General Dental Council

Specialist List Assessment Application pack

Oral Surgery

Completing this form:

You can complete this form electronically or by hand. If completing by hand, please use BLOCK CAPITALS. When completed, you will need to print and sign in all relevant sections to submit. We cannot accept electronic signatures - *all signatures must be in ink* (i.e. a wet signature).

Please note if your application is incomplete, it will be returned to you.

Your application form and accompanying documents should be posted to:

General Dental Council
Registration Team
1 Colmore Square
Birmingham
B4 6AJ

Contents

Section 1 – About this application pack

1. Important note

IMPORTANT: You are only able to apply to be on the Oral Surgery Specialist List if you are currently registered as a dentist in the United Kingdom with the General Dental Council.

Please read this form and guidance carefully to ensure you are applying via the correct route before submitting your application.

2. Routes to gain entry to the Specialist List in Oral Surgery

There are different routes available in order to gain entry to the Specialist List in Oral Surgery. It is important that you know which route you are applying through, as you will need to provide certain information depending on which route you choose.

- **Route 1 -** Person with a specialist qualification in Oral Surgery awarded by an EEA Member State or Switzerland which is listed in Annex 1 and where their training began on or after the reference date.

- **Route 2 -** Postgraduate Oral Surgery qualifications awarded from outside the United Kingdom.

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

Route 4 is ONLY applicable to those who hold a specialist qualification in Oral and Maxillofacial Surgery.

- **Route 4 –** Person registered as a specialist on the General Medical Council's register for Oral and Maxillofacial Surgery and training equivalent to the training required for the award of a CCST in Oral Surgery.

3. How to use this application pack

The Specialist List Assessed Applications (SLAA) process will consider whether you have knowledge, skills and experience equivalent to that which would be gained by completing a Certificate of Completion of Specialist Training (CCST) in the United Kingdom (UK). The evidence you provide will be used to make that assessment. It is therefore essential that you provide sufficient evidence to demonstrate how you meet each of the Higher Learning Outcomes (HLOs) contained in the relevant Specialty Curriculum for the specialty you are applying for.

The purpose of this application pack is to help and guide you in making your application. It covers what you should provide, based on the types of evidence we expect to see to demonstrate equivalence and your clinical abilities, and how to present this evidence to us.

It is recommended that you follow the guidelines contained within this document. Failure to comply with this guidance may result in an application being considered incomplete.

The information provided in this guidance has been designed to support you with your application.

Making a false declaration in this application will result in a negative outcome and may put your GDC registration at risk.

4. Data Protection

Under the United Kingdom General Data Protection Regulation, General Data Protection Regulation ((EU) 2016/679) and Data Protection law, the GDC processes personal data, like the information in your application, because the processing is necessary for the exercise of the GDC's statutory functions; and the processing is also in the substantial public interest.

Information about how the GDC will use and share the information you give us, the various rights you have in connection with any personal data about you that is held by the GDC, and how long we will keep your information for can be found in the privacy notice on our website gdc-uk.org/privacy in the guidance accompanying this form.

Your portfolio of evidence should not contain any patient names, addresses or full-face images. Any patient names, addresses and any other information that would identify a patient must be removed from your documentation. If you are using images, please ensure the patient's eyes are covered to protect their identity. Please note that if the GDC receives a logbook with these details not anonymised, your application will be returned.

5. Payment

The fee to join the Specialist List is £345.

There is also an annual retention fee of £72. If your application is successful and the decision is made to allow you to join the relevant specialist list in November or December, you will need to pay the annual specialty retention fee of £72 for the following year.

Payment of the fee will be requested via email and can be made using a credit or debit card via eGDC. Once paid, you will be automatically added to the Specialist List and will be able to use the title of Specialist.

Please make payment within 14 days of receiving your payment request otherwise your application may be delayed or cancelled, and your application documents returned to you.

If you wish to have any of your documents returned, please identify them accordingly and tick the box on section 3 of the application form. There is a £10 charge for this service.

6. Notification of outcome

The GDC will acknowledge receipt of your application within 10 working days. If any further information is needed, the GDC will contact you within one month of your application being received. We aim to notify you of the outcome of your application within four months from the date your application is received, providing full supporting documentation is in order.

Please note: due to delays in processing applications there is currently a backlog of applications which are being worked through chronologically where possible. There may be a delay with your application while the GDC work through these legacy cases. We will inform you as soon as your application has been listed for assessment at the next available panel.

Section 2 – How to present your evidence

1. Format of evidence

- Applicants should submit their evidence in the form of a portfolio.

- **Portfolio size -** Portfolios should be succinct and relevant to the competencies/HLOs being assessed. You are only required to demonstrate each competency once. **Inclusion of unnecessary or unhelpful materials is likely to make it harder to assess your application, and assessment may take longer than necessary.**

- **Portfolio structure -** The evidence you should include in your portfolio is outlined in Sections 4 and 5 below.

- **Summary Information Sheet - A summary information sheet will be provided with the application form to help you structure your portfolio.** This is designed to help you map the evidence provided in your portfolio to each of the HLOs/competencies set out in the CCST curriculum. This may enable you to clearly demonstrate how you meet each competency and direct the panel assessing your application to the relevant evidence. The table of suggested evidence as set out in Section 4 may also help as it reflects the expectations of UK CCST trainees.

2. Original documents

We advise against sending original documents and do not take any responsibility for documents that are lost in transit. There is a £10 charge for the return of any of the documents you have sent us, which will be requested after your application has been processed.

3. Certified copies of original documents

The GDC's guidelines for the certification of copies of original documents are as follows:

1) The document should be a first generation photocopy (i.e. a photocopy of the original document, not a photocopy of a photocopy or a fax).

2) The person certifying the copy of the document should be a Notary Public, Commissioner of Oaths, Justice of the Peace, lawyer, solicitor or an authorised officer of an embassy or consulate.

3) The person certifying the copy must confirm in English writing that they have inspected the original document and that the copy of the document they are certifying is a true copy of the original document.

4) The person certifying the copy must also write on the copy their full name, address and if they do not have a stamp, their professional status. They must then sign the copy.

5) The person certifying the document cannot be the applicant themselves, a relative or their partner/spouse, even if their professional status is one listed in point (2).

4. How to present your unbound photocopies with your application

After you have completed the application form, the covering summary information sheet and prepared the documents required, please sort them into a bundle with each section clearly identified, preferably with section dividers.

The photocopied bundle will be scanned so please ensure it meets the following requirements:

a) Photocopied onto A4 size paper only.

b) Each copy is clearly legible and accurately corresponds with the original bundle.

c) There are no staples, plastic wallets, ring binders and/or folders.

d) We do not accept books and material on electronic format such as discs and USB sticks.

e) For the syllabus, the translated documents should be kept separate from the original language.

Please note: we are unable to process an incomplete application, therefore your bundle will be returned if any documents are missing or do not meet the above requirements.

5. Translations

Anything that is not in English must be translated according to the GDC's standards:

1) The certified translation must be produced by a qualified translator.

2) The translation must be bound to a photocopy of the specific document.

3) The translator must confirm in English writing that the translation is an exact translation of the copy attached.

4) The translator must provide their contact details.

5) The Council will not accept a translation of a translation (e.g. a Polish diploma translated into German, then to English from German is not acceptable).

Section 3 – What evidence to provide for each route

Routes to entry onto the Specialist List in Oral Surgery

Route 1 - Person with a specialist qualification in Oral Surgery awarded by an EEA Member State or Switzerland which is listed in Annex 1 and where their training began on or after the reference date.

Please refer to Annex 1 for a list of recognised specialist qualifications awarded by an EEA Member State or Switzerland, where the training for this award began on or after the specified reference date.

If you hold one of these qualifications, please provide a certified copy of this certificate in its original language and a certified translation. You are only eligible to apply via this route if the certificate contains the exact wording as listed in Annex 1.

Route 2 - Specialist Oral Surgery qualification awarded from outside the United Kingdom.

Please see Sections 4 and 5 below for what evidence to include in your portfolio.

When applying under this route, you must include all the required documentation regarding your Oral Surgery Qualification set out in the table at Section 4 below. The documentation must be issued by the institute that awarded your qualification.

Route 3 - Knowledge of and experience in Oral Surgery derived from academic or research work.

NOTE: This route is intended to provide access to the specialist lists for those who do not hold a CCST or do not hold a specialist list qualification awarded outside the United Kingdom. It is not essential to have completed a specific specialist training programme or qualification, but you must demonstrate that you have experience from academic or research work equivalent to what you might reasonably have been expected to have acquired if you had undertaken the training required for the award of a CCST.

Please see sections 4 and 5 for suggested portfolio evidence required for your application.

Route 4 – Person registered as a Specialist on the General Medical Council's (GMC) Register for Oral and Maxillofacial Surgery and training equivalent to the training required for the award of a CCST in Oral Surgery.

When applying under this route, you must provide your GMC registration number which can be used to confirm your status on the GMC's Specialist Register for Oral and Maxillofacial Surgery

Section 4 – Advice on presentation of portfolio evidence

	Structure for submission of portfolio evidence
Evidence of Oral Surgery Training Programme	• A certified copy of your Oral Surgery qualification. • Details of the entry criteria for the course which should include qualifications and training requirements. • A copy of the training course/programme syllabus or curriculum, specific to your training period[1]. This must be authenticated by the Dean, Head of School or Program Director of the educational Institute or hospital where the course was undertaken. • Duration of training. • Details of training environment (hospital, primary care setting, university, country). • Details of how you were supervised including the names and qualifications of your supervisors. • Link to list of recognised Oral Surgery Qualifications (GDC European List) and UK recognised qualifications (ISFE in Oral Surgery and Membership Oral Surgery).

Evidence of Academic or Research Work/Projects	• Evidence of any postgraduate qualifications derived from academic or research work including:
	   ○ Certificates
	   ○ The title and an abstract of any thesis
	   ○ Authenticated copy of the syllabus
	• Details of research projects you have been involved in:
	   ○ Details of grants awarded
	   ○ Abstract of publications
	   ○ List of your PubMed cited publications including authors
	   ○ List of cited non peer reviewed publications
	   ○ Link to your research gate profile
	   ○ H Index and Orchid registration number
	   ○ Names and addresses of supervisors
	   ○ Ethics applications (date, title and ethics panel)
	• Research presentations and invited lectures
	   ○ Title of the presentation
	   ○ Forum name (local/regional/national/international)
	   ○ Poster or oral presentation
	   ○ Date
	   ○ any feedback you received
	• List of PhD projects and students you have supervised (primary or secondary) to completion (date name of candidate and title of project).
	• List of Masters degree projects and students supervised (primary or secondary) to completion (date name of candidate and title of project).

Clinical Caseload Logbook	**Please note that if the GDC receives a logbook with patient details not anonymised, the entire application will be returned.** • The logbook should be broken down into sections, one for each post you have held. • Each section must be validated by your named trainer/teacher/clinical lead for that post, with the following included:

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[1] If the exact course curriculum/syllabus is not available, you will need to provide an authenticated copy of the current syllabus. The university will need to provide an accompanying letter with the syllabus outlining the differences of the current syllabus and the one you studied.

- Full name printed of person validating
- Signature of person validating
- Job title of person validating
- Date
- Stamped
- Must say *"this is a true and accurate record of the work carried out"*
- For each patient the logbook of operative experience should include:
  - Date of operation / procedure
  - Location
  - Age
  - Indication of medical status (e.g. ASA)
  - Your role (supervisor/main operator/assistant/observer)
  - Details of the procedure carried out – as much detail as possible
  - Any relevant complications
- Experience of anxiety management – techniques should be logged separately (domain 4)
  - Logbook of conscious sedation experience
  - Logbook of general anaesthetic experience
- Non-operative clinical experience relevant to the oral surgery curriculum should also be logged such as:
  - Orofacial pain experience (should include diagnosis and treatment plan) (Domain 3)
  - Multidisciplinary experience as relevant to the Oral Surgery Curriculum
  - Experience of assessment, diagnosis and management of soft tissue lesions (e.g. oral mucosa and salivary gland disease – Domain 5)

Guidance notes for clinical logbooks

- For operative experience, you may wish to use [eLogbook | Electronic Surgical Logbook Project](#) which is currently used by UK CCST trainees and is free to register for online.
  - If you use eLogbook, please remember that you will need to download your logbook into a spreadsheet so that it can be validated as specified above
  - It should be formatted so that it is easy to read and contains the information specified above
  - Please note, 'consolidation reports' or 'validation reports' generated by eLogbook do not contain all the information outlined above
- Your total logbook activity should meet the suggested indicative number of different procedures. It may be useful to refer to the expectations of UK CCST trainees.
- You should map your logbook activity to the Learning Outcomes set out in the relevant curriculum, using the **Summary Information Sheet provided at Section 6.**

Evidence of Supervised Learning Events (SLE) and Work Based Assessments (WBA)	• SLEs/WBAs must be validated by clinical trainers and should include details of how you were assessed during your training and the outcomes of these assessments. • Evidence must include (where relevant) date /role/ name of supervisor with signature for all SLEs/WBAs	
	Multi-source Feedback (MSF)	• The MSF, or 'peer assessment' or '360° assessment' or similar type of assessment done within the last 3 years
	Direct Observation of Procedural Skills (DOPS)	• Each DOPS should represent a different clinical problem covered by the curriculum and have come from a range of clinical settings. • You should aim to include 15 DOPs.
	Procedure Based Assessment (PBAs)	• You should aim to include 15 PBAs.
	Case Based Discussions (CBD)	• CBD uses the records and investigations of a case (for which the applicant has been directly responsible or involved in) as the basis for dialogue between the trainee and the assessor/clinical supervisor to explore the knowledge, judgement, and clinical reasoning of the applicant.
	Clinical Evaluation Exercise (CEX)	• The CEX is a consultation or discussion conducted by the applicant, which is observed and critiqued by a trainer/assessor. It is used for the assessment and feedback of a clinical consultation.
	Evidence of reflective practice	• Written reflections of clinical encounters relevant to demonstrate the core competencies. • A reflective summary should include a discussion of how you apply your knowledge or have learned from your own practise. It is necessary to relate what you have learned directly to your practice. A list of requirements without any analysis of how it relates to practise is not sufficient. • Your reflective log should relate to your PDP. For useful guidance on reflective practice see Enhanced CPD supporting documents (gdc-uk.org) and Ten key points on being a reflective practitioner - GMC (gmc-uk.org).

| Curriculum Vitae | Please include a copy of your CV detailing a complete record of post- graduate study, including relevant membership/fellowship exams, research, teaching and employment to date.

It may be helpful to include:

• **Evidence of your recent Personal Development plans or appraisal**
    ○ Copy of recent NHS appraisal within past 12 months (if applicable)
    ○ PDP relating to competencies
    ○ [Access the PDP guidance and template](#)

• **Evidence of Continuing Professional Development**
    ○ Continuing Professional Development Log and certificates
    ○ Please only include courses and reflections relevant to the competencies within the oral surgery curriculum and been undertaken in the last three years
    ○ [Access the CPD guidance and template](#)

• **Evidence of teaching, training and supervision including research activities (where applicable)**
    ○ Evidence related to formal training in teaching and training (e.g. courses undertaken)
    ○ Experience of teaching healthcare students/professionals including:
        – Curriculum and or programme development
        – Assessment of undergraduate and postgraduate examinations
        – Supervisory role in training
        – The frequency of the teaching should be clearly indicated.
        – Formal feedback should be included where available
    ○ List of PhD Projects and Students that you have supervised (primary or secondary) to completion (date name of candidate and title of project).
    ○ List of master's degree projects and students supervised (primary or secondary) to completion (date name of candidate and title of project).

• **Quality improvement activities (including clinical audits and quality improvement projects) and service developments:**
    ○ Title
    ○ Date
    ○ Trust and registration number
    ○ Lead or collaborator
    ○ Number of cycles
    ○ summary of outcomes
    ○ Resultant change in practice or delivery
    ○ Implementation of change date |
| **References** | At least two original reference letters from senior colleagues who are registered and practicing in the relevant specialty testifying to your knowledge and experience in that specialty.

Please note character references will not be accepted as part of your application. |

Section 5 – Application form

Application for entry to the Specialist List in Oral Surgery

> **Please read this form and guidance carefully to ensure you are applying through the correct route before submitting your application.**

Please complete this application form and return to:

General Dental Council
Registration Team
1 Colmore Square
Birmingham B4 6AJ

For queries phone: +44 (0)20 7167 6000 or email: assessments@gdc-uk.org

Your details (please complete in BLOCK letters):

Title: ☐ Mr   ☐ Ms   ☐ Miss   ☐ Mrs

First names: ....

Surname: ....

GDC Registration no.: ☐☐☐☐☐☐☐

Nationality: ....

Your registered address: ....

....

....

Postcode: ....

Your contact details:

Home phone: ....

Work phone: ....

Mobile phone: ....

Email address: ....

Section 6 – Basis of application

Please read the guidance notes before submitting your application

I apply for entry to the General Dental Council's Specialist List in Oral Surgery on the basis of (please tick):

☐ **Route 1 -** Person with a specialist qualification in Oral Surgery awarded by an EEA Member State or Switzerland which is listed in Annex 1 and where their training began **on or after** the reference date.

☐ **Route 2 -** Specialist Oral Surgery qualifications awarded from outside the United Kingdom.

☐ **Route 3 -** Knowledge and experience in Oral Surgery derived from academic or research work.

Route 4 - ONLY applicable to those who hold a specialist qualification in Oral and Maxillofacial Surgery

☐ **Route 4 –** Person registered as a specialist on the General Medical Council's Register for Oral and Maxillofacial Surgery and training equivalent to the training required for the award of a CCST in Oral Surgery.

Payments

If you wish to have any of the documents you have submitted returned please identify them accordingly and tick the box below. There is a £10 charge for this service.

☐   I have documents that I want returned and will pay £10 on request.

Signature

I declare the information I have given on this form is accurate and I enclose full documentary evidence in support of my application in accordance with the guidance notes that follow.

Signed: ....

Date: ....

Section 7 – Summary Information Sheet

You should use this Summary Information Sheet to demonstrate how you meet each of the Higher Learning Outcomes (HLOs) in the relevant curriculum.

Please refer to the Oral Surgery curriculum when filling in the Summary Information Sheet. You can find the oral surgery curriculum on the GDC website.

The Summary Information Sheet lists:

- Each of the HLOs that you need to meet.

- The suggested form of evidence you can include in your portfolio that demonstrates that you meet the HLO.

- A section for you to complete explaining how you can demonstrate that you meet that HLO.

- A section for you to complete explaining where, in your portfolio, the evidence for meeting this HLO is provided.

The purpose of the Summary Information Sheet is to help you consider what evidence to provide, and how that evidence demonstrates your skills, knowledge and experience in delivering clinical care to patients. It will help you ensure that you have included sufficient evidence to demonstrate you meet all the HLOs set out in the curriculum.

You should satisfy yourself that you have provided the right types of evidence to assess your application. This may also help to ensure that you do not provide excessive information that is not relevant.

	Suggested forms of evidence	Tell us how you have met this outcome	Where in your portfolio can this evidence be found?	Assessor's rating and comments on evidence (Meets/partially meets/does not meet)
BASIC BIOLOGICAL SCIENCE RELEVANT TO ORAL SURGERY				
Normal and abnormal growth and development (including anatomy and physiology) of the stomatognathic system.	Moral Surg CBD MiniCEX MOS			
Principles of Genetics	MOS			
Cell biology	MOS			
HISTORY & EXAMINATION				
Carry out a thorough and appropriate assessment and examination of the patient, their dental, oral and peri-oral tissues in relation to the presenting complaints of the patient, arriving at an appropriate diagnosis of the condition from the information provided and examination and investigations undertaken.	Portfolio MiniCEX MOS			

EXTRACTION OF TEETH & RETAINED ROOTS/PATHOLOGY AND MANAGEMENT OF ASSOCIATED COMPLICATIONS INCLUDING ORO-ANTRAL FISTULA				
Ability to assess those teeth that require extraction and those that can be restored.	DOPS PBA Portfolio MOS			
Ability to safely extract a tooth and deal with complications that may arise.	DOPS PBA Portfolio MOS			
Ability to assess and safely repair an OAF (or remove tooth/root from antrum) and deal with complications that may arise.	DOPS PBA Portfolio MOS			
MANAGEMENT OF ODONTOGENIC AND ALL OTHER ORAL INFECTIONS				
Ability to identify dental/oral surgical cause for infection (local and/or spreading) and manage it in a safe manner	DOPS Portfolio MOS			
Ability to recognise and deal with complications that may arise.	DOPS MOS			

MANAGEMENT OF IMPACTED AND UNERUPTED TEETH; MANAGEMENT OF COMPLICATIONS & DENTOALVEOLAR SURGERY IN RELATION TO ORTHODONTIC TREATMENT				
Ability to identify when an impacted tooth requires removal and manage it in a safe manner.	DOPS PBA Portfolio MOS			
Ability to recognise and deal with complications that may arise.	DOPS PBA Portfolio MOS			
Ability to identify whether an unerupted tooth requires removal, exposure, reimplantation/transplantation, or retention in conjunction with other relevant specialists.	DOPS PBA Portfolio MOS			
PERI-RADICULAR SURGERY				
Ability to identify whether periradicular surgery is appropriate or other forms of management required.	DOPS PBA Portfolio MOS			
Ability to identify whether periradicular surgery is appropriate or other forms of management required.	DOPS PBA Portfolio MOS			

Know differential diagnosis and treatment options.	DOPS PBA Portfolio MOS			
Ability to undertake this surgery in a safe manner.	DOPS PBA Portfolio MOS			
Ability to recognise and deal with complications that may arise.	DOPS PBA Portfolio MOS			
INTRAORAL & LABIAL BIOPSY TECHNIQUES				
Assessment of lip swelling and other problems	DOPS PBA MOS			
Ability to identify causes of such soft tissue changes.	DOPS PBA MOS			
Know when to refer or confer with other specialists.	DOPS PBA MOS			

Ability to undertake therapy in a safe manner.	DOPS PBA MOS			
Ability to recognise and deal with complications that may arise.	DOPS PBA MOS			
TREATMENT OF INTRA-ORAL BENIGN AND CYSTIC LESIONS OF HARD AND SOFT TISSUES				
Ability to identify cysts and benign lesions in hard and soft tissue in the oral cavity and jaws.	DOPS PBA Portfolio MOS			
Know differential diagnosis and treatment options.	DOPS PBA Portfolio MOS			
Ability to undertake therapy in a safe manner.	DOPS PBA Portfolio MOS			
Ability to recognise and deal with complications that may arise.	DOPS PBA Portfolio MOS			

MANAGEMENT OF BENIGN SALIVARY GLAND DISEASE BY INTRA-ORAL TECHNIQUES AND FAMILIARITY WITH THE DIAGNOSIS AND TREATMENT OF OTHER SALIVARY GLAND DISEASES				
Ability to identify when a salivary duct is blocked and why it is blocked	DOPS PBA Portfolio MOS			
Know when to refer to or confer with other specialists e.g. radiologist.	DOPS PBA Portfolio MOS			
Ability to undertake therapy in a safe manner.	DOPS PBA Portfolio MOS			
Ability to recognise and deal with complications that may arise.	DOPS PBA Portfolio MOS			
Ability to identify a mucous cyst/swelling.	DOPS MOS			

Ability to identify a benign lesion from a malignant lesion.	MOS			

INSERTION OF OSSEOINTEGRATED DENTAL IMPLANTS INCLUDING BONE AUGMENTATION AND SOFT TISSUE MANAGEMENT

The knowledge and skills to use dental implants to replace missing dentition and oral tissues. Ability to identify which treatment option is best for the patient. Know when to refer to or confer with other specialists e.g. restorative specialist. Ability to undertake surgical treatment in a safe manner. Ability to recognise and deal with complications that may arise.	ARCP Case reports CBD DOPs Mini-CEX PBA MOSS			

APPROPRIATE PAIN AND ANXIETY CONTROL INCLUDING THE ADMINISTRATION OF STANDARD CONSCIOUS SEDATION TECHNIQUES

General Behavioural Concepts.	DOPs MOS			
An ability to: Provide appropriate analgesics for control of pain, pre- and postoperatively. Provide profound and sufficient local analgesia during all treatment procedures taking account of the patient's medical status and treatment needs. Practice administration of local analgesia in complete safety and be able to manage any associated complications. Plan provision of appropriate Oral Surgery for patients who can be treated only by the use of general anaesthesia. Monitor and evaluate the effectiveness of treatment provided under any of these pain management modalities.	ARCP Case reports CBD DOPs Mini-CEX PBA MOSS			

Ability to identify when sedation is helpful and the form of sedation e.g. oral, IV etc.	DOPs MOS			
Know when to refer to or confer with other specialists.	DOPs MOS			
Ability to use sedation in a safe manner.	DOPs MOS			
Ability to recognise and deal with complications that may arise.	DOPs MOS			
Ability to identify when general anaesthesia is appropriate.	DOPs Portfolio MOS			
Be able to inform patient of other options and risks associated with this form of anaesthesia.	DOPs Portfolio MOS			

Know when to refer to or confer with other specialists	DOPs Portfolio MOS			

MANAGEMENT OF ADULTS AND CHILDREN AS IN-PATIENTS, INCLUDING THE MEDICALLY AT-RISK PATIENT

Ability to explain to a patient the hospital process.	Portfolio MiniPAT MOS			
Describe differential diagnosis when appropriate, and treatment options.	Portfolio MiniPAT MOS			
Know when to refer to or confer with other specialists.	Portfolio MiniPAT MOS			
Ability to undertake therapy in a safe manner.	Portfolio MiniPAT MOS			

Ability to recognise and deal with complications that may arise.	Portfolio MiniPAT MOS			
Ability to prescribe safely.	CBD Portfolio MiniPAT MOS			
Understand the relevance of the patient's medical history to prescription of drugs.	CBD Portfolio MiniPAT MOS			
Understand the legislation surrounding the safe prescription of drugs for dental/oral surgical use.	CBD Portfolio MiniPAT MOS			
Know when to refer to or confer with other specialists.	CBD Portfolio MiniPAT MOS			
Management of the medically at-risk patient.	Portfolio MOS			

Hospital discharge and follow-up.	Portfolio			

MANAGEMENT OF DENTO-ALVEOLAR TRAUMA AND FAMILIARITY WITH THE MANAGEMENT AND TREATMENT OF FRACTURES OF THE JAWS AND FACIAL SKELETON

Ability to identify extent of trauma, facial fractures and treatment options.	DOPS MiniPAT CBD MiniCEX MOS			
Know when to refer to or confer with other specialists.	DOPS MiniPAT CBD MiniCEX MOS			
Ability to undertake surgery in a safe manner.	DOPS MiniPAT CBD MiniCEX MOS			
Ability to recognise and deal with complications that may arise.	DOPS MiniPAT CBD MiniCEX MOS			

MANAGEMENT OF ORO-FACIAL PAIN INCLUDING TEMPOROMANDIBULAR JOINT DISORDERS

Ability to identify a differential diagnosis for facial pain based upon history and relevant investigations.	DOPS MiniPAT CBD MiniCEX MOS			
Know treatment options.	DOPS MiniPAT CBD MiniCEX MOS			
Know when to refer to or confer with other specialists.	DOPS MiniPAT CBD MiniCEX MOS			
Ability to undertake therapy in a safe manner and to recognise and deal with complications that may arise.	DOPS MiniPAT CBD MiniCEX MOS			
Diagnose oral parafunction and other factors in the development of dysfunction of mandibular movements and the TMJs.	DOPS MiniPAT CBD MiniCEX MOS			

Provide behavioural advice for the management of these problems.	DOPS MiniPAT CBD MiniCEX MOS			
Construct appropriate occlusal appliances for the diagnosis and treatment of these problems.	DOPS MiniPAT CBD MiniCEX MOS			
Communicate and work with colleagues on the multidisciplinary management of these problems.	DOPS MiniPAT CBD MiniCEX MOS			
Monitor and evaluate the effectiveness of treatment regimes.	DOPS MiniPAT CBD MiniCEX MOS			
CLINICAL DIAGNOSIS OF ORAL CANCER AND POTENTIALLY MALIGNANT DISEASES, FAMILIARITY WITH THEIR MANAGEMENT AND APPROPIATE REFERRAL				
Ability to identify a benign lesion from a malignant lesion.	DOPs CBD MiniCEX MOS			

Know differential diagnosis and treatment options.	DOPs CBD MiniCEX MOS			
Know when to refer to or confer with other specialists.	DOPs CBD MiniCEX MOS			
Ability to undertake biopsy in a safe manner.	DOPs CBD MiniCEX MOS			
Ability to recognise and deal with complications that may arise.	DOPs CBD MiniCEX MOS			
THE DIAGNOSIS OF DENTOFACIAL DEFORMITY AND FAMILIARITY WITH ITS MANAGEMENT AND TREATMENT				
Know a differential diagnosis for the development of such conditions, and treatment options.	CBD MiniCEX MOS			

Know when to refer to or confer with other specialists.	CBD MiniCEX MOS			
DIAGNOSIS OF ORAL MUCOSAL DISEASES AND FAMILIARITY WITH THEIR MANAGEMENT AND APPROPIATE REFERRAL				
Ability to identify a benign lesion from a malignant lesion.	CBD MiniCEX Portfolio MOS			
Know differential diagnosis and treatment options.	CBD MiniCEX Portfolio MOS			
Know when to refer to or confer with other specialists.	CBD MiniCEX Portfolio MOS			
Ability to undertake biopsy.	CBD MiniCEX Portfolio MOS			

Ability to recognise complications and deal with them.	CBD MiniCEX Portfolio MOS			

ANNEX 1 – A list of Oral Surgery Specialist Qualifications awarded in an EEA Member State of Switzerland that are eligible for entry onto the GDC's Oral Surgery Specialist List

Country	Name of Oral Surgery Qualification	Awarding Body	Reference Date (where training began ON or AFTER this date)
Bulgaria (България)	Свидетелство за призната специалност по 'Орална хирургия'	Факултет по денталнамедицина към Медицински Университет	1 January 2007
Czech Republic (Česká Republika)	Diplom o specializaci (v oboru orální a maxilofaciální chirurgie)	1. Institut postgraduálního vzdělávání ve zdravotnictví 2. Ministerstvo zdravotnictví	19 July 2007
Cyprus (Κύπρος)	Πιστοποιητικό Αναγνώρισης του Εδικού Οδοντιάτρου στην Στοματική Χερουργική	Οδοντιατρκό Συμβούλο	1 May 2004
Denmark (Danmark)	Bevis for tilladelse til at betegne sig som specialtandlæge i tand-, mund- og kæbekirurgi	Sundhedsstyrelsen Styrelsen for Patientsikkerhed	28 January 1980
Finland (Suomi)	Erikoishammaslääkärin tutkinto,suu- ja leuka-kirurgia/ Specialtandläkar-examen, oral ochmaxillofacial kirurgi	Yliopisto	1 January 1994
France	Diplôme d'études spécialisées de chirurgie orale	Universités	31 March 2011
Germany (Deutschland)	Fachzahnärztliche Anerkennung für Oralchirurgie/Mundchirurgie	Landeszahnärztekammer	28 January 1980
Greece (Ελλάς)	Τίτλος Οδοντιατρικής εδικότητας της Γναθοχερουργικής (up to 31 December 2002)	- Περιφέρεα - Νομαρχακή Αυτοδιοίκηση - Νομαρχία	1 January 2003
Hungary (Magyarország)	Dento-alveoláris sebészet szakorvosa bizonyítvány	Nemzeti Vizsgabizotág	1 May 2004
Ireland	Certificate of specialist dentist in Oral Surgery	Competent authority recognised for this purpose by the competent minister	28 January 1980
Italy (Italia)	Diploma di specialista in Chirurgia Orale	Università	21 May 2005

Example Operative Logbook

Location	Date	Age	Medical Status	Your Role (Supervisor or training a trainee / independently performed / Supervised – trainer scrubbed / Supervised trainer un-scrubbed)	Brief description of operation / treatment undertaken	Comments and Reflection and Complications (if relevant)

Example Non-Operative Logbook

Location	Date	Age	Medical Status	Category (Facial pain / salivary gland / oral mucosa / other)	Diagnosis / provisional diagnosis	Brief description of management	Comments and Reflection

Glossary

ALS – Advanced Life Support

ASA – American Society of Anesthesiologists

CBCT – Cone Beam Computed Tomography

CCST – Certificate of Completion of Specialty Training

CPD – Continuing Professional Development

EEA – European Economic Area

HLO – Higer Learning Outcome

ILS – Immediate Life Support

ISFE – Intercollegiate Specialty Fellowship Examination

OS – Oral Surgery

PDP- Personal Development Plan

PILS – Pediatric Immediate Life Support

SAC- Specialty Advisory Committee

SLAA – Specialist List Assessed Applications

SLE – Supervised Learning Events

WBA – Work Based Assessments