

**Oral Medicine
Specialty Training Curriculum**

Approved on: 23 January 2023

Foreword

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

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

The curriculum has been written by the Oral Medicine 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 Oral Medicine Curriculum was written by the Oral Medicine Curriculum Working Group of the Specialist Advisory Committee for the Additional Dental Specialties (SACADS) with input from the following:

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|----------------------|---|
| • Roddy McMillan | Group Chair - TPD London KSS/SACADS |
| • Alex Perks | BISOM fellows in training representative |
| • Gemma Davis | BISOM fellows in training representative |
| • Valeria Mercadante | Academic clinical fellow / honorary StR in oral medicine |
| • Priya Thakrar | Darzi Fellowship / StR in oral medicine (post hoc secondment) |
| • Emma Hayes | Fellow recently completed training – dual qualified pathway |
| • Jon Higham | Fellow recently completed training – singly qualified pathway |
| • Meena Rudralingam | SACADS committee member |
| • Philip Atkin | Chair Specialty Training Committee ADS, Wales |

- Tim Hodgson Medical Director, UCLH NHS Foundation Trust
- Pepe Shirlaw Interim President BISOM
- Sue Denmark Chair of RCS Patient Liaison Group

UK & Ireland Training Programme Directors (TPDs):

- Jennifer Taylor
- Marco Carrozzo
- Claire Healy
- Jodie Montgomery-Cranny
- Konrad Staines
- Bijay Rajlawat
- Amanda Willis
- Andrea Richards

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SECTION A: PURPOSE STATEMENT FOR ORAL MEDICINE

1. Introduction to the Oral Medicine Specialty

Oral medicine is the specialty of dentistry concerned with the care of children and adults for the diagnosis and management of a variety of conditions which include chronic, recurrent and medically related disorders of the mouth, face and jaws. Oral medicine is the specialty which interfaces between medicine and dentistry. An example of a condition managed by oral medicine specialists is oral ulceration - a condition which has numerous potential causes, some of which include skin or bowel disease. In addition to having postgraduate dental training, oral medicine specialists have enhanced training in the medical aspects of oral disease, particularly where they relate to the oral manifestations of underlying systemic disease. Oral medicine specialty training is typically 5 years in duration. Oral medicine specialty training involves a range of activities such as, assessing and treating patients in outpatient and inpatient settings, teaching and research. Oral medicine specialists primarily work within the NHS services and university teaching hospitals.

Oral medicine specialist's advance patient care through research and the delivery of education and assessment in undergraduate and postgraduate medical and dental training.

Oral medicine specialists treat both common and rare diseases that appear in the mouth, accept patient referrals from dentists, GPs, surgical, medical and dental specialties, and are frequently involved in the multi-disciplinary care of such patients.

2. Oral Medicine improving the health of patients and the population

Oral medicine specialists work alongside other specialists in dentistry and in areas of adult and paediatric medicine including, but not limited to dermatology, gastroenterology, immunology, infectious disease, neurology, neurosurgery, pain management, psychiatry and clinical psychology.

As an example, mouth ulcers are quite common, and patients will often be seen initially by a general dental practitioner. They may simply be due to mouth lining irritation from a broken tooth or a rubbing dental appliance such as a loose denture or sharp metal in an orthodontic brace. The family dentist would be quite capable of managing such an ulcer. Other mouth ulcers may be as a result of a nutritional deficiency, or as part of an underlying disease (e.g., coeliac disease, Behçet's disease), or as part of a potentially cancerous process. The oral medicine specialist will provide blood tests or tissue biopsy as needed and treat appropriately with medications unavailable to the general dental practitioner, or work alongside colleagues in gastroenterology, rheumatology or maxillofacial surgery to help manage the patient's oral ulceration. Another example of an oral medicine patient journey may be that of an older patient who sees their general dental practitioner for a sharp stabbing pain affecting a limited part of the face and jaw and appearing to come from a tooth. If after clinical and x-ray examination the dentist cannot find an obvious dental cause for the pain, they may suspect a nerve-related pain such as trigeminal neuralgia and refer to a specialist in oral medicine. The oral medicine specialist can assess the patient, arrange for detailed scans of the nerves and brain, and begin treatments with medications that the

general dental practitioner cannot prescribe. The oral medicine specialist may also involve colleagues in neurosurgery to further help manage the pain for the patient, using different surgical options as required.

