

## **Appendix 2: Oral and Maxillofacial Surgery Syllabus**

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Formative WBAs may be used to assess and provide feedback on any areas of clinical activity. However, other than for the critical conditions, index procedures or where they have been identified to address a concern, WBAs are optional and trainees, therefore, do not need to use WBAs to evidence their learning against each syllabus topic.

The syllabus is arranged into twelve modules with topics reflecting the presenting conditions of patients in relation to the specialty. Trainees are expected to have exposure to all topics in phase 2 of training.

The modules reflect the current UK practice of OMFS and allow trainees to concentrate their learning in particular modules and for programmes to facilitate exposure where appropriate for working towards certification. The modules also allow trainees to demonstrate learning beyond that required for certification in an area of special interest in conjunction with level V in the CiPs. It is likely that learning in a number of modules will occur contemporaneously reflecting the structure of clinical practice.

To reflect the requirement for GPCs to permeate the use of knowledge and skills and not be seen or assessed in isolation, each module has a detailed common outcome:

<b>Outcome</b>	<b>The assessment and management of a patient presenting with <i>'condition x'</i></b>			
	<b>A trainee will be required to provide evidence of their deepening understanding, capability and competence at the marked level for their phase of training. This will include evidence of their expanding knowledge, clinical skills, general professional capabilities and clinical thinking.</b>			
The following themes will permeate throughout the module. The development of:				
Professional values and virtues, conduct, self-discipline and probity	The ability to deal with complexity and uncertainty	Meticulousness in recording evidence through written reflection and critical perspectives of deepening personal capacity for the purposes of patient care and patient safety	Understanding the importance of context	Developing ability to lead and work in a team
<b>Competence Level: Applied Knowledge</b>		<b>Competence Level: Clinical Skills</b>	<b>Competence level: Clinical Thinking (decision making and professional judgement)</b>	
1 = Knows of		0 = No experience	Hasty/ habitual	<i>Evolving through Phase 2</i>
2 = Knows basic concepts		1 = Has observed or knows of	Self Defensive	
3 = Knows generally		2 = Can manage with assistance	Maturing	
4 = Knows specifically and broadly		3 = Can manage who e but may need assistance	Consistently mature and	<i>End of Phase 3</i>
		4 = Competent to do without assistance, including complications In DOPS and PEAs level 4 is further divided: 4a = Able to manage without assistance including potential complications	Showing wisdom	
		4b = Able to manage complex cases and their associated potential complications		

## **Standards for knowledge**

Each topic for a level or phase of training has a competence level ascribed to it for knowledge ranging from 1 to 4 which indicates the depth of knowledge required:

1. knows of
2. knows basic concepts
3. knows generally
4. knows specifically and broadly

## **Standards for clinical and technical skills**

The practical application of knowledge is evidenced through clinical and technical skills. Each topic has a competence level ascribed to it in the areas of clinical and technical skills ranging from 1 to 4:

1. Has observed

Exit descriptor; at this level the trainee:

- has adequate knowledge of the steps through direct observation
- can handle instruments relevant to the procedure appropriately and safely
- can perform some parts of the procedure with reasonable fluency.

2. Can do with assistance

Exit descriptor; at this level the trainee:

- knows all the steps - and the reasons that lie behind the methodology
- can carry out a straightforward procedure fluently from start to finish under direct supervision
- knows and demonstrates when to call for assistance/advice from the supervisor (knows personal limitations).

3. Can do whole but may need assistance

Exit descriptor; at this level the trainee:

- can adapt to well-known variations in the procedure encountered, without direct input from the trainer
- recognises and makes a correct assessment of common problems that are encountered
- is able to deal with most of the common problems
- knows when help is needed
- requires advice rather than help that requires the trainer to scrub.

4. Competent to do without assistance, including complications

Exit descriptor, at this level the trainee:

- with regard to the common clinical situations in the specialty, can deal with straightforward and difficult cases to a satisfactory level and without the requirement for external input
- is at the level at which one would expect a day-one UK consultant surgeon to function
- is capable of supervising trainees.

## Core Surgical Training – Phase 1

### Common Content Module

#### Basic Sciences

<b>Objective</b>	To acquire and demonstrate a knowledge of the basic science which underpins the practice of surgery
<b>Knowledge</b>	<p><i>Applied anatomy:</i></p> <ul style="list-style-type: none"> <li>• Gross and microscopic anatomy of the organs and other structures</li> <li>• Surface anatomy</li> <li>• Imaging anatomy</li> <li>• Development and embryology</li> </ul> <p>This will include anatomy of thorax, abdomen, pelvis, perineum, limbs, spine, head and neck.</p> <p><i>Physiology:</i></p> <p>General physiological principles including:</p> <ul style="list-style-type: none"> <li>• Thermoregulation</li> <li>• Metabolic, ionic and acid/base homeostasis</li> <li>• Cardiorespiratory homeostasis</li> <li>• Haemostasis</li> <li>• Acid base balance</li> </ul> <p>This will include the physiology of specific organ systems relevant to surgical care including the cardiovascular, respiratory, gastrointestinal, urinary, endocrine, musculoskeletal and neurological systems.</p> <p><i>Pharmacology:</i></p> <ul style="list-style-type: none"> <li>• The pharmacology of drugs used in surgical practice, both for treatment and prophylaxis, including analgesics, antibiotics, anticoagulants and local anaesthetics</li> <li>• The pharmacology and recommended modification in the perioperative period of the common agents used for the treatment of chronic intercurrent disease</li> <li>• The pharmacological principles of general anaesthesia and intensive care medicine</li> <li>• The pharmacological principles relevant to the treatment of malignancy</li> <li>• The pharmacological principles of immunosuppression</li> </ul> <p><i>Pathology:</i></p> <p>General pathological principles including:</p> <ul style="list-style-type: none"> <li>• Necrosis and apoptosis</li> <li>• Inflammation and immunity including transplant rejection</li> <li>• Repair, regeneration and healing</li> <li>• Thrombosis and embolism</li> <li>• Shock, systemic inflammatory response syndrome and multiple organ failure</li> <li>• Neoplasia including carcinogenesis, the biology of tumour growth, metastasis and the principles of grading and staging</li> </ul>

	<ul style="list-style-type: none"> <li>Genetics including genomics</li> </ul> <p>The pathology of specific organ systems relevant to surgical care including cardiovascular pathology, respiratory pathology, gastrointestinal pathology, genitourinary disease, breast, exocrine and endocrine pathology, central and peripheral, neurological systems, skin, lymphoreticular and musculoskeletal systems.</p> <p><i>Microbiology:</i></p> <ul style="list-style-type: none"> <li>Infection control including sources of infection, asepsis, disinfection and sterilisation</li> <li>General pathology of bacterial and viral disease including mechanisms of injury and systemic sepsis</li> <li>Soft tissue infections including cellulitis, abscesses, necrotising fasciitis and gangrene</li> <li>Hospital acquired infection, antibiotic governance and bacterial resistance</li> <li>Prevention of the transmission of blood born viral infection during surgery</li> </ul> <p><i>Medical physics:</i></p> <ul style="list-style-type: none"> <li>Principles of diagnostic and interventional imaging including plain and contrast radiography, ultrasound, CT, MRI, PET and radionuclide imaging</li> <li>Principles of diathermy, LASER, ultrasonic aspiration</li> <li>Principles of radiotherapy</li> <li>Application of robotics and artificial intelligence to surgery</li> </ul> <p><i>Medical statistics:</i></p> <ul style="list-style-type: none"> <li>Principles of screening</li> <li>The null hypothesis and common tests used with parametric and non-parametric data</li> </ul>
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### The clinical method in surgical practice

<b>Objective</b>	To demonstrate the knowledge and clinical skill necessary to assess and investigate a patient presenting to a surgical team
<b>Knowledge</b>	<p>For each of the index conditions below:</p> <ul style="list-style-type: none"> <li>epidemiology</li> <li>common presentations</li> <li>expected findings on history and examination</li> <li>natural history</li> <li>important investigations and likely findings</li> <li>management options and published guidelines</li> <li>prognosis</li> </ul>
<b>Clinical Skills</b>	<p>Take a tailored history and perform a relevant examination in an outpatient clinic</p> <p>Detect the need for and initiate resuscitation in an unwell patient</p> <p>Take a tailored history and perform a relevant examination for an acutely unwell patient</p> <p>Construct and investigate a differential diagnosis</p> <p>Facilitate a patient centred discussion of treatment options and agree on a management plan</p>

<b>Reference to other relevant syllabus items</b>	Critical care Professional/leadership skills: good clinical care Surgical care of the paediatric patient	
<b>Index conditions</b>	This section sets out those common and important conditions about which a working knowledge of the relevant clinical science and principles of management are essential for all core surgical trainees.	
<b>Organ system</b>	<i>Presentations</i>	<i>Conditions</i>
<b>Abdomen</b>	<ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Abdominal swelling</li> <li>• Change in bowel habit</li> <li>• Gastrointestinal haemorrhage</li> <li>• Dysphagia</li> <li>• Dyspepsia</li> <li>• Jaundice</li> </ul>	<ul style="list-style-type: none"> <li>• Appendicitis</li> <li>• Gastrointestinal malignancy</li> <li>• Inflammatory bowel disease</li> <li>• Diverticular disease</li> <li>• Intestinal obstruction</li> <li>• Adhesions</li> <li>• Abdominal hernias</li> <li>• Peritonitis</li> <li>• Intestinal perforation</li> <li>• Benign oesophageal disease</li> <li>• Peptic ulcer disease</li> <li>• Benign and malignant hepatic, gall bladder and pancreatic disease</li> <li>• Haemorrhoids and perianal disease</li> <li>• Abdominal wall stomata</li> <li>• Abdominal trauma including splenic injury</li> </ul>
<b>Breast</b>	<ul style="list-style-type: none"> <li>• Breast lumps and nipple discharge</li> <li>• Acute Breast pain</li> </ul>	<ul style="list-style-type: none"> <li>• Benign and malignant breast lumps</li> <li>• Mastitis and breast abscess</li> </ul>
<b>Vascular</b>	<ul style="list-style-type: none"> <li>• Chronic and acute limb ischaemia</li> <li>• Aneurysmal disease</li> <li>• Transient ischaemic attacks</li> <li>• Varicose veins</li> <li>• Leg ulceration</li> </ul>	<ul style="list-style-type: none"> <li>• Atherosclerotic arterial disease</li> <li>• Embolic and thrombotic arterial disease</li> <li>• Venous insufficiency</li> <li>• Diabetic ulceration</li> <li>• Vascular injury</li> </ul>
<b>Cardiac &amp; respiratory</b>		<ul style="list-style-type: none"> <li>• Coronary heart disease</li> <li>• Valvular heart disease</li> <li>• Bronchial carcinoma</li> <li>• Obstructive airways disease</li> <li>• Tumours of the chest including carcinoma of the bronchus</li> <li>• Thoracic trauma</li> </ul>
<b>Genitourinary</b>	<ul style="list-style-type: none"> <li>• Loin pain</li> <li>• Haematuria</li> <li>• Lower urinary tract symptoms</li> <li>• Urinary retention</li> <li>• Renal failure</li> <li>• Scrotal swellings</li> <li>• Testicular pain</li> </ul>	<ul style="list-style-type: none"> <li>• Genitourinary malignancy</li> <li>• Urinary calculus disease</li> <li>• Urinary tract infection</li> <li>• Benign prostatic hyperplasia</li> <li>• Obstructive uropathy</li> </ul>

<b>Musculo-skeletal</b>	<ul style="list-style-type: none"> <li>• Acute limb pain and deformity</li> <li>• Chronic joint pain and deformity</li> <li>• Back pain</li> </ul>	<ul style="list-style-type: none"> <li>• Simple fractures and joint dislocations</li> <li>• Fractures around the hip and ankle</li> <li>• Degenerative joint disease</li> <li>• Inflammatory joint disease including bone and joint infection</li> <li>• Compartment syndrome</li> <li>• Bony metastatic malignancy</li> </ul>
<b>Skin, head and neck</b>	<ul style="list-style-type: none"> <li>• Lumps in the neck</li> <li>• Skin lumps</li> <li>• Epistaxis</li> <li>• Upper airway obstruction</li> </ul>	<ul style="list-style-type: none"> <li>• Benign and malignant skin and subcutaneous lesions</li> <li>• Benign and malignant lesions of the mouth and tongue</li> <li>• Burns</li> <li>• Soft tissue trauma and skin loss</li> <li>• Infections related to the nose, ears, throat and face</li> </ul>
<b>Neurological</b>	<ul style="list-style-type: none"> <li>• Headache</li> <li>• Coma</li> </ul>	<ul style="list-style-type: none"> <li>• Intracranial tumour</li> <li>• Traumatic brain injury</li> <li>• Common entrapment neuropathies</li> <li>• Peripheral nerve injury</li> <li>• Spinal nerve root entrapment, spinal cord compression &amp; cauda equina compression</li> </ul>
<b>Endocrine</b>	<ul style="list-style-type: none"> <li>• Acute endocrine crises</li> </ul>	<ul style="list-style-type: none"> <li>• Thyroid and parathyroid disease</li> <li>• Adrenal gland disease</li> <li>• Diabetes</li> </ul>
<b>Paediatric</b>	<ul style="list-style-type: none"> <li>• Abdominal pain</li> <li>• Vomiting</li> <li>• Constipation</li> </ul>	<ul style="list-style-type: none"> <li>• Pyloric disease</li> <li>• Intussusception</li> <li>• Undescended testis, PPV and inguinal hernia</li> <li>• Phimosis</li> </ul>

### Peri-operative care

<b>Objective</b>	To assess and manage preoperative risk and prepare a patient for theatre, to conduct safe surgery in the operating theatre environment and to provide medical care for the patient in the post-operative period.
<u>Pre-operative care</u>	
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Risk factors for surgery and scoring systems including ASA and VTE risk</li> <li>• Antibiotic and VTE prophylaxis guidelines</li> <li>• Principles of ambulatory day surgery including selection and discharge criteria</li> <li>• Ethical principles of, and legislative framework for, capacity and consent</li> <li>• Nutritional assessment methods and feeding options</li> </ul>
<b>Clinical skills</b>	<ul style="list-style-type: none"> <li>• The safe prescribing of pharmacological agents used for the treatment of chronic intercurrent disease, modified appropriately to the peri-operative period</li> <li>• The safe prescribing of measures for antibiotic and VTE prophylaxis</li> <li>• Assessing patient capacity</li> <li>• Obtaining consent for surgery</li> <li>• Communication with anaesthetic and scrub teams in advance</li> </ul>

	<ul style="list-style-type: none"> <li>• Planning perioperative nutrition in advance in partnership with the nutrition team</li> <li>• Engaging with multidisciplinary team discussions including those with oncology and interventional radiology</li> </ul>	
<u>Intra-operative care</u>		
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• The patient safety movement and the evidence behind the WHO check list</li> <li>• The principles of positioning and pressure area care</li> <li>• Radiation protection legislation</li> <li>• Guidelines for tourniquet use</li> <li>• Safety requirements for use of sharps, LASER and diathermy</li> <li>• What to do when something goes wrong</li> <li>• Anaesthetic monitoring techniques</li> </ul>	
<b>Clinical skills</b>	<ul style="list-style-type: none"> <li>• Maintenance of communication with theatre team throughout procedure</li> <li>• Crisis management</li> </ul>	
<b>Technical skills and procedures</b>	<ul style="list-style-type: none"> <li>• Safe positioning of the patient on the operating table</li> <li>• Safe intraoperative use of sharps and diathermy</li> <li>• Completion of team briefing</li> <li>• Completion of WHO check list (time out and sign out)</li> </ul>	<p>2</p> <p>3</p> <p>1</p> <p>3</p>
<u>Post-operative care</u>		
<b>Knowledge</b>	<ul style="list-style-type: none"> <li>• Delirium <ul style="list-style-type: none"> <li>○ Epidemiology and prognosis of delirium</li> <li>○ Causes and clinical features of delirium</li> <li>○ The impact of delirium on patient, family and carers</li> </ul> </li> <li>• Spectrum of post-operative complications</li> <li>• Guidelines for indications, prescription and management of complications of the transfusion of blood products</li> </ul>	
<b>Clinical skills</b>	<ul style="list-style-type: none"> <li>• Assessment of the unwell postoperative patient</li> <li>• Writing an operation note with clear post-operative instructions</li> <li>• Delivery of effective analgesia</li> <li>• Diagnosis and treatment of VTE</li> <li>• Post-operative monitoring and optimisation of fluid &amp; electrolyte balance</li> <li>• Diagnosis and treatment of post-operative infection and sepsis</li> <li>• Diagnosis and treatment of transfusion reactions</li> <li>• Delirium <ul style="list-style-type: none"> <li>○ Assessment of cognitive impairment seeking to differentiate dementia from delirium, with the knowledge that delirium is common in people with dementia</li> <li>○ Management of patients with delirium including addressing triggers and using non-pharmacological and pharmacological methods where appropriate</li> <li>○ Explanation of delirium to patients and advocates</li> </ul> </li> </ul>	

## Basic surgical skills

<b>Objective</b>	To acquire and develop throughout the programme those generic technical skills common to all or many areas of surgical practice.	
<b>Knowledge</b>	Surgical wounds: <ul style="list-style-type: none"> <li>• Classification of surgical wounds</li> <li>• Principles of wound management</li> <li>• Principles underlying incision placement including cosmesis and Langer's lines, vascularity and function</li> <li>• Principles underlying wound closure including suture method, needle types and the physical and biological characteristics of suture material</li> </ul> The range, nomenclature and functional design of surgical instruments	
<b>Technical skills and procedures</b>	Effective hand washing, gloving and gowning	4
	Accurate, effective and safe administration of local anaesthetic	3
	Preparation and maintenance of an aseptic field	3
	Incision of skin and subcutaneous tissue:	3
	<ul style="list-style-type: none"> <li>• Ability to use scalpel, cutting diathermy and scissors</li> <li>• Control of superficial bleeding using diathermy and ligation</li> </ul>	
	Closure of skin and subcutaneous tissue:	3
	<ul style="list-style-type: none"> <li>• Accurate and tension free apposition of wound edges</li> <li>• Knot tying by hand and instrument</li> </ul>	
	Selection and placement of tissue retractors	2
	Insertion, fixation and removal of drains	2
	Appropriate selection and use of instruments to handle tissue with minimal trauma	2
	Taking biopsies, safe labelling and completion of request forms	2
	Anticipation of needs of surgeon when assisting	2
	Co-ordination of camera and instrument from a 2-dimensional display during surgical endoscopy	

## Critical care

<b>Objective</b>	To demonstrate the knowledge and clinical and technical skills necessary to contribute to the management of critically unwell patients suffering from traumatic injuries or sepsis.	
<u>Trauma management</u>		
<b>Knowledge</b>	A systematic, prioritised method of trauma management such as that set out by the American College of Surgeons, Committee on Trauma Scoring systems for assessment of global injury severity including ISS	
<b>Clinical skills</b>	Resuscitation and early management of the patient who has sustained thoracic, head, spinal, abdominal and/or limb injury according to ATLS®, APLS or European Trauma Course guidelines	
<b>Technical skills and procedures</b>	Chest drain insertion	2
<u>Sepsis management</u>		
<b>Knowledge</b>	A systematic, prioritised method of managing the septic patient Recommendations of the surviving sepsis campaign including the "Sepsis 6"	
<b>Clinical skills</b>	Resuscitation and early management of the septic patient	
<b>Technical skills and procedures</b>	Surgical drainage of pus	2

<u>Intensive care medicine</u>	
<b>Knowledge</b>	Classification of levels of critical care Principles of organ support including: <ul style="list-style-type: none"> <li>• Invasive monitoring of circulation and inotropic support</li> <li>• Mechanical ventilation and tracheostomy</li> </ul> Haemofiltration and haemodialysis
<b>Clinical skills</b>	Assessment of a patient receiving critical care Surgical contribution, in discussion with the critical care team, to the management plan of a patient receiving critical care

### **Surgical care of the paediatric patient**

<b>Objective</b>	To assess and manage children with surgical problems, understanding the similarities and differences from adult surgical patients, within the appropriate legal and safeguarding frameworks.
<b>Knowledge</b>	An awareness of the normal physiological parameters at different ages Principles of vascular access in children Working knowledge of trust and Local Safeguarding Children Boards (LSCBs) and Child Protection Procedures Child protection law and the issues of consent in childhood Working knowledge of types and categories of child maltreatment
<b>Clinical Skills</b>	Recognise limitations of own knowledge and experience and seek early advice from dedicated paediatric teams History and examination of paediatric surgical patient Recognition of the unwell child Assessment of respiratory and cardiovascular status in a child Obtaining consent for operative treatment in a paediatric patient

### **Management of the dying patient**

<b>Objective</b>	To demonstrate the knowledge and clinical skills necessary to manage the transition from life to death including palliation of symptoms, certification of death and the discussion of resuscitation status and organ donation.
<b>Knowledge</b>	Awareness of the public debate around resuscitation and palliative care, and organ donation Classification of organ donors The role of the coroner and the certification of death
<b>Clinical Skills</b>	Assessment and control of distress in the dying patient in collaboration with a palliative care team The diagnosis of death following irreversible cessation of brain-stem function Discussion of best interest including resuscitation status and limits of care with patient advocate Discussion of organ donation with family in collaboration with transplant coordinators

## Health promotion

<b>Objective</b>	This syllabus module aims to enable all surgical trainees to develop the competencies necessary to support patients in caring for themselves; to empower them to improve and maintain their own health.
<u>General aspects</u>	
<b>Knowledge</b>	<p>Damaging health and social issues such as excessive alcohol consumption, obesity, smoking and illicit drugs and the harmful effects they have on health</p> <p>The connection between mental health and physical health</p> <p>The importance of health education for promoting self-care for patients</p> <p>The GMC's requirement that doctors protect patients and colleagues from any risk posed by their own health</p>
<b>Clinical Skills</b>	<p>Modification of explanations to match the intellectual, social and cultural background of individual patients</p> <p>Patient centred care</p> <p>Identification and utilisation of opportunities to promote health including positive role modelling</p>
<b>Reference to other relevant syllabus items</b>	<ul style="list-style-type: none"> <li>• Nutrition (Module 5, Perioperative Care)</li> <li>• Drugs and alcohol (Module 1, Pharmacology)</li> <li>• Screening (Module 1, Pathology)</li> <li>• Child protection (Module 7, Surgical Care of the Paediatric Patient)</li> </ul>
<u>Obesity</u>	
<b>Knowledge</b>	<p>Classification of excess body mass</p> <p>The health risks posed by obesity including an increased incidence of coronary heart disease, type 2 diabetes, hypertension, stroke, and some major cancers</p> <p>Social, psychological and environmental factors that underpin obesity</p> <p>Physiological and metabolic effects of obesity on the surgical patient</p> <p>Available treatments for obesity including diet, exercise, medication and surgery</p>
<b>Clinical Skills</b>	<p>The ability to treat patients who are obese in a supportive and sensitive manner</p> <p>Assess and explain the higher risks for obese individuals undergoing surgery</p> <p>Management of cardiovascular, respiratory and metabolic complications in patients with obesity undergoing surgery</p> <p>Provide advice and guidance about weight loss to overweight and obese patients within the context of a multidisciplinary team</p>
<u>Dementia</u>	
<b>Knowledge</b>	<p>Clinical features of dementia and the distinction between it and delirium</p> <p>The impact of dementia on patient, family and carers</p> <p>Principles and key provisions of the relevant legislation regarding the safeguarding of vulnerable adults across the UK, such as the Mental Capacity Act 2005 and the Adult Support and Protection (Scotland) Act 2007</p>
<b>Clinical Skills</b>	<p>Recognises cognitive impairment and appropriately refers</p> <p>Management of surgical patients in the context of their dementia</p> <p>A range of techniques and strategies to communicate effectively with people with dementia and their carers/families</p> <p>Assessment of capacity, involvement of advocates and documentation of consent and best interests</p>

<u>Exercise and physical fitness</u>	
<b>Knowledge</b>	Physical inactivity as an independent risk factor for ill health and obesity Relationship between physical exercise programmes and healthy eating and smoking cessation programmes Government behaviour change programmes such as 'Let's Get Moving' and 'Shift into Sports'
<b>Clinical Skills</b>	Utilisation of all patient interactions as opportunities for health and fitness promotion with particular reference to the prevention and management of long-term chronic conditions such as coronary heart disease, diabetes, hypertension, obesity, cancer, osteoporosis, peripheral vascular disease and depression and the promotion of health and well being Modification of advice on physical exercise to the specific requirements of individual patients

## Modules

<b>Airway Module</b>	Competence Level		
	P2	P3	SI
<b>The assessment and management of the Airway in Oral and Maxillofacial Surgery.</b>			
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of airway, anterior neck	4	4	4
Applied anatomy of needle and surgical cricothyroidotomy	4	4	4
Applied anatomy of surgical tracheostomy (temporary or permanent)	4	4	4
Applied anatomy of percutaneous tracheostomy	2	3	4
Anatomical abnormalities/alterations (craniofacial, paediatrics, trauma, cervico-fascial Infection, obesity)	4	4	4
Glasgow Coma scale (relevance to need for definitive airway)	4	4	4

ASA Classification; ASA and/or ATLS Difficult Airway Algorithm	3	3	3
Classification systems (e.g. Mallampati, LEMON, Upper Lip Bite Test),	3	3	3
Criteria for decannulation	4	4	4
<b>Pathology</b>			
Congenital (e.g. craniofacial syndromes) and acquired diseases or conditions (e.g. obesity, infection, epiglottitis, previous surgery/radiotherapy) with potential to compromise/alter the airway	4	4	4
<b>Applied Physiology</b>			
Physiology of speech and swallowing	2	2	2
Physiology of cough reflex	2	2	2
Pulse oximetry and capnography	2	2	2
Criteria for safe extubation (air leak test, imaging, examination)	4	4	4
Ventilation (volume, pressure)	2	2	2
<b>Surgical Equipment</b>			
Airway adjuncts (e.g. Guedel, nasopharyngeal, laryngeal mask)	4	4	4
Emergency Cricothyroidostomy equipment	4	4	4
Tracheostomy kit	4	4	4

<b>Indications and Risks</b>			
Factors contributing to, and prediction of airway complications	4	4	4
Management strategies for potential complications	4	4	4
Complications of emergency surgical airway airways	4	4	4
<b>Critical Conditions causing acute airway obstruction – basic science, pathology, complications</b>			
Cervico-fascial Infection	4	4	4
Trauma (supra- and sub-glottic; including burns)	4	4	4
Tumour	4	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Clinical Skills (Index procedures *)</b>			
<b>Airway Assessment</b>			
Clinical examination (e.g. thyro-mental distance, scars, cervical spine), supine patient with maxillofacial injuries	4	4	4
Recognition of need for airway intervention/definitive airway	4	4	4

Recognition of need for ventilation	4	4	4
Protecting airway during cervical spine collar placement	4	4	4
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities (e.g. CT, MRI, soft tissue radiography)	4	4	4
Endoscopy	4	4	4
<b>Non-surgical airway maintenance techniques</b>			
Management of shared airway with anaesthesia colleagues	4	4	4
Chin lift	4	4	4
Insertion of airway adjuncts (e.g. Oro-/Naso-pharyngeal airway, LMA)	3	4	4
Endotracheal Intubation	3	3	4
Needle cricothyroidotomy	4	4	4
Tracheostomy changes	4	4	4
Use of Bougies	3	3	4
<b>Operative Management (Index procedures = * )</b>			
Percutaneous tracheostomy * (Open surgical and percutaneous)	2	3	4
Tracheostomy	4	4	4

Submental Intubation	3	4	4
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<b>Craniofacial Trauma Module</b> The assessment and management of a patient presenting with trauma to the head, face and neck	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the hard tissues of the head and neck	4	4	4
Applied anatomy of the soft tissues of the head and neck	4	4	4
Intra-oral approaches to the facial skeleton	4	4	4
Extra-oral approaches to the facial skeleton	4	4	4
<b>Pathology</b>			
Mechanism of facial fractures	4	4	4
Principles of wound healing	4	4	4
Principles of fracture healing	4	4	4
Principles of nerve healing	4	4	4
Principles of shock	4	4	4
Metabolic and immunological response to trauma	4	4	4

Principles of head injury	4	4	4
<b>Physiology</b>			
Physiology of sight	3	3	3
Physiology of the nasal cavity	3	3	3
Physiology of the naso-lacrimal system	3	3	3
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities	4	4	4
Principles, indications and interpretation of electrophysiological investigations	2	3	3
<b>Classification of craniofacial injuries</b>			
Classification of facial fractures	4	4	4
Classification of soft tissue injuries	4	4	4
Classification of nerve injuries	4	4	4
Classification of dento-alveolar injuries	4	4	4
<b>Pain</b>			
Pain and pain relief in the trauma patient	3	4	4

<b>Psychology</b>			
Psychological effects and management of the trauma patient	3	4	4

<b>Biomechanics</b>			
Biomechanics of musculoskeletal tissues	4	4	4
Biomechanics of fracture fixation	4	4	4
Properties of biomaterials including plates, autografts, allografts, sutures	4	4	4
<b>Complications and risks of conservative and operative management</b>			
Factors contributing to and prediction of potential complications and risks	3	4	4
Management strategies for potential complications	3	4	4
<b>Critical Conditions – basic science, pathology, complications</b>			
Acute airway obstruction	4	4	4
Retro-bulbar haemorrhage	4	4	4
Life-threatening haemorrhage	4	4	4

<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Clinical Skills</b>			
Assessment, diagnosis and treatment planning			
Soft tissue injury	4	4	4
Neurovascular injury	3	4	4
Dento-alveolar injury	4	4	4
Fractures of the cranio-facial skeleton	3	4	4
Multiply-injured patient	3	4	4
Management of the airway	4	4	4
Virtual planning	2	3	4
Operative Management (Index procedures = * )			
Infiltration and nerve blocks for local anaesthesia	4	4	4
Soft tissue wound repair *	4	4	4
Neurovascular tissue tissue repair	3	3	4
Naso-lacrimal system	3	3	3
Parotid duct injury	3	4	4
Dental injury and dento-alveolar fractures	4	4	4

Techniques for removal of damaged teeth	4	4	4
Closed reduction and fixation of the facial skeleton (incl. intermaxillary fixation)	4	4	4
Fractures of the mandible *	4	4	4
Fractures of the zygoma *	4	4	4
Fractures of the orbital floor and walls *	3	4	4
Fractures of the nasal bones	4	4	4
Fractures of the naso-orbital complex	3	4	4
Management of Le Fort fractures *	3	4	4
Management of frontal bone fractures	3	4	4
Management of pan-facial fractures	3	4	4
Lateral canthopexy	4	4	4
Tracheostomy	4	4	4
Packing of the anterior and posterior nasal cavities	4	4	4

<b>Jaw deformity Module</b>	Competence level		
	P2	P3	SI
The assessment and management of a patient presenting with deformity of the jaws and face			
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the hard tissues of the head and neck	4	4	4
Applied anatomy of the soft tissues of the head and neck	4	4	4
Intra-oral approaches to the facial skeleton	4	4	4
Extra-oral approaches to the facial skeleton	4	4	4
<b>Pathology</b>			
Abnormalities of condylar growth	4	4	4
Mandibular asymmetry, hemi-mandibular hyperplasia / hypertrophy	4	4	4
Aetiology of anterior open bite	4	4	4
Hemi-facial microsomia	3	4	4
Treacher-Collins syndrome	3	4	4
Craniofacial syndromes (Aperts, Crouzons) and their relationship to facial deformity	3	4	4
Principles of bone healing	4	4	4
Principles of distraction osteogenesis	4	4	4

<b>Orthodontics</b>			
Classification of occlusal relationships	4	4	4
Vertical jaw relationships	4	4	4
Transverse relationships	4	4	4
Principles of occlusal compensation	4	4	4
Principles of arch co-ordination and decompensation in treatment planning	4	4	4
Role of dental extractions including third molars in treatment planning	4	4	4
Principles of orthodontic management of open bite in the orthognathic patient	4	4	4
Role of post-operative orthodontic management	4	4	4
Options for non-surgical approach to management	2	3	4
<b>Assessment</b>			
Dentofacial norms including racial variations	4	4	4
Cephalometric norms	4	4	4
Role of imaging modalities in diagnosis and treatment planning	4	4	4
<b>Treatment planning</b>			
Principles of treatment planning	4	4	4

Principles of model surgery, virtual planning systems and wafer construction	3	4	4
Role of patient specific implants in treatment planning	3	4	4

Biomechanics			
Biomechanics of fixation	4	4	4
Properties of biomaterials including plates, autografts, allografts, sutures	4	4	4
Hierarchy of stability of orthognathic procedures	4	4	4
Principles of orthodontic and surgical relapse	4	4	4
Risk factors predisposing to relapse	4	4	4
<b>Post- traumatic deformity</b>			
Orthognathic principles as they apply to post-traumatic deformity	3	4	4
Identification and assessment of soft tissue deformity	3	4	4
Assessment of mid-face and zygomatic deformity	3	4	4
Identification and assessment of orbital dystopia/enophthalmos	3	4	4
Management of scars	4	4	4
Complications of orthognathic procedures			

Factors contributing to and prediction of potential complications and risks	4	4	4
Management strategies for potential complications	4	4	4
<b>Clinical Skills</b>			
Assessment, diagnosis and treatment planning			
Clinical assessment and diagnosis of facial/jaw deformity including psychosocial issues	4	4	4
Clinical assessment and diagnosis of relevant psychosocial issues	4	4	4
Assessment of dental and periodontal condition appropriate to orthognathic treatment	4	4	4
Undertaking of relevant dental and face bow records	4	4	4
Formulation of comprehensive, holistic treatment plan in the MDT setting	3	4	4
Non surgical approach	2	4	4
Consent			
Moral and medico-legal competence	4	4	4
Procedure specific complications of surgical procedures	4	4	4
Operative Management (Index procedures = * )			
Intra-oral approaches to maxilla & mandible	4	4	4
Extra-oral approaches to mandible	3	4	4

Sub-mental approach to chin	3	4	4
Cutaneous approaches to mid-face	3	4	4
Zygomatic osteotomy	2	4	4
Coronal flap	3	4	4
Le Fort 1 *	3	4	4
Variants of Le Fort 1	2	4	4
Le Fort 1 with mid-line expansion	3	4	4
Segmental le Fort 1 Osteotomy (Anterior and Lateral segments)	2	4	4
Le Fort 2 Osteotomy	2	3	4
Le Fort 3 Osteotomy	2	3	3
Surgically assisted rapid palatal expansion	3	4	4
Sagittal split osteotomy of mandibular ramus *	3	4	4
Vertical sub-sigmoid osteotomy Intra-oral & extra-oral	2	3	4
Inverted "L" osteotomy of mandible	2	3	4
Body osteotomy of mandible	2	3	4
Genioplasty	3	4	4
Costo-chondral graft to mandible	2	4	4
Harvest of iliac crest bone	3	4	4
Harvest of costo-chondral graft	2	4	4

Exteriorisation of the inferior dental nerve	2	4	4
Alloplastic onlays chin and malar	2	4	4

<b>Facial Pain and TMJ Module</b> <b>The assessment and management of a patient presenting with pain affecting the head and neck region.</b>	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Neuroanatomy of orofacial sensation, secretomotor function & taste	4	4	4
Applied anatomy of the craniofacial skeleton and soft tissues	4	4	4
Applied anatomy of the oral cavity and mucosa	4	4	4
<b>Physiology</b>			
Physiology of pain	4	4	4
Physiology of the oral mucosa	4	4	4
Physiology of the temporomandibular joint and associated structures	4	4	4
<b>Pathology</b>			
Dental pain	4	4	4
Neuropathic pain conditions affecting the oro-facial region	4	4	4

Headache types affecting the facial region	4	4	4
Orofacial pain syndromes	4	4	4
Disorders affecting the temporomandibular joint	4	4	4
Vasculitis	4	4	4
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities	3	4	4
Principles, indications and interpretation of haematological investigations	3	4	4
<b>Prescribing and therapeutics</b>			
Indications and risks of analgesia in the treatment of orofacial pain	4	4	4
Role and indications of medication in the treatment of orofacial pain	4	4	4
Drug interactions affecting orofacial sensation	4	4	4
Indications for bite raising appliances	4	4	4
Role and indications for physiotherapy	4	4	4
Indications for total TMJ replacement	3	3	4
<b>Psychology</b>			
Psychological effects influencing orofacial pain	3	3	4

Role and indications for psychological input	3	3	4
<b>Multidisciplinary Care</b>			
The role of other specialties and healthcare teams in management	3	3	4
Role of non-OMFS procedures in pain management e.g. radiofrequency ablation	3	3	4
<b>Clinical Skills</b>			
Assessment, diagnosis and treatment planning			
Comprehensive taking of pain history	4	4	4
Accurate diagnosis.	3	4	4
Counselling of patient with chronic pain	3	4	4
Appropriate involvement of and referral to other disciplines.	3	4	4
Ability to perform an appropriate head & neck, neurological and locomotor examination	4	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Operative Management (Index procedures = * )</b>			
Temporal artery biopsy	3	4	4

Injection of neurotoxin to muscles of mastication	3	4	4
Injection into joint	3	3	4
Arthrocentesis of the temporomandibular joint*	3	4	4
Level 1 arthroscopy of TMJ	2	3	4
Eminectomy	2	3	4
Condylar shave	2	3	4
Discectomy	2	3	4
Disc plication	1	2	4
Total replacement of the temporomandibular joint	2	3	4

<p style="text-align: center;"><b>Head and Neck Module</b></p> <p>The assessment and management of a patient presenting with malignant conditions of the head and neck</p>	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied surgical anatomy of the hard & soft tissues of the head and neck	4	4	4
Surgical access approaches to the oropharynx, facial skeleton and skull base	4	4	4
<b>Pathology &amp; Diagnostics excluding thyroid and parathyroid glands</b>			

Pathology and classification of benign tumours of the head and neck	4	4	4
Molecular pathology of H&N Cancer	3	4	4
Aetiology and risk factors for H&N Cancer	4	4	4
Staging for H&N Cancer (relevant subsites & tumour types)	4	4	4
Prognostic features in H&N Cancer	4	4	4
Systemic effects of malignancy	4	4	4
Role and relevance of immune system in cancer (and its management)	3	3	3
Pathological techniques and relevance to diagnostic process	3	3	4
<b>Pathology &amp; Diagnostics of thyroid and parathyroid glands</b>			
Classification of thyroid tumours	3	3	4
Pathology of thyroid and parathyroid tumours	3	3	4
Role of ultrasound and FNAC in diagnosis of thyroid tumours	3	3	4
Staging of thyroid cancers	2	2	4
<b>Physiology</b>			
Physiology of speech and swallowing	3	3	3
Physiology of healing tissues (hard & soft tissues)	4	4	4
Physiology of thyroid and parathyroid glands	2	2	3

<b>Radiology/Imaging and special investigations</b>			
Principles, indications and interpretation of imaging modalities	4	4	4
Principles, indications and interpretation of surgical-adjunctive imaging (inc ultrasound, sentinel lymph node biopsy/scintigraphy)	3	4	4
Classification of mandibular/maxillary resections (and relationship to management paradigms)			
Classification of midfacial/maxillary defect	4	4	4
Classification of mandibular defect	4	4	4
Classification of osteoradionecrosis	4	4	4
Classification of Medicine-Related Osteonecrosis of the Jaw (MRONJ)	4	4	4
<b>Psychology</b>			
Psychological effects and management of the oncology patient	4	4	4
Quality of life (assessment of, indicators of and effectors of QoL in oncology patients)	4	4	4

<b>Biomechanics</b>			
Properties of biomaterials including plates, autografts, allografts, sutures	4	4	4
Osseointegration	4	4	4

<b>Complications and risks of surgical interventions for H&amp;N cancer</b>			
Factors contributing to and prediction of potential complications and risks (local & systemic)	3	4	4
Pre-treatment assessment of risk	3	4	4
Mitigation of risk in oncology patient	3	4	4
Free tissue transfer/microvascular compromise & salvage (avoidance and management strategies/techniques)	3	4	4
<b>Critical Conditions</b>			
Acute airway obstruction	4	4	4
Life-threatening haemorrhage	4	4	4
Malignancy of the head and neck (diagnosis and appropriate initial management)	4	4	4
<b>Surgical Instrumentation</b>			
Surgical armamentarium (incl. Laser, diathermy, harmonic scalpel, etc.)	3	4	4
Critical equipment (operative microscope & instruments, microvascular adjuncts; coupler, Doppler – handheld and implantable etc.)	3	4	4
Reconstructive adjuncts in planning & surgical treatment (customisation, preplanned reconstruction)	3	4	4
Pharmaceutical aids in microvascular reconstruction	3	4	4

<b>Non-Surgical &amp; Adjuvant Treatments</b>			
Physiology, biology and risks of radiotherapy, chemotherapy and immune therapies including principles of planning, implementation and complications.	3	3	3
Role of allied health professionals in multidisciplinary care of oncology patient	3	4	4
Assessment and management of critical peri-operative needs (e.g. NG/PEG, safety of swallow, etc.)	3	3	4
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b> (For each - site, histology, staging, functional implications, treatment modalities, reconstructive options, rehabilitation)			
Tumours confined to soft tissues of H&N	4	4	4
Tumours involving facial skeleton/mandible	4	4	4
Salivary tumours	4	4	4
<b>Assessment and management</b>			
Management of the airway in H&N oncology patients	4	4	4
<b>Consent</b>			
Moral, ethical and medico-legal competence	4	4	4

<b>Pain</b>			
Pain and pain management in the oncology patient (pre-treatment, post-operative, maintenance, & palliative settings)	4	4	4
<b>Operative Management (Index procedures = * )</b>			
Examination under anaesthesia & pan-endoscopy of upper aerodigestive tract	3	4	4
Tracheostomy*	4	4	4
Neck dissection*	4	4	4
Cervical lymph node biopsy*	4	4	4
Submandibular &/or sublingual gland removal*	4	4	4
Parotidectomy, partial parotidectomy and extracapsular dissection*	3	4	4
Surgical access to the oropharynx, facial skeleton and skull base	3	4	4
Intraoral resection of soft tissue-based malignancy*	3	4	4
Mandibular rim resection*	3	4	4
Segmental mandibulectomy*	3	4	4
Maxillectomy/extended maxillectomy*	3	4	4
Local flap reconstruction	3	4	4
Pedicle flap reconstruction	3	4	4
Radial forearm free flap*	3	4	4

Anterolateral thigh free flap*	3	3	4
Fibula free flap*	3	3	4
Deep circumflex Iliac artery flap*	3	3	4
Sub-scapular/thoraco-dorsal artery flap*	3	3	4
Recipient vessel preparation and microvascular setup	2	3	4
Arterial anastomosis*	2	3	4
Venous anastomosis*	2	3	4
Neural anastomosis	2	3	4
Dental implants	3	4	4
Zygomatic implants	2	3	4

<b>Conditions of the Salivary Glands Module</b>	Competence Level		
	P2	P3	SI
<b>The assessment and management of a patient presenting with conditions of the salivary glands</b>			
<b>Applied Knowledge</b>			
Anatomy			
Applied anatomy of the major salivary glands	4	4	4
Applied anatomy of the oral cavity and lingual nerve	4	4	4
Intra-oral approaches to the salivary ducts	4	4	4

Extra-oral approaches to the salivary glands	4	4	4
Anatomy of the facial nerve	4	4	4
<b>Pathology</b>			
Pathology of obstructive salivary gland disease	4	4	4
Pathology of salivary gland tumours	4	4	4
Pathology of mucous cysts of the sublingual salivary gland/ ranula	4	4	4
Pathology of inflammatory disease of the salivary glands	4	4	4
Pathology of facial nerve weakness	4	4	4
<b>Physiology</b>			
Physiology of salivary gland function	4	4	4
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities	4	4	4
Principles, indications and interpretation of electrophysiological investigations	3	3	3
Principles, indications and interpretation of haematological investigations	4	4	4
Principles, indications for FNAC technique	4	4	4

<b>Classification of Salivary Gland Swellings</b>			
Classification of obstructive salivary gland disease	4	4	4
Classification of salivary gland tumours	4	4	4
Classification of inflammatory conditions of the salivary glands	4	4	4
<b>Pain</b>			
Pain and pain relief in patients with salivary gland infection	3	4	4
<b>Systemic disease affecting the salivary glands</b>			
The role of Rheumatology in the management of Sjogren's syndrome and other inflammatory conditions of the salivary glands	3	3	3
<b>Radiology</b>			
Principles, indications and interpretation of radiological imaging of the salivary glands	3	3	3
Principles, indications and interpretation of sialography	3	3	3
<b>Complications and risks of conservative and operative management</b>			
Factors contributing to and prediction of potential complications and risks	4	4	4

Critical Conditions			
Malignancy of the head and neck (diagnosis and appropriate initial management)	4	4	4
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b>			
Salivary gland stones	4	4	4
Salivary gland strictures	3	4	4
Salivary gland tumours	4	4	4
Sialadenitis	4	4	4
Ranula/ mucocele	4	4	4
Parotid duct injury	3	4	4
Inflammatory conditions of the salivary glands	4	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Operative Management (index procedure =*)</b>			
Neurovascular repair	2	3	4
Parotid duct injury	3	4	4

Removal of a stone from the submandibular duct	4	4	4
Excision of a neoplasm of a minor salivary gland	3	4	4
Sublingual gland excision	3	4	4
Submandibular gland excision	3	4	4
Partial/Superficial parotidectomy*	3	4	4
Total conservative parotidectomy	3	4	4
Radical parotidectomy	2	3	4
Extra capsular dissection*	3	4	4
Parotid strictures and megaduct	2	3	4
Sublingual gland mucous cyst/ ranula	3	4	4
Endoscopic management of salivary stone/stricture	2	3	4

<b>Conditions of the oral mucosa</b>	<b>Competence Level</b>		
	<b>P2</b>	<b>P3</b>	<b>SI</b>
<b>The assessment and management of a patient presenting with conditions of the oral mucosa</b>			
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the oral mucosa	4	4	4
Applied anatomy of the lymphatic drainage of the oral mucosa	4	4	4
Applied anatomy of major & Minor salivary glands	4	4	4

Applied neuroanatomy of the sensory, sympathetic & parasympathetic & taste of the mouth	4	4	4
<b>Pathology</b>			
Pathology of benign oral mucosal disease	4	4	4
Pathology of vesicular bullous disease affecting the oral cavity	4	4	4
Pathology of malignant oral mucosal lesions	4	4	4
Pathology of infective diseases of the oral mucosa	4	4	4
Pathology of localised & systemic inflammatory disease of the oral mucosa	4	4	4
Pathology of skin manifestations of disease affecting the oral mucosa	4	4	4
<b>Physiology</b>			
The functions of the oral mucosa	4	4	4
The functions of saliva	4	4	4
The physiology of sensation and pain affecting the mouth and face	4	4	4
<b>Diagnostics</b>			
Principles, indications and interpretation of microbiological investigations	4	4	4
Principles, indications and interpretation of cytology and histology	3	4	4

Principles, indications and interpretation of radiological investigations	4	4	4
Principles, indications and interpretation of haematological investigations	4	4	4
<b>Classification of conditions of the oral mucosa</b>			
Classification of ulcerative conditions affecting the oral mucosa	4	4	4
Classification of vesicular bullous conditions affecting the oral mucosa	4	4	4
Classification of pre-malignant oral mucosal lesions	4	4	4
Classification of malignant oral mucosal lesions	4	4	4
Classification of infective diseases of the oral mucosa	4	4	4
Classification of inflammatory disease of the oral mucosa	4	4	4
Classification of skin manifestations affecting the oral mucosa	4	4	4
<b>Multi- disciplinary care</b>			
The role of the multidisciplinary team including primary care	4	4	4
<b>Psychology</b>			
Psychological effects and management of the patient with an oral mucosal condition	3	4	4

<b>Pain</b>			
Pain relief in the patient with conditions of the oral mucosa	4	4	4
<b>Radiology</b>			
Principles, indications and interpretation of imaging of salivary glands	4	4	4
<b>Pharmacology</b>			
Pharmacology of drugs causing xerostomia	3	4	4
Pharmacology of drugs causing oral mucosal disease	3	4	4
Pharmacology of drugs causing bone disease	3	4	4
<b>Critical Conditions</b>			
Malignancy of the oral mucosa (diagnosis and appropriate initial management)	4	4	4
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b>			
Oral ulceration	3	4	4
Vesicular bullous lesions	3	4	4
White patches and leukoplakia	3	4	4

Infective disease of the oral mucosa	3	4	4
Inflammatory disease of oral mucosa	3	4	4
Skin manifestations of conditions of the oral mucosa	3	4	4
Oral manifestations of systemic disease	3	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Conservative management (including prescribing)</b>			
Prescribing topical oral mucosal medication, baseline investigations, exclusion criteria, monitoring requirements	4	4	4
Prescribing systemic steroids, baseline investigations, exclusion criteria, monitoring requirements	3	4	4
Prescribing systemic immune suppressants, baseline investigations, exclusion criteria, monitoring requirements	3	4	4
<b>Operative Management (Index procedures = *)</b>			
Infiltration and nerve blocks for local anaesthesia	4	4	4
Surgical excision & biopsy of oral mucosal lesions *	3	4	4
Biopsy of the minor and major salivary glands	3	4	4

<b>Conditions of the skin module</b> <b>The assessment and management of a patient presenting with conditions of the skin of the head and neck</b>	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the skin	4	4	4
Applied anatomy of the lymphatic drainage of the skin of the head and neck	4	4	4
Applied anatomy of structures deep to the skin of the head and neck	4	4	4
<b>Pathology</b>			
Pathology of benign skin lesions	4	4	4
Pathology of pre-malignant skin lesions	4	4	4
Pathology of malignant skin lesions	4	4	4
Pathology of infective diseases of the skin	4	4	4
Pathology of inflammatory disease of the skin of the head and neck	4	4	4
Pathology of skin manifestations of oral medicine conditions of the oral mucosa	4	4	4

<b>Physiology</b>			
The functions of the skin	4	4	4
<b>Diagnostics</b>			
Principles, indications and interpretation of dermoscopy	4	4	4
Principles, indications and interpretation of cytology and histology	3	4	4
Principles, indications and interpretation of radiological investigations	4	4	4
Principles, indications and interpretation of haematological investigations	4	4	4
Classification of skin conditions			
Classification of benign skin lesions	4	4	4
Classification of pre-malignant skin lesions	4	4	4
Classification of malignant skin lesions	4	4	4
Classification of infective diseases of the skin	4	4	4
Classification of inflammatory disease of the skin of the head and neck	4	4	4
Classification of skin manifestations of oral medicine conditions of the oral mucosa	4	4	4
<b>Multi- disciplinary care</b>			
	4	4	4

The role of the local and specialist skin MDT in the management of the skin cancer patient			
<b>Psychology</b>			
Psychological effects and management of the patient with a skin condition	3	4	4
<b>Pain</b>			
Pain relief in the patient with a condition of the skin	4	4	4
<b>Dermatology</b>			
The role of the dermatologist in the management of conditions of the skin The non- surgical management of lesions and conditions of the skin	3	4	4
<b>Radiology</b>			
Principles, indications and interpretation of imaging of primary malignant skin lesions	4	4	4
Principles, indications and interpretation of imaging of malignant skin lesions for regional metastasis	4	4	4
Principles, indications and interpretation of imaging of distant metastatic skin malignancy	3	4	4
<b>Non-surgical management of skin cancer</b>			
Principles and indication for radiotherapy in skin conditions	3	4	4

Role of chemotherapy, targeted therapy and immunotherapy in skin cancer management	3	4	4
<b>Complications and risks of conservative and operative management</b>			
Factors contributing to and prediction of potential complications and risks	4	4	4
Management strategies for potential complications	4	4	4
<b>Critical Conditions – basic science, pathology, complications</b>			
Sepsis of the head and neck (cellulitis, necrotising fasciitis, post-operative infections)	4	4	4
Malignancy of the skin of the head and neck including lip	4	4	4
Relevant Guidelines			
National guidelines on the management of skin cancer	4	4	4
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b>			
Benign skin lesions	3	4	4
Pre-malignant skin lesions	3	4	4
Malignant skin lesions (including staging)	3	4	4
Infective diseases of the skin	3	4	4

Inflammatory disease of the skin of the head and neck	3	3	3
Skin manifestations of conditions of the oral mucosa	4	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Operative Management (Index procedures = *)</b>			
Infiltration and nerve blocks for local anaesthesia	4	4	4
Surgical excision of skin lesions *	3	4	4
Reconstruction of skin defects with partial thickness skin graft *	3	4	4
Mohs surgical excision of skin lesions	1	1	1
Reconstruction of skin defects with full thickness skin graft *	3	4	4
Reconstruction of skin defects with local flaps *	2	4	4
Parotid/cervical lymph node biopsy *	2	4	4
Sentinel node biopsy	2	3	4
Therapeutic lymphadenectomy for regional metastatic skin cancer *	2	3	4

<b>Restoration of Normal Aesthetic Form and Function Module</b> The assessment and management of a patient requiring restoration of normal aesthetic <u>form and function</u>	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the structures of the head and neck	4	4	4
Applied anatomy of the soft tissues of the head and neck	4	4	4
Intra-oral approaches to the facial skeleton	4	4	4
Extra-oral approaches to the facial skeleton	4	4	4
Demonstrate an understanding of the aesthetic units of the face as they relate to normal form	4	4	4
<b>Applied Anatomy and standard norms of specific areas of the head and neck</b>			
Applied anatomy of the nose including extra and intra-nasal access	4	4	4
Applied anatomy of the ears and classification of ear deformity	4	4	4
Applied anatomy of the eyelids	4	4	4
Applied anatomy and variations of the facial nerve	4	4	4
Supporting ligaments of the facial skin and relation to bone	4	4	4
Applied anatomy of the fascial planes of the face	4	4	4
Applied anatomy of the facial muscles	4	4	4

<b>Physiology and Pathology</b>			
Physiology of structures of the face including nose, eyes, eyelids, skin	4	4	4
Physiology of age-related changes to skin and facial norms	4	4	4
Principles of wound healing and scar formation	4	4	4
Physiology of different skin types	4	4	4
Pathology associated with facial asymmetries	4	4	4
Sun exposure-related changes to skin and facial norms	4	4	4
Effect of laser / light treatments on the skin	4	4	4
<b>Psychology</b>			
Assessment of patient's reasons for seeking treatment within context of psychology	4	4	4
Recognition of the need for formal psychological assessment	4	4	4
Recognition and counselling of patients requiring psychological input	4	4	4
<b>Non-Surgical Treatment Options</b>			
Pharmacology of neurotoxin agents	4	4	4
Indications, methods and limitations/complications of fat grafting to facial defects	2	3	4
Knowledge of different filler preparations available, their indications (licensed and non licensed) and management of complications of treatment	1	2	4

Types and indications for laser therapy and complications of treatment	1	2	4
Knowledge of different skin formations for skin stimulation and rejuvenation	2	2	4
Formulations, applications and management of complications of chemical peeling agents	1	2	4
Indications for skin/scar revision and potential complications	2	4	4
Indications, limitations and complications of minimal access approach to facial ptosis/palsy	1	2	4
Non-surgical management of ear deformity	1	2	4
<b>Clinical Skills</b>			
Assessment, diagnosis and treatment planning			
Assessment and diagnosis of patterns of facial appearance including age related to changes	2	4	4
Assessment and diagnosis of facial mis-proportion	4	4	4
Assessment of occlusion, dental aesthetics and restorative need	4	4	4
Assessment and diagnosis of facial asymmetry	4	4	4
Principles of management of facial asymmetry including the role of orthognathic surgery and camouflage procedures	3	4	4
Assessment and diagnosis of deformities of the nose	3	4	4
Clinical record keeping including photography	3	4	4
Role of CT and virtual imaging in diagnosis and treatment planning	3	4	4

Assess and produce a management plan for non-surgical treatment	2	3	4
Role of facial implants for the management of facial asymmetry and restoration of facial form	3	3	4
Role of virtual planning and use of custom designed implants for restoration of facial form	3	3	4
Assessment and diagnosis of the facial norms in gender reassignment surgery	1	3	4
Recognition & management of complications of surgery to restore facial/nasal form and function	1	3	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Critical conditions</b>			
Life-threatening haemorrhage (sphenopalatine artery ligation, nasal packing)	4	4	4
Sight-threatening trauma (post-operative)	4	4	4
<b>Operative Management (Index procedures = *)</b>			
Local anaesthesia and use of topical agents	4	4	4
Correction of nasal deformity including bone, cartilage and soft tissue structures	2	3	4
Septal surgery to restore normal form and function	2	3	4
Secondary rhinoplasty techniques with indications for same	1	2	4

Harvest cartilage graft from nasal septum, ear and costochondral junction	2	3	4
Harvest temporal fascia	2	4	4
Harvest calvarial vault bone	2	3	4
Correction of ear deformity including otoplasty	2	3	4
Direct correction of brow ptosis	1	2	4
Endoscopic correction of brow ptosis	3	4	4
Upper Blepharoplasty	1	2	4
Lower blepharoplasty	1	2	4
Lateral canthopexy	1	2	4
Facelift for facial ptosis/palsy	1	2	4
Neck lift/platysmaplasty for correction of ptosis of the submental region	1	2	4
Lipectomy for correction of facial form	1	2	4
Fat grafting	1	2	4
Insertion of implants to correct facial form	1	2	4
Cheiloplasty/augmentation/lip reconstruction	1	2	4
Genioplasty	1	2	4
Re-contouring of forehead for correction facial norm/feminisation surgery	3	4	4
Re-contouring of mandible for correction of facial norm/feminisation surgery	1	2	4
Hairline reshaping for correction of facial norm/feminisation surgery	1	2	4

	1	2	4
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<b>Cleft lip and Palate Module</b> <b>The assessment and management of a patients and their family presenting with cleft lip and palate</b>	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the hard tissues of the head and neck	4	4	4
Applied anatomy of the soft tissues of the head and neck	4	4	4
Intra and extra oral approaches to the facial skeleton	4	4	4
Open and closed approaches to the nose	4	4	4
Anatomy and embryology of cleft lip and palate anomaly	4	4	4
Anatomy of ear and temporal bone	4	4	4
Protocols for repair of cleft lip and palate	4	4	4
Historical perspective of cleft lip and palate repair	3	3	4
Dental development	4	4	4
<b>Pathology</b>			
Pathological anatomy, embryology and basic genetics of facial clefting and associated anomalies.	4	4	4

Pathology of speech of cleft lip and palate	3	3	3
Pathological anatomy of the repaired cleft palate	3	3	3
Pathological physiology of after cleft repair	3	3	3
<b>Physiology</b>			
Physiology of Speech	3	3	3
Physiology of hearing	3	3	3
Physiology of breathing	3	3	3
Physiology of feeding and swallowing	3	4	4
Physiology of velopharyngeal dysfunction	3	4	4
<b>Genetics</b>			
Genetic conditions associated with clefting and non cleft speech problems (including Stickler's, 22q11 deletion, and other common syndromes)	3	3	4
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities	4	4	4
Audiogram and tympanometry study, understanding the principles of brain stem evoked response audiometry	2	3	3
Diagnosis of genetic conditions associated with cleft	2	2	2

Principles, indications of nasendoscopy and videofluoscopy for speech problems	2	2	3
Principles, indications for orthodontic and restorative management	2	2	3
Recognition of facial and jaw deformity resulting from cleft lip and palate	2	4	4
<b>Classification of cleft lip and palate</b>			
Classification of cleft lip	4	4	4
Classification of cleft palate	4	4	4
Classification of facial clefts	4	4	4
Cleft lip and palate repair protocols (including historic and international variations)	1	2	4
Techniques for cleft lip & nose repair	1	2	4
National guidelines for the diagnosis, treatment and follow up of cleft patients	1	2	4
<b>Pain</b>			
Pain and pain relief in the cleft and paediatric patient	3	4	4
<b>Roles and contributions of members of the multidisciplinary team</b>			
Surgeons, dentists, nursing, speech therapy, anaesthetists, psychologists etc.	2	3	4
<b>Psychology</b>			

Psychological effects and management of the cleft patient within an MDT environment	2	3	3
Lifelong psychological effects of cleft lip and palate	2	3	3

<b>Biomechanics</b>			
Biomechanics of musculoskeletal tissues	4	4	4
Biomechanics of skeletal fixation and distraction osteogenesis	4	4	4
Properties of biomaterials including plates, autografts, allografts, sutures, implant	4	4	4
<b>Complications of operative management</b>			
Factors contributing to and prediction of potential complications and risks	3	4	4
Management strategies for potential complications	3	4	4
<b>Critical Conditions – basic science, pathology, complications</b>			
Acute airway obstruction	4	4	4
Life-threatening haemorrhage	4	4	4
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b>			
Assess and diagnosis patient's and relatives concerns	2	3	3

Assess and diagnose lip and nose disability	2	3	3
Assess and diagnose the primary and secondary dentition	4	4	4
Assess and diagnose the need for alveolar bone graft in palatal fistula	2	3	4
Determine optimum timing of treatment/surgery/involvement of members of the MDT	2	3	3
Nasendoscopy	1	2	3
Videofluoroscopy	1	1	1
Management of the airway	3	4	4
Investigation of speech problems	1	1	1
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Perioperative management</b>			
Pre and post-operative patient/child undergoing cleft surgery including assessment for anaesthetic risk factors, postoperative fluid management, antibiotic prescribing	1	2	3
Manage naso-pharyngeal airway in the peri- and post- operative environment, and post-operatively,	1	2	3
<b>Operative Management (Index procedures = * )</b>			

Repair of incomplete cleft of the lip	1	2	4
Repair of complete cleft lip utilising currently recognised standard techniques	1	2	4
Repair of cleft palate	1	2	4
Re-repair of cleft palate	1	1	4
Furlow palatoplasty	1	1	4
Buccal flaps for surgery to improve speech	1	1	4
Orticochea pharyngoplasty	1	1	4
Pharyngeal flap	1	2	4
Alveolar bone graft	2	3	3
Revision of cleft lip	1	1	4
Cleft rhinoplasty	1	2	4
Orthognathic Surgaft in cleft patients	2	3	3

<b>Craniofacial Module</b> The assessment and management of a patient presenting with craniofacial deformity.	Competence Level		
	P2	P3	SI
<b>Applied Knowledge</b>			
<b>Craniofacial Principles</b>			
Principles of the CF MDT process, team members and national referral pathways	2	3	4
Speech and language assessments of CF conditions + national Pathways	2	3	3
Psychology involvement and assessments of CF conditions + national Pathways	2	3	3
<b>Applied anatomy</b>			
Applied anatomy of the hard tissues of the skull, head and neck	4	4	4
Applied anatomy of the soft tissues of the skull, brain, head and neck	4	4	4
Coronal approaches to the skull	4	4	4
Transfacial approaches to the facial skeleton	3	4	4
Applied embryology to facial / skull skeleton relating to CF conditions	3	4	4
<b>Pathology</b>			
Principles of wound healing	4	4	4
Principles of bone healing	4	4	4

Principles of nerve healing	4	4	4
Metabolic and immunological response to trauma	4	4	4
Pathology / genetics of craniofacial microsomia + branchial arch disorders + congenital deformity	2	4	4
Pathology of facial clefting / encephaloceles / dermoid cysts	2	4	4
Pathology of paediatric facial and skull (hard and soft tissue) tumours	2	4	4
Principles and genetics of neurofibromatosis / facial lipomatosis	2	4	4
Pathology of Chiari malformation	2	3	4
<b>Physiology</b>			
Physiology of sight	3	3	3
Physiology of the sinus physiology / drainage	3	3	3
Physiology of the naso-lacrimal system	3	3	3
Physiology of CSF flow	2	3	3
Physiology of tissue expansion	2	3	3
<b>Diagnostics</b>			
Principles, indications and interpretation of imaging modalities	4	4	4
Principles, indications and interpretation of electrophysiological investigations	2	3	3
Principles and indications of sleep studies	3	4	4

Principles and indications of swallow assessments	2	3	3
<b>Classification / Treatment Principles and Protocols of craniofacial conditions</b>			
Classification / associated features / treatment protocols of syndromic craniosynostosis + pathway for different stages of life	2	4	4
Classification / treatment of non-syndromic craniosynostosis	2	4	4
Classification / treatment of benign deformational plagiocephaly + torticollis	2	4	4
Classification / treatment of facial clefting	2	4	4
Classification / associated features / Treatment of branchial arch conditions / HFM / TCS / mandibular deficiencies	2	4	4
Classification / pathology / treatment of vascular malformations	2	4	4
Classification / treatment and reconstruction of cranial nerve deficiencies / defects	3	4	4
Classification / treatment protocols of facial overgrowth conditions	3	4	4
Classification / treatment of orbital malposition conditions	2	3	4
<b>Pain</b>			
Pain and pain relief in the paediatric and adult craniofacial patient	3	4	4

<b>Biomechanics</b>			
Biomechanics of musculoskeletal tissues	4	4	4
Biomechanics of resorbable / non-resorbable fracture + bone fixation	4	4	4
Properties of biomaterials including plates, autografts, allografts, sutures	4	4	4
<b>Complications and risks of conservative and operative management</b>			
Factors contributing to and prediction of potential complications and risks	2	4	4
Management strategies for potential complications	2	3	4
<b>Critical Conditions – basic science, pathology, complications</b>			
Acute airway obstruction in the craniofacial patient	4	4	4
Retro-bulbar haemorrhage	4	4	4
Life-threatening haemorrhage	4	4	4
Intra-cranial haemorrhage – pre-, intra- and post-operative	3	4	4
<b>Post- traumatic deformity</b>			
Craniofacial (skull and upper face acquired deformity)	3	4	4

<b>Clinical Skills</b>			
Assessment, diagnosis and treatment planning			
Management of the airway in paediatric and craniofacial patients	3	4	4
Cephalometric diagnosis and planning of craniofacial patients	2	3	3
Patient specific planning / virtual treatment planning	3	4	4
<b>Emergency management</b>			
Paediatric emergency life support / resuscitation	3	4	4
Paediatric airway management	3	4	4
Paediatric fluid / electrolytes and blood resuscitation / management	3	3	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Operative Management</b>			
Infiltration and nerve blocks for local anaesthesia	4	4	4
Soft tissue wound repair	4	4	4
Coronal Flap	2	4	4
Tarsorrhaphy techniques – temporary + permanent	3	4	4

Neurovascular tissue repair	3	4	4
Facial cleft / coloboma repair	1	2	4
Fronto-orbital advancement and remodelling	1	2	4
Strip craniectomy + micro-barrel staving	1	2	4
Total vault remodelling	1	1	4
Vault distraction (anterior / posterior)	1	1	4
Le Fort 2 / 3 Osteotomy	2	2	4
Monobloc / Fronto-facial Advancement	1	1	4
Orbital box osteotomy	1	1	4
Frontal bipartition	1	1	4
Encephalocele repair	1	1	4
Transcranial dermoid excision	1	1	4
Le fort 1 access to base of skull	3	4	4
Mandibular paediatric distraction osteogenesis	1	2	3
Syndromic rhinoplasty	1	1	1
Costo-chondral rib harvest	2	4	4
Autologous ramus-condyle unit / costochondral rib reconstruction	1	3	4
Autologous calvarial grafting	2	4	4
Autologous fat grafting	2	4	4

Tissue expansion	2	3	4
Cranioplasty - alloplastic	3	3	4
Facial alloplastic implants / augmentation	2	3	4

<b>Dentoalveolar Module</b> <b>The assessment and management of a patient presenting with <u>conditions of the teeth and supporting structures</u></b>	Competence Level		
	P 2	P 3	S I
<b>Applied Knowledge</b>			
<b>Anatomy</b>			
Applied anatomy of the hard and dental tissues of the head and neck	4	4	4
Applied anatomy of the soft tissues of the head and neck including potential infection spaces	4	4	4
Intra-oral approaches to the facial skeleton and soft tissues	4	4	4
Extra-oral approaches to the facial skeleton	4	4	4
<b>Pathology</b>			
Congenital and developmental defects of the dentition	3	4	4
Congenital and developmental bone diseases affecting the maxilla and mandible	3	4	4
Odontogenic pathology of the maxilla and mandible	4	4	4
Non-odontogenic pathology within the maxilla and mandible	4	4	4
Mechanism of infection (dental and non-dