

**TRICOLLEGIATE  
DIPLOMA OF MEMBERSHIP IN ORAL SURGERY  
(M. Oral Surgery)**

**APPENDIX A – LEARNING OUTCOMES & BLUEPRINT**

**A - LEARNING OUTCOMES**

In brackets below the headings are cross references to corresponding areas in the GDC approved Curriculum for specialty training in Oral Surgery in the UK

Please note that:

1. All areas of this Curriculum may be covered in all sections of the Membership Examination
2. **Clinical competencies are not examined directly, but knowledge and understanding relevant to clinical competencies and skills will be examined.**

In this document the following definitions have been applied to the learning outcomes:

***Be competent to:*** a trainee should on completion of a period of specialist training (or equivalent) demonstrate a sound theoretical knowledge and understanding of the subject together with an adequate clinical experience to be able to resolve clinical problems encountered independently or without assistance.

***Be knowledgeable of:*** a trainee should on completion of a period of specialist training (or equivalent) demonstrate a sound theoretical knowledge and understanding of the subject, but need/have only a limited clinical/practical experience.

***Be familiar with:*** a trainee should on completion of a period of specialist training (or equivalent) demonstrate a basic understanding of the subject but need not have clinical experience or be expected to carry out procedures independently.

**1 THE SCIENTIFIC BASIS OF ORAL SURGERY**

**(2.1 (I) page 32; 2.2 (A) pages 37,38)**

In relation to the applied sciences, candidates should continue to maintain a thorough knowledge and understanding of the following which are relevant to the practice of oral surgery.

Anatomy

- Applied anatomy of the head and neck including dental anatomy and radiographic anatomy
- Detailed knowledge of the mandible, maxilla and related structures

Pathology & microbiology

- Hard and soft tissue disease affecting treatment
- The influence of the process of dental development and ageing

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### Biomechanics

- Bone, bone substitutes implant components, implant design and surfaces

### Physiology and histology

- Wound healing
- Bone & soft tissues physiology and osseointegration
- Principles of applied physiology and biochemistry with specific reference to bone growth and development, immune system, nervous system, respiratory system, circulatory system, masticatory apparatus, deglutition and speech

### Applied dental materials

- A working knowledge of the properties of dental materials relevant to the practice of oral surgery

### Applied pharmacology

- Local anaesthetics, analgesics and antibiotics
- Management by pharmacological means of oro-facial and craniomandibular pain, discomfort and dental anxiety including selection, prescription and administration of drugs of relevance to the practice of oral surgery
- Effects of prescribed medication on the practice of oral surgery

### Radiology

- Oro-facial imaging techniques
- Regulations relating to ionizing radiation

## **2 THE DENTOALVEOLAR SYSTEM:**

**(2.1 (I) page 32-; 2.2 (C) (1.2-1.6) pages 40-45; (C) (1.9) page 48)**

### ***Be competent to:***

- extract erupted teeth
- assess and remove simple roots with forceps/elevators, where indicated
- deal with local and systemic factors complicating extraction
- recognise the need for a surgical extraction
- assess and perform surgical management for a failed extraction by conventional techniques necessitating raising a mucoperiosteal flap, bone removal +/- tooth sectioning to facilitate elevation of roots and wound closure by suturing using appropriate suture materials
- suture the soft tissues to facilitate healing by primary intention and for the management of haemorrhage
- manage an elective surgical case requiring the raising of a mucoperiosteal flap and bone removal to allow elevation of the root(s) and then wound closure
- manage and prevent the common peri-operative and post-operative complications of extraction and minor oral surgery e.g. fracturing the tuberosity whilst extracting an upper lone standing second molar tooth
- diagnose and manage pericoronitis
- diagnose and manage a dry socket
- manage non-airway threatening acute infection presenting intra-orally e.g. incision and drainage of an isolated fluctuant swelling and appropriate conservative or non-conservative management of the offending tooth
- manage cellulitis secondary to odontogenic infection including appropriate referral for potential airway compromising infection
- manage oro-antral communications including simple measures and surgical management

- manage teeth or tooth fragments displaced into the maxillary antrum
- perform surgical endodontics
- manage trauma to the alveolus
- decide the indications for investigation of and the management of impacted teeth, supernumerary and odontomes and be able to counsel patients on the complications associated with such management and/or to refer for further appropriate specialist opinion
- undertake hard tissue preprosthetic surgery
- undertake all appropriate surgical aspects of dental implantology, in the context of a multidisciplinary team
- undertake minor surgery with respect to the orthodontic/oral surgery interface – canines etc

### **3 THE SKELETAL STRUCTURES:**

**(2.2 (C) (1.12) page 63; (C) (1.15) page 57)**

#### ***Be knowledgeable of:***

- *the assessment of presentation, arrangement and management of:*
  - fractures of the facial skeleton, including:
    - initial management of a trauma patient
    - presentation and management of fractures of the mandible
    - presentation and management of fractures of the zygomatic complex
    - presentation and management of fractures of the mid third of the face
    - presentation and management of multiple trauma
  - disorders of the temporomandibular complex, including:
    - non- surgical management – conservative measures, pharmacological measures
    - other interventions – arthrocentesis, arthroscopy, surgery
  - planning for orthognathic surgery – orthodontic/oral surgery interface, including:
    - Mandibular procedures including genioplasty
    - Maxillary procedures
  - the assessment of facial morphology and the role of the surgical management of abnormalities e.g. clefts, skeletal disharmony, syndromes
  - cleft primary and secondary repairs including grafting

#### ***Be familiar with:***

- systemic conditions/syndromes that may manifest in the craniofacial skeleton

### **4 THE ORAL MUCOSA:**

**(2.2 (C) (1.14) pages 64; (C) (1.16), page 57)**

#### ***Be competent to:***

- recognise the clinical features of premalignant and malignant lesions and refer to a relevant specialist in an appropriate time frame
- counsel patients on cancer prevention including smoking cessation – and the role of other factors
- undertake various methods of biopsy including incisional, excisional and FNA
- perform minor soft tissue surgery (including preprosthetic and preorthodontic procedures)
- assess the indications for and various techniques of biopsy: incisional; excisional; fine needle aspiration and cytology

#### ***Be knowledgeable of:***

- the management of oro-facial malignancy and premalignancy
- the presentation, investigation, interpretation of pathology reports and principles of management of:
  - benign mucosal conditions
  - vesiculobullous conditions
  - bacterial, fungal and viral infections condition of the oral mucosa
  - ulcerative conditions of the oral mucosa
  - granulomatous conditions of the oral mucosa
  - dermatological conditions affecting the oral mucosa
  - gingival enlargement

## **5 DISORDERS OF THE FACE AND JAWS:**

**(2.2 (C) (1.7) page 46)**

### ***Be competent to:***

- manage bony exostosis and tori

### ***Be knowledgeable of:***

- manage odontogenic and intra-oral non-odontogenic cysts and inflammatory bone conditions including: osteomyelitis, bisphosphonate associated osteonecrosis
- assess the presentation, arrange investigations and undertake the management of
  - inflammatory bone conditions including osteomyelitis, bisphosphonate associated osteonecrosis and osteoradionecrosis
  - giant cell lesions
  - other radiological abnormalities of the jaws

### ***Be familiar with***

- *the presentation, investigation and principles of management of:*
  - osseodysplasias
  - primary or metastatic malignant bone disease

## **6 SALIVARY GLAND DISEASE:**

**(2.2 (C) (1.8) page 47)**

### ***Be knowledgeable of:***

- the assessment of the presentation, arrangement of investigations and institute the principles of management of:
  - disorders of salivation e.g. xerostomia
  - infective salivary conditions
  - obstructive salivary conditions
  - salivary cysts
  - non-infective salivary enlargement
  - benign and malignant salivary tumours

## **7 PAIN OF NON-ODONTOGENIC ORIGIN:**

**(2.2 (C) (1.13) page 57)**

### ***Be competent to:***

- differentiate between pain of odontogenic and non-odontogenic origin

### ***Be knowledgeable of:***

- the presentation, investigation, principles of management and appropriate referral of pain of non-odontogenic origin, including:
  - neuralgia
  - atypical facial pain
  - migrainous conditions
  - temporal giant cell arteritis
  - burning mouth syndrome
  - psychogenic pain
  - pain associated with parafunctional habits
- iatrogenic causes of pain and the principles of surgical management of such conditions
- the prescription of drugs to manage acute oral and maxillofacial pain.

## **8. CLINICAL ASSESSMENT SKILLS**

### **8.1 Patient examination and diagnosis**

**(2.1 (A) pages 18-24; 2.1 (E) page 28 ; 2.1 (H) page 31; 2.1 (I) pages 32-35; 2.2 (B) page 39)**

#### ***Be competent to:***

- elicit and record a comprehensive medical and dental history
- record the case history and appreciate how the findings may relate to the individual case
- complete a thorough extra-oral and intra-oral examination, including detailed assessment of the oro-facial region
- assess the occlusion and its relevance in relation to the treatment proposed
- recognise the need for and prescribe appropriate further investigations.
- request and interpret appropriate investigations and write a report of the findings
- collate and interpret the information gathered in the history and examination processes part of the diagnostic pathway and arrive at the correct diagnoses (differential diagnosis)
- communicate clearly to the patient, both verbally and in writing, the findings of the examination, the diagnosis and treatment options
- demonstrate an awareness of the evidence base relating to the different treatment options
- produce a treatment plan considering all options and addressing the preventive, functional, psychological and requirements of the patient
- understand the interface between oral surgery and other clinical discipline
- perform a clinical examination of the clothed patient that encompasses facial, intra oral, head and neck, general (vital signs, e.g. pulse, temperature, respiratory rate, O<sub>2</sub> saturations, blood pressure) and behavioural aspects of a patient
- prescribe, justify and perform intra- and extra-oral radiographic examination appropriate for the diagnostic needs of the patient
- assess intra- and extra-oral radiographs
- assess the clinical features associated with temporomandibular disorders

#### ***Be knowledgeable of :***

- orofacial, craniomandibular and occlusal function and dysfunction
- facial and dental growth and development.
- the clinical features associated with oral mucosal diseases
- facial pain of non-odontogenic origin
- the evidence base relating to the different treatment options

***Be familiar with:***

- developmental abnormalities.
- conditions which may require referral to a specialist

**8.2 Treatment planning and patient management  
(2.1)**

***Be competent to:***

- develop treatment plans to a level appropriate for specialist oral surgery practice
- obtain valid consent for the proposed treatment
- liaise with other healthcare professionals either verbally or in the written form.
- provide appropriate allied treatment or referral
- recognise and refer cases of a complexity beyond the scope of their competence

**8.3 Medical emergencies and dental trauma**

***Be competent to:***

- assess the patient and provide immediate life support.
- provide the appropriate management or referral of oral injuries

**8.4 Anxiety, pain control, sedation and anaesthesia  
(2.2 (A) page 37; 2.2 (C) (1.10) pages 49)**

***Be competent to:***

- recognize the common signs and symptoms of pain and anxiety
- assess and obtain valid consent for patients prior to undergoing conscious sedation and general anaesthesia
- administer suitable local analgesia for pain management in patients, recognise and manage complications relating to its use
- assess and manage anxiety in patients using behavioural techniques, and when appropriate, conscious sedation techniques
- prevent, recognise and carry out effective management of complications relating to the use of conscious sedation
- select and prescribe drugs for relief of pain and anxiety

**8.5 Therapeutic management of diseases of the head and neck**

***Be competent to:***

- prescribe prophylactic drugs in relation to current national guidelines.
- manage bacterial, viral and fungal infections of the oral tissues

***Be knowledgeable of:***

- systemic conditions and associated treatments and their effect on oral health.
- potential drug interactions which may occur between prescribed medications

**9. APPROPRIATE ATTITUDES TO PROFESSIONAL AND CLINICAL PRACTICE  
(2.1)**

***Be competent to:***

- reflect on personal clinical practice
- maintain good clinical records
- understand the importance of informed consent
- reflect on professional and clinical standards

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- locate and evaluate the scientific literature and the evidence base relevant to oral surgery
- analyse personal needs in respect of continuing professional development and life-long learning

### ***Be knowledgeable of:***

- the organisational framework for clinical governance
- research methodology and hierarchy of evidence base
- commonly used biostatistical approaches
- health education and promotion

**B - BLUEPRINT**

This Blueprint of the examination for the Diploma of Membership in Oral Surgery is based on the Learning Outcomes in Appendix A.