Oral medicine specialists are involved in the multi-disciplinary care of diseases that appear in the mouth and often provide expertise that is not available from other healthcare providers. An example of a patient journey that highlights the role of an oral medicine specialist may be that of a child with Crohn's disease affecting the bowel (and therefore impacting upon the child's growth and development) but also causing a distressing redness and swelling of the face and lips, and ulceration in the mouth. Such a child may be referred from colleagues in paediatric gastroenterology for an assessment by a specialist in oral medicine who can advise on, and provide, treatments for the face, mouth and jaws, and work alongside paediatric dentistry specialists to maintain the dental and oral health of the child whilst they undergo medical and surgical treatments for their Crohn's disease.

3. Entry to the Training Programme

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

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

4. Outline of the training programme

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

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

5. Training specific to Oral Medicine

The duration of oral medicine training is 5 years (whole time equivalent - WTE) unless a reduction in specialty training time has been approved by the Postgraduate Dental Dean following advice from the Review of Competency Progression (RCP) panel / Specialty Advisory Committee

(SAC) for prior accredited learning. The RCP panel / Postgraduate Dental Dean may consider the following criteria for an allowance in reduced training time:

- Full UK General Medical Council (GMC) registration - trainees can potentially be awarded up to 24 months reduction in training time (WTE), dependent on training progression (for example consistently high performance in a range of SLEs and past oral medicine clinical experience).
- Provisional GMC registration i.e., completion of a registerable medical qualification as recognised by the GMC - trainees can potentially be awarded up to 12 months reduction in training time (WTE), dependent on training progression (for example consistently high performance in a range of SLEs and past oral medicine clinical experience).
- Clinical Master of Science (MSc) in oral medicine - trainees can potentially be awarded up to 6 months reduction in training time (WTE), dependent on training progression (for example consistently high performance in a range of SLEs and past oral medicine clinical experience).
- Prior clinical experience in oral medicine – a trainee can ask that prior oral medicine clinical experience be considered for a reduction in training time of up to 12 months (WTE). Under such circumstances the only evidence that will be considered by the RCP panel / Postgraduate Dental Dean will be from the trainee's current oral medicine specialty training portfolio (for example consistently high performance in a range of SLEs and past oral medicine clinical experience).

A Certificate of Completion of Specialist Training (CCST) in oral medicine will be awarded by the General Dental Council on the recommendation of the local Postgraduate Dental Dean following:-

- Evidence of satisfactory completion of the oral medicine curriculum and the agreed training period
- Satisfactory completion of the designated College examination in oral medicine (the SAC will be the body charged with advising on the choice of requisite examination for oral medicine specialty training)
- Outcome 6 in the Record of Competency Progression (RCP) process as outlined in The Dental Gold Guide

6. Evidence and assessment

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

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

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

The principle of Supervised Learning Events (SLEs) is that trainees are assessed on work that they undertake on a day-to-day basis and that the assessment is integrated into their daily work. The curriculum does not stipulate minimum numbers of assessments for SLEs. When there is a requirement by specialty, this can be found in the specialty assessment strategy which is available at [Higher Specialist Training Documents and Curricula — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/higher-specialist-training/documents-and-curricula).

A full list of SLEs can be found in the glossary of assessment terms. Supervised Learning Event assessment tools will include but are not limited to:

- Clinical examination exercise
- Case based discussions
- Direct observation of procedural skills
- Procedure based assessments
- Multisource feedback
- Patient/user feedback

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

Continuous assessment throughout training will be undertaken by the educational supervisor, clinical supervisors and other educators involved in training, using a range of SLEs. All assessments completed in the workplace have a formative function, with trainees given contemporaneous feedback on their performance, and these all contribute to the decision about a trainee's progress. The assessment process should be initiated by the trainee, who should identify opportunities for assessment throughout their training. A minimum dataset of evidence and decision aid is provided by the SAC for the Additional Dental Specialities for use during the oral medicine Review of Competency Progression (RCP) process.

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 programme/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 illustrate the SLEs that can be used to assess the HLOs.

7. Research

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

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

The GDC sets Standards for Specialty Dental Education ([Dental Specialty training \(gdc-uk.org\)](https://www.gdc-uk.org/specialty-training)) and assures that training commissioners and examination providers (collectively referred to as “providers”) meet these standards.

