

The Joint Advisory Committee
for
Special Care Dentistry

Training
in
Special Care Dentistry

2003

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Definition of Special Care Dentistry

Special Care Dentistry is concerned with providing and enabling the delivery of oral care for people with an impairment or disability, where this terminology is defined in the broadest of terms. Thus, Special Care Dentistry is concerned with the improvement of oral health of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability or, more often, a combination of a number of these factors. It requires a holistic approach that is specialist led in order to meet the complex requirements of people with impairments.

The Aims of this Document are:

1. To describe the aims, learning objectives and assessment methods of the content of the recommended, three year, specialist training programme in Special Care Dentistry
2. To provide guidelines for three year training programmes in Special Care Dentistry

Training in Special Care Dentistry

In the past there has been a piecemeal approach to the provision of dental care for individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability. This situation is reflected in the oral health needs. For example, it is well documented that people with learning disability or mental health problems have similar patterns of dental caries as the general population but continue to have less of their disease treated. When caries has been treated, it has been with more extractions and fewer fillings than in the population as a whole. Additionally they have poorer periodontal conditions.

This piecemeal approach to the provision of dental care has been compounded by an *ad hoc* approach to the provision of training for dentists who are, or wish to be involved in, the provision of the oral health care of people with impairments or disabilities. The provision of comprehensive oral care to meet the complex individual needs of these people cuts across a number of dental specialties and requires additional specialist knowledge and skills. Further, it requires a community approach in the primary care setting as well as access to a range of treatment facilities to ensure continuity of care in the best interests of the patients. The focus is on the provision of oral care rather than, in most cases, on specific dental procedures.

Discussions in recent years between the Royal College of Surgeons of England and the Faculty Working Group for Special Care Dentistry have resulted in recognition of the need to promote the highest possible standards of oral health care for people requiring special care. It was recommended that this should be done through a structured programme of postgraduate education and training in Special Care Dentistry, developed and delivered through a specialty framework in order to equip dentists with the appropriate knowledge, attitudes and skills in this field.

A recognised training programme in Special Care Dentistry is necessary to draw together the component parts of the discipline, thereby enhancing and improving the quality of patient care as well as providing a training pathway to encourage dentists interested in this field of care to pursue their interest. Without a Specialist training pathway in Special Care Dentistry, dentists who wish to develop their career are either unable to do so or they are forced into a training pathway that does not fully meet their needs, interests or desires or, indeed, the needs of their client/patient groups. In either case this is to the detriment of the oral health care of people requiring Special Care Dentistry.

Entry to training in Special Care Dentistry would normally follow a period of general professional training. Additionally, possession of a relevant diploma of one of the Royal Colleges, or approved equivalent, will be required. This would be followed by a period of three years specialist training that reflects the nature of Special Care Dentistry by taking place in a variety of primary care, hospital, and community settings.

Currently appropriate UK qualifications in Special Care Dentistry include:

- Diploma in Special Care Dentistry Royal College of Surgeons of England
- Membership in Special Needs Dentistry Royal College of Surgeons of Edinburgh
- Master of Science Degree in Special Care Dentistry GKT Dental Institute of King's College London
- Master of Science Degree in Special Needs Dentistry Eastman Dental Institute and Hospital

The Joint Advisory Committee in Special Care Dentistry (JACSCD)

JACSCD was the natural successor to the Faculty Working Group in Special Care Dentistry which completed its work in spring 2000. The first meeting of JACSCD took place at the Royal College of Surgeons of England on Friday 16th June 2000. Its role is to promote and oversee the introduction of training programmes, to develop curricula and educational standards and to determine the process of formative and summative assessment in the field of Special Care Dentistry to fulfil the requirements of specialist training.

Membership of the Joint Advisory Committee for Special Care Dentistry (JACSCD)

The 14 person membership of JACSCD reflects the stakeholders who have a legitimate interest in developing postgraduate education and training of Special Care Dentistry through a specialty framework and, in particular, clinicians already providing Special Care Dentistry.

The Committee currently comprises:

- 2 Members of the British Society for Disability and Oral Health
 - Dr Sue Greening
 - Professor June Nunn
- 1 Member of academia in Special Care Dentistry
 - Dr Janice Fiske (*Chairperson*)
- 1 NHS consultant in Special Needs Dentistry
 - Dr Roger Davies
- 1 Senior clinician in Special Care Dentistry
 - Dr Mark Taylor
- 1 Member of the former Faculty Development Group
 - Dr Marcus Woof (*Vice chairperson*)
- 1 Restorative dentist actively involved in Special Care Dentistry
 - Dr Shelagh Thompson
- 1 Paediatric dentist actively involved in Special Care Dentistry
 - Mrs Vanita Brookes
- 1 Member of the Consultant in Dental Public Health Group of BASCD
 - Dr Carol Mander
- 1 Member of the Specialist Advisory Committee (SAC) in Restorative Dentistry
 - Mr Paul King
- 1 Member of the Specialist Advisory Committee (SAC) in Paediatric Dentistry
 - Dr Lindsay Hunter
- 1 Member of the Committee of Postgraduate Dental Deans
 - Mr David Thomas
- 1 Representative of the Board of the Faculty of Dental Surgery of the Royal College of Surgeons of England
 - Dr Selina Master
- 1 Lay member from the field of disability
 - Mr Peter Holland of the Disability Partnership

Former members of the Committee are:

- Representing the Consultant in Dental Public Health Group of BASCD
 - Dr Jenny Gallagher
- Representing the Committee of Postgraduate Dental Deans
 - Mr Richard Juniper
- Representing the Board of the Faculty of Dental Surgery of the Royal College of Surgeons of England
 - Professor Bernard Smith

Specialist Training Programme in Special Care Dentistry

The three year specialist training programme in Special Care Dentistry will include experience and study in the following key areas:

1. Biological sciences of relevance to Special Care Dentistry
2. Concepts of health, impairment and disability
3. Conditions leading to impairment and disability
4. Behavioural science
5. Sociology of health, impairment and disability
6. The impact of impairment and disability on oral health, general health and quality of life
7. The impact of oral health on impairment/disability, general health and quality of life
8. Planning and management of health and related service delivery
9. Management and delivery of oral health care
10. Development of oral health care promotion programmes
11. Provision of appropriate dental care based on the development of skills for history taking, examination, diagnosis, treatment planning and delivery of clinical dentistry
12. The use of behaviour management, local analgesia, conscious sedation and general anaesthesia
13. Provision of comprehensive operative dentistry
14. Links with other specialties
15. Inter- professional and inter- disciplinary working
16. Life support skills and management of medical emergencies
17. Legislation and ethics relevant to dental practise and, in particular, to Special Care Dentistry
18. Clinical governance
19. Research and audit

A substantial part of the theoretical aspects of the training programme will be delivered through attendance at a University based course either through direct attendance or through participation in a distance learning course. In addition the trainee will occupy a training post that is structured to provide her/him with supervised experience in a variety of community settings.

Formal completion of training will be marked by success in a Fellowship Examination for Specialists in Special Care Dentistry and satisfactory summative assessment.

The aims of training in Special Care Dentistry

1. The trainee should acquire the appropriate knowledge, skills, attitudes and judgement to meet the oral health needs of individuals and groups in society who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or

disability. This will be done through structured training in preparation for a Specialist appointment.

2. Training should stimulate a sense of professional interest and enquiry, encouraging the special care dentist to maintain competency and proficiency throughout her/his career by continuing professional education

Structured training requires:

1. Clear training aims and objectives
2. Planned training
3. Adequate and appropriate supervision of training
4. Clear entry criteria to the training programme
5. Critical evaluation of the progress made throughout training (RITA)
6. Remedial provision, as required, for trainees
7. Finite period of training
8. Time made available for individual study within the training programme
9. Accommodation of individual's needs
10. Supervisor's/trainers with appropriate training/ability

Learning outcomes

After successful completion of the training programme, the trainee will:

1. Be able to demonstrate an understanding of the basics of biological science in order that she/he can recognise normal and disordered growth and development and its implications for oral/dental care
2. Have the knowledge, understanding, attitudes and skills to provide appropriate care for people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability and be competent to undertake the diagnosis, treatment planning and treatment pertaining to their specialist care.
3. Be competent to plan and provide a high quality of oral care to people with disabilities and complex needs through a comprehensive understanding of disability issues.
4. Be able to take account of the individual's social, physical and cognitive circumstances to establish optimal oral care plans.
5. Have a comprehensive understanding of disability issues and the impact that they can have on oral health; as well as a comprehensive understanding of the impact that oral health can have on the lives of people with disabilities and complex needs.
6. Have developed skills in the management and delivery of oral health care, and the development of oral health promotion programmes for a range of special groups of

people so that she/he is competent in the design, implementation and completion of preventive oral health care programmes for people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability.

7. Have a thorough understanding of behavioural sciences relating to people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability.
8. Be experienced in behaviour management techniques required to provide oral care for people who have a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability (including the appropriate use of local anaesthesia, conscious sedation and general anaesthesia) and be able to provide comprehensive oral care using the most appropriate treatment modality
9. Have the ability to confer with, and refer to, other oral health care professionals and to communicate findings and treatment proposals to individuals, carers and other professionals.
10. Be able to collaborate in multi-professional teams for the management of people with disabilities
11. Be able to diagnose, and initiate emergency treatment of, commonly occurring medical emergencies.
12. Be trained in appropriate scientific methodology and research techniques and have prepared articles suitable for publication
13. Have developed teaching and communication skills
14. Be competent to take the lead in, implement and carry out clinical audit and other aspects of clinical governance
15. Understand the legal and ethical framework within which dentists practise and, particularly, those issues pertinent to special care dentistry.

PROGRAMME AIMS, LEARNING OUTCOMES AND ASSESSMENT METHODS

SECTION 1

BIOLOGICAL SCIENCES OF RELEVANCE TO SPECIAL CARE DENTISTRY

1.1 AIMS

The trainee should demonstrate an ability to understand the basics of biological science in order that they should recognise normal and disordered growth and development and its implications for oral/dental care.

1.2 LEARNING OUTCOMES

1.2.1 GROWTH AND DEVELOPMENT OF THE HUMAN BODY

The trainee should have *knowledge of*:

- **Normal development and ageing**
- **Disorders of development**

1.2.2 ANATOMY

The trainee should have *knowledge of*:

- **Embryology** – normal and specifically as it relates to developmental defects
- **Development of the dentition**
- **Development of the facial bones and tissues**
- **Anatomy of the head and neck**
- **Oral and dental anatomy**
- **Cardiovascular system**
- **Respiratory system**
- **Immune system**
- **Musculoskeletal system**
- **Nervous system**
- **Gastro-intestinal system**
- **Endocrine system**
- **Haematological system**

1.2.3 PHYSIOLOGY

The trainee should have *knowledge of*:

- **Normal and disordered cell and tissue metabolism**
- **Masticatory system**
- **Speech**
- **Swallowing**
- **Cardiovascular system** including haematology
- **Respiratory system**
- **Immune system**
- **Musculoskeletal system**
- **Nervous system**
- **Gastrointestinal system**
- **Endocrine system**

1.2.4 GENETICS

The trainee should have *knowledge of*:

- **The general principles of genetics** including those essential for the understanding of the aetiology of craniofacial malformations and syndromes relevant to Special Care Dentistry

1.3 ASSESSMENT

The assessment of this module will be by means of a specific written examination and/or viva, or part of a written question and/or viva that examines the scientific and biological basis of a clinical scenario. Candidates should be able to recall and show an understanding of factual knowledge and its application/relevance to special care dentistry.

SECTION 2

CONCEPTS OF HEALTH, IMPAIRMENT AND DISABILITY

2.1.1 AIMS

The trainee should be able to plan and provide high quality oral care for people with disabilities and complex needs through a comprehensive understanding of disability issues. They should be able to take account of the individual's social, physical and cognitive functioning to establish optimal oral care plans.

