Paediatric Dentistry Specialty Training Syllabus

Contents

[Introduction 2](#_Toc192154937)

[Why is a training syllabus needed? 2](#_Toc192154938)

[Principles of the 4-Year Training Programme 2](#_Toc192154939)

[Entry to Training and Training Progression 3](#_Toc192154940)

[Structure of Training Programmes 3](#_Toc192154941)

[Weekly Timetables 3](#_Toc192154942)

[Facilities 3](#_Toc192154943)

[Supervision 4](#_Toc192154944)

[Training Capacity 4](#_Toc192154945)

[Section C: General Professional Content of the Paediatric Dentistry Syllabus 5](#_Toc192154946)

[Section D: Specialty Specific Content for Paediatric Dentistry 5](#_Toc192154947)

[Domain 5.1 – Assessment of the Child and Young Person 5](#_Toc192154948)

[Domain 5.2 – Children in Society 6](#_Toc192154949)

[Domain 5.3 – Behavioural Science 9](#_Toc192154950)

[Domain 5.4 – Medical 10](#_Toc192154951)

[Domain 5.5 – Oral Medicine and Oral Surgery 13](#_Toc192154952)

[Domain 5.6 – Dento-Alveolar Trauma 15](#_Toc192154953)

[Domain 5.7 – Development and Anomalies 16](#_Toc192154954)

[Domain 5.8 – Management and Prevention of Oral Disease 18](#_Toc192154955)

[Domain 5.9 Safeguarding 20](#_Toc192154956)

[Conclusion 22](#_Toc192154957)

[Acknowledgements 22](#_Toc192154958)

[References 22](#_Toc192154959)

[Appendix 1 – Recommendations for Workplace Based Evidence 23](#_Toc192154960)

[Appendix 2 – Paediatric Dentistry RCP Checklist and Log of Evidence – Version 1 25](#_Toc192154961)

[Log of Evidence on ISCP 28](#_Toc192154962)

# Introduction

This document sets out the Training Syllabus for United Kingdom (UK) specialty training in Paediatric Dentistry. It has been written by the Specialist Advisory Committee (SAC) for Paediatric Dentistry of the surgical Royal Colleges.

The purpose of this document is to provide the guidance that underpins the principles and processes within UK specialty training in Paediatric Dentistry. It is intended to be of use for specialty trainees, trainers, programme providers, and other stakeholders. UK Paediatric Dentistry specialty training is an indicative 4-year programme leading to the award of Certificate of Completion of Specialty Training (CCST).

The programme leads to eligibility to sit the UK Surgical Royal Colleges Fellowship in Paediatric Dentistry (FDS) examination and, subject to satisfactory completion of all training requirements, eligibility to join the Specialist List in Paediatric Dentistry through application to the General Dental Council (GDC).

## Why is a training syllabus needed?

The Paediatric Dentistry Specialty Training Curriculum refers to the knowledge, skills, and competencies that the trainee specialist will develop during their period of study and training. The Paediatric Dentistry Specialty Training Syllabus complements this information by detailing the topics that are expected to be covered within the teaching and training programme. The Training Syllabus should be read in conjunction with the Paediatric Dentistry Specialty Curriculum.

In addition, the Dental Gold Guide provides a reference for all dental specialty training in the UK, while the Surgical Royal Colleges Fellowship in Paediatric Dentistry (FDS) examination guidance should also be consulted as a key document relating to summative assessment associated with Specialty Training in Paediatric Dentistry.

## Principles of the 4-Year Training Programme

Training should be structured, and while service provision is an important part of a comprehensive NHS training programme, training experience should always be at the forefront. On completion of training, the Paediatric Dentist should have gained experience of all the main contexts where dental care for children and young people are provided – this experience may be gained both during speciality training and through prior relevant experience.  By the end of training, a Paediatric Dentist should have experience of Dental Hospital, Children’s Hospitals, and Community Dental Service clinics. Programmes should include appropriate training exposure to specialities related to paediatric dentistry, examples of this include (but are not limited to); dental radiology, oral surgery, orthodontics and restorative dentistry. Opportunities to develop extended skills in areas such as intravenous sedation, advanced oral surgery or restorative interventions, whilst not a core requirement of the speciality training programme, may be appropriate depending on local opportunities and trainee’s individual needs. To achieve exposure to the full breadth of clinical environments, settings and trainers, it is expected that training programmes/centres will likely collaborate to facilitate trainee placements to achieve this.

The underlying purpose of training is to enable the paediatric dentist to provide high-quality evidence-based paediatric dental care for children and young people.

On completion of the 4-year training programme, the trainee will have completed a training portfolio on the Intercollegiate Surgical Curriculum Platform (ISCP), undertaken successful progressive and final Review of Competency Progression (RCP), and passed the Fellowship in Paediatric Dentistry (FDS) examination. The individual would then be eligible to apply for entry onto the GDC Specialist List in Paediatric Dentistry.

## Entry to Training and Training Progression

The Dental Gold Guide serves as the generic reference for Dental Specialty Training in the UK and covers the training process, including recruitment, progression, completion, and quality management. The current 4th edition has been available since 1st September 2023.