The standards relate to

- Patient protection (training commissioners only)
- Quality evaluation and review
- Specialty trainee assessment

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

Outcome	Examples
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 • recognising and managing 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,	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

understanding that systems may differ between England, Scotland, Wales and Northern Ireland	• 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 practice of dentistry • understanding national and local population oral health needs • understanding the relationship of the physical, economic and cultural environment to health and its impact on patients and patient outcomes • understanding the role of national and local public health organisations and systems and how the role of a dental specialist supports these organisations in improving the public's dental health
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	• Understanding that patients are partners with their health care providers - o providing balanced information about treatment options - o eliciting the patient's concerns, values and preferences - o offering support to the patient to help them to reach a decision and making that final decision together. • being able to articulate personal values and principles yet show understanding of how these may be different to those of others – patients and colleagues. • valuing, respecting and promoting equality and diversity

Domain 2: Leadership and teamworking	
Outcome	Examples
2.1. Demonstrate understanding of the importance of personal qualities within leadership (focus on self)	They should do this by: • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Relevant model: NHS Leadership Academy: the nine leadership dimensions
2.2. Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	They should do this by: • being able to seek out the views of others in maintaining and improving specialist services • being able effectively to lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate • being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams
2.3. Demonstrate the importance of planning and an understanding of managing dental specialist services	They should do this by: • understanding and being able to work effectively within the relevant being NHS funding, structures and pathways in their local healthcare system in relation to specialist dental services and the healthcare services they interface with, • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures

Domain 3: Patient safety, quality improvement and governance	
Outcome	Examples
3.1. Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	They should do this by: • understanding how to raise safety concerns appropriately through local and national clinical governance systems. • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care • demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	They should do this by: • understanding of effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal health, conduct or performance • demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely
3.3. Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	They should do this by: • using a range of quality improvement methodologies to improve dental services and improve patient care • demonstrating understanding the importance of patient and public involvement in decision-making when changes to services are proposed • engaging with all relevant stakeholders in the planning and implementation of change

	• working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems • demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations and other groups with protected characteristics in the UK, assess and recognise the impact of cultural and language and other barriers and strategies for oral health promotion
3.4. Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	They should do this by: • recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors • understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision • recognising and taking responsibility for safeguarding vulnerable patients • understanding when it is appropriate and safe to share information on a patient
3.5 Immediate Life Support	Demonstrate competency and undertake annual training in Immediate Life Support
Domain 4: Personal education, training, research and scholarship	
Outcome	Examples
4.1. Demonstrate that they can plan and deliver effective education and training activities	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	*	*				*		*		

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
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	

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
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		*		*		*		*	*6,7,8	

keep up to date with current and best practice										
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 ORAL MEDICINE

Section D - Specialty-Specific Content of the specialty curriculum for Oral Medicine	
Domain 5: Able to demonstrate effective and independent conduct in an oral medicine specialist clinic	
Outcome	Examples
5.1. Demonstration of effective and independent conduct in an oral	• Demonstrate professional behaviour with regards to patients, carers, colleagues and others • Demonstrate effective consultation skills, inclusive of thorough and precise history taking skills relevant to the practice of oral medicine

