General Dental Council

JMDF
JOINT MEETING OF DENTAL FACULTIES

Prosthodontics
Specialty Training Curriculum

Approved by GDC Registrar: 15 December 2022

1. 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 Prosthodontics.

It also demonstrates how Prosthodontics 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 Prosthodontics 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

The Prosthodontics curriculum was written by the Curriculum Working Group drawn from the membership of Restorative Dentistry Specialist Advisory Committee (SAC) and one representative from the Specialist Registrars in Restorative Dentistry Group (SRRDG):

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- Stephanie Hackett, StR in Restorative Dentistry
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The wider membership of Restorative Dentistry Specialist Advisory Committee was instrumental in the production of the curricula for restorative dentistry, endodontics, periodontics and prosthodontics. Many thanks to all members who provided expertise and representation from the associated UK specialist societies, UK Royal Colleges and COPDEND.

SECTION A: PURPOSE STATEMENT FOR PROSTHODONTICS

2. Introduction to the Prosthodontics Specialty

The GDC specialty of Prosthodontics is the practice, teaching and research in the discipline of Prosthodontics, which is the reconstruction and replacement of teeth and associated soft and hard tissue defects or pathology using prostheses including intra-coronal restorations, occlusal splints, crowns, bridges and dentures, which may be fixed or removable and supported by teeth, soft tissues or dental implants. This relates predominantly to the adult population, but also for children and young adults.

Prosthodontics plays a major role in oral health related quality of life, in particular in relation to oral comfort, speech, mastication, aesthetics and perception of well-being. Loss of teeth is listed along the top 100 health conditions affecting the world population, resulting in aesthetic and functional problems and also impacting overall quality of life. It has been estimated that it causes 7.6 million disability adjusted life years. In the UK 20% of adults are estimated to have a non-functional dentition associated with missing teeth, disproportionately affecting lower socio-economic and aging populations. Prosthodontic care therefore has a significant role to play in improving oral health and health inequalities.

This discipline is based on a sound academic, evidence-based understanding of the basic principles related to the management of dental disease in the wider context of Restorative Dentistry and the patient's health and with the aim of preserving the remaining teeth and re-establishing health of the teeth and supporting tissues and restoring function and aesthetics.

Prosthodontics encompasses the restoration of teeth and supporting oral structures missing, lost or damaged as a result of dental disease, trauma, tooth wear and developmental conditions, including the interface between the tooth and adjacent supporting tissues and the use of dental implants.

The specialist prosthodontist should be able to lead and deliver prosthodontic services as part of whole patient care, accept, plan and treat complex prosthodontic cases by referral from dental colleagues, collaborate with other specialist colleagues when necessary, and determine the prognostic viability of diseased and compromised teeth with a view to delivering the best possible evidence-based treatment via clinical research focussed philosophy.

A typical patient pathway might involve referral by a general dental practitioner to a specialist prosthodontist for treatment planning advice and/or treatment for management of a problem or condition identified by the referrer as something which falling within the remit of a specialist prosthodontist as defined in Section D of this curriculum. For example, undertaking of full mouth reconstruction, including changing the occlusal scheme and dental rehabilitation using dental implants, or rehabilitation of hereditary dental conditions, such as severe forms of amelogenesis imperfecta, and hypodontia.

Specialist care would typically be carried out alongside general dental care and maintenance of the dentition in a shared care arrangement with the referring practitioner, wherein the specialist would carry out agreed items of specialist care in liaison with, and with the agreement of, the

referring dentist and the patient. Treatment items provided by the specialist include complex fixed and removable prosthodontics to provide reconstruction of teeth and anatomical structures lost or damaged by disease, acquired by trauma or developmental conditions. When the specialist treatment is completed, the patient would be returned to the referring dentist with a summary of treatment carried out and advice regarding maintenance and ongoing care as appropriate.

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

It is anticipated that 3 years (full time) would normally be required to satisfactorily complete the Prosthodontics curriculum to the required depth and breadth. However, the annual review of competence progression (ARCP) process allows for adjustments to be made to this where appropriate.

Training programmes should 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.

Many trainees in Prosthodontics undertake academic training, either within the NIHR academic clinical fellow posts or by other routes. The proportion of time in training used to undertake research will be reviewed at ARCP. Please refer to the Dental Gold Guide.

5. Training specific to Prosthodontics

The distinctive identity of Prosthodontics and the associated command of the evidence base that supports it provides an academic and clinical focus for undergraduate and postgraduate education, research, and scholarship. This supports advances in patient care through providing a

framework for quality improvement and discovery, including extending the evidence base supporting prosthodontics to support fundamental science, translational research, and clinical trials. The Specialty, along with the cognate specialist society, act as a focus and stimulus for further development in the UK, including through support and development of specialty trainees.

