

**Periodontics
Specialty Training Curriculum**

Approved on: 23 January 2023

1. Foreword

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

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

The curriculum has been written by the Periodontics Specialty Advisory Committee (SAC), a constituent committee of the Advisory Board for Specialty Training in Dentistry (ABSTD). The SAC is responsible for and owns the specialty-specific content and learning outcomes of the relevant specialty curriculum. They are also responsible for the choice of assessment of both the generic and the specialty-content of the curriculum.

The delivery of the curriculum via training and assessment providers is quality assured by the GDC using the Standards of Specialty Education. Successful completion of the relevant specialty training and assessment will lead to the award of a Certificate of Completion of Specialty Training (CCST) and successful candidates will be eligible to apply for inclusion on the relevant GDC specialist list and be eligible to use the title of "Specialist".

This curriculum will take effect for new trainees from September 2024.

Acknowledgements

The Periodontics curriculum was written by the Curriculum Working Group drawn from the membership of Restorative Dentistry Specialist Advisory Committee (SAC) and one representative from the Specialist Registrars in Restorative Dentistry Group (SRRDG):

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The wider membership of Restorative Dentistry Specialist Advisory Committee was instrumental in the production of the curricula for restorative dentistry, endodontics, periodontics and prosthodontics. Many thanks to all members who provided expertise and representation from the associated UK specialist societies, UK Royal Colleges and COPDEND.

SECTION A: PURPOSE STATEMENT FOR PERIODONTICS

2. Introduction to the Periodontics Specialty

Periodontology is the study of the tissues which support the teeth (e.g. gums and bone) and dental implants, as well as the awareness of the associations and interactions between periodontal diseases and systemic conditions such as diabetes and systemic non-plaque induced diseases/conditions which may manifest in the periodontal tissues. Periodontal health is considered to be a major component of overall health and wellbeing. Periodontal disease is the 6th most chronic disease affecting the global population, with severe periodontitis affecting up to 11% of individuals and their quality of life.

The clinical practice of periodontics is based on the knowledge, understanding and the application of periodontology.

It encompasses:

- the prevention, diagnosis, and treatment of diseases of the supporting and surrounding tissues of the teeth and/or their substitutes, and periodontal supportive care/maintenance.
- the replacement of lost teeth by implantation of natural and/or synthetic devices.
- the reconstruction of lost supporting structures by regeneration or repair of the hard and soft tissues in order to maintain the health, function and aesthetics of these tissues and structures, with the aim of improving oral and general health along with wellbeing.
- the management of periodontitis as an association with and/or a manifestation of systemic diseases and conditions. It is integral to the interprofessional management of systemic diseases/conditions affecting periodontal tissues.
- the recontouring of soft and hard tissues to facilitate the restoration of teeth for functional or aesthetic reasons.

The scope of periodontology is substantial given its broad biological base, including medical disciplines related to microbiology, immunology, histopathology, pharmacology and molecular biology.

The specialist in periodontics promotes periodontal health by fostering the optimal delivery of care that is personalised to the individual. The GDP may wish to seek an opinion from a specialist at any time in the management of a patient's periodontal disease for additional support.

3. Entry to the Training Programme

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

A specialty trainee must be registered with the General Dental Council. It is desirable that during previous early years training the individual has experienced work in as many sectors of dental provision as possible. Evidence of excellence in terms of attributes such as motivation, career

commitment will be expected, as will an ability to demonstrate the competences and capabilities required for entry to specialist training, either by successfully completing a period of agreed dental foundation/vocational and core training or by demonstrating that those competences have been gained in another way.

4. Outline of the training programme

It is anticipated that 3 years (full time) would normally be required to satisfactorily complete the Periodontics curriculum to the required depth and breadth. However, the annual review of competence progression (ARCP) process allows for adjustments to be made to this where appropriate.

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

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

Many trainees in Periodontics undertake academic training, either within the NIHR academic clinical fellow posts or by other routes. The proportion of time in training used to undertake research will be reviewed at ARCP. Please refer to the Dental Gold Guide.

5. Training specific to Periodontics

The distinctive identity of Periodontology and practice of Periodontics provides an academic and clinical focus for undergraduate and postgraduate education, participation in university and Royal College examinations, research, and scholarship. This supports advances in patient care through providing a framework for quality improvement and discovery, including expertise in periodontology to support to fundamental science, translational research, and clinical trials. The specialist in Periodontics can provide advice and support to general dental practitioners locally and participate in and/or lead organisations involved in the delivery of periodontics to the local population. The Specialty, along with the cognate specialist society, The British Society of Periodontology and Implant Dentistry (BSP), acts as a focus and stimulus for further development of Periodontics in the UK. The BSP works with the Public, Patients, associated stakeholders, and specialist societies to support the development of specialty trainees.

Training in Periodontics normally takes three years to complete. The majority of training is devoted to specialist specific training in periodontics.

Trainees are expected to spend time in training to work with a broad range of specialties including Restorative Dentistry, Endodontics and Prosthodontics and where appropriate other specialties in dentistry and medicine. This is to ensure curriculum requirements are met and that as specialists, they deliver integrated care pathways for patients.

It is anticipated that trainees should be ready and eligible to sit an accredited specialty summative assessment comparable to the Membership of Periodontics (M Perio) toward the end of the final year in training, under the administration of one of the UK Royal Colleges.

6. Evidence and assessment

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

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

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

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

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

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

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

Continuous assessment throughout training will be undertaken by the educational supervisor, clinical supervisors and other educators involved in training, using a range of SLEs. All assessments completed in the workplace have a formative function, with trainees given

contemporaneous feedback on their performance, and these all contribute to the decision about a trainee's progress. The assessment process should be initiated by the trainee, who should identify opportunities for assessment throughout their training.

In sections C and D, a list of sources of evidence are provided against each of the HLOs. These are provided as a list of possible sources, and there is no expectation that the full list of sources would be used as evidence of attainment of a particular HLO. Some of the assessments in Section D will be mandatory (for example College examinations), but other forms of assessment should be tailored to the training program/local circumstances/stage of training, and these should be agreed with the Training Provider(s) as part of the RCP process and the Education supervisor(s) as part of a learning agreement. **All mandatory assessments are clearly indicated in section D.**

In Section C no individual assessment is mandated for all specialties. Further guidance will be provided in the specialty assessment strategy which highlight how the HLOs are best achieved within each programme. This will normally be through application in practice rather than summative assessment, although this may vary by specialty dependent on the range of workplace assessments.

An assessment blueprint is provided within Sections C and D which illustrates the SLEs that can be used to assess the HLOs.

Progress through training is assessed through the Review of Competence Progression (RCP) process, and training is completed when all the curriculum requirements are satisfied, and HLOs have been evidenced.

7. Academic Training

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

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

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

The standards relate to

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

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

SECTION C – GENERIC PROFESSIONAL CONTENT OF THE SPECIALTY CURRICULUM

Section C – Generic Professional Content of the Specialty Curriculum	
Domain 1: Professional knowledge and management	
Outcome	Examples
1.1. Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	Effectively and respectfully communicate with patients, relatives, carers, guardians by: • consulting with patients and carers in a sensitive and compassionate way • giving clear and accurate verbal/oral information with information the recipient wants and needs and avoiding unnecessary jargon • giving clear, accurate and legible written information in a form the recipient can understand, with information the recipient wants and needs and avoiding unnecessary jargon • making accurate and contemporaneous records of observations or findings in English • making information accessible and inclusive by adapting written and verbal communication and tone and adopting appropriate techniques and communication aids/resources to suit others as appropriate • assessing their communication support needs and implementing appropriate methods to reduce communication barriers. For example, by using email, video conferencing tools, or any other communication tools suitable for individuals with disabilities or impairments and specifically with patients, relatives, carers, guardians, and others • demonstrating ability to communicate effectively and sensitively when delivering bad news • recognising own limitations and works within limits of capabilities. • Competency in obtaining informed consent

	Effectively and respectfully communicate with colleagues by: • promoting and effectively participating in multidisciplinary, inter-professional team working • communicate effectively with referrers regarding patient consultation and treatment • ensuring continuity and coordination of patient care and/or management of any ongoing care through the appropriate transfer of information demonstrating safe and effective handover, both verbally and in writing
1.2. Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	They should do this by: • maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others (emotional intelligence) • influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations and exploring and resolving diagnostic and management challenges
1.3. Demonstrate they can deal with complexity and uncertainty	They should do this by: • showing appropriate professional behaviour and judgement in clinical and non-clinical contexts • demonstrating resilience • managing the uncertainty of success or failure • adapting management proposals and strategies to take account of patients' informed preferences, co-morbidities and long-term conditions • supporting and empowering patient self-care and respecting patient autonomy • recognises and manages dental emergencies
1.4. Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice	They should do this by: • understanding, and adhering to, the principles of continuing professional development • understanding relevant guidance and law including that relating to equality and diversity, employment, health and safety, data protection etc, with an appreciation that legislation may differ between England, Scotland, Wales and Northern Ireland • understanding information governance, data protection and storage and the legal parameters relating to digital and written records in the context of their workplace

	recognising the need to ensure that publicly funded health services are delivered equitably
1.5. Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland	They should do this by: - understanding the structure and organisation of the wider health and social care systems, including how services are commissioned, funded and audited - demonstrating an appreciation of how services are deemed to be clinically effective, cost effective or restricted such as on a 'named patient' basis - understanding how resources are managed, being aware of competing demands and the importance of avoiding waste - having an awareness of how services are held publicly accountable through political and governance systems, public scrutiny and Judicial Review - recognise and work towards achieving carbon neutrality within the context of understanding the importance of sustainability in design and delivery of services and demonstrating application of these principles in practice
1.6. Recognise and demonstrate their role in health promotion, disease prevention and dental population health	They should do this by: - understanding the factors affecting health inequalities as they relate to the practise of dentistry being willing and able to work to reduce health inequalities relevant to the practise of dentistry - understanding national and local population oral health needs - understanding the relationship of the physical, economic and cultural environment to health and its impact on patients and patient outcomes - understanding the role of national and local public health organisations and systems and how the role of a dental specialist supports these organisations in improving the public's dental health
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC),	- Understanding that patients are partners with their health care providers - providing balanced information about treatment options - eliciting the patient's concerns, values and preferences - offering support to the patient to help them to reach a decision and making that final decision together.

including shared decision making (SDM)	• being able to articulate personal values and principles yet show understanding of how these may be different to those of others – patients and colleagues. • valuing, respecting and promoting equality and diversity
Domain 2: Leadership and teamworking	
Outcome	Examples
2.1. Demonstrate understanding of the importance of personal qualities within leadership (focus on self)	They should do this by: • understanding a range of leadership principles and styles and being able to apply and adapt them in practice in a way that is relevant to the work context • understanding team dynamics, behaviours and personalities with insight and awareness of own behaviours and their effect on others. Relevant model: NHS Leadership Academy: the nine leadership dimensions
2.2. Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	They should do this by: • being able to seek out the views of others in maintaining and improving specialist services • being able effectively to lead/chair multidisciplinary and interprofessional meetings • undertaking safe and effective patient handover, both verbally and in writing • demonstrating an understanding of leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care • showing awareness of clinical leadership responsibilities and why effective clinical leadership is central to safe and effective care • being confident about challenging and influencing colleagues and the orthodoxy where appropriate • being able to lead the process of exploring and resolving complex diagnostic and management challenges • leading the formal appraisal process for their teams
2.3. Demonstrate the importance of planning and an understanding	They should do this by:

of managing dental specialist services	• understanding and being able to work effectively within the relevant being NHS funding, structures and pathways in their local healthcare system in relation to specialist dental services and the healthcare services they interface with, • understanding how to identify, mitigate and manage risk, including understanding local and national risk reporting structures
Domain 3: Patient safety, quality improvement and governance	
Outcome	Examples
3.1. Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	They should do this by: • understanding how to raise safety concerns appropriately through local and national clinical governance systems. • understanding how to raise concerns where there is an issue with patient safety, dignity or quality of care • demonstrating a commitment to learn from patient safety investigations and complaints • understanding the process of root cause analysis for investigating and learning from patient safety incidents • demonstrating honesty and candour regarding errors in patient care • demonstrating familiarity with relevant patient safety directives • understanding the importance of sharing and implementing good practice
3.2. Recognise the impact of human factors on the individual, teams, organisations and systems	They should do this by: • understanding of effects of teamwork, tasks, equipment, workspace, culture and organisation on human behaviour and abilities and the application of that knowledge in clinical settings • protecting patients and colleagues from risks posed by problems with personal health, conduct or performance • demonstrating an understanding of the learning by reporting and sharing these experiences locally and widely
3.3. Design and employ quality improvement	They should do this by:

measures that improve clinical effectiveness, patient safety, care or experience	• using a range of quality improvement methodologies to improve dental services and improve patient care • demonstrating understanding the importance of patient and public involvement in decision-making when changes to services are proposed • engaging with all relevant stakeholders in the planning and implementation of change • working with others to effectively measure and evaluate the impact of quality improvement interventions and their impacts on the wider systems • demonstrate knowledge of additional challenges related to oral health inequalities in minority ethnic populations and other groups with protected characteristics in the UK, assess and recognise impact of cultural and language and other barriers and strategies for oral health promotion
3.4. Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation	They should do this by: • recognising the individual oral health needs of patients with physical, sensory, intellectual, mental, medical, emotional or social impairments or disabilities, or with a combination of these factors • understanding the responsibilities and needs of carers as they play an increasing role in healthcare provision • recognising and taking responsibility for safeguarding vulnerable patients • understanding when it is appropriate and safe to share information on a patient
1.5 Immediate Life Support	Demonstrate competency and undertake annual training in Immediate Life Support
Domain 4: Personal education, training, research and scholarship	
Outcome	Examples
4.1. Demonstrate that they can plan and deliver effective education and training activities	They should do this by: • providing safe clinical supervision of learners • providing effective educational supervision of learners, including giving supportive, developmental feedback to learners