## Structure of Training Programmes

The paediatric dentistry specialty training programme should be designed to deliver all educational outcomes within the curriculum, with input from multiple trainers, and likely across a network of locations to provide the trainee with a breadth of training opportunities. Evidence-based paediatric dental care should be at the heart of all speciality training.

During the training period, all trainees should have access to teaching, seminars and tutorials, teaching resources and library facilities, and concomitant training in research and evidence-based practice. The acquisition of a sound evidence-based knowledge relating to the theoretical and clinical basis of paediatric dentistry is an essential component of training. The opportunity should be taken for participation in appropriate one-to-one, local group, and regional collaborations to deliver the highest quality teaching and training possible. Trainees must have comprehensive training in paediatric dental examination of the patient, interpretation of appropriate clinical findings and diagnostic tests, and establishing a definitive diagnosis prior to undertaking structured treatment planning and ultimately, definitive treatment. Trainees should have their clinical sessions focused on the delivery of evidence-based paediatric dental care with appropriate supervision from a number of trainers.

The pastoral care of trainees should not be understated, and the opportunity for trainees to link with other dental and medical trainees is an important part of professional development and networking, which should be encouraged by all training programmes. Where necessary, trainees should be encouraged to link with other units, training environments, and programmes to broaden and deepen their knowledge, skills, and experience in preparation for their future career.

## Weekly Timetables

In full-time training posts, the trainee should be involved in Direct Clinical Care (DCC) for 7 clinical sessions per week and 3 non-clinical sessions per week. Within this programme, access should be provided to a wide range of diagnostic and therapeutic techniques along with diagnostic and review clinics, interaction with other dental and medical specialties, formal and informal teaching, audit, research, and personal study time. Less than full-time training, and any gaps in training, should be managed in line with the Dental Gold Guide.

## Facilities

At each training unit, there should be the following essential facilities:

* Fully equipped dental surgery accommodation with networked IT infrastructure;
* Access to inhalation sedation;
* Access to dental general anaesthesia (including lists that provide comprehensive care, opportunities to plan the care of medically compromised patients under GA, and to develop competency in the clinical management of a paediatric dental GA service);
* Access to paediatric medical clinics/wards (including but not limited to: general paediatrics, cleft, respiratory, gastrointestinal, haematology, oncology);
* Access to multidisciplinary dental clinics;
* Access to a wide range of instruments, appliances, and techniques;
* High-quality one-to-one dental nursing support with continuity for each trainee;
* Appropriate access to laboratory support;
* Access to other members of the dental team, including dental therapists;
* Comprehensive imaging facilities including photography (including digital scanning if available), radiography (and CBCT in at least one training centre);
* Desk-based personal study space with appropriate IT access and network-storage facilities;
* Access to library facilities and academic resources.

## Supervision

Close supervision of individual trainees is essential. The structure and roles of the Training Programme Director (TPD), Educational Supervisor (ES), and Clinical Supervisor (CS) are detailed within the Dental Gold Guide. Within a well-organised paediatric dentistry training programme, the ES should meet with the individual trainee on a monthly basis to discuss case progression, overall clinical and non-clinical training progression, and to address any pastoral needs. While these periodic meetings do not need to be logged using the ISCP system, a formal learning agreement meeting should be organised every 6 months and recorded within the ISCP system. The ES should arrange an appraisal meeting every 6 months in addition to this. These meetings serve a distinct purpose to the RCP and ES meetings in that they allow a confidential appraisal of trainee progression to be carried out by the training programme, to recognise aspects of excellence within training, address any operational deficiencies, and provide early intervention within the training programme when required.

Each clinical session (including new patients assessment clinics, treatment clinics, etc) should have a named CS who is available for most sessions during the training period and where they are to be absent, alternative arrangements for supervision made. CS’s must be on the appropriate specialist list, with the majority of sessions expected to be supervised by an individual on the Paediatric Dentistry specialist list. ES and CS should be appropriately trained for their specific educational roles and there should be adequate time allocated within their job plans, which should be reviewed as part of their annual appraisal process.

## Training Capacity

The Clinical Supervisors should be able to devote adequate time to individual trainees on clinic, and while experienced trainers may undertake parallel clinical sessions, the recommendation is that a single trainer should not normally be responsible for more than 6 trainees of any grade at any one time.

# Section C: General Professional Content of the Paediatric Dentistry Syllabus

Section C is detailed in the Paediatric Dentistry Specialty Training Curriculum and is common to all dental specialist trainees (with the exception of Dental Public Health). It is anticipated that the competencies for Section C will be assessed primarily in the workplace through the RCP process. To support the delivery and assessment of this component of the curriculum COPDEND has produced the **Generic Passport Document** which is designed to be applicable to all speciality trainees. This section, which should be read in conjunction with the Generic Passport, gives guidance on how these generic leadership and management competencies apply specifically to the development of the independent Specialist in Paediatric Dentistry.

It is expected that in addition to the Generic Passport, trainees will need to undertake appropriate leadership/management projects & tasks within their training programme, with a degree of independence appropriate to their competence and stage of training. They will also undertake Speciality Specific workplace assessments that will cover competencies detailed in Section C. In order to assess trainee obtainment of competences detailed in section C, RCP panels must be able to review the trainee’s current Generic Passport Document, evidence of trainee’s relevant leadership/management tasks completed, and relevant WBAs.

# Section D: Specialty Specific Content for Paediatric Dentistry

Section D details the speciality specific competencies that trainees are expected to develop during their training. Suggestions are given on teaching and learning methods to support trainees in developing these competencies. Over the duration of training, a comprehensive portfolio of evidence will be developed by trainees to demonstrate their obtainment of these competencies. Ongoing assessment of trainees’ progress in relation to obtainment of these competencies will occur via the regular RCP panels, with obtainment of the Fellowship examination a key milestone.

## Domain 5.1 – Assessment of the Child and Young Person

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To be able to take a comprehensive history from child/young person and carer with complex needs, request and interpret appropriate investigations, arrive at accurate diagnoses and formulate and communicate a treatment and management plan. | Understanding of consent in relation to children and young people | * Relevant training in consent in children & young people. | * Examination (FDS) * CEX * CBD * Reflection |
| Understand the concept of “Parental Rights” and how they are managed in law | * Relevant training in management of parental right appropriate to jurisdiction of work | * Examination (FDS) * CBD * Reflection |
| Understanding of confidentiality in relation to children and young people | * Relevant training in confidentiality of patient records and information. | * Examination (FDS) * CEX * CBD * Reflection |
| Ability to take comprehensive history | * Supported clinical training to develop skills to take comprehensive history at specialist level, especially dealing with children and families with complex backgrounds. | * Examination (FDS) * CEX * CBD * Reflection |
| Demonstrate a range of appropriate communication styles and strategies dependant on the needs and development stage of children and young people | * Training and self-directed learning on communication strategies in children and young people. * Training and self-directed learning on normal development stages of children and young people | * Examination (FDS) * CEX * MSF * Patient feedback * Reflection |
| Demonstrate ability to empathically approach appropriate general health messages in equality, diversity and inclusion | * Relevant training in equality, diversity and inclusion. | * Examination (FDS) * MSF * Patient feedback * Reflection |
| Order and interpret clinically appropriate radiographic imaging, including CBCT. | * Training in dental radiology including CBCT * Workup, participation and leading relevant MDT clinics (e.g. Paeds/Ortho) | * Examination (FDS) * DOPS * CBD * Case Presentation |
| Demonstrate ability to empathically approach appropriate general health messages in related areas, such as obesity, smoking, vaping, mental health issues, substance abuse etc | * Relevant training in wider health messaging for children and young people | * Examination (FDS) * CEX * CBD * Reflection |

## Domain 5.2 – Children in Society

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To understand the legal and social framework which impacts on the delivery of oral health care to children and young people in the United Kingdom and to be aware of important national programmes which impact on health and oral health. | Understand and apply relevant legalisation that defined the rights of children. | * Training and self-directed learning on relevant legislation related to rights of children and young people. * Reflection and/or group discussion. | * Examination (FDS) * CBD * CEX * Case Presentation * Reflection |
| Apply current legislation regarding consent to treatment, including the right to refuse treatment, especially for children with complex social needs and those under different care arrangements (e.g., looked after children, informal fostering). | * Training and self-directed learning on consent for children and young people including those in complex care arrangements. * Reflection and/or group discussion. | * Examination (FDS) * CBD * CEX * Case Presentation * Reflection |
| Display sensitivity and awareness of the diverse nature of family units. | * Equality and Diversity training. | * MSF * Patient feedback * Reflection |
| Understand the impact of family composition, socio-economic factors, and poverty on child health and oral health. | * Training and self-directed learning covering social determinants of health. | * Examination (FDS) * CBD * Case Presentation * Reflection |
| Familiarity with local and national oral health promotion initiatives and guidance for children and young people. | * Training and self-directed learning on national and local health promotion initiatives. * Review of the evidence base supporting health promotion initiatives. * Training and self-directed learning covering relevant national guidance on child health promotion both oral and general health (i.e. dietary) | * Examination (FDS) * CBD * Reflection |
| Knowledge of screening and surveillance programs related to child oral health, including their strengths and limitations, and the ability to analyse and evaluate their results. | * Training and self-directed learning covering national oral health screening programmes. * Experience critically appraising the results from national oral health screening programmes | * Examination (FDS) * CBD * Reflection |
| Collaborate effectively with allied health and non-health professionals involved in the care of young people. | * Can identify appropriate professionals involved in the life of a child and young person * Demonstration of effective communication and planning with health and non-health professionals to support holistic care for children and young people. * Involvement in working up care plans for complex cases involving liaison with multiple professions. * Exposure to clinics and MDTs (both dental & non-dental) that routinely see children and young people whose dental management would be complex either due to dental, medical or wider factors. | * Examination (FDS) * Logbook * CBD * CEX * Case Presentation * Reflection |
| Understand the role of dental public health in shaping oral health services for children. | * Contact with local Dental Public Health team to understand their role and remit, and how to effectively interact with them. | * Examination (FDS) * CBD * Reflection |
| Understand and facilitate the process of transition to adult medical and dental services. | * Management of cases involving the transition of young people to specialist adult dental services. * Contact with the Special Care Dentistry team to understand their remit and how to liaise effectively with them. * Contact with other Dental Specialities who may accept young adult patients from Paediatric Dentistry and able to liaise effectively with them. | * Examination (FDS) * Logbook * CBD * Case Presentation |
| Awareness of UK immunization programmes and schedules. | * Training and self-directed learning covering routine UK childhood immunizations. * Demonstration of ability to appropriately inform and direct families in relation to immunization programmes | * Examination (FDS) * CDB * Reflection |