Training in Prosthodontics normally takes three years (full-time training) to complete. Trainees must spend time in training working with specialists in Prosthodontics, Restorative Dentistry, Endodontics and Periodontics gaining experience in delivery of integrated care of patients ensuring the curriculum requirements are met. The rest of training is devoted to specialist specific training in Prosthodontics.

Trainees are expected to spend time in training to work with a broad range of specialties including Restorative Dentistry, Endodontics and Periodontics and where appropriate other specialties in dentistry and medicine. This is to ensure curriculum requirements are met and that as specialists, they deliver integrated care pathways for patients.

Successful completion of training should ensure that trainees should be ready and eligible to sit an accredited specialty summative assessment comparable to the Membership of Prosthodontics (M Pros) toward the end of the final year in training, under the administration of one of the UK Royal Colleges.

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).

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.

7. Academic Training

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

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

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

The standards relate to

• Patient protection (training commissioners only)

• Quality evaluation and review

• Specialty trainee assessment

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

SECTION C – GENERIC PROFESSIONAL CONTENT OF THE SPECIALTY CURRICULUM

Section C – Generic Professional Content of the Specialty Curriculum	
Domain 1: Professional knowledge and management	
Outcome	Examples
1.1. Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	Effectively and respectfully communicate with patients, relatives, carers, guardians by: • consulting with patients and carers in a sensitive and compassionate way • giving clear and accurate verbal/oral information with information the recipient wants and needs and avoiding unnecessary jargon

	• giving clear, accurate and legible written information in a form the recipient can understand, with information the recipient wants and needs and avoiding unnecessary jargon • making accurate and contemporaneous records of observations or findings in English • making information accessible and inclusive by adapting written and verbal communication and tone and adopting appropriate techniques and communication aids/resources to suit others as appropriate • assessing their communication support needs and implementing appropriate methods to reduce communication barriers. For example, by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians, and others • demonstrating ability to communicate effectively and sensitively when delivering bad news • recognising own limitations and works within limits of capabilities. • Competency in obtaining informed consent Effectively and respectfully communicate with colleagues by: • promoting and effectively participating in multidisciplinary, inter-professional team working • communicate effectively with referrers regarding patient consultation and treatment

	• ensuring continuity and coordination of patient care and/or management of any ongoing care through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing
1.2. Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	They should do this by: • maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence) • influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges
1.3. Demonstrate they can deal with complexity and uncertainty	They should do this by: • showing appropriate professional behaviour and judgement in clinical and non-clinical contexts • demonstrating resilience • managing the uncertainty of success or failure • adapting management proposals and strategies to take account of patients' informed preferences, co-morbidities and long-term conditions • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
1.4. Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice	They should do this by: • understanding, and adhering to, the principles of continuing professional development

	• understanding relevant guidance and law including that relating to equality and diversity, employment, health and safety, data protection etc, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland • understanding information governance, data protection and storage and the legal parameters relating to digital and written records in the context of their workplace • recognising the need to ensure that publicly funded health services are delivered equitably
1.5. Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland	They should do this by: • understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited • demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis • understanding how resources are managed, being aware of competing demands and the importance of avoiding waste • having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and Judicial Review • recognise and work towards achieving carbon neutrality within the context of understanding the importance of sustainability in design and delivery of services and demonstrating application of these principles in practice

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

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

Domain 2: Leadership and teamworking	

Outcome	Examples
2.1. Demonstrate understanding of the importance of personal qualities within leadership (focus on self)	They should do this by: • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Relevant model: NHS Leadership Academy: the nine leadership dimensions
2.2. Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	They should do this by: • being able to seek out the views of others in maintaining and improving specialist services • being able effectively to lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate

	• being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams
2.3. Demonstrate the importance of planning and an understanding of managing dental specialist services	They should do this by: • understanding and being able to work effectively within the relevant being NHS funding, structures and pathways in their local healthcare system in relation to specialist dental services and the healthcare services they interface with, • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures
Domain 3: Patient safety, quality improvement and governance	
Outcome	Examples
3.1. Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	They should do this by: • understanding how to raise safety concerns appropriately through local and national clinical governance systems. • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care

	• demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	They should do this by: • understanding of effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal health, conduct or performance • demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely
3.3. Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	They should do this by: • using a range of quality improvement methodologies to improve dental services and improve patient care • demonstrating understanding the importance of patient and public involvement in decision-making when changes to services are proposed • engaging with all relevant stakeholders in the planning and implementation of change • working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems • Demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations in the UK, assess and recognise impact of cultural and language barriers and strategies for oral health promotion

