and understanding of pharmacovigilance including chemotherapeutic agents, anticoagulants, anti-resorptive, Immunomodulatory drugs etc.

Domain 9	Capabilities in Practice (CiPs) (the high-level outcomes of training) These tasks are the high-level outcomes of the curriculum and grouping these together describe the role.
Capabilities in Practice (CiPs) (the high-level outcomes of training)	• Capable of managing an outpatient clinic • Capable of managing unselected urgent referrals • Capable of managing on-going care of patients • Capable of managing an operating list • Capable of managing multi-disciplinary working

Appendix 3: Generic content of the specialty curriculum

Domain	Content	Learning outcomes
1	Professional knowledge and management	1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues 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 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 dental population health 1.7 Recognise the importance of, and demonstrate the ability to practise, person centred care (PCC), including shared decision making (SDM)
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
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 3.2 Recognise the impact of human factors on the individual, teams, organisations and systems 3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience 3.4 Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality a
4	Personal education, training, research and scholarship	4.1 Demonstrate that they can plan and deliver effective education and training activities 4.2 Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice 4.3 Understand what is required to participate in research

Appendix 4: Example DOPS sheet from ISCP

Direct Observation of Procedural Skills (DOPS)

Trainee	**Assessor**
Name / GMC/GDC/IMC number:	**Name / GMC/GDC/IMC number:**
Assessment date:	**Hospital DOPS took place:**

FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.
General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

N = Not observed **D =** Development required, **S =** Satisfactory (no prompting or intervention required) **O =** Outstanding

Domain	**Rating**	**Comments**
1: Describes indications, anatomy, procedure and complications to assessor		
2: Obtains consent, after explaining procedure and possible complications to patient		

3: Prepares for procedure according to an agreed protocol		
4: Administers effective analgesia or safe sedation (if no anaesthetist)		
5: Demonstrates good asepsis and safe use of instruments and sharps		
6: Performs the technical aspects in line with the guidance notes		
7: Deals with any unexpected event or seeks help when appropriate		
8: Completes required documentation (written or dictated)		
9: Communicates clearly with patient and staff throughout the procedure		
10: Demonstrates professional behaviour throughout the procedure		

GLOBAL SUMMARY Level at which completed elements of the PBA were performed on this occasion		**Tick**
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked confidence	
Level 4a	Procedure performed confidently to a high standard without any guidance or intervention	
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications	

DOPS DETAILS	
Name of Procedure:	
No. times procedure previously performed:	**Emergency / Elective** (please circle)
Performed in a simulated setting **Description of the simulation:**	
DOPS performed while on a course Yes / No **If yes, please give details:**	
Difficulty of procedure: Easier than usual **Average difficulty** **More difficult than usual**	

Trainee's signature:	**Assessor's signature:**

Appendix 5: Example PBA sheet from ISCP for a surgical extraction of a lower wisdom tooth

Oral Surgery PBA: Surgical removal of Mandibular Horizontal wisdom tooth		
Trainee:	Rater:	Assessment date :
Hospital:		

Rater feedback	
Verbal and written feedback is a mandatory component of this assessment. Please use this space to record areas of strength and suggestions for development which were highlighted during discussion with the trainee.	
General	
Strengths	
What did I do well?	
Development needs	
Recommended actions	

Trainee feedback	
Trainee comments	

Trainee reflections	
Trainee reflections on this activity	
What did I learn from this experience?	
What did I do well?	
What do I need to improve or change? How will I achieve it?	
This PBA relates to a reflective journal entry	

Ratings
Your ratings should be judged against the standard for the Certification. Assessors are normally consultants (senior trainees may be assessors depending upon their training level and the complexity of the procedure)
IMPORTANT: The trainee should explain what he/she intends to do throughout the procedure. The Assessor should provide verbal prompts if required, and intervene if patient safety is at risk.A rating of Satisfactory can only be given if no prompting or intervention was required
Rating: **N** = Not observed or not appropriate **D** = Development required **S** = Satisfactory standard for CCT (no prompting or intervention required)