## Domain 5.3 – Behavioural Science

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To be able to appropriately select and deliver the full range of evidenced based, advanced, pharmacological and non-pharmacological behaviour management techniques and skills accounting for the emotional, physical, social and intellectual condition of the child. | Recognition of signs of medical/ dental anxiety in children and young people and management options | * Extract relevant information from social, medical and dental history. * Leading discussions with patients and families about selection of appropriate modality for proposed treatment (i.e. LA, Sedation, GA). | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Understanding of non-pharmacological behaviour management techniques in children and young people | * Relevant training in common non-pharmacological behaviour management modalities * Self-directed theoretical knowledge about the management modalities. * Ability to safely undertake treatment for children and young people under local anaesthesia, including the practical application of appropriate non-pharmacological behaviour management techniques. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Understanding of pharmacological behaviour management techniques in children and young people | * Training in relevant pharmacological methods like sedation. * Self-directed training. * Ability to safely undertake treatment under inhalation sedation, and demonstrate understanding of the requirements to safely provide an inhalation sedation service. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| To have the knowledge and skills in dental general anaesthesia (GA) including gaining consent for GA | * Appropriate communication and discussion with children and parents about GA * Appropriate preparation of GA lists * Self-directed training * Ability to safely undertake treatment under general anaesthesia, understand the requirements to safely provide a dental general anaesthesia service and demonstrate ability to act as lead operator for such a service. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |

## Domain 5.4 – Medical

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To be able to plan and deliver oral health care for children and young people with complex medical conditions including chronic illness, craniofacial abnormalities and syndromes, medical and neurological conditions and mental health and psychiatric illness. | Ability to take a comprehensive medical history including social history | * Supported clinical training to develop skills to take a comprehensive history at specialist level, dealing with children and families with complex medical problems | * Examination (FDS) * CEX * CBD * Logbook * Reflection |
| Demonstrate an understanding of the impact of medical conditions on both oral health and the provision of oral health care including an appreciation of caries risk and how it may be affected by oral and systemic conditions | * Training and self-directed learning about a range of medical and developmental conditions likely to be referred to paediatric specialists * Management and treatment of children with complex medical needs * Exposure to appropriate related medical clinics. | * Examination (FDS) * CEX * CBD * DOP * Logbook * Reflection * CPD * Presentation |
| Demonstrate an understanding of normal physical growth in children and young people, recognise abnormal growth, the possible implications of abnormality and appropriate referral pathways for such children and young people. | * Training and self-directed learning about normal growth and development * Supported training with the use of referral pathways for assessing, diagnosing and referring patients with abnormal development | * Examination (FDS) * Logbook * CBD * CEX * CPD * Reflection * MSF |
| Develop and deliver appropriate preventive, restorative, and surgical treatment for the child with complex medical conditions | * Supported clinical training to plan and deliver treatment for children with complex medical problems | * Examination (FDS) * CEX * CBD * DOP * Logbook * Reflection * CPD * Case Presentation |
| Recognise and address specific issues that may complicate the provision of oral health care for the child and young person with additional needs including for treatment under local anaesthetic, general anaesthetic and inhalation sedation. | * Clinical training on the management of children with a range of medical and developmental needs * Clinical management of children with complex medical needs using a range of treatment modalities | * Examination (FDS) * CEX * CBD * DOP * Logbook * Reflection * CPD * Case Presentation |
| Describe the genetic basis, transmission, clinical features and diagnosis of common syndromes with significant oral, dental and facial features. | * Training and self-directed learning about a range of medical and developmental conditions and syndromes | * Examination (FDS) * CBD * Reflection * CPD * Case Presentation |
| Demonstrate the ability to empathetically manage children’s dental care with effective reasonable adjustments for children with complex needs | * Training and self-directed learning about neurodiversity and atypical neurological processing * Clinical training in managing children with challenging behaviour and neurodiverse children | * Examination (FDS) * CEX * CBD * DOP * Logbook * Reflection * CPD * Patient feedback |
| Demonstrate effective multidisciplinary communication and planning by liaising with and referring to medical specialities | * Training on the management of children with a range of medical and developmental needs * Clinical support with managing children with complex medical needs * Exposure to relevant MDT clinics | * Examination (FDS) * Logbook * CBD * CEX * Reflection * MSF |
| Demonstrate an understanding of the guidelines and evidence-based practice in relation to treatment planning for medically complex children | * Self-directed learning on the various guidelines relating to dental management of children with medical conditions * Clinical exposure in managing and treatment planning for children with complex medical needs considering guidelines and evidence | * Examination (FDS) * Logbook * CBD * CEX * Reflection * QIP/Audit * CPD |
| Demonstrate an understanding of the implications of general health messages on oral health and to contribute to the delivery of key health messages such as obesity, smoking, vaping, mental health issues, substance abuse, where appropriate | * Relevant training in wider health messaging for children and young people | * Examination (FDS) * CEX * CBD * CPD * Reflection |
| Understand the role of genetic testing in paediatric dentistry; be able to consent families for such testing and be able to deliver simple genetic test results | * Clinical training in genetic testing and delivering test results | * Examination (FDS) * CEX * CBD * CPD * Reflection |
| Demonstrate an understanding of the background to the cleft service in the United Kingdom | * Clinical management of children with cleft defects * Exposure to relevant MDT clinics | * Examination (FDS) * Logbook * CBD * CEX * Reflection * CPD |
| Recognise and respond appropriately to paediatric medical emergencies that may occur in the dental setting | * Medical Emergencies training | * Examination (FDS) * CPD * CBD * Reflection |