3.4. Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	They should do this by: • recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors • understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision • recognising and taking responsibility for safeguarding vulnerable patients • understanding when it is appropriate and safe to share information on a patient
1.5 Immediate Life Support	Demonstrate competency and undertake annual training in Immediate Life Support
Domain 4: Personal education, training, research and scholarship	
Outcome	Examples
4.1. Demonstrate that they can plan and deliver effective education and training activities	They should do this by: • providing safe clinical supervision of learners • providing effective educational supervision of learners, including giving supportive, developmental feedback to learners • seeking and respecting patients' wishes about whether they wish to participate in the education and training of learners • evaluating and reflecting on the effectiveness of their educational activities and changes to improve practice • promoting and participating in inter-professional learning (including with members of the wider

	healthcare team in dentistry and in other healthcare professions) • demonstrating an ability to use a range of teaching methods for individual and group teaching, including face to face and online teaching and the use of simulation and other technology enhanced learning methods
4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice	They should do this by: • demonstrating an ability to critically appraise evidence • interpreting and communicating research evidence and data to support patients and colleagues in making informed decisions about treatment • appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry • demonstrating an understanding of the strengths and limitations of different approaches to gathering research evidence • conducting literature searches and reviews to inform their professional practice • locating and using clinical guidelines appropriately • demonstrating an understanding of stratified risk and personalised care
4.3. Understand what is required to participate in research	They should do this by: • demonstrating understanding of clinical research design, ethics processes and research governance (GCP)

Generic Learning Outcomes Assessments Blueprint

HLO	Patient feedback / MSF	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. 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. Understand what is required to participate in research		*		*		*		*	*2,6,7	

1. Case presentation
2. CPD
3. Education feedback
4. Conference presentation
5. Observation of teaching
6. Journal clubs
7. Publications
8. Developing protocols
9. Objective structured assessments eg OSDPHA

SECTION D - SPECIALTY-SPECIFIC CONTENT OF THE SPECIALTY CURRICULUM FOR PROSTHODONTICS

Section D - Specialty-Specific Content of the specialty curriculum for PROSTHODONTICS	
Domain 5: Key clinical skills	
Outcome	Examples

5.1.	Demonstrate competence to independently undertake, record and interpret a detailed history and examination of patients requiring management with simple and complex prosthodontics. From this information they will be able to provide an accurate and comprehensive dental and prosthodontic diagnosis.	Effective communication with patients for the exchange of information on dental, medical and social factors to facilitate diagnosis and formulate appropriate treatment plans, taking into consideration patients concerns, symptoms and barriers to treatment. Demonstrate knowledge, understanding and can describe routine and complex aspects of: • Systemic factors that may impact on treatment provision or outcomes, and how to manage these • Relevant biology, anatomy physiology of normal and abnormal intra- and extra-oral structures and tissues • Pain, physiology and clinical presentations of relevant oro-facial conditions including caries • Sensitivity and specificity of diagnostic tests • The influence of peri-oral structures on the appearance of the patient and their potential influence on function and stability of the dentition or any prostheses Able to: • Undertake thorough examination of the oral cavity and associated structures, including oral mucosa oral and perio-oral tissues and related structures the dental hard tissues, pulpal, periodontal/peri-implant, alveolar bone, including the assessment of occlusion. • Make a full assessment of the biological, functional and aesthetic quality of any existing prostheses or other restorations, including implant supported restorations • Complete a thorough examination of any existing prosthesis, related tissues, and structures and evaluate the biological, functional and aesthetic quality of the prosthesis • Make an appropriate assessment of prognosis of teeth and restorations, and restorability of teeth • Use and interpret investigations and special tests appropriately, including dental radiology (including CBCT), sensibility tests, haematological and microbiological tests and occlusal examination using mounted study casts for diagnosis and treatment of prosthodontic problems, or when to refer to other specialists for advice and management To recognise:

		• The urgency of patients who require immediate assessment and treatment, differentiating from those require non-urgent treatment • The influence of peri-oral structures on the appearance of the patient and their potential influence on function and stability of the dentition of any prosthesis • One's own limits and know when it is appropriate to ask for help To recognise and embrace a holistic, unbiased and unprejudiced approach to the delivery of prosthodontic and whole patient care in relation to the presenting complaints of the patient, arriving at an appropriate diagnosis of the condition from the information provided and examination and investigations undertaken
5.2.	Demonstrates independently how they determine and plan treatment strategies for patients requiring management that involves simple and/or complex prosthodontics rehabilitation; [including when/if to require input from other specialties].	To have a good knowledge and understanding of: • The relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of fixed and removable prostheses, either tooth or implant supported • current and seminal literature on indications for, success / failure criteria and biomechanical implications of such restorations Able to: • Assimilate clinical information gained above to make a diagnosis and produce appropriate treatment options, taking patient-related factors into account including sensitivity to factors relating to ethnicity and diversity and how this may affect patient decisions and inclusivity for access to treatment • Weigh treatment options against each other and communicate various options clearly to patients [and carers/parents] describing the pros and cons of each to enable the patient to be actively involved in informed and unbiased decision making • Advise on the possible and probable outcomes of treatment options including the need for future supportive care, prevention and maintenance including the financial implications of this