Competencies and Definitions		Rating N/D/S	Comments about this section
II. Pre operation planning			
PL1	Demonstrates recognition of anatomical and pathological abnormalities (and relevant co-morbidities) and selects appropriate operative strategies / techniques to deal with these e.g. immunocompromise, bisphosphonate therapy		
PL2	Demonstrates ability to make reasoned choice of appropriate equipment, materials or devices (if any) taking into account appropriate investigations (e.g. x-rays, CBCT)		
PL3	Checks material equipment and device requirements with operating room staff (e.g. drill available)		
PL4	Ensures the operation site is marked where applicable		
PL5	Checks patient record personally reviews investigations		
PL6	Demonstrates ability to formulate a surgical plan based on clinical and radiographical assessment of tooth		
III. Pre operative preparation			
PR1	Checks in theatre that consent has been obtained		
PR2	Gives effective briefing to theatre team including anaesthetist or outpatient team		
PR3	Ensures proper and safe positioning of the patient on the operating table / dental chair		
PR4	Demonstrates careful skin or mucosal preparation - as required		
PR5	Demonstrates careful draping of the patient's operative field		
PR6	Ensures general equipment and materials are deployed safely (e.g. diathermy)		
PR7	Ensures appropriate drugs administered (e.g. sedation)		
PR8	Arranges for and deploys specialist equipment effectively		
PR9	Carries out a surgical pause prior to the procedure		
V. Intra operative technique: global (G) and task-specific items (T)			
IT1(G)	Follows an agreed logical sequence or protocol for the procedure		
IT2(G)	Consistently handles tissue well with minimal damage		
IT3(G)	Controls bleeding promptly by an appropriate method		
IT4(G)	Demonstrates a sound technique of knots and sutures		
IT5(G)	Uses instruments appropriately and safely		
IT6(G)	Proceeds at appropriate pace with economy of movement		
IT7(G)	Anticipates and responds appropriately to variation e.g. anatomy		
IT8(G)	Deals calmly and effectively with unexpected events/complications		
IT9(G)	Uses assistant(s) to the best advantage at all times		
IT10(G)	Communicates clearly and consistently with the scrub team		
IT11(G)	Communicates clearly and consistently with the anaesthetist or sedationist (if appropriate)		
IT12(T)	Uses instruments/retractors appropriately to prevent displacement of tooth or fragment e.g. soft tissues		
IT13(T)	Removes adequate bone from around tooth if needed in a safe manner		
IT14(T)	Identifies and if appropriate creates a point of application		
IT15(T)	Divides tooth according to angle of impaction/root configuration		
IT16(T)	Elevates or uses forceps appropriately to deliver tooth/roots safely		
IT17(T)	Debrides and irrigates surgical site taking specimen if appropriate		
VI. Post operative management			
PM1	Ensures the patient is transferred safely from the operating table to bed (if appropriate)		
PM2	Constructs a clear operation note		
PM3	Records clear and appropriate post operative instructions		
PM4	Deals with specimens. Labels and orientates specimens appropriately (if appropriate)		
PM5	Arranges appropriate review		
PM6	Carries out a surgical sign-out		

PBA Details	
Emergency/Elective	**[ ] Emergency** **[ ] Elective**
Difficulty of procedure on this occasion	**[ ] Easier than usual** **[ ] Average difficulty** **[ ] More difficult than usual**
Performed in a simulated setting	**[ ] Yes** **[ ] No**
PBA performed while on a course	**[ ] Yes** **[ ] No**

Global summary

Level at which completed elements of the PBA were performed on this occasion		**Tick as appropriate**
Level 0	Insufficient evidence observed to support a summary judgement	
Level 1a	Able to assist with guidance (was not familiar with all steps of procedure)	
Level 1b	Able to assist without guidance (knew all steps of procedure and anticipated next move)	
Level 2a	Guidance required for most/all of the procedure (or part performed)	
Level 2b	Guidance or intervention required for key steps only	
Level 3a	Procedure performed with minimal guidance or intervention (needed occasional help)	
Level 3b	Procedure performed competently without guidance or intervention but lacked fluency	
Level 4a	Procedure performed fluently without guidance or intervention	
Level 4b	As 4a and was able to anticipate, avoid and/or deal with common problems/complications	

Appendix 6: Example CBD sheet from ISCP

Case-Based Discussion (CBD)

Trainee	**Assessor**
Name and GMC/GDC/IMC number:	**Name and GMC/GDC/IMC number:**
Assessment date:	**Hospital CBD took place:**