## Domain 5.5 – Oral Medicine and Oral Surgery

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| Diagnose and manage soft and hard tissue pathology and to recognise which conditions requires investigation and management with or by other specialties. | Recognise, assess, investigate and manage localised disease of the oral soft tissues in children and young people. | * Training in assessment of oral soft tissues. * Extract relevant information from medical history. * Exposure to relevant MDT clinics. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Understanding when oral disease may be a manifestation of systemic disease | * Relevant training in common oral pathologies and common systemic causes. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| To be aware of the common therapeutic approaches for relevant pathology | * Training in relevant pharmacological methods. * Exposure with other related specialities e.g. Oral Medicine. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports |
| To be able to refer to other dental, medical or surgical specialities if their input required | * Appropriate and accurate communication and discussion with other specialities. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports |
| Knowledge of medications which may result in an oral manifestation | * Supported clinical training. * Self-directed learning. * Attending relevant lectures and conferences. * Exposure with other related specialities e.g. Oral Medicine. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Demonstration of the principles of good surgical technique (raising appropriate design of intraoral flaps, debridement and suturing) | * Supported clinical training. * Self-directed learning. * Attending relevant lectures and conferences. * Exposure with other related specialities e.g. Oral Surgery. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Knowledge of surgical techniques for the management of impacted, ectopic and supernumerary teeth, auto transplantation, retained roots and cystic lesions. | * Exposure of appropriate cases for treatment under local anaesthesia with or without inhalation sedation or general anaesthetic. * Attending relevant lectures and conferences. * Exposure with other related specialities e.g. Oral Surgery. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |
| Demonstrate an understanding of relevant referral pathways consult with other specialties if necessary. | * Exposure relevant MDT clinics (e.g. Paeds-Oral Med, Paeds- Oral Surgery/Maxfac) * Opportunities to lead on MDT discussions. * Appropriate and accurate communication and discussion with other specialities. | * Examination (FDS) * CEX * CBD * DOPs * Reflective reports * Case presentation * Logbook |

## Domain 5.6 – Dento-Alveolar Trauma

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To diagnose and manage acute traumatic dental injuries and their long-term complications in children and young people. | Demonstrate a knowledge of aetiology and prevalence of primary and permanent dento-alveolar injuries, intraoral/perioral soft tissue injuries and maxillofacial injuries in children and young people. | * Training and self-directed learning in aetiology and prevalence of dental trauma. | * Examination (FDS) * CEX * CBD * Reflection |
| Demonstrate knowledge of presentation, investigation and management of primary and permanent dento-alveolar injuries, intraoral/perioral soft tissue injuries and maxillofacial injuries in children and young people. | * Training and self-directed learning in assessment and management of dental trauma * Assessment and management and treatment of children with dento-alveolar trauma, both at acute and long-term presentation * Exposure to appropriate related MDT clinics. | * Examination (FDS) * CEX * CBD * Reflection |
| Diagnose and manage dento-alveolar and intraoral/perioral soft tissue injuries in childhood and adolescence | * Supported clinical training to develop skills to take comprehensive history and appropriately manage at specialist level. * Assessment and management of acute soft tissue injuries. | * Examination (FDS) * Logbook * CBD * DOP * Reflection |
| Identify injured teeth of poor prognosis in the intermediate- and long-term | * Supported clinical training to develop diagnostic skills in identifying poor prognostic teeth. * Exposure to appropriate related MDT clinics. | * Examination (FDS) * CEX * CBD * Reflection |
| Understand the biological response to oral and dental trauma and its application to management in children and young people. | * Training and self-directed learning on the biological response to oral and dental trauma and its application to management | * Examination (FDS) * CEX * CBD * Reflection |
| Understand the impact that dental maturity and age have on management of traumatic dental injuries and its complications. | * Training and self-directed learning on normal development stages of children and young people. | * Examination (FDS) * CBD * Reflection |
| Understand and manage the psychological impact of trauma on the child and young person and their families. | * Training and self-directed learning on normal development stages of children and young people. | * Examination (FDS) * CBD * Reflection |
| Engage in effective multidisciplinary communication and planning where appropriate and liaise with, or refer to appropriate specialties | * Participation in relevant MDT clinics (Paeds/Ortho). Including evidence of leading of MDT discussions. | * Examination (FDS) * Logbook * CBD * Reflection |