		• Devise and implement treatment strategies for fixed and removable prosthodontic treatment, including management of caries and surgical options for care • Provide and communicate clear treatment plans for primary care practitioners and other dental specialists in relation to the provision of fixed and removable prosthodontic treatment
5.3.	Demonstrates competence to integrate health promotion and prevention of diseases affecting the dental hard and soft tissues in patients who they manage with simple and/or complex prosthodontics	Demonstrates a thorough knowledge of the impact of general health on the oral structures and survival of restorations, such as systemic disease, smoking, diet and effective oral hygiene; and for child patients, knowledge of how future growth might impact on care. Able to: • Communicate this clearly to the patient, assisting them in improving oral and self-care practises, including smoking cessation, with particular relevance to their importance in the disease prevention and long-term survival and maintenance of restorations, including implants. • Explain, motivate, engage and ensure patients' participation and compliance in their own oral care, including advice on how non-compliance affects outcomes and long-term oral health status. • Recognise and manage common diseases of the peri-oral and dental hard and soft tissues, including dental caries, denture related stomatitis, angular cheilitis and pulpal and periodontal involvement. • Weigh demineralisation /remineralisation continuum and make patient specific decisions for an appropriate care plan. Uses evidence base to inform strategies/decisions about caries removal and when/where to retain caries.
5.4.	Demonstrates competence to integrate and are effective in providing specialist prosthodontic input to interdisciplinary interfaces that	Liaises effectively with other clinicians especially where shared care is provided, including interdisciplinary specialist care, in order to achieve optimum patient centred outcomes. Communicates clear treatment plans to colleagues including other dental specialists, primary care practitioners and DCPs, where appropriate.

	provide whole patient oral healthcare.	Demonstrates: • The ability to assess when the input of specialist colleagues is required in the planning and execution of integrated care • Appropriate and applied knowledge of the biological rationale, indications for and the basic surgical skills in providing dental implants including the procedures for placement, restoration and maintenance of dental implants; • Treatment planning and management skills in dealing with medically compromised and special needs patients • The skills necessary for assessment and restoration of endodontically treated teeth using a range of techniques Able to: • Delineate strategies and plans according to the skills of other clinicians involved in the care of the patients • Co-ordinate management of patients requiring endodontic and/or periodontal treatment before, during and after prosthodontic treatment • Assess of the restorability of teeth including endodontically and periodontally involved teeth, and plan and provide appropriate restoration of these teeth, bearing in mind how this may affect long term outcomes • Plan and provide follow-up and oversight of long-term management of patients who have received prosthodontic care, including appropriate liaison with primary care practitioners and the practice of monitoring and maintenance of the restored dentition Communicates effectively with patients, including describing the advantages and disadvantages of treatment options including the possible alternatives and potential complications, maintenance and cost implications.
5.5.	Demonstrates competence in the provision of simple and complex fixed prosthodontics in	Demonstrates applied knowledge and understanding of: • The appropriate equipment, techniques, materials and technologies available for all types of direct and indirect fixed dental prostheses including the use of dental implants, adhesive

the comprehensive management of patients either independently or in collaboration with other clinicians.	and digital technology and how appropriate materials selection relates to treatment options and tooth preparation and the response of the dental tissues to treatment • Dental laboratory techniques and the supplementing clinical procedures required to produce fixed and removable prostheses. including the laboratory requirements for indirect restorations • The relevant articulator type required for specific cases, including the need for semi-adjustable and fully adjustable articulators and a knowledge of digital technologies within the subject of articulation • The principles of tooth preparation for direct and indirect fixed dental prostheses • The provision of implant supported fixed restorations, including the importance of prosthodontically led planning, the use of CBCT imaging, surgical implant placement and simple grafting techniques, and aesthetic and functional restoration of implants Able to/Shows clinical skills in: • Prepare teeth to a high standard bearing in mind the material and design of the planned prosthesis, the biological cost and the mechanical principles involved, including a thorough knowledge of the use of adhesive techniques and how these may be employed to preserve tooth tissue • Manage soft tissues appropriately during operative procedures and whilst planning and designing restorations so as to safeguard periodontal health and create aesthetic and cleansable restorations, including implant supported restorations • Provide appropriate provisional restorations for intermediate stages of treatment • Obtain accurate impressions for manufacture of all types of indirect fixed restorations and understand when various techniques are applicable, including conventional and digital techniques • Assess and accurately record static and dynamic occlusion and have an understanding of how occlusion affects the design and survival of restorations • Competence in using facebow and articulation and in the production of diagnostic wax ups when planning either conformative or reorganised occlusal schemes. Able to transfer this