	• seeking and respecting patients' wishes about whether they wish to participate in the education and training of learners • evaluating and reflecting on the effectiveness of their educational activities and changes to improve practice • promoting and participating in inter-professional learning (including with members of the wider healthcare team in dentistry and in other healthcare professions) • demonstrating an ability to use a range of teaching methods for individual and group teaching, including face to face and online teaching and the use of simulation and other technology enhanced learning methods
4.2. Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice	They should do this by: • demonstrating an ability to critically appraise evidence • interpreting and communicating research evidence and data to support patients and colleagues in making informed decisions about treatment • appreciating the role of both qualitative and quantitative methodological approaches in scientific enquiry • demonstrating an understanding of the strengths and limitations of different approaches to gathering research evidence • conducting literature searches and reviews to inform their professional practice • locating and using clinical guidelines appropriately • demonstrating an understanding of stratified risk and personalised care
4.3. Understand what is required to participate in research	They should do this by: • demonstrating understanding of clinical research design, ethics processes and research governance (GCP)

Generic Learning Outcomes Assessments Blueprint

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification (incl PG degrees)	Critical incidents / complaint reviews	Research or QI/ audit projects	Logbook	Specialty specific summative assessment	Other	CS / ES reports
Domain 1: Professional knowledge and management										
1.1 Demonstrate they can communicate effectively and respectfully with patients and others and with colleagues	*	*	*	*			*	*	*1	*
1.2 Demonstrate that they can make decisions, while maintaining professional behaviour and judgement	*	*	*	*	*			*		*
1.3 Demonstrate they can deal with complexity and uncertainty	*	*	*	*	*			*		
1.4 Recognise their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice				*		*		*	*9	
1.5 Recognise and work within the context of a health service and healthcare systems, understanding that systems may differ between England, Scotland, Wales and Northern Ireland		*	*	*		*		*		
1.6 Recognise and demonstrate their role in health promotion,	*	*				*		*		

disease prevention and population health										
1.7 Recognise the importance of, and demonstrate the ability to practise, person-centred care (PCC), including shared decision making (SDM)	*	*	*			*		*		*

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incidents / complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 2: Leadership and teamworking										
2.1 Demonstrate understanding of the importance of personal qualities within leadership (focus on self)		*	*	*		*		*		*
2.2 Demonstrate understanding of the importance of working with others both within their specialty and the wider healthcare system (working with others).	*	*	*	*	*	*		*		
2.3 Demonstrate the importance of planning and an understanding of managing dental specialist services		*	*	*	*	*		*	*9	*

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incidents/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 3: Patient safety, quality improvement and governance										
3.1 Recognise a professional and statutory duty of candour and act accordingly within established governance, legal and regulatory systems, including equality and diversity	*	*		*		*		*	*2	*
3.2 Recognise the impact of human factors on the individual, teams, organisations and systems		*	*	*					*2	
3.3 Design and employ quality improvement measures that improve clinical effectiveness, patient safety, care or experience	*	*		*	*	*		*	*2	
3.4 Act to safeguard patients, particularly children, other young people and vulnerable adults in accordance with the requirements of appropriate equality and diversity legislation		*	*	*			*	*	*2	
3.5 Immediate Life Support				*						

HLO	Patient feedback / MSF	SLEs	Reflective reports	Training course or qualification	Critical incident s/ complaints review	Research or QI / audit projects	Logbook	Specialty specific summative assessment	Other	CS/ ES reports
Domain 4: Personal education, training, research and scholarship										
4.1 Demonstrate that they can plan and deliver effective education and training activities		*	*	*				*	*2,3,4,5	
4.2 Demonstrate that they can critically appraise and interpret scientific/academic literature and keep up to date with current and best practice		*		*		*		*	*6,7,8	
4.3 Understand what is required to participate in research		*		*		*		*	*2,6,7	

1. Case presentation
2. CPD
3. Education feedback
4. Conference presentation
5. Observation of teaching
6. Journal clubs
7. Publications
8. Developing protocols
9. Objective structured assessments eg OSDPHA

SECTION D - SPECIALTY-SPECIFIC CONTENT OF THE SPECIALTY CURRICULUM FOR PERIODONTICS

Section D - Specialty-Specific Content of the specialty curriculum for Periodontics	
Domain 5: Key clinical skills	
Outcome	Examples
5.1. Demonstrate competence to undertake the examination and diagnosis of patients presenting with routine and complex Periodontal treatment needs.	Demonstrate knowledge, understanding and can describe routine and complex periodontal aspects of: • relevant biology, anatomy physiology of normal and abnormal intra- and extra-oral structures and tissues • classification, aetiology, pathogenesis, outcomes and epidemiology of periodontal and peri implant diseases • pain, physiology and clinical presentations of relevant oro-facial conditions • sensitivity and specificity of diagnostic tests • dental, medical and social history factors likely to be relevant to the presenting condition and its previous management of orofacial diseases • the influence of peri-oral structures on the appearance of the patient and their potential influence on function and stability of the dentition or any prostheses Be able to: • carry out a thorough and appropriate assessment and examination of the patient, their dental, pulpal, peri-radicular, periodontal/peri implant, 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 • clearly appreciate conditions confounding the diagnosis of periodontal problems and take into account any systemic factors likely to have a bearing on the above taking a multi-disciplinary dental and medical approach as necessary. • complete a thorough examination of any existing prosthesis, related tissues, and structures • evaluate the biological and aesthetic quality of the prosthesis

	• use all appropriate investigations (e.g., radiographic, sensitivity and vitality tests, haematological and microbiological tests and appropriately articulated study casts) to diagnose oral problems • the influence of peri-oral structures on the appearance of the patient and their potential influence on function and stability of the dentition of any prosthesis Recognise and embrace: • a holistic, unbiased and unprejudiced approach to the delivery of periodontal care • the importance of biological aspects of the oral and peri-oral structures • the urgency of patients requiring immediate assessment and treatment, and differentiate from the non-urgent • own limits and know when it is appropriate to ask for help
5.2. Demonstrate competence to undertake the development of outcome-based treatment strategies for patients presenting with routine and complex Periodontal treatment needs.	Consider and prescribe: • strategies and algorithms based on the history and examination of the patient that have pre-defined outcomes and timelines • appropriate special investigations to enable a definitive diagnosis to be made and to eliminate the differential diagnoses • treatment options with the likely consequences determined through relevant ethical and fiscal issues • a (provisional or definitive) treatment strategy in conjunction with the patient according to needs and preferences, including the need for further corrective or supportive therapy • the management other Dental Healthcare professionals in the team-based delivery of care Be able to: • consider dental, medical and social history factors relevant to proposed management of periodontal conditions • consider dental materials, equipment and technical requirements to achieve each treatment goal of periodontal management • prescribe, monitor, and assess periodontal care that is outsourced to care providers such as Hygienists, Therapists and dental health educators • review and adopt current best evidence for the effectiveness of various periodontal treatment modalities

	• consider prognostic and risk factors for various modalities of periodontal patient management • appreciate and implement decision-making theory and contributory factors for management of periodontal conditions Understand in the context of periodontal disease management with: • consideration of the treatment options. Succinctly describe and weigh up pros and cons of each • communication of factual information appropriate to the intellectual capacity of the patient • provision of clear and succinct communication regarding the impact or outcome of oral status and proposed treatment on overall health and quality of life to the patient • provision of advice on the possible and probable outcomes of the treatment options, as well as the need for future supportive care, prevention and maintenance • discussion of the impact on proposed treatment of constraints of the political and financial systems • delineation of strategies and plans according to the skills of other clinicians involved in the care of the patient • explanation, motivation, engagement, assurance and assessment of patient participation and compliance in their own oral care Recognise and embrace • a caring and patient-centred approach to treatment planning • an expression of confidence, insight and empathy in formulating and presenting strategies & plans to patients and colleagues • the presentation of unwelcome information and manage unrealistic patient expectations • limits of knowledge and experience • an ethical and non-self-interested outlook in treatment planning and patient communication • treatment of all patients with dignity and respect
5.3. Demonstrate competence to undertake the health promotion for patients	Appreciate: • the importance and implications of the relationship between Periodontics and other clinical disciplines, for example prosthodontics and endodontics • management of the patient with regard to other Specialties

presenting with routine and complex Periodontal treatment needs.	• assess the restorative status of teeth relevant to the periodontal condition and its management • when a tooth is no longer viable, should be extracted and alternatives considered • how to achieve optimal periodontal care for the patient by effectively managing the team of healthcare professionals Demonstrate understanding and can describe: • relevant biology, anatomy, physiology, pathology and microbiology, including appropriate antimicrobial prescription where necessary • the evidence and mechanisms by which oral microorganisms may be dispersed and cause disease in distant sites • the factors which make a tooth unrestorable • the adverse effects of periodontal treatment procedures on tooth structure • occlusion and its influence on periodontic practice • soft tissue and periodontal management in restorative practice • the pathogenesis, diagnosis and management of periodontal /peri implant diseases and peri implant • the diagnosis and management of perio-endo lesions • dental materials, equipment and technical requirements to provide relevant periodontal treatment Be able to: • use appropriate knowledge and clinical techniques to diagnose related clinical problems from first principles; • manage combined periodontal and endodontic lesions • co- ordinate management of patients requiring prosthodontic treatment before, during and after periodontal treatment • demonstrate treatment planning and management skills in dealing with medically compromised and special needs patients requiring periodontal management/treatment • apply knowledge of occlusion to periodontal management • demonstrate the ability to assess when the input of specialist colleagues is required in the planning and execution of integrated care in the assessment and management of Periodontally-involved teeth
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	communicate clear treatment plans to colleagues including other dental specialists, primary care practitioners and DCPs, where appropriate
5.4. Demonstrate competence to provide the non-surgical management of patients presenting with routine and complex Periodontal treatment needs.	Be able to: - classify Periodontal and peri implant diseases according to current recommendations from the British Society of Periodontology and Implantology (BSP) - diagnose and manage periodontal and peri implant diseases appropriate for non-surgical treatment - understand the rationale for undertaking thorough cause-related therapy - understand the need for patient compliance and show effective communication with patients - implement suitable recall schedules and plan further therapy when required - provide treatment plans with clearly defined outcome goals for primary care practitioners and DCPs in relation to provision of non-surgical periodontal treatment - monitor and evaluate the effectiveness of periodontal treatment and provide suitable supportive therapy Demonstrate understanding and can describe: - relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in relation to treatment of periodontal diseases - the classification of periodontal/peri implant diseases - current and seminal literature on outcomes following non-surgical therapy - dental materials, equipment and techniques to provide relevant treatment and the response of the periodontal tissues to treatment Be able to: - show a specialist level skill in the planning of non-surgical periodontal therapy - inform patients of their role in maintaining optimum plaque control and instruct them in suitable oral hygiene methods. - carry out appropriate instrumentation of root surfaces using ultrasonic and hand instruments - employ various adjuncts to non-surgical therapy and show rationale for their use - motivate patients to cease other important detrimental lifestyle choices (i.e., nutrition, stress management, diabetes control) and refer appropriately