## Domain 5.7 – Development and Anomalies

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| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| To understand the development of the face and oral tissues, to diagnose and intercept abnormalities and aid in their prevention and treatment (including surgical intervention) and to recognise situations which require multidisciplinary dental specialty input. | Describe normal dental, alveolar complex and craniofacial growth and development | * Self-directed learning and relevant teaching/training on craniofacial growth | * Examination (FDS) |
| Identify abnormalities and their aetiology. | * Assessment of new patients presenting with developmental abnormalities. * Supported clinical training to develop skills required to diagnose and treatment plan dental anomalies. * Self-directed learning. * Case discussions. * Participation in MDT clinics. | * Examination (FDS) * CEX * CBD * Case presentation * Reflective reports |
| Demonstrate an understanding of the anatomical differences between the paediatric and adult patient and their impact upon management. | * Supported learning. * Self-directed learning * Case discussions * Participation at specialised and/or MDT clinics and new patient clinics. | * Examination (FDS) * CBD * Case presentation * Reflective reports |
| Diagnose and manage developmental defects and anomalies of the dental hard tissues and their long-term complications such as, but not limited to, amelogenesis imperfecta, dentinogenesis imperfecta and molar incisor hypomineralisation. | * Supported learning. * Self-directed learning * Case discussions | * Examination (FDS) * CEX * CBD * DOPs * Logbook * Case presentation * Reflective reports |
| Describe the genetic basis, clinical features and diagnosis of genetically determined defects of dental hard tissues and tooth form, size and number and be able to provide basic genetic counselling with respect to this. | * Supported learning. * Self-directed learning * Case discussions * Participation at specialised and/or MDT clinics and new patient clinics. | * CEX * CBD * DOPs * Examination (FDS) * Case presentation |
| Understand and manage disturbances of eruption and exfoliation, abnormalities of tooth size, form, number and structure. | * Supported learning. * Self-directed learning * Case discussions * Participation at specialised and/or MDT clinics and new patient clinics. | * CEX * CBD * DOPs * Logbook * Examination (FDS) * Case presentation * Reflective reports |
| Understand and apply interceptive orthodontics in preventing and managing dental malocclusions. | * Supported learning. * Self-directed learning * Case discussions * Participation at appropriate MDT clinics and/or direct linkage with orthodontics. * Provision of routine interceptive orthodontic treatments | * CEX * DOPs * Logbook * Examination (FDS) * Case presentation * Reflective reports |
| Be able to prescribe, design and use simple orthodontic appliances and space-maintainers in the developing dentition. | * Supported learning. * Self-directed learning * Case discussions * Attendance at appropriate MDT clinics and/or direct linkage with orthodontics. * Provision of simple orthodontic appliances | * CEX * DOPs * Logbook * Examination (FDS) * Case presentation * Reflective reports |
| Demonstrate an understanding of the limitations and scope of orthodontic interventions within Paediatric Dentistry and understand when an orthodontic opinion should be sought, or referral made. | * Supported learning. * Self-directed learning * Case discussions * Participation at appropriate MDT clinics and/or direct linkage with orthodontics. | * CEX * DOPs * Logbook * Examination (FDS) * Case presentation * Reflective reports |

## Domain 5.8 – Management and Prevention of Oral Disease

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| --- | --- | --- | --- |
| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| Construct and deliver effective, evidenced based preventive, restorative (including endodontic) and surgical treatment plans for children and young people with caries, periodontal disease and tooth surface loss. | * Demonstrate an understanding of the prevention of and complexity of the caries process and how variables may interact to render children and young people caries prone including dental anomalies and dental trauma. * Understand current diagnostic techniques for dental caries and their advantages and limitations. * Construct and deliver holistic, effective and appropriate preventive, restorative (including endodontic) and surgical treatment plans for children/adolescents with dental caries. * Demonstrate and describe the selection, application, delivery and limitations of contemporary intra-coronal restorations, extra-coronal restorations, endodontics, fixed and removable prosthodontic techniques in primary and permanent teeth. * Understand the advantages and disadvantages of different techniques to manage aesthetic concerns in the child and young person and be able effectively select appropriate techniques and perform them. * Demonstrate and describe the selection, application, delivery, merits and limitations of dental materials used in the treatment of the paediatric patient. * Identify, diagnose and manage periodontal disease in children and young people and apply appropriate preventive strategies. * Recognise when periodontal disease may be related to systemic disease and refer appropriately for additional specialist opinion and management. * Accurately diagnose and manage non-carious TSL in children and young people. * Manage the acute oral facial condition in a child/young person | * Self-directed learning. * Case discussions. * Supported clinical training * Critical appraisal of evidence base. * Training in interpretation of radiographic imaging including CBCT. * Demonstration of ability to delivery of evidence based preventive care to children and young people * Demonstration of ability to delivery restorative care to children and young people, including the use of direct and indirect restorative materials. * Demonstrate of ability to apply techniques to manage the dental pulp (both vital and non-vital) in children and young people. * Demonstration of ability to accurately assess and manage the periodontal health of children and young people. * Demonstration of ability to identify and manage children and young people experiencing facial pain of non-dental origin. | * MSF * CEX * DOPs * CBD * Logbook * Examination (FDS) * Reflective reports * Patient Feedback * Involvement in local oral health promotion projects |