		information usefully to a clinical situation for the planning and execution of simple to complex cases • Communicate clearly and effectively with laboratory technicians • Try-in, fit and adjust restorations using appropriate cements ensuring that appearance, occlusion and function are in harmony with the remaining dentition and patient's wishes. Monitor and evaluate the effectiveness of fixed prosthodontic treatment Recognises the relevance and inter-relationship of fixed prosthodontic treatment on overall restorative care and long-term maintenance and function Communicates effectively with patients, including describing the advantages and disadvantages of treatment options, including the possible alternatives and potential complications, maintenance and cost implications.
5.6.	Demonstrates competence in the provision of simple and complex removable prosthodontics in the comprehensive management of patients either independently or in collaboration with other clinicians.	Demonstrates specialist level skill in the planning, design and provision of partial and complete removable prostheses Demonstrates an understanding of • The materials and technologies available for all types of removable dental prostheses • The principles of partial denture design and the use of surveyed casts to plan retentive features such as claps and connectors, bearing in mind the materials used for these and how these impact on design elements • Where implant supported removable prostheses may be indicated to improve outcomes • The relevance and inter-relationship of removable prosthodontic treatment to overall restorative care and long-term maintenance and function, with particular emphasis on the potential impact of removable prostheses on dental, mucosal implant and periodontal health and on patient well-being and self-esteem • Laboratory requirements for restorations & shows effective communication with laboratory technicians

	Competent in and able to: • Provide treatment plans for primary care practitioners in relation to provision of removable prosthodontic treatment • Plan and provide dentures using appropriate clinical and technical procedures • Assess and accurately record static and dynamic occlusion and have an understanding of how occlusion affects the design, survival and function of removable restorations. Be competent in using facebow and articulation and in the production of diagnostic wax-ups when planning occlusal schemes, reorganised occlusion and planning fixed – removable solutions. • Survey casts to optimise the design of removable prostheses • Communicate clearly and effectively with laboratory technicians • Transfer laboratory-based information usefully to a clinical situation for the planning and execution of simple to complex cases. Demonstrates clinical skills and competence in: • planning and carrying out appropriate tooth preparations or pre-prosthetic tissue management with reference to the design of the final prosthesis. • obtaining accurate impressions of the hard and soft tissues in order to achieve optimal fit and comfort of removable restorations. • Fit restorations ensuring that appearance, occlusion and function are in harmony with the remaining dentition, facial tissues and patient's wishes • Monitor and evaluate the effectiveness of prosthodontic treatment and make adjustments where necessary Communicates effectively with patients, including describing the advantages and disadvantages of treatment options including the possible alternatives and potential complications, maintenance and cost implications.

5.7.	Demonstrates competence in the provision of simple and complex removable and fixed implant supported prosthodontics in the comprehensive management of patients either independently or in collaboration with other clinicians.	Able to formulate appropriate treatment plans for implant retained or supported fixed and removable prostheses, including working as part of a multi- disciplinary team to achieve optimum outcomes for the patient Considers and applies the relevant theoretical and clinical techniques and principles in common with conventional prosthodontics including materials science, occlusion, laboratory techniques and communication as outlined in the relevant sections. Demonstrates applied knowledge and clinical competence in • The provision of fixed and removable implant supported restorations, including the importance of prosthodontically led planning and surgical placement • Design, construction and delivery of provisional and definitive implant-retained or -supported prostheses for optimal aesthetic and functional restoration of implants • Plain radiographic and CBCT imaging, including the design and construction of radiographic guides to aid planning of number, position of fixtures and the reporting and interpretation of the images acquired • The practical use of surgical guides to assist in optimal surgical implant placement • Surgical implant placement and simple grafting techniques including soft tissue management, obtaining accurate impressions of implants, and hard and soft tissues in order to achieve optimal fit of restorations • Selection of appropriate implant components for laboratory and clinical stages • Clearly and effective communication with laboratory technicians • Managing the soft tissues around implants with the use of provisional restorations and abutments and to evaluate the need for soft tissue augmentation procedures • Effective monitoring and evaluation of the effectiveness of implant rehabilitations, including appropriate maintenance regimes and management of peri-implantitis and complications associated with restorations Demonstrates an understanding of the maintenance and cost implications of treatments involving implants and current guidelines applicable to provision of such treatment.