medicine specialist clinic	● Demonstrate high level clinical skills inclusive of a physical examination of the orofacial tissues and other body systems if appropriate ● Demonstrate the appropriate understanding and use of special investigations including the interpretation of results ● Accurately formulate differential diagnosis/diagnoses ● Demonstrate appropriate use of validated assessment tools with regards to disease severity and impact on quality of life ● Formulate and explain an appropriate management plan, considering patient preferences, with a focus on patient-centred care, patient empowerment and shared decision making ● Demonstrate safe and effective prescription, management and monitoring of topical and systemic medications relevant to the specialist practice of oral medicine ● Demonstrate efficient time management skills ● Demonstrate the ability to manage patient flow through outpatient clinics and to discharge appropriately ● Able to supervise other health care professionals on an oral medicine specialist clinic ● Recognise when to seek a second opinion, liaise with appropriate specialties and make an onward referral as necessary, by means appropriate to the urgency of the situation ● Demonstrate an understanding of and follows local and national guidelines ● Demonstrate an awareness of the importance of evidence-based practice and the role of research in the management of oral medicine patients ● Demonstrate an ability to supervise multidisciplinary and multi- professional teams to deliver an oral medicine service ● Demonstrate an understanding of the importance of and ability to interpret clinical and educational governance ● Demonstrate effective, safe and independent management of the following groups of conditions: ○ Oral mucosal disease ○ Orofacial pain, neurological and psychological disorders
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	- o Salivary gland disease - o Oral manifestations of systemic disease - o Disease of bone ● Demonstrate effective, safe and independent conduct of the following procedures: - o Phlebotomy - o Soft tissue biopsy – including demonstrating appropriate understanding of oral histopathology and laboratory techniques - o Therapeutic infiltrations e.g., intralesional steroid injection ● Demonstrate safe and effective working with patients with mental health problems: - o Recognise the impact of long-term conditions on patients and their family and friends, be supportive and respectful and able to direct patients to other means of support as appropriate - o Describe psychiatric differential diagnoses of relevance to orofacial disorders - o Understand the various biological, psychological and social factors that impact on clinical disease presentation, treatment outcomes and barriers to clinical response and is able to interpret them appropriately - o Describe psychiatric differential diagnoses of relevance to orofacial disease - o Describe the structure of mental health services - o Define features of depression, and risk factors for suicide - o Perform a psychiatric history - o Evaluate the risk of suicide in a patient - o Recognise own limitations and choose appropriately when to seek advice from the mental health team - o Be able to recognise dementia, cognitive impairment and lack of capacity that may impact on relevant oral medicine care - o Perform a cognitive test where appropriate e.g., mini mental state examination (MMSE)
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	- o Define the role of clinical psychologists in managing mental health - o Recognise the importance of psychological support in the management of pain - o Identify and instigate as appropriate through liaison with other healthcare professionals the management strategies for patients with substance misuse
Domain 6: Understanding of body systems and conditions relevant to oral medicine specialist practice	
Outcome	Examples
6.1. Demonstration of understanding of the body systems and conditions relevant to oral medicine specialist practice	• Demonstrate knowledge of relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to health. Be able to recognise their importance and describe alterations of these in disease states • Carry out a structured and precise history of the body systems and conditions relevant to oral medicine specialist practice • Demonstrate knowledge of systemic diseases that may have orofacial manifestations, e.g. (but not limited to): - o Gastrointestinal diseases such as Crohn's disease and ulcerative colitis - o Dermatological diseases such as lichen planus and immunobullous disease - o Haematological diseases such as blood dyscrasias and malignancies - o Autoimmune and autoinflammatory conditions, such as Sjögren's syndrome and Behçet's disease • Be able to perform when relevant a targeted central and peripheral nervous system examination including cranial nerve examination • Be able to recognise significant neurological signs that may manifest in the specialist oral medicine clinic. This includes 'red flag' presentations and acute neurological emergencies that would require prompt liaison with appropriate medical specialties • Be able to diagnose and appropriately manage patients with orofacial manifestations of systemic disease inclusive of safe and effective liaison with other healthcare providers in order to ensure effective, holistic care

Domain 7: Effective and safe prescribing and administration of treatments relevant to oral medicine specialist practice	
Outcome	Examples
7.1. Demonstration of effective and safe prescribing and administration of treatments relevant to oral medicine specialist practice	● Describe the pharmacological management of orofacial disease: ○ Selection and safe prescribing of agents ○ Prevention, recognition, and management of complications, side effects, and emergencies ○ Able to carry out therapeutic monitoring of systemic medications ○ Have knowledge of the range of adverse reactions to commonly used topical and systemic medications in the specialist practice of oral medicine, and be able to assess a clinical situation, recognise an adverse drug reaction, and manage it appropriately ○ Have knowledge of current best practice in safe prescribing, including the potential effects of patient factors such as extremes of age, and concomitant conditions, on prescribing

Oral Medicine Assessments Blueprint

High-Level Learning Outcomes	MSF	CbD	CEX	DOPS	Observation of Teaching	Patient Feedback	College Examination	Evidence of Reflective Practice	Attendance at External Courses	Journal Club Attendance
5.1. Demonstration of effective and independent conduct in an oral medicine specialist clinic	*	*	*	*	*	*	*	*		
6.1. Demonstration of understanding of the body systems and conditions relevant to oral medicine specialist practice	*	*	*	*		*	*	*	*	*
7.1 Demonstration of effective and safe prescribing and administration of treatments relevant to oral medicine specialist practice	*	*	*	*	*	*	*	*	*	*

NOTE: none of the above evidence modalities are mandated for these outcomes, but it is recommended that a range of different evidence is provided if possible. Although not mandated for these individual outcomes, the designated College examination in oral medicine is mandatory in order to satisfactorily complete oral medicine specialty training (see section 5).

SECTION E: GLOSSARY OF TERMS AND REFERENCES

ABFTD	Advisory Board for Foundation Training in Dentistry
ABSTD	Advisory Board for Specialty Training in Dentistry
ACAT	Acute Care Assessment Tool
ACF	Academic Clinical Fellow
AoA	Assessment of Audit
ARCP	Annual Review of Competence Progression
CAT	Critically Appraised Topic
CBD	Case-based discussion
CCST	Certificate of Completion of Specialty Training
CEX/mini CEX	Clinical evaluation exercise
CPA	Competence in practice assessment
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
DDMFR	Diploma in Dental and Maxillofacial Radiology
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
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* <i>note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide</i>
TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Workplace-based Assessment
WR	Written report
WTE	Whole Time Equivalent

References

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