- The Learning Outcomes have been identified in the table below as Essential (E) Important (I) or Supplementary(S)
- The three parts of the Examination are written paper (EMQ), oral examination of clinical cases (Oral) and OSCE (OSCE). The table below shows which part of the examination will be used to examine each learning outcome.
- **Note that *Clinical* competencies are not examined directly, but knowledge and understanding relevant to clinical competencies and skills will be examined**

**1 – THE SCIENTIFIC BASIS OF ORAL SURGERY**

	<b>E</b>	<b>I</b>	<b>S</b>	<b>EMQ</b>	<b>Oral</b>	<b>OSCE</b>
<b>Clinical Oral Surgery</b>						
<b>Anatomy:</b>						
Detailed knowledge of the mandible, maxilla and related structures	X			X	X	X
Applied anatomy of the head and neck including dental anatomy and radiographic anatomy	X			X		
<b>Pathology &amp; Microbiology:</b>						
Hard and soft tissue disease affecting treatment		X		X	X	X
The influence of the process of dental development and ageing		X		X		
<b>Bio-mechanics:</b>						
Bone, bone substitutes, implant components, implant design and surfaces	X			X		X
<b>Physiology and Histology:</b>						
Wound healing	X			X		X
Bone physiology and osseointegration	X			X		
Soft tissue integration	X			X		
Principles of applied physiology and biochemistry with specific reference to bone growth and development, immune system, nervous system, respiratory system, circulatory system, masticatory apparatus, deglutition and speech.	X			X		



	E	I	S	EMQ	Oral	OSCE
<b>Applied Dental Materials:</b>						
A working knowledge of the properties of dental materials relevant to the practice of oral surgery		X		X		
<b>Applied Pharmacology:</b>						
Local anaesthetics, analgesics and antibiotics	X			X	X	X
Management by pharmacological means or oro-facial and craniomandibular pain, discomfort and dental anxiety including selection, prescription and administration of drugs of relevance to the practice of oral surgery	X			X		X
Effects of prescribed medication on the practice of oral surgery	X			X		X
<b>Radiology</b>						
Oro-facial imaging techniques		X		X	X	X
Regulations relating to ionising radiation	X			X		

## 2 – THE DENTOALVEOLAR SYSTEM

	E	I	S	EMQ	Oral	OSCE
<b><i>Be competent to:</i></b>						
Diagnose and manage pericoronitis	X			X	X	X
Diagnose and manage a dry socket	X			X	X	X
Manage non-airway threatening acute infection presenting intra-orally e.g. incision and drainage of an isolated fluctuant swelling and appropriate conservative or non-conservative management of the offending tooth	X			X	X	X
Manage cellulitis secondary to odontogenic infection including appropriate referral for potential airway compromising infection.	X			X	X	X
Manage oro-antral communications including simple measures and surgical management	X			X	X	X
Manage teeth or tooth fragments displaced into the maxillary antrum	X			X	X	X
Perform surgical endodontics	X			X	X	X
Manage trauma to the alveolus	X			X	X	X

	E	I	S	EMQ	Oral	OSCE
Decide the indications for, investigation of and the management of impacted teeth, supernumeraries and odontomes and be able to counsel patients on the complications associated with such management and/or to refer for further appropriate specialist opinion	X			X	X	X
Undertake hard tissue preprosthetic surgery	X			X	X	X
Undertake all appropriate surgical aspects of dental implantology, in the context of a multidisciplinary team	X			X	X	X
Undertake minor surgery with respect to the orthodontic/oral surgery interface – canines etc	X			X	X	X

### 3 – THE SKELETAL STRUCTURES

	E	I	S	EMQ	Oral	OSCE
<b><i>Be Knowledgeable of:</i></b>						
<i>Assessing the presentation and arrange investigations and undertake the management of;</i>						
Fractures of the facial skeleton, including: Initial management of trauma patient Presentation and management of # mandible Presentation and management of # zygomatic complex Presentation and management of # mid third Presentation and management of multiple trauma		X		X	X	X
Disorders of the temporomandibular complex Non-surgical management – conservative measures, pharmacological measures Other interventions – arthrocentesis, arthroscopy, surgery		X		X	X	X
Planning for orthognathic surgery – orthodontic/oral surgery interface Mandibular procedures including genioplasty Maxillary procedures		X		X	X	X
The assessment of facial morphology and the role of the surgical management of		X		X	X	X

abnormalities e.g. clefts, skeletal disharmony, syndromes						
	<b>E</b>	<b>I</b>	<b>S</b>	<b>EMQ</b>	<b>Oral</b>	<b>OSCE</b>
<b>Be familiar with:</b>						
Systemic conditions that may manifest in the craniofacial skeleton			X	X		

#### 4 – THE ORAL MUCOSA

<b>Be competent to:</b>	<b>E</b>	<b>I</b>	<b>S</b>	<b>EMQ</b>	<b>Oral</b>	<b>OSCE</b>
Recognise the clinical features of premalignant and malignant lesions and refer to a relevant specialist in an appropriate time frame	X			X	X	X
Counsel patients on cancer prevention including smoking cessation – and the role of other factors	X			X	X	X
Undertake various methods of biopsy including incisional, excisional and FNA	X			X	X	X
Perform minor soft tissue surgery (including preprosthetic and preorthodontic procedures)	X			X	X	X
Assess the indications for and various techniques of biopsy: incisional; excisional; fine needle aspiration and cytology	X			X	X	X
<b>Be knowledgeable of:</b>						
The management of oro-facial malignancy and premalignancy		X		X	X	X
The presentation, investigation, interpretation of pathology reports and principles of management of:						
Benign mucosal conditions		X		X	X	X
Vesiculo-bullous conditions		X		X	X	X
Bacterial, fungal, and viral infections condition of the oral mucosa		X		X	X	X
Ulcerative conditions of the oral mucosa		X		X	X	X
Granulomatous conditions of the oral mucosa		X		X	X	X
Dermatological conditions affecting the oral mucosa		X		X	X	X
Gingival enlargement		X		X	X	X

## 5 – DISORDERS OF THE FACE AND JAWS

	E	I	S	EMQ	Oral	OSCE
<b>Be competent to:</b>						
Manage bony exostosis and tori	X			X	X	X
<b>Be knowledgeable of:</b>						
Manage odontogenic and intra-oral non-odontogenic cysts and inflammatory bone conditions including: osteomyelitis, bisphosphonate associated osteochemonecrosis and osteoradionecrosis	X			X	X	X
Assess the presentation, arrange investigations and undertake the management of: Inflammatory bone conditions including osteomyelitis, bisphosphonate associated osteochemonecrosis and osteoradionecrosis Giant cell lesions Other radiological abnormalities of the jaws	X			X	X	X
<b>Be familiar with - the presentation, investigation and principles of management of:</b>						
Osseodysplasias			X	X		
Primary or metastatic malignant bone disease			X	X		

## 6 – SALIVARY GLAND DISEASE

	E	I	S	EMQ	Oral	OSCE
<b>Be knowledgeable of: assessing the presentation, arrange investigations and institute the principles of management of:</b>						
Disorders of salivation e.g. xerostomia		X		X	X	X
Infective salivary conditions		X		X	X	X
Obstructive salivary conditions		X		X	X	X
Salivary cysts	X			X	X	X
Non-infective salivary enlargement		X		X	X	X
Benign and malignant salivary tumors		X		X	X	X

## 7- PAIN OF NON-ODONTOGENIC ORIGIN

	E	I	S	EMQ	Oral	OSCE
<b><i>Be competent to:</i></b>						
Differentiate between pain of odontogenic and non-odontogenic origin	X			X	X	X
<b><i>Be knowledgeable of:</i></b>						
The presentation, investigation, principles of management and appropriate referral of pain of non-odontogenic origin e.g:						
Neuralgia		X		X	X	X
Atypical facial pain		X		X	X	X
Migrainous conditions		X		X	X	X
Temporal giant cell arteritis		X		X	X	X
Burning mouth syndrome		X		X	X	X
Psychogenic pain		X		X	X	X
Iatrogenic causes of pain and the principles of surgical management of such conditions		X		X	X	X
The prescription of drugs to manage acute oral and maxillofacial pain		X		X	X	X

## 8 – CLINICAL ASSESSMENT SKILLS

	E	I	S	EMQ	Oral	OSCE
<b>8.1 – Patient examination and diagnosis</b>						
<b><i>Be competent to:</i></b>						
Elicit and record a comprehensive medical and dental history	X				X	X
Record the case history and appreciate how the findings may relate to the individual case		X			X	X
Complete a thorough extra-oral and intra-oral examination, including detailed assessment of the oro-facial region	X				X	X
Assess the occlusion and its relevance in relation to the treatment proposed		X			X	X
Recognise and interpret appropriate investigations and write a report of the findings		X		X	X	X
Collate and interpret the information gathered in the history and examination process and arrive at the correct diagnoses (differential diagnosis)	X			X	X	X

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	E	I	S	EMQ	Oral	OSCE
Communicate clearly to the patient, both verbally and in writing, the findings of the examination, the diagnosis and treatment options	X				X	X
Demonstrate an awareness of the evidence base relating to the different treatment options		X		X	X	X
Produce a treatment plan considering all options the preventative, functional, psychological and requirements of the patient		X			X	X
Understand the interface between oral surgery and other clinical disciplines			X	X	X	X
Perform a clinical examination of the clothed patient that encompasses facial, intra oral, head and neck, general (vital signs, e.g. pulse, temperature, respiratory rate, O <sub>2</sub> saturations, Bp and behavioural aspects of a patient)	X			X	X	
Prescribe, justify and perform intra- and extra- oral radiograph examination appropriate for the diagnostic needs of the patient	X				X	X
Assess intra- and extra-oral radiographs	X				X	X
Assess the symptoms associated with temporomandibular disorders	X			X	X	X
<b>Be knowledgeable of:</b>						
Orofacial, craniomandibular and occlusal function and dysfunction facial and dental growth and development		X		X		
The clinical features associated with oral mucosal diseases		X		X	X	X
Facial pain of non-odontogenic origin		X		X	X	X
The evidence base relating to the different treatment options		X		X	X	X
<b>Be familiar with:</b>						
Developmental abnormalities			X	X		
Conditions which may require referral to a specialist			X		X	
<b>8.2 Treatment planning and patient management</b>						
<b>Be competent to:</b>						
Develop treatment plans to a level appropriate for specialist practice	X				X	X
Obtain valid consent for the proposed treatment	X				X	
Liaise with other healthcare professionals	X				X	X

either verbally or in written form						
	<b>E</b>	<b>I</b>	<b>S</b>	<b>EMQ</b>	<b>Oral</b>	<b>OSCE</b>
Provide or refer for appropriate allied treatment	<b>X</b>				<b>X</b>	<b>X</b>
Recognise and refer cases of a complexity beyond the scope of their competence	<b>X</b>				<b>X</b>	<b>X</b>

<b>8.3 Medical emergencies and dental trauma</b>	<b>E</b>	<b>I</b>	<b>S</b>	<b>EMQ</b>	<b>Oral</b>	<b>OSCE</b>
<b><i>Be competent to:</i></b>						
Assess the patient and provide immediate life support	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
Provide the appropriate management or referral of oral injuries	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
<b>8.4 Anxiety, pain control, sedation and anaesthesia</b>						
<b><i>Be competent to:</i></b>						
Recognise the common signs and symptoms of pain and anxiety	<b>X</b>				<b>X</b>	<b>X</b>
Assess and obtain valid consent for patients prior to undergoing conscious sedation and general anaesthesia	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
Assess and manage anxiety in patients using behavioural techniques, and when appropriate, conscious sedation techniques	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
Prevent, recognise and carry out effective management of complications to the use of conscious sedation	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
Select and prescribe drugs for relief of pain and anxiety	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
<b>8.5 Therapeutic management of diseases of the head and neck</b>						
<b><i>Be competent to:</i></b>						
Prescribe prophylactic drugs in relation to current national guidelines	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
Manage bacterial, viral and fungal infections of the oral tissues	<b>X</b>			<b>X</b>	<b>X</b>	<b>X</b>
<b><i>Be knowledgeable of:</i></b>						
Systemic conditions and associated treatments and their effect on oral health		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>
Potential drug interactions which may occur between prescribed medications		<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>

### 9 – APPROPRIATE ATTITUDES TO PROFESSIONAL AND CLINICAL PRACTICE

	E	I	S	EMQ	Oral	OSCE
<b><i>Be competent to:</i></b>						
Reflect on personal clinical practice	X			X	X	X
Maintain good clinical records	X			X	X	X
Understand the importance of informed consent	X			X	X	X
Reflect on professional and clinical standards	X			X	X	X
Locate and evaluate the scientific literature and the evidence base relevant to oral surgery	X			X	X	X
Analyse personal needs in respect of continuing professional development and life-long learning	X			X		
<b><i>Be knowledgeable of:</i></b>						
The organisational framework for clinical governance		X		X		
Research methodology and hierarchy of evidence base		X		X		
Commonly used biostatistical approaches		X		X		
Health education and promotion	X			X	X	X