## Domain 5.9 Safeguarding

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Skill & Attitudes | Teaching & Learning Methods | Assessment |
| Independently leads the full process of safeguarding children, including assessment and reporting, in a paediatric oral health care setting. | Identify general and oral signs and symptoms of child maltreatment including, but not limited to, physical, sexual or emotional abuse or neglect, fabricated or induced illness, domestic abuse, sexual exploitation, grooming and radicalisation, female genital mutilation, modern slavery, gang and electronic media abuse.  • Recognise signs of dental neglect, understand its impact and be able to devise a dental management plan for children with dental neglect.  • Act appropriately in managing children who are or may be at risk of child maltreatment.  • Understand and interact with the full range of professionals and support services for safeguarding children.  • Lead and advise oral health teams involved in specific child safeguarding cases.  • Know and understand local and national safeguarding processes and guidelines and be able to contribute from an oral health perspective | * Training and self-directed learning * Participation in Multidisciplinary and multi-agency collaboration * Share information appropriately when necessary to safeguard children | * Examination (FDS) * MSF * CEX * DOPs * Logbook * Reflective reports * Patient feedback |

# Conclusion

This syllabus document is designed to support both trainees and trainers in delivering the highest standards of paediatric dental care. By outlining the specialist knowledge, skills, and capabilities required for the Certificate of Completion of Specialty Training (CCST) and subsequent specialist listing, the curriculum ensures that our professionals are well-equipped to meet the diverse and complex needs of children and young people. Emphasizing a standards-driven and transparent approach, it fosters an environment of excellence, patient safety, and public trust.

The curriculum highlights the importance of continuous learning and professional growth, encouraging trainees to engage in reflective practice and critical appraisal of scientific literature. It underscores the significance of interdisciplinary collaboration, quality improvement measures, and adherence to legal and ethical standards. By integrating teaching, training, and research into clinical practice, it not only prepares trainees for the future clinical challenges but also for roles in education and leadership.

## Acknowledgements

The Paediatric Dentistry Training Syllabus was developed in 2024-25 and led by Alexander Keightley with the following working group:

* Hiba Al-Diwani, Pre-CCST Trainee in Paediatric Dentistry
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* Joana Monteiro, Consultant in Paediatric Dentistry
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* Thaylana Kandiah, Consultant in Paediatric Dentistry
* Mohsin Chaudhary, Reader & Consultant in Paediatric Dentistry
* Nabina Bhujel, Consultant in Paediatric Dentistry

With input from members of the Paediatric Dentistry Speciality Advisory Committee.

# References

GDC Speciality Curriculum in Paediatric Dentistry, accessible from:

<https://www.gdc-uk.org/education-cpd/dental-education/quality-assurance/specialty-curricula/paediatric-dentistry>

COPDEND Dental Gold Guide Published 2023, accessible from:

<https://www.copdend.org/postgraduate-training/header-dental-specialty-training/new-edition-dental-gold-guide-2023/>

# Appendix 1 – Recommendations for Topics for Workplace Based Evidence

Training should be tailored to the needs of the individual and local context. Below is a list of recommended topics to be evidenced in trainee’s portfolios, it is expected that trainees expand their evidence beyond this core list. Indication is given as to the anticipated stage of training these topics should be covered. These timings are indicative only; it is anticipated that there will be variability as to when individuals cover these topics. Given the importance of these topics it would appropriate for more than one piece of evidence to be presented in the trainee’s portfolios. Recommendation has not been given to specific evidence type to allow appropriate flexibility. For some of the later topics the trainee should be given appropriate scope to perform tasks more independently, but must always have readily available local support from their clinical trainer.

|  |  |  |  |
| --- | --- | --- | --- |
| ST1 | ST2 | ST3 | ST4 |
| 1. Obtaining consent for treatment under GA. 2. Non-pharmacological management of the anxious young person. 3. Management of an anxious young person under inhalation sedation. 4. Completion of exodontia case under GA involving removal of primary & permanent teeth. 5. Assessment and treatment planning of young person with caries in the mixed dentition. 6. Fit/adjustment of removable appliances. 7. Assessment and management of young person with periodontal disease. 8. Assessment and management of young person with extensive non-carious tooth surface loss. | 1. Assessment and management of acute dental trauma in the developing dentition. 2. Liaison with medical colleagues for child needing dental treatment under GA. 3. Endodontic management of non-vital immature incisor. 4. Developing dentition case involving interceptive orthodontic treatment(s). 5. Assessment and management of young person with dental hard tissue abnormality requiring advanced restorative care (i.e. extensive direct or indirect restorative care). 6. Accurate identification of soft tissue pathology in the young person. 7. Completion of comprehensive care case under GA involving restorations and extractions. | 1. Preparation of a dental GA list. 2. Complex situation for obtaining consent for treatment under GA, i.e. involving other professional. 3. Minor oral surgery involving dental hard tissues, i.e. surgical removal, exposure, bonding of gold chain. 4. Minor oral surgery involving soft tissues, i.e. biopsy. 5. Preparation of an MDT list. 6. Assessment and treatment planning of young person with dental pathology and complex medical background (i.e. oncology, cardiac, bleeding disorder). 7. Case involving accurate interpretation of complex imaging (i.e. CBCT). 8. Assessment and treatment planning of case with first permanent molars of poor prognosis. 9. Management of young person with significant acute dental infection (i.e. significant extraoral swelling). | 1. Running of a full dental GA list. 2. Induction of new clinical staff to a department. 3. Participation in the management of case with child protection concerns, including liaising with other professionals. 4. Lead Paediatric Dentistry representation in an MDT clinic. 5. Running of a new patient clinic. 6. Supervision of junior trainees. 7. Assessment and treatment planning of young person with multiple complexities (i.e. combination of dental, medical & social issues). 8. Organising and leading Speciality related management activities, examples include:    * Running local meetings i.e. governance meeting    * Liaising with external professional committees i.e. ICB/MCN    * Developing of local management documents i.e. Business cases, Work force funding, Standard Operating Procedures |