	Communicates effectively with patients, including describing the advantages and disadvantages of implant treatment including the possible alternatives and potential complications, maintenance and cost implications.
5.8. Demonstrates competence in the management of patients diagnosed with Temporomandibular disorders (TMDs) either independently or in collaboration with other clinicians.	Demonstrates applied knowledge and understating of: • The relevant biology, anatomy, physiology, pathology and radiology in provision of care and advice for TMDs • The current and seminal literature on diagnosis and management of these disorders • Different treatments available for TMD and recognises limitations (jaw exercises, inter-occlusal appliances, registration techniques, deprogramming devices, occlusal adjustment, conformative and reorganised approaches to oral reconstruction, psychological, pharmacological and surgical approaches) Able to: • Communicate effectively and empathically with patients to identify potential aetiological factors and signs and symptoms of TMD and to provide behavioural advice for the management of these problem where appropriate • Communicate and work with colleagues on the multidisciplinary management of these problems • Monitor and evaluate the effectiveness of treatment regimes in conjunction with other specialists/ dental care professionals managing the patient Demonstrates competence and clinical skills in: • Diagnosis of oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs • Construction of appropriate occlusal appliances for the diagnosis and treatment of TMD problems • Recognises the relevance of treatment of TMD problems on overall patient care, long term function and survival of restorations and on patient well-being

5.9.	Demonstrates competence in the prosthetic and conservative dental management of patients diagnosed with Tooth wear (Tooth surface loss) either independently or in collaboration with other clinicians.	Considers and applies the relevant theoretical and clinical techniques and principles of fixed and removable prosthodontics including materials science, occlusion, laboratory techniques and communication as outlined in the relevant sections. Demonstrates applied knowledge and understanding of: • The relevant anatomy, physiology, pathology, microbiology and technical requirements in the management of tooth wear • The current and seminal literature on the aetiology and preventive management of tooth wear • The consequences of tooth preparation in the worn dentition and an applied knowledge of how to restore the worn dentition, bearing in mind the biological cost associated with this and how appropriate materials selection relates to treatment options • The effect of prosthodontic treatment of tooth surface loss on pulpal and periodontal health and pathology and patient well-being and self-esteem • The laboratory requirements for indirect and direct restorations Demonstrates applied knowledge, clinical skills and competence: • To communicate effectively and empathically with patients to obtain an appropriate history in order to identify aetiological factors, signs and symptoms of tooth wear and to provide behavioural advice for the preventions and management of aetiological factors involved in tooth wear • To formulate appropriate care plans for the management of tooth wear, bearing in mind patient wishes and concerns, a full assessment of the worn dentition, including an occlusal assessment and an appreciation of the factors which may affect the decision to select fixed or removable solutions, or a combination of these treatment modalities • In the use of appropriate techniques, materials and technologies available to provides the relevant treatment to manage tooth wear and the specific factors which make the management of tooth wear challenging, including the response of the dental tissues to treatment, and where surgical procedures such as crown lengthening may be indicated

	• In the use of adhesive techniques and how these may be employed to preserve tooth tissue, with an applied understanding of the relevance and inter- relationship of adhesive and conventional restorations in the prosthodontic treatment of tooth wear. • To assess and accurately record static and dynamic occlusion and have an understanding of how occlusion affects the design, survival and function of fixed and removable restorations, and where occlusal changes can be employed to address the loss of tooth structure resulting from tooth wear, and to minimise further destruction of tooth tissue • In using facebow and articulation and in the production of diagnostic wax ups when planning occlusal schemes, including reorganised occlusal schemes and planning fixed – removable solutions. Able to transfer this information usefully to a clinical situation for the planning and execution of complex cases. Able to: • Prepare teeth for direct and indirect restorations and able to execute this to a high standard. • Plan and execute surgical crown lengthening procedures where appropriate, or liaise appropriately with periodontal specialist colleagues the provision of this treatment • Provide appropriate provisional restorations for intermediate stages of treatment • Obtain accurate impressions for manufacture of all types of fixed and removable restorations and understand when various techniques are applicable, including conventional and digital techniques • Try-in, fit and adjust restorations using appropriate cements ensuring that appearance, occlusion and function are in harmony with the remaining dentition and patient's wishes • Monitor and evaluate the effectiveness of treatment for tooth wear and to devise maintenance plans following tooth wear rehabilitation. • Provide treatment plans for primary care practitioners in relation to provision of removable prosthodontic treatment • Communicate effectively with colleagues and provide treatment plans for primary care practitioners in the management and prevention of tooth wear. • Show effective communication with laboratory technicians.

	• Liaise with medical professionals for the investigation and management of medical issues related to the pathophysiology of the patient's tooth wear, including but not limited to, clinical psychology, gastroenterology and general practitioners
5.10. Demonstrates competence in the aesthetic dental management of patients with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	Demonstrates an applied knowledge of the relevant dental anatomy, tooth morphology and tooth proportion in relation to aesthetic dental restorations, including soft tissue factors such as gingival aesthetics, lip support, vertical dimension and where liaison with other specialties may be indicated, such as periodontal and orthodontic care planning. Applies aesthetic principles and when providing all types of fixed and removable prostheses Communicates effectively and empathetically with patients, including effective history taking and describing the advantages and disadvantages of aesthetic dental treatment, including the possible alternatives and potential complications, maintenance and cost implications Able to plan and provide dental procedures for managing changes in tooth colour, shape and position Demonstrates an applied understanding of and clinical skills in the use of appropriate techniques, materials and technologies available for altering tooth colour, proportion and position including: • Tooth whitening techniques for vital and non-vital teeth • Use of micro- and macro- abrasion Use of gingival masks to manage gingival recession • Use of resin infiltration systems for the management of alteration in tooth colour Demonstrates applied knowledge and clinical skills described in the relevant other sections of the curriculum in: • Preparation of teeth for direct and indirect restorations, using the skills and principles • Appropriate material for direct and indirect restorations

	• Providing appropriate provisional restorations for intermediate stages of treatment • Fitting of restorations using appropriate adhesives or cements ensuring that appearance, occlusion and function are in harmony with the planned occlusal scheme, remaining dentition and patient's wishes • Understanding the potential effects of veneers and other direct and indirect restorations on pulpal and periodontal health and pathology and patient well-being and self-esteem An understanding of the laboratory requirements for restorations and show effective communication with laboratory technicians for the provision of aesthetic indirect restorations Able to communicate effectively to provide care plans for primary care practitioners in relation to aesthetic procedures Understands and formulates maintenance plans for patients who have undergone aesthetic procedures.
5.11. Demonstrates a comprehensive knowledge and understanding of materials science as related to the management of patients with prosthodontics.	Demonstrates knowledge of material science and ability to select a material for a particular use within Prosthodontics Able to select the correct technique for use/manipulation for each material Demonstrates applied knowledge and clinical skills relating to: • The advantages and disadvantages of material use in differing clinical scenarios • The potential consequences of choosing an inappropriate material for a particular site • Potential adverse effects on a patient of the use of a material • The laboratory requirements for materials and shows effective communication with laboratory technicians for the provision of indirect restorations constructed with different materials or techniques

	• The requirements for tooth preparation for the specific materials for a planned restoration, with an applied understanding of the relevance and inter- relationship of materials used for adhesive and conventional restorations in the prosthodontic treatment Understands and evaluates the cost-benefit of a variety of dental materials used within Prosthodontics.
5.12. Demonstrates competence in the prosthodontic management of patients who have experienced dental trauma with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	Demonstrates knowledge of the relevant biology and anatomy of the oro-facial region necessary for the assessment of dental trauma Considers and applies the relevant theoretical and clinical techniques and recent research relevant to the management of dental trauma and applies this appropriately Able to: • Advise regarding emergency management of dental trauma • Manage the acute phase of trauma, including repositioning of avulsed/traumatised teeth, provision of an appropriate stabilizing splint, provisional restorations, and endodontic skills to a skilled general dental practitioner • Assess hard and soft tissues and compose an appropriate care plan • Assess restorability of traumatised teeth and discuss all treatment options with a patient • Provide appropriate restorations for traumatised teeth Recognises the need to work with other clinicians in the provision of care and liaises appropriately with colleagues from other specialties as appropriate Demonstrates the ability to interpret radiographic images in assessing the trauma and ongoing monitoring of affected structures Communicates effectively and empathetically with trauma patients, including effective history taking and describing the advantages and disadvantages of dental treatment,

		including the possible outcomes, alternatives, potential complications, maintenance and cost implications
5.13.	Demonstrates competence in the application of digital dentistry as it relates to the dental management of patients with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	Demonstrates knowledge of the relevant biology and anatomy of the oro-facial region necessary for the use of digital dentistry. Demonstrates applied knowledge, understanding and ability to: • Use digital technologies in patient assessment and planning care • Use digital and/or conventional technologies in different aspects of care plan and to integrate their use as appropriate, including digital impression taking, planning and design of restorations • Select and use CAD CAM and additive technologies where appropriate Understands the advantages and disadvantages of use of digital and conventional technologies and where to use each appropriately Demonstrates applied knowledge and understanding of digital laboratory techniques, its advantages and limitations. Understands how digital technology can be used to enhance effective patient communication, including its use in patient education and information.
5.14.	Demonstrates competence in the application of clinical imaging (radiography, including digital radiography and photography) as it relates to the dental management of patients with fixed or removable prosthodontics and conservative dentistry either independently or	• Demonstrates knowledge of the relevant biology and anatomy of the oro-facial region necessary for the interpretation of radiographic images. • Understands the importance of clinical governance when using clinical imaging and demonstrates thorough and applied knowledge of the legal requirements relating to the use of medical radiology. Up to date with the regulations relating to this (IRMER) • Demonstrates knowledge of the principles of radiographic quality assurance and the practice of applied quality control

	in collaboration with other clinicians.	• Recognises the need to minimise the radiation dose for each patient and puts this into practice when requesting/taking radiographs. • Shows skills in interpreting radiographic images and writing accurate reports, and in producing standard sets of images to illustrate a course of treatment. • Able to use digital image technology and planning alongside conventional and digital imaging techniques for diagnosis and care planning. • Understands the relevance of clinical photographs in care planning and from a medico-legal perspective.
5.15.	Demonstrates a comprehensive knowledge and understanding of the research that underpins the management of patients with fixed and removable prosthodontics and conservative dentistry.	• Demonstrates knowledge in the different types of research investigation, and in the hierarchy of research evidence, and can critically appraise the evidence. • Has an applied knowledge of seminal and current research relevant to prosthodontics and able to critically appraise and apply appropriately to clinical situations. • Understands the importance of and complies with research governance. • Demonstrates skills in writing reports, articles and in preparing and altering manuscripts where appropriate. • Presents research work to professional colleagues in the workplace, or at specialist meetings. • Understands the process of peer review in scientific publications. • Utilises evidence-based dentistry in the planning, execution and self-reflection of own clinical work.

HLO	**Patient feedback**	**MSF**	**DOPS**	**CBD**	**CEX**	**Specialty specific summative examination (MPros)**	**Logbook/ clinical competency record**	**Reflective reports**	**ES/CS reports**
5.1. Demonstrate competence to independently undertake, record and interpret a detailed history and examination of patients requiring management with simple and complex prosthodontics. From this information they will be able to provide an accurate and comprehensive dental and prosthodontic diagnosis.	*	*	*	*	*	*	*	*	*
5.2. Demonstrates independently how they determine and plan treatment strategies for patients requiring management that involves simple and/or complex prosthodontics rehabilitation; [including when/if to require input from other specialties].	*	*	*	*	*	*	*	*	*
5.3. Demonstrates competence to integrate health promotion and prevention of diseases affecting the dental hard and soft tissues in patients who they manage with simple and/or complex prosthodontics	*	*	*	*	*	*	*	*	*
5.4. Demonstrates competence to integrate and are effective in providing specialist prosthodontic input to interdisciplinary interfaces that provide whole patient oral healthcare.	*	*	*	*	*	*	*	*	*
5.5. Demonstrates competence in the provision of simple and complex fixed prosthodontics in the comprehensive management of patients either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.6. Demonstrates competence in the provision of simple and complex removable prosthodontics in the	*	*	*	*	*	*	*	*	*

comprehensive management of patients either independently or in collaboration with other clinicians.									
5.7. Demonstrates competence in the provision of simple and complex removable and fixed implant supported prosthodontics in the comprehensive management of patients either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.8. Demonstrates competence in the management of patients diagnosed with Temporomandibular disorders (TMDs) either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.9. Demonstrates competence in the prosthetic and conservative dental management of patients diagnosed with Tooth wear (Tooth surface loss) either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.10. Demonstrates competence in the aesthetic dental management of patients with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.11. Demonstrates a comprehensive knowledge and understanding of materials science as related to the management of patients with prosthodontics.	*	*	*	*	*	*	*	*	*
5.12. Demonstrates competence in the prosthodontic management of patients who have experienced dental trauma with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.13. Demonstrates competence in the application of digital dentistry as it relates to the dental management of patients with fixed or removable prosthodontics and conservative dentistry either independently or in collaboration with other clinicians.	*	*	*	*	*	*	*	*	*
5.14. Demonstrates competence in the application of clinical imaging (radiography, including digital radiography and photography) as it relates to the dental management of patients with fixed or removable prosthodontics and	*	*	*	*	*	*	*	*	*

conservative dentistry either independently or in collaboration with other clinicians.									
5.15. Demonstrates a comprehensive knowledge and understanding of the research that underpins the management of patients with fixed and removable prosthodontics and conservative dentistry	*	*	*	*	*	*	*	*	*

Note: Assessments in red are mandated. SLEs are mandated (see section 6), but the individual tools are not. However, a balanced portfolio of SLE evidence should be provided. Assessments in black are flexible and the trainee can choose whether they wish to use them to evidence their learning.

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
CBD	Case-based discussion
CCST	Certificate of Completion of Specialty Training
CEX/mini CEX	Clinical evaluation exercise
CPA	Competence in practice assessment
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DOP/DOPS	Direct observation of procedure/procedural skills

EPA	Entrustable professional activities
ES	Educational Supervisor
ESR	Educational Supervisor’s Report
FDS(DPH)	Fellowship in Dental Surgery in Dental Public Health
FDS(OM)	Fellowship in Dental Surgery in Oral Medicine
FDS(OS)	Fellowship in Dental Surgery in Oral Surgery
FDS(Orth)	Fellowship in Dental Surgery in Orthodontics
FDS(PaedDent)	Fellowship in Dental Surgery in Paediatric Dentistry
FDS(RestDent)	Fellowship in Dental Surgery in Restorative Dentistry
FRCPath	Fellowship of the Royal College of Pathologists
GDC	General Dental Council
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

RCR	Royal College of Radiologists
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* *note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide*
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