	Recognise the relevance of: • cause-related therapy in the management of periodontal diseases • patient motivation and compliance on the success of treatment
5.5. Demonstrate competence to provide the surgical management of patients presenting with routine and complex Periodontal treatment needs.	Be able to: • manage periodontal diseases using appropriate surgical treatment • understand the rationale for surgical treatment in the management of periodontal diseases. • understand the need for patient compliance and show effective communication with patients. Implement suitable recall schedules and plan further rehabilitation when required. • liaise with primary care practitioners and DCPs in relation to provision of specialist periodontal treatment • monitor and evaluate the effectiveness of surgical periodontal treatment and provide suitable supportive therapy. Demonstrate understanding and can describe: • relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in relation to treatment of periodontal diseases. • current and seminal literature on outcomes following surgical and regenerative periodontal therapy • dental materials, equipment and techniques to provide relevant treatment and the response of the periodontal tissues to treatment • different approaches to regenerating periodontal tissues and the various biomaterials and techniques involved and the rationale for their use • short- mid- and long-term post-operative care according to the technique used. Demonstrate a skill set that allows: • specialist level skill in the planning of corrective therapy • patients to be informed of their role in maintaining optimum plaque control and instruct them in suitable oral hygiene methods • appropriate surgical treatment in the management of periodontal and peri implant diseases to be carried out

	- communication to patients describing the relative risks, benefits, success rates of the different surgical techniques Recognise: - the relevance of thorough cause- related therapy prior to surgical intervention - the relevance of patient motivation and compliance on the success of treatment - situations/cases where surgical interventions are the most appropriate or inappropriate - the relevance of systemic, local and surgical factors to guide treatment strategies
5.6. Demonstrate competence to provide periodontal plastic surgery for patients presenting with routine and complex Periodontal treatment needs.	Be able to: - diagnose and manage mucogingival conditions - understand the principle of supracrestal tissue attachment and the rationale for functional and aesthetic crown lengthening procedures - diagnose causes of localised gingival recession and anatomical factors related to management - understand the need for patient compliance and show effective communication with patients Implement suitable recall schedules and plan further rehabilitation when required - provide treatment plans for primary care practitioners and DCPs in relation to provision of interdisciplinary treatment - monitor and evaluate the effectiveness of periodontal treatment and provide suitable supportive therapy. Demonstrate understanding and can describe: - relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in relation to resective and augmentation therapy - current and seminal literature on outcomes following periodontal plastic surgery and grafting. Dental materials, equipment and techniques to provide relevant treatment and the response of the periodontal tissues to treatment - short- mid- and long-term post-operative care according to the technique used. Demonstrate a skill set that allows: - specialist level skill in the planning of periodontal plastic surgery

	- patients to be informed of their role in maintaining optimum plaque control and instruction in suitable oral hygiene methods - appropriate surgical techniques to manage various mucogingival conditions to be used Recognise: - the need for careful planning prior to undertaking irreversible resective procedures - the relevance of patient awareness of the appearance of their periodontal tissues pre and post therapy - success and predictability of various root coverage procedures
5.7. Demonstrate competence to provide dental implant surgery for patients either independently and/or part of a multi-disciplinary team that provides an optimal health outcome	Be able to: - formulate appropriate treatment plans for implant retained restorations, while working as part of a multi-disciplinary team to achieve optimum outcomes for the patient - co-ordinate a treatment plan, with prosthodontists and restorative dentists, aimed at replacing teeth with implants. - prescribe appropriate special investigations to facilitate planning and execution - determine the need for soft tissue augmentation procedures - determine the need for bone augmentation procedures - surgically place implants as planned - provide local bone augmentation where indicated - diagnose and manage complications of implant therapy, particularly peri- implant diseases, restorative failures - monitor and evaluate the effectiveness of implant treatment and provide or supervise suitable supportive therapy Demonstrate understanding and can describe: - relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of dental implants - current and seminal literature on indications for, success / failure criteria and biological implications of provision of dental implants - surgical techniques for implant placement and restoration