FEEDBACK: Verbal and written feedback is a mandatory component of this assessment.
General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)
What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this trainee in their: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		**GLOBAL SUMMARY** Please tick the overall level at which the CBD was performed, if there was sufficient evidence to make a judgement:		
1. Medical record keeping		Level 0	Below that expected for early years training	
2. Clinical assessment				

3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training	
4. Management and follow-up planning				
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training	
6. Communication and team working skills				
7. Leadership skills		Level 3	Appropriate for central period of specialty training	
8. Reflective practice/writing				
9. Professionalism		Level 4	Appropriate for Certification	

CBD DETAILS													
Clinical setting:						**Emergency / Elective** (please circle)							
Performed in a simulated setting		**Description of the simulation:**											
CBD performed while on a course Yes		**No**		**If yes, please give details:**									
Summary of the clinical problem:						**Critical condition: Yes / No**							
Focus of encounter:	History		Exam		Diagnosis		Management		Explanation		Consent		
Complexity of the case:	1. Appropriate for early years training												
	2. Appropriate for the completion of early years training or early specialty training												
	3. Appropriate for the central period of specialty training												
	4. Appropriate for Certificate of Completion of Training (CCT)/Specialty Training (CCST)												
Trainee's signature:						**Assessor's signature:**							

Appendix 7: Example CEX sheet from ISCP

ISCP INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME

Clinical Evaluation Exercise (CEX)

Trainee	Assessor
Name / GMC/GDC/IMC number:	**Name / GMC/GDC/IMC number:**
Assessment date:	**Hospital CEX took place:**

FEEDBACK:

Verbal and written feedback is a mandatory component of this assessment.

General
Strengths
Development needs
Recommended actions

TRAINEE REFLECTIONS ON THIS ACTIVITY (optional)

What did I learn from this experience?
What did I do well?
What do I need to improve or change? How will I achieve it?

RATINGS

Your ratings should be judged against the standard laid out in the syllabus for the trainee's stage of training.

How do you rate this trainee in their: **O:** Outstanding **S:** Satisfactory **D:** Development required **N:** Not assessed		**GLOBAL SUMMARY** Please tick the overall level at which the CEX was performed, if there was sufficient evidence to make a judgement:	
1. History taking skills		Level 0	Below that expected for early years training
2. Physical examination skills			
3. Diagnostic skills and underlying knowledge base		Level 1	Appropriate for early years training
4. Management and follow-up planning			
5. Clinical judgement and decision making		Level 2	Appropriate for completion of early years training or early specialty training
6. Communication and listening skills			
7. Organisation and time management		Level 3	Appropriate for central period of specialty training
8. Professionalism		Level 4	Appropriate for Certification / CCST

CEX DETAILS

Clinical setting:							**Emergency / Elective** (please circle)					
Performed in a simulated setting ☐			**Description of the simulation:**									
CEX performed while on a course Yes ☐			No ☐		**If yes, please give details:**							
Summary of the clinical problem:												
Focus of encounter:	History		Exam		Diagnosis		Management		Explanation		Consent	
Complexity of the case:	1. Appropriate for early years training											
	2. Appropriate for the completion of early years training or early specialty training											
	3. Appropriate for the central period of specialty training											
	4. Appropriate for Certification / Completion of Specialty Training (CCST)											
Trainee's signature:							**Assessor's signature:**					

Appendix 8: Example of a Reflection template from Academy of Medical Royal Colleges (AOMRC). This is just one of many reflection templates available on their website.

Reflection based on the 'What happened, what did you do, what have you learnt, what next?'

More detailed recording of reflection can help ensure you learn all the lessons from events, both positive and negative This is often recorded in reflective 'logs'. Added detail can help you remember the incident but is not necessary to demonstrate reflective practice. Reflection should also be used to understand your strengths and consider positive events.

What's the issue you reflected on?
An incident/situation/feeling that gave you cause for reflection. What made you stop and think? There are many ways to reflect – how did you do it?

What did you do?

What did you learn from this experience?
How did it change your thinking or practice? What have been the effects of your changes? Has it improved your practice and outcomes? What will you do differently in the future?

What next?

What further learning needs did you identify? How will you address these?