# Appendix 2 – Paediatric Dentistry RCP Checklist and Log of Evidence

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| --- | --- | --- | --- |
| Trainee Name |  | ES Name |  |
| Pre-RCP ES Meeting Date / Date of Checklist Completion | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Current Grade |  | | FTE | |  | | NHS / Academic |
| Training Start Date | |  | | Anticipated CCT Date | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Periods OOP / Extended Leave (Start Date / End Date) | | | |
|  | | | |
| Date of Last RCP |  | Last RCP Outcome |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Since Last RCP | | | |
| No of Days Sick Leave |  | No of Days Study Leave |  |

|  |
| --- |
| Targets from Previous RCP Panel Meeting (if any) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Evidence to be visible on ISCP | Notes | Date Uploaded / Confirmed on ISCP | Comments for RCP Panel |
| Current CV | * Update Annually |  |  |
| Global Objectives | * Update Annually |  |  |
| Learning Agreement | * Update Annually * Record of Mid & Final ES Meetings |  |  |
| PDP | * Update Annually |  |  |
| WBAs | * 24 per year (or pro rata) |  |  |
| CBD | * Min 8 per year |  |  |
| CEX | * Min 6 per year |  |  |
| DOPS | * Min 8 per year |  |  |
| MSF | * Min 8 raters * Reviewed with ES * One MSF per year |  |  |
| Journal Notes | * Evidence of continuous reflection |  |  |
| Clinical Supervisor Reports | * Feedback from all clinical supervisors involved in training period |  |  |
| Research / Publications / Citations | * Evidence of academic activity |  |  |
| Audit / QI Projects | * Minimum of 1 per year |  |  |
| Presentations | * Upload evidence of any presentations given in last training period |  |  |
| Posters | * Upload evidence of any posters produced in last training period |  |  |
| Courses / CPD | * Upload evidence of courses attended in period training period * Upload CPD log |  |  |
| Management Projects / Incident Reviews / Management Activities | * Upload Evidence of any management activities undertaken in last training period |  |  |
| Generic Leadership & Management Passport | * Upload current version of Generic Passport document |  |  |
| Log of Evidence | * Upload current version of evidence log to ISCP |  |  |
| Patient Feedback / Complements / Complaints / Adverse Events | * Upload Evidence of any patient feedback * Upload Evidence of any complaints / adverse events |  |  |
| Logbook | * Upload current logbook with accurate totals |  |  |

**Please complete this checklist and the following log of evidence and ensure copy is uploaded to ISCP for review by RCP Panel.**

**Log of Evidence on ISCP**

This document should be maintained and reviewed regularly by trainees, supported by their Educational Supervisor and Training Programme Director. (Some initial examples are given for guidance.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Primary Topic(s) | Domain(s) | Type Evidence & Brief Description | Assessor / Context of Encounter (if applicable) | Date(s) and Section(s) Evidence is listed on ISCP | To be agreed with ES |
| Outcome and Agreed Actions |
| Consent | 5.1 | CEX – obtaining consent | Dr X at Dental Hospital | CEX dated XX/XX/XX | Competently conducted. Nil advised. |
| Consent, Communication | 5.1, 5.2 | Reflection on challenging consent discussion | Community Clinic | Journal entry dated XX/XX/XX | Review of local consent policies. Future WBA focusing on consent with difficult background. |
| Consent, Young People in Care | 5.1, 5.2 | CBD – obtaining valid consent for young person in foster care. | Dr Y at Community Clinic | CBD dated XX/XX/XX | Processes accurately discussed and followed independently. Nil advised. |
| Communication | 5.1 | MSF | 12 assessors | MSF dated XX/XX/XX | Good verbal communication skills noted. Development noted on keeping on top of clinical admin. |
| Dental Trauma | 5.6 | DOP – Repositioning and Splinting of palatally luxated FDI 11 | Dr Z at Dental Hospital | DOP dated XX/XX/XX | Successful repositioning. Feedback on approach to splinting. Aim for further WBA on splinting of traumatised teeth. |
| General anaesthesia, Extractions | 5.3, 5.5 | DOP – Extraction of First Permanent Molars under General Anaesthesia | Dr X at Children’s Hospital | DOP dated | Difficulty encountered with elevation of severely carious FDI 46. Feedback given. Further DOP on this procedure. |
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