	• biological benefits of and indications for their use • principles and practice of prevention of diseases relating to implant structures and management of peri-implant diseases Demonstrate a skill set that allows: • selection and execution of appropriate clinical techniques for all stages of the planned treatment in conjunction with other specialists/ dental care professionals as a multi- disciplinary team when managing the patient Recognise: • the relevance of dental implant treatment on overall patient care, long term maintenance and function and on patient well-being and self-esteem • the financial implications of placing and maintaining implants and guidelines applicable to provision of such treatment
5.8. Demonstrate competence to manage peri-implant diseases and conditions for patients either independently and/or as an appropriate member of a multi-disciplinary team.	Be able to: • diagnose and manage complications of implant therapy, particularly peri- implant diseases, restorative failures • understand the clinical significances of implant failure • prescribe and interpret appropriate special investigations such as radiographic images • determine the need and level of professional intervention • provide graft materials as required Demonstrate a skill set that allows: • identification and maintenance of peri implant health • diagnosis and an appreciation of the differential diagnoses of peri implant diseases • non-surgical therapy for peri-implant diseases • surgical therapy for peri-implant diseases including debridement and implant removal • ongoing maintenance of implants including the management of mechanical failure

	Recognise and understand: - contemporary scientific definitions of peri-implant health and disease and the importance of subject based data - mechanisms of peri implant diseases - prevalence of peri implant diseases
5.9. Demonstrate competence to manage periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues either independently and/or as part of a multi-disciplinary team.	Be able to: - diagnose and manage systemic disorders that have a major impact on the loss of periodontal tissues by influencing periodontal inflammation - diagnose and manage other systemic disorders that influence the pathogenesis of periodontal diseases - diagnose and manage systemic disorders that can result in loss of periodontal tissues independent of periodontitis - demonstrate understanding of the clinical significances of periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - prescribe and interpret appropriate special investigations in the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - determine the need and level of professional intervention in the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues Demonstrate a skill set that allows: - identification and maintenance of the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - diagnosis and show an appreciation of the differential diagnoses of the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - non-surgical therapy for the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - surgical therapy the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues - ongoing maintenance of periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues

	• Diabetes, CVS diseases, preterm birthweight, dementia, rheumatoid arthritis... • Elements from new world workshop.... rare conditions the management of periodontitis as an association with and/or a manifestation of systemic diseases and conditions Recognise and understand: • contemporary scientific definitions of the management periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues and the importance of subject based data • mechanisms of the manifestation of systemic diseases and conditions affecting periodontal tissues • prevalence of periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues
5.10. Demonstrates understanding of the importance and implications of the interrelationship between Periodontics and other clinical disciplines.	Be able to: • co-ordinate and manage patients requiring the input of other dental and/or medical specialist colleagues in the planning and execution of integrated care. • assess the endodontic and prosthodontic status of teeth relevant to the periodontal management. • understand patient and periodontal management for medically compromised patients; liaising with medical colleagues where appropriate. • demonstrate the knowledge and understanding of the periodontal-orthodontic interface and its management. • communicate clear care plans to colleagues including other dental specialists, primary care practitioners and DCPs, where appropriate. • demonstrate holistic planning and management skills in dealing with teeth that are unrestorable and/or with uncertain prognosis; assessing teeth for periodontal treatment and restoration or extraction and replacement with appropriate removable, fixed or implant retained prosthesis.

Periodontics Assessment Blueprint

HLO	Patient feedback	MSF	DOPS	CBD	CEX	Specialty specific summative examination (MPerio)	Logbook/ clinical competency record	Reflective reports	ES/CS reports
5.1. Demonstrate competence to undertake the examination and diagnosis of patients presenting with routine and complex Periodontal treatment needs.	*	*	*	*	*	*	*	*	*
5.2. Demonstrate competence to undertake the development of outcome based treatment strategies for patients presenting with routine and complex Periodontal treatment needs.	*	*	*	*	*	*	*	*	*
5.3. Demonstrate competence to undertake the health promotion for patients presenting with routine and complex Periodontal treatment needs.	*	*	*	*	*	*	*	*	*
5.4. Demonstrate competence to provide the non-surgical management of patients presenting with routine and complex Periodontal treatment needs	*	*	*	*	*	*	*	*	*
5.5. Demonstrate competence to provide the surgical management of patients presenting with routine and complex Periodontal treatment needs.	*	*	*	*	*	*	*	*	*
5.6. Demonstrate competence to provide periodontal plastic surgery for patients presenting with routine and complex Periodontal treatment needs.	*	*	*	*	*	*	*	*	*
5.7. Demonstrate competence to provide dental implant surgery for patients either independently and/or	*	*	*	*	*	*	*	*	*

part of a multi-disciplinary team that provides an optimal health outcome									
5.8. Demonstrate competence to manage peri-implant diseases and conditions for patients either independently and/or as an appropriate member of a multi-disciplinary team.	*	*	*	*	*	*	*	*	*
5.9. Demonstrate competence to manage periodontitis as a manifestation of systemic diseases and conditions affecting periodontal tissues either independently and/or as part of a multi-disciplinary team.	*	*	*	*	*	*	*	*	*
5.10. Demonstrates understanding of the importance and implications of the interrelationship between Periodontics and other clinical disciplines.	*	*	*	*	*	*	*	*	*

Note: Assessments in red are mandated. SLEs are mandated (see section 6), but the individual tools are not. However, a balanced portfolio of SLE evidence should be provided. Assessments in black are flexible and the trainee can choose whether they wish to use them to evidence their learning.

SECTION E: GLOSSARY OF TERMS AND REFERENCES

ABFTD	Advisory Board for Foundation Training in Dentistry
ABSTD	Advisory Board for Specialty Training in Dentistry
ACAT	Acute Care Assessment Tool
ACF	Academic Clinical Fellow
AoA	Assessment of Audit
ARCP	Annual Review of Competence Progression
CBD	Case-based discussion
CCST	Certificate of Completion of Specialty Training
CEX/mini CEX	Clinical evaluation exercise
CPA	Competence in practice assessment
COPDEND	Committee of Postgraduate Dental Deans and Directors
CPD	Continuing Professional Development
CPE	Continuing Professional Education
DDMFR	Diploma in Dental and Maxillofacial Radiology
DOP/DOPS	Direct observation of procedure/procedural skills
EPA	Entrustable professional activities
ES	Educational Supervisor
ESR	Educational Supervisor's Report
FDS(DPH)	Fellowship in Dental Surgery in Dental Public Health
FDS(OM)	Fellowship in Dental Surgery in Oral Medicine
FDS(OS)	Fellowship in Dental Surgery in Oral Surgery

FDS(Orth)	Fellowship in Dental Surgery in Orthodontics
FDS(PaedDent)	Fellowship in Dental Surgery in Paediatric Dentistry
FDS(RestDent)	Fellowship in Dental Surgery in Restorative Dentistry
FRCPath	Fellowship of the Royal College of Pathologists
GDC	General Dental Council
HEIW	Health Education and Improvement Wales
HEE	Health Education England
ISCP	Intercollegiate Surgical Curriculum Project
ISFE	Intercollegiate Specialty Fellowship Examination
JCPTD	Joint Committee for Postgraduate Training in Dentistry
MEndo	Membership in Endodontics/Membership in Restorative Dentistry
MPaedDent	Membership in Paediatric Dentistry
MSCD	Membership in Special Care Dentistry
MSF	Multi-source feedback
MOralSurg	Membership in Oral Surgery
MOrth	Membership in Orthodontics
MPerio	Membership in Periodontics/Membership in Restorative Dentistry
MPros	Membership in Prosthodontics/Membership in Restorative Dentistry
NES	NHS Education for Scotland
NHS	National Health Service
NIMDTA	Northern Ireland Medical and Dental Training Agency
NTN	National Training Number

OoP	Out of Programme
OoPC	Out of Programme: Career Break
OoPE	Out of Programme: non-training Experience
OoPR	Out of Programme: Research
OoPT	Out of Programme: Training
OoT	Observation of teaching
OSCE	Objective Structured Clinical Examination
OSDPHA	Objective Structured Dental Public Health Assessment
PBA	Procedure-Based Assessments
PGDD	Postgraduate Dental Deans and Directors
PDP	Personal Development Plan
QA	Quality Assurance
RCS Ed	Royal College of Surgeons of Edinburgh
RCS Eng	Royal College of Surgeons of England
RCPSG	Royal College of Physicians and Surgeons of Glasgow
RCR	Royal College of Radiologists
SAC	Specialty Advisory Committee
SCRT	Specialty Curriculum Review Team
SLE	Supervised Learning Event
SOP	Standard Operating Procedure
STC	Specialty Training Committee
StR	Specialty Training Registrar* <i>note, the interchangeable term Specialty Trainee is used in the Dental Gold Guide</i>

TPD	Training Programme Director
VTN	Visitor Training Number
WBA	Workplace-based Assessment
WR	Written report
WTE	Whole Time Equivalent

References

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