2.1.2 LEARNING OUTCOMES

The trainee should demonstrate:

- An awareness and knowledge of issues relating to impairment, disability and health
- An ethos and approach to disability that moves beyond the confines of the programme into the trainee's personal and working life
- Positive attitudes to disabled people

To facilitate these processes it is essential that people with impairments are involved in the training.

2.1.3 SOCIOLOGY OF HEALTH IMPAIRMENT AND DISABILITY

The trainee should have *knowledge of*:

- **Medical and social models of health and disability**
 - Definitions of impairment and disability
 - Theories of health
 - Changing concepts of health
 - Professional / lay concepts of health
 - Diversity
- **Sociology**
 - Labelling
 - Stigma
 - Prejudice

- **Philosophy of normalisation and ‘Care in the Community’**
 - Changing policy
 - Changing face of normalisation
 - Dual responsibilities of carers in residential care settings to act in the best interest of the individual and to respect individuals’ wishes
 - Advocacy

- **Barriers to health care**
 - Attitudes of the professions
 - Attitudes of people requiring special care
 - Cost (physical, emotional, financial)
 - Fear and anxiety (psychological)
 - Organisation of clinical facilities (physical access, etc)
 - Barriers for specific groups

- **Inequalities in health**
 - Primary health care approach
 - Dimensions of inequality
 - Social class and health
 - Ethnicity and health
 - Provision and use of health services
 - Links between social structure and health risks
 - Inequalities in oral health

2.2.2 BEHAVIOURAL SCIENCES

The trainee should have *knowledge of*:

- **Principles of psychology**
- **Principles of sociology**
- **Behavioural psychology**
 - Theories of behaviour
 - Principles of behaviour change
 - Learning theory
 - Group theory
 - Culture and attitudes

- **Anxiety**
 - Aetiology of anxiety
 - Measurement of anxiety
 - Management of anxiety
 - Impact on oral health

- **Emotional experience of disability**
 - Self perception
 - Public perception
 - Disabled people and professional practice
 - Loss and bereavement
 - Emotional effects of tooth loss

The trainee should demonstrate *knowledge of*:

- **Control and vulnerability**
 - Such as wheelchair use, visual impairment, etc.
- **Communication skills**
 - General communication skills
 - ‘Doctor/patient relationship’
 - Breaking bad news
 - Communication with specific groups of people e.g. people who have a learning disability, hearing impairment, visual impairment, cognitive or expressive impairment due to a stroke, etc
 - Negotiation skills
 - Networking/liaison skills

2.2.3 ACCESSING INFORMATION

The trainee should have *knowledge* of the resources available and skills in the methods available to obtain information about people with disability, their carers and specific conditions that result in disability

2.3 ASSESSMENT

The assessment of this module will be by means of multiple choice questions, a specific written examination and/or viva that examines the knowledge of issues relating to impairment and disability. Additionally, the assessment should include at least one formal case presentation with a social dimension to highlight the skills of inter-professional working and integration of care pathways.

SECTION 3

IMPAIRMENT, DISABILITY AND ORAL HEALTH

3.1 AIMS

The trainee should be able to provide high quality oral care for people with disabilities and complex needs, through a comprehensive understanding of disability issues in relation to the impact that they can have on oral health. The trainee should also demonstrate a comprehensive understanding of the impact that oral health and treatment outcomes can have on their lives.

3.2 LEARNING OUTCOMES

3.2.1 CONDITIONS LEADING TO IMPAIRMENT AND DISABILITY

The trainee should have *knowledge of*:

- **Medically compromising conditions**
- **Learning impairment**
- **Mental health problems including emotional and phobic states**
- **Physical impairment**
- **Sensory impairment**

3.3.2. ORAL HEALTH IN DISABILITY

The trainee should have *knowledge of*:

- **Principles of epidemiology**
 - Prevalence and incidence of different impairments
 - Epidemiology of oral disease in disabled groups
- **Oral manifestations and treatment of specific conditions** such as malocclusion in cerebral palsy, periodontal disease in Down syndrome, hypodontia in ectodermal dysplasia, etc.
- **Relationship between disability and oral health**
- **Access to services**

- **Quality of life issues**
 - Self-esteem
 - Appearance
 - Social acceptability
 - Relationships
 - Diet and nutrition
 - Comfort / pain
 - Mouth-held devices

- **Special aspects of preventive dentistry**
 - Education
 - Role of carers
 - Modified toothbrushes
 - Pharmacological approach

3.3 ASSESSMENT

The assessment of this module will be by means of a specific written examination and/or viva, or a written question and/or viva that examines the knowledge and ability of candidates related to conditions leading to impairment and disability, the impact that disability can have on oral care and the impact that oral disease can have on quality of life for the person with a disability or complex medical needs.

SECTION 4

ORAL HEALTH CARE AND ORAL HEALTH PROMOTION FOR SPECIAL GROUPS

4.1 AIMS

The trainee should be able to demonstrate skills in the management and delivery of oral health care, and the development of oral health promotion programmes for a range of special groups of people.

4.2 LEARNING OUTCOMES

4.2.1 DEVELOPING SERVICES FOR SPECIAL GROUPS

The trainee should have *knowledge of* developing services for people:

- With complex medical conditions
- With learning disability
- With physical impairment
- With mental illness
- With a history of substance misuse
- Who are housebound
- In long stay community, residential, nursing and day care units,
- In secure units
- Who are homeless
- Who are travellers
- In ethnic and refugee groups who are socially excluded
- In special educational establishments

4.2.2 MANAGEMENT OF SERVICE DELIVERY

The trainee should have *knowledge of*:

- **Planning, delivery and evaluation of oral care services** for people with impairment and disability in community and hospital settings
- **Management techniques in the NHS** with emphasis on people and resources
- **Leadership, influencing and negotiating skills**
- **Working in teams and groups**
- **Information management and communication technology**
- **Understanding and use of epidemiological data**

4.2.3 MANAGEMENT OF CARE FOR SPECIAL GROUPS

The trainee should be *competent in* the management of care for people:

- With complex medical conditions
- With learning disability
- With physical impairment
- With mental illness
- With a history of substance misuse

4.2.4 INTER PROFESSIONAL WORKING

The Trainee should demonstrate *knowledge of*:

- **The organisational structure and role of the NHS and other statutory and voluntary organisations**
- **Caring and advocacy**
- **The role of primary health care teams and the dental and medical specialties**
- **Joint care planning approach**
- **Community networks and alliances**
- **Collaboration with other specialists**
- **Working within the dental team**
- **Roles of Professionals Complementary to Dentistry**

4.2.5 Oral Health Promotion

The trainee should have *knowledge of*:

- **Theories of health promotion**
- **Planning population based oral health promotion policies**

4.3 ASSESSMENT

The assessment of this module will be by the demonstration of the development of skills through the production of log books, written examination questions, and/or viva voce examination.

SECTION 5

ORAL HEALTH CARE FOR THE INDIVIDUAL PERSON

5.1 PREVENTION OF ORAL DISEASE

5.1.1 AIMS

The trainee should be *competent to* design and deliver appropriate, individual oral health care plans to prevent/minimise the effects of oral disease.

5.1.2 LEARNING OUTCOMES

The trainee should have *knowledge of*:

- **Methods of assessment of the needs and priorities of individuals** in order to promote positive oral health gain

The trainee should be *competent in*:

- **Developing preventive healthcare programmes** for such patients in a variety of care settings
- **Designing, implementing and monitoring individual oral health care plans**

5.1.3 ASSESSMENT

Assessment of this part of the module will be by means of a written question and/or viva. Additionally, it will be by submission of a log book that demonstrates the trainee's experience of providing individual preventive packages to a wide range of patients with disabilities in different care settings.

5.2 ASSESSMENT, DIAGNOSIS AND TREATMENT PLANNING

5.2.1 AIM

The trainee should be *competent to* provide appropriate care for a person with a disability.

5.2.2 LEARNING OUTCOMES

The trainee should be *competent in*:

- **Identification of the person who requires special oral health care**
- **History taking, examination, diagnosis and treatment planning for the individual**
- **Recognition of the impact of disability on oral health care planning for the individual**
- **Organisation and delivery of appropriate treatment services in the relevant care setting for the individual**
- **Co-ordination of an inter-professional team in the delivery of optimal care for individuals**
- **Demonstration of the management and clinical skills necessary to provide preventive and treatment services for individuals**

5.2.3 ASSESSMENT

Assessment of this part of the module will be by the presentation of evidence, in the form of a log book or diary, that demonstrates the trainee's skills in treatment planning and delivery of oral care successfully to a range of patients. This evidence must be ratified by their trainer(s).

5.3 BEHAVIOURAL MANAGEMENT, PHARMACOLOGY AND THERAPEUTICS

5.3.1 AIMS

The trainee should be able to provide comprehensive oral care using the most appropriate treatment modality.

5.3.2 LEARNING OUTCOMES

The trainee should be *competent in*:

- **Recognising the management requirements of the individual**
- **Selecting the most appropriate adjunct to treatment, based on the patient assessment**
- **Skills required to manage pain and anxiety in a variety of clinical settings** through:
 - Behaviour management
 - Local anaesthesia
 - Conscious sedation including transmucosal, oral, inhalational and intravenous techniques
 - General anaesthesia including day-case and in-patient care

The trainee should have *knowledge of*:

- **Relevant pharmacological and therapeutic adjuncts** required in pain, anxiety and disease management

5.3.3 ASSESSMENT

Assessment of this part of the module will be by the presentation of evidence in the form of a log book that demonstrates the trainee's experience of patient management in a variety of care settings. This evidence must be ratified by their trainer(s).

5.4 CLINICAL DENTISTRY

5.4.1 AIMS

The trainee should be able to carry out a high standard of clinical dentistry. Additionally, the trainee should have the ability to confer about treatment options and to know when to refer the individual for advice and/or treatment from other dentally based specialties. The trainee should have the skills to confer with, or refer to other oral health care professionals and to communicate findings and treatment proposals to individuals (where possible), carers and other professionals.

5.4.2 LEARNING OUTCOMES

5.4.2.1 OPERATIVE DENTISTRY

The trainee should be *competent in*:

- **Management and treatment of individual teeth using intra and extra coronal restorations**
- **Recognition and maintenance of key teeth to facilitate long-term care**

5.4.2.2 FIXED AND REMOVABLE PROSTHODONTICS

The trainee should be *competent in*:

- **Restorative techniques for the management of broken down, fractured and missing teeth**

The trainee should have *knowledge of*:

- **Relevant laboratory procedures**

5.4.2.3 PERIODONTOLOGY

The trainee should be *competent in*:

- **Recognising gingival and periodontal conditions**
- **Appropriate planning and treatment**

The trainee should have *knowledge of*:

- **Periodontal surgery**

5.4.2.4 ENDODONTICS

The trainee should be *competent in*:

- **Principles and practice of endodontics**
- **Principles and practice of surgical endodontics**

5.4.2.5 NON-CARIOUS TOOTH SURFACE LOSS

The trainee should be *competent in*:

- **Diagnosis, prevention and restorative treatment of non carious tooth surface loss e.g. abrasion, erosion and attrition**

5.4.2.6 TEMPOROMANDIBULAR JOINT DYSFUNCTION

The trainee should be *competent in*:

- **Diagnosis and non-surgical management of temporomandibular dysfunction**

5.4.2.7 MAXILLOFACIAL PROSTHODONTICS

The trainee should have *knowledge of*:

- **Maxillofacial prosthodontic management of developmental and acquired hard and soft tissue defects**

5.4.2.8 DENTAL MATERIALS

The trainee should have *knowledge of*:

- **Materials relevant to clinical dentistry**

5.4.2.9 ORTHODONTICS

The trainee should have *knowledge of*:

- **Examination, diagnosis and treatment planning**
- **Design and use of removable appliances**
- **Oral surgery in relation to orthodontics**
- **Developmental anomalies to include cleft lip and palate**

5.4.2.10 ORAL MEDICINE AND ORAL PATHOLOGY

The trainee should be *competent in*:

- **Diagnosis, treatment planning and management of oral care for people:**
 - With common oral medical conditions
 - Undergoing chemotherapy, radiotherapy and immunotherapy
 - Undergoing organ transplant
- **Recognition of oral manifestations of systemic disease**
- **Recognition and management of oral side effects of prescribed medication**

5.4.2.11 ORAL SURGERY

The trainee should be *competent in* the principles and practice of dento-alveolar surgery including:

- **Surgical treatment planning for patients with systemic disease**
- **Minor oral surgery** including surgical extraction of impacted teeth
- **Biopsy and excision of oral pathological conditions**
- **Management of dento-alveolar trauma**

The trainee should have *knowledge of*:

- **Implantology**
- **Hyperbaric oxygen therapy**

5.4.2.12 CLINICAL LABORATORY SKILLS

The trainee should be *competent in*:

- **Interpretation of haematological tests** such as:
 - Full blood count and haematinics (Fe, Folate, B12, Sickle cell screening)
 - Clotting studies
 - Urea and electrolytes
 - Liver function tests
- **Interpretation of electromechanical aids in diagnosis** such as:
 - ECG
 - Blood pressure monitor
 - Pulse oximetry
 - Blood sugar monitor
 - Coaguchek S monitor

5.4.3 ASSESSMENT

Assessment of this part of the module will be by log diaries, presentation of completed cases, clinical examination and/or viva voce. It may also be by self-assessment, peer review and trainer appraisal.

5.5 MANAGEMENT OF MEDICAL EMERGENCIES

5.5.1 AIMS

The trainee should be able to diagnose emergencies and initiate treatment of medical emergencies that can occur in the dental setting or during the provision of dental treatment. The trainee should have the skills to liaise with other healthcare professionals in the emergency management of all patients under their care.

5.5.2 LEARNING OUTCOMES

5.5.2.1 BASIC LIFE SUPPORT SKILLS

The trainee should be *competent in*:

- **Management of medical emergencies in the dental surgery**
- **Cardio-pulmonary resuscitation**
- **Use of emergency drugs**

Training should be renewed on an annual basis.

5.5.2.2 ADVANCED LIFE SUPPORT SKILLS

The trainee should be *competent in* advanced life support.

5.5.3 ASSESSMENT

Assessment of this part of the module will be by means of course records, written question, viva and/or appraisal of the management of a simulated emergency situation. The trainee should keep records of the basic and advanced life support skills courses attended.

SECTION 6

LEGISLATION AND ETHICS

6.1 AIM

The trainee should *understand* the legal and ethical framework within which dental team practises and, particularly, those issues pertinent to special care dentistry.

6.2 LEARNING OUTCOMES

6.2.1 CONSENT

The trainee should *be competent* in:

- **Principles of consent**
- **Capacity to consent**

6.2.2 MAKING CHOICES

The trainee should *be competent* in:

- **Risk assessment**
- **Decision making**
- **Rationale for appropriate use of physical/pharmacological intervention**

6.2.3 PRINCIPLES OF DUTY OF CARE AND NEGLIGENCE

The trainee should *be competent* in:

- **Health and safety regulations**
- **Decontamination and infection control**
- **Confidentiality**
- **Record keeping**
- **Ethical aspects of practice and research**
- **Ethics of physical/pharmacological intervention/restraint**
- **Vicarious liability**

6.2.4 RISK MANAGEMENT

The trainee should *competent in* issues related to risk management such as infection control and moving and handling

6.2.5 ETHICS OF IMPAIRMENT AND DISABILITY

The trainee should have *knowledge of* issues related to the ethics of impairment and disability such as genetic counselling and palliative care etc.

6.2.6 LEGISLATIVE FRAMEWORK IN UK AND EU

The trainee should have *knowledge of*:

- **The role of the General Dental Council**
- **The role of Professionals Complementary to Dentistry**
- **The Disability Discrimination Act (1995)**
- **The Human Rights Act (2000)**

6.2.7 ABUSE OF VULNERABLE PEOPLE

The trainee should have *knowledge of*:

- **Types of abuse**
- **Signs and symptoms that suggest abuse is taking place**
- **Protocols for the management of suspected abuse**
- **Action to be taken in the event of suspected abuse**

6.2.8 MEDICO-LEGAL REPORT WRITING

The trainee should be *competent to*:

- **Write clinical reports** at the request of the legal profession in line with the Woolf reforms (1999)

6.3 ASSESSMENT

The assessment of this module will be by means of a written question and/or viva related to the legal and ethical issues associated with impairment and disability. Additionally, the trainee may be expected to produce a specimen legal report.

SECTION 7

CLINICAL GOVERNANCE AND RESEARCH

7.1 AIM

The trainee should demonstrate an understanding of the importance of teaching, training, research and clinical governance commensurate with their role as lead clinicians.

7.2 LEARNING OUTCOMES

7.2.1. TEACHING AND TRAINING

The trainee should have *knowledge of*:

- **Learning and educational theory**
- **Organisation of dental education and educational providers**
- **Organisation and planning of educational initiatives**

The trainee should be *competent in*:

- **Personal development and self appraisal**
- **Mentoring, supervision and appraisal skills**
- **Presentation skills**
- **IT skills**

7.2.2 CLINICAL GOVERNANCE

The trainee should have *knowledge of*:

- **Principles of quality assurance and clinical governance**
- **Principles of continuing professional development**

The trainee should be *competent in*:

- **Clinical audit**
- **Evidence based dentistry**
- **Critical appraisal**
- **Development and implementation of clinical guidelines**

7.2.3 RESEARCH AND DEVELOPMENT

The trainee should have *knowledge of*:

- **Research methodology**
- **Biostatistics**

The trainee should be *competent in*:

- **Searching the literature**
- **Applying for ethical approval**
- **Designing research projects**
- **Analysing research findings**
- **Critical review of research publications**

7.3 ASSESSMENT OBJECTIVES

Assessment of this module will be by means of scrutiny of the trainee's log diary and a viva; and review of completed audit projects and research proposal(s) written by the trainee.

PROPOSED GUIDELINES FOR THE THREE YEAR TRAINING PROGRAMMES IN SPECIAL CARE DENTISTRY

1. INTRODUCTION

There is as yet no recognised Specialist List in Special Care Dentistry. Therefore, there is as yet no formally recognised training in Special Care Dentistry leading to a Certificate of Completion of Specialist Training. However, JACSCD is of the conviction that this is only a matter of time. It is in this belief that this guidance is written with the intention that it can be used in the future by universities, hospitals and community settings seeking SAC approval for three year training programmes in Special Care Dentistry leading to a Certificate of Completion of Specialist Training (CCST) in Special Care Dentistry, and to inform trainees and trainers. The programmes are designed to equip the trainee to meet the regulations for current and future Memberships in Special Care/Needs Dentistry of the Royal Surgical Colleges.

At entry to a training programme, all trainees will be required to have achieved comparable standards of competence and will be given Training Numbers so that their training can be monitored by the Specialist Advisory Committee in Special Care Dentistry together with the Postgraduate Deans/Directors.

The training plan must be structured and training should take precedence over service provision. For the foreseeable future it is likely that a proportion of training will take place in University Dental Schools, which will be expected to link with relevant hospital departments and community establishments to ensure that a complete training is achieved. The training curriculum has been planned in modules linked to various topics (See 4.14). Modules need not necessarily be studied in the order presented.

2. THE PURPOSE OF THE THREE YEAR PROGRAMMES IN SPECIAL CARE DENTISTRY

Training programmes should be designed to enhance knowledge, diagnostic and treatment skills and to encourage trainees to develop an understanding of the subject sufficient to obtain a qualification which will allow the award of a CCST and registration on any future list of Specialists in Special Care Dentistry by the General Dental Council. The trainee should also be encouraged to initiate a research programme.

2.1 Award of the Certificate of Completion of Specialist Training

On completion of the three year programme and, in the future when this qualification is available, having passed the Fellowship in Special Care Dentistry (or equivalent), the dentist can apply to the General Dental Council for the award of a Certificate of Completion of Specialist training and entry to any future specialist list of the General Dental Council in Special Care Dentistry.

2.2 Access to Training Programmes

Access to all SAC approved specialist dental training programmes or those likely to be approved will be competitive. All training posts in Special Care Dentistry in the United Kingdom must be advertised in the British Dental Journal.

Training Programme Directors should consult with Postgraduate Dental Deans/Directors and, when they are in place, with Regional Speciality Advisers in Special Care Dentistry when planning these programmes. Additional advice on the arrangements for training programmes is available in "A Guide to Specialist Registrar Training" (1998), which incorporates Appendix 3, a dental supplement. Dental graduates who are registered with the General Dental Council may apply for entry to the training programme following a period of general professional training in primary and secondary care and as having passed the MFDS examination of one of the Royal Surgical Colleges. This examination commenced in 1998 and is specifically designed for those dentists who wish to enter specialty training. The FDS of one of the Royal Surgical Colleges, will also be an acceptable entry qualification to specialist training.

3. POSSIBLE TYPES OF TRAINEES ON THREE YEAR POSTGRADUATE TRAINING PROGRAMMES IN SPECIAL CARE DENTISTRY

3.1 Specialist Registrars

The following dentists may apply for specialist registrar posts leading to a CCST. (Type I training - see a Guide to Specialist Registrar Training. For details of Type II training see paragraph 3.4(i) below)

- (i) Dentists who benefit from European Community rights
- (ii) Dentists who are overseas nationals but who have rights of indefinite residence or settled status in the UK.

These dentists will be issued with a National Training Number (NTN).

NB. Dentists with temporary registration with the GDC are not eligible for the award of a CCST .

3.2 Visiting Specialist Registrars

The following candidates may apply for an SpR post leading to a CCST (Type I training).

- (i) Dentists who do not benefit from European Community rights
- (ii) Dentists who do not have the right of indefinite residence or settled status in the UK.

These dentists will be issued with a Visiting Training Number (VTN).

NB. Dentists with temporary registration with the GDC are not eligible for the award of a CCST .

3.3 Postgraduate Students

In the dental specialties sponsored or self-funded dentists may, following competitive entry, be accepted for SpR training, in addition to those in substantive NHS posts under paras. 3.1 and 3.2 and given an NTN or VTN as appropriate.

3.4 Fixed Term Training Appointments (FTT A) Type II Training

These are specialist training programmes where the dentist pursues an agreed training programme tailored to meet the individuals' training goals. They will usually last for six

months to two years but may be longer. These programmes do not lead to the award of a CCST. They are restricted to:

- (i) Overseas dentists without a right of indefinite residence or settled status in the UK. They may undertake Type II training programmes in Fixed Term Training Appointments (FTTA) but these do not lead to the award of a CCST (for further information see a Guide to Specialist Registrar Training)
- (ii) EEA nationals

Trainees will be issued with a Fixed Term Training Number (FTN). These programmes may be either NHS funded, sponsored or self-funded.

3.5 Funding of Substantive NHS Posts

The use of partly funded posts places serious financial and personal strain on trainees and their use is to be deprecated. All full-time trainees who hold NHS contracts should be in receipt of a full-time salary appropriate to their grade.

4. THE STRUCTURE OF TRAINING PROGRAMMES

4.1 The Objectives of a Three Year Training Programme in Special Care Dentistry

Training programmes should provide a comprehensive education in all aspects of Special Care Dentistry although it is not expected that every programme will cover all aspects to the same extent.

All trainees must be given the opportunity to undertake a University higher degree including a research component. If a higher degree is not undertaken trainees must be involved in the production of scientific articles submitted to professionally refereed journals for publication.

4.2 Training Rotations

The preferred training pathway is one that integrates the experience gained in the dental teaching hospital with relevant attachments in hospital and community settings related to special care and special care dentistry. It is important that several consultants and community and social service senior staff are able to make a substantial contribution to training.

Programmes for part-time trainees and those who visit another training programme for academic and research training can work well but require extra effort on the part of district general hospital and teaching centre to avoid deficiencies in the programme. The programme at the dental teaching hospital must achieve full integration of the part-time trainee into the full-time academic timetable.

4.3 Length of Training Programmes

Training will normally be full-time. The arrangements under which part-time training is permitted are outlined in the relevant paragraph below.

4.4 Full-time Training

The period of full-time training will be not less than three continuous years in an approved clinical training programme in Special Care Dentistry. Locum experience will not normally be accepted.

4.5 Flexible Training Programmes and Part-time Training Programmes

Flexible training is permitted for specialist registrars. The arrangements for such training are given in "A Guide to Specialist Registrar Training" (1998). To be eligible for such

training individuals will have to show that "training on a full time basis would not be practicable for well-founded individual reasons". Full-time trainees can apply to become flexible trainees and flexible trainees can apply to revert to full-time training at any time.

The General Dental Council is keen for training institutions to develop part-time training for dental practitioners that is not covered by existing arrangements of the Flexible Training Scheme. Part-time training schemes do not attract NHS funding and it is expected that such programmes will be introduced over the next few years for self-funded or sponsored trainees.

The total length of flexible and part-time training should not be less than that of full-time training. Current advice is that flexible and part-time training programmes must be for a minimum of six sessions per week and the training period will be five years.

Approval must be obtained in advance (from the SAC in Special Care Dentistry when it exists) for periods of detachment from training programmes and for clinical experience abroad in other centres for both full-time and part-time trainees.

4.6 Distribution of Time within Training Programmes

In full-time Specialist Registrar and other approved training posts, the trainee should spend at least six sessions per week involved in patient contact with at least five of these sessions devoted to personal treatment sessions. A balanced programme, for all trainees, will allow personal treatment sessions, diagnostic sessions, review clinics, inter-professional clinics, formal and informal teaching, research and reading time. The time devoted to the dissertation for a higher university degree will depend upon university regulations and how the sessions are dispersed over two or three years of the training programme. The number of sessions on average should not exceed two per week.

Part-time trainees should be given a timetable for a minimum of six sessions per week that includes at least three personal treatment sessions.

4.7 Facilities

At each training unit there should be:

- a. Fully equipped surgery accommodation at each centre
- b. Trained dental nursing support with reasonable continuity of personnel
- c. Adequate secretarial support within the department
- d. Adequate access to a full range of relevant record and diagnostic facilities including radiography and photography

- e. Access to a full range of high quality laboratory services associated with Special Care Dentistry.
- f. Desk space for personal study by the trainee during the time they spend in the unit, and access to personal computer facilities
- g. Ready access to a range of relevant journals and text books within the department
- h. Computerised facilities for the collection and analysis of audit data, maintenance of the trainee's logbook and routine business functions such as word processing.

Ideally there should also be:

- a. Advanced teaching facilities (e.g.: teaching laboratory ,video, replay facilities, etc.)
- b. A fully equipped post-graduate centre with an active dental programme
- c. Full library facilities including the facility for borrowing from other libraries and computerised literature searches
- d. Facilities for medical illustration such as the production of diagrams, poster material and graphics
- e. An on-site laboratory

4.8 Caseload

The caseload for a trainee on a three year postgraduate training programme in Special Care Dentistry should be sufficient to ensure that a full range of cases is experienced. Caseloads should be modified pro rata for part time trainees.

4.9 Supervision

Close supervision of the training programme is essential. Training programme arrangements should ensure:

- a. That a Training Programme Director is appointed, who is responsible for the organisation and day to day management of the training programme. The Training Programme Director should have sessions at the dental teaching hospital and be a consultant/senior clinician involved in the training scheme who has ideally undergone a period of training in Special Care Dentistry
- b. Supervisors are appointed for the dissertation who have academic training or proven academic ability
- c. A trainer (tutor) is appointed for each trainee, who is responsible for monitoring the trainee's progress and ensuring that any difficulties are identified and resolved as rapidly as possible. The tutor should be a person who works frequently with the trainee and is closely involved in their training. For rotations involving a district general hospital, the most suitable person will often be the consultant at the district general hospital most involved in the particular training programme.

d. Formal appraisal meetings between trainers and individual trainees, should be arranged by mutual consent, and to an agreed agenda to monitor and advise on a trainee's progress and training needs. A record (that is confidential between the trainer and trainee) should be kept of these meetings, which should occur twice a year. These appraisal meetings are distinct, and serve a different function from the annual RITA assessments carried out on behalf of the Regional Specialty Training Committee. The SAC requires that Assessment forms from these latter assessments be returned to the Secretary of the SAC.

Trainees should be exposed to the views of more than one consultant/senior clinician and normally direct supervision should be provided by a consultant. However, supervision by a trainee in a Fixed Term Training Appointment (FTTA), an experienced specialist practitioner, or by a person of similar experience and seniority is also permitted. Many different approaches presented in an unstructured manner may serve only to confuse trainees; a rigid unstructured approach is equally unsatisfactory. A balance should be struck in which different approaches are presented so that the trainee has the opportunity to consolidate a solid core of knowledge against which to make judgements and choices so that a perspective of the range and effectiveness of contemporary Special Care Dentistry is gained.

To run effective programmes, dental teaching hospitals ideally require at least two WTE consultants (including the Training Programme Director), with a significant teaching input. These posts should not be split between more than three people. Where the training programme has more than four trainees at anyone time, additional staff will be required.

4.10 Trainer Training

The quality and ability of the trainers is an important element in successful training. Trainers must undertake Continuing Professional Education.

4.11 Training Capacity of the Programme

The SAC has introduced the following guidelines to indicate the total number of trainees that can be enrolled on a SAC approved training programme. In a unit with adequate physical and human resources, training capacity is limited principally by the staff: student ratio.

Any course which exceeds 2 or more of the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training and such programmes will not be approved by the SAC.

Clinical Training - in Dental Hospitals there may be more students per member of staff. This ratio should not exceed 1:6.

Didactic Teaching - it is beneficial for student interaction that groups should not be smaller than 3. The maximum number in a seminar to permit interaction with the tutor should be no more than 8. However, it may be appropriate to accommodate larger numbers in a lecturing/journal club format.

MSc dissertations - it is debatable how many theses an individual staff member is able to supervise as this depends to some extent on the individual's weekly timetable. In the atmosphere of a busy dental school/hospital a maximum of 4 per supervisor at any one time appears acceptable.

4.12 Documentation

4.12.1 Course Documentation

Clear documentation of the training programme is essential. All trainees should therefore have written information detailing:

- a. Background information about the course
- b. The course syllabus
- c. The course timetable
- d. Details of supervision
- e. Educational guidance - this should include a core list of recommended text books, journals, keynote papers in the literature, audio and video tapes
- f. Taught course material which is not readily available from textbooks

4.12.2 Trainee Documentation

Trainees should maintain records of patients under treatment on an approved, computerised patient database programme. Records should include all patients who are under or have completed treatment. Each record should contain relevant data related to:

- Unique identification number
- Demographic information including social circumstances
- Medical status
- Dental career including past experiences and attendance pattern
- Diagnosis
- Management plan
- Treatment
- Adjunctive treatment from other disciplines
- Outcomes including complications
- Follow up
- Reflections

While most of the record entries will relate to cases requiring active treatment, it should also represent the full range of the trainee's clinical activity. Cases should be signed off by the trainer, with additional comments where the complexity of the case merits note.

4.13 The Training Plan

The SAC would like training to be defined year by year by each training centre. The modular structure will create the characteristics of a National Curriculum and will in certain circumstances facilitate transfer between training centres.

Annual holiday entitlement must be allocated in accordance with contracts of employment or other agreements arranged prior to commencement of the course.

4.14 Curriculum

A curriculum for the three year postgraduate training programmes in Special Care Dentistry will need to be approved by the General Dental Council. A summary of the curriculum is shown at Appendix A.

5. VISITATION AND APPROVAL

Every department running a training programme in Special Care Dentistry will be visited by at least two members of the Joint/Specialist Advisory Committee, before approval is granted, to ensure that the conditions in this guidance can be met and to discuss with the trainers the training programme and difficulties in implementing these requirements.

The visitors will wish to see items from the Course Documentation. For approved training programmes, where a reinspection becomes due, trainee interviews will be conducted. Each trainee should bring an up to date curriculum vitae, a copy of their personal timetable and their clinical logbook with a summary of caseload cross-referenced by diagnosis and treatment method. Trainees will normally be interviewed at least once during their training period.

The departments will be revisited at least once every 6 years for purposes of inspecting the facilities available for training, with trainee interviews at 3 years, or at the J/SAC's discretion.

Applications for approval should be made to The Joint Advisory Committee for Special Care Dentistry care of The Faculty of Dental Surgery, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE.

APPENDIX A

SPECIALIST TRAINING IN SPECIAL CARE DENTISTRY

THREE YEAR FULL TIME SPECIALIST TRAINING PROGRAMME CONTENT LEADING TO CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING

1. BIOLOGICAL SCIENCES OF RELEVANCE TO SPECIAL CARE DENTISTRY

- Normal development and ageing
- Disorders of development
- Embryology, anatomy and physiology of the stomatognathic system
- Embryology, anatomy and physiology of the main systems of the body
- Principles of genetics

2. CONCEPTS OF HEALTH, IMPAIRMENT AND DISABILITY

- Sociology of health impairment and disability
- Medical and social models of health and disability
- Philosophy of normalisation and 'Care in the Community'
- Barriers to health care
- Inequalities in health
- Principles of psychology and sociology
- Behavioural psychology
- Anxiety – aetiology, measurement, management of anxiety and impact on oral health
- Emotional experience of disability
- Control and vulnerability
- Communication skills

3. IMPAIRMENT, DISABILITY AND ORAL HEALTH

- Medically compromising conditions
- Learning impairment
- Mental health problems including emotional and phobic states
- Physical impairment
- Sensory impairment
- Principles of epidemiology
- Epidemiology of oral disease in disabled groups
- Oral manifestations and treatment of specific conditions

- Relationship between disability and oral health
- Access to services
- Quality of life issues
- Special aspects of preventive dentistry

4. ORAL HEALTH CARE AND ORAL HEALTH PROMOTION FOR SPECIAL GROUPS

- Developing services for special groups
- Planning, delivery and evaluation of oral care services for people with impairment and disability in community and hospital settings
- Management of care for special groups
- Inter professional working
- Theories of health promotion
- Oral Health Promotion
- Planning population based oral health promotion policies

5. ORAL HEALTH CARE FOR THE INDIVIDUAL PERSON

- Prevention of oral disease
- Assessment of the needs and priorities of individuals
- Development of preventive healthcare programmes
- Designing, implementing and monitoring individual oral health care plans
- Assessment, diagnosis and treatment planning
- Organisation and delivery of appropriate treatment services
- Behavioural management, pharmacology and therapeutics
- Clinical dentistry:
 - Fixed and removable prosthodontics
 - Periodontology
 - Endodontics
 - Non-carious tooth surface loss
 - Temporomandibular joint dysfunction
 - Maxillofacial prosthodontics
 - Dental materials
 - Orthodontics
 - Oral medicine and oral pathology
 - Oral surgery
 - Implantology
- Clinical laboratory skills
- Management of medical emergencies

6. LEGISLATION AND ETHICS

- Consent
- Principles of duty of care and negligence
- Risk management
- Ethics of impairment and disability
- Legislative framework in UK and EU
- Abuse of vulnerable people
- Medico-legal report writing

7. CLINICAL GOVERNANCE AND RESEARCH

- Teaching and training
- IT skills
- Principles of quality assurance, audit and clinical governance
- Principles of continuing professional development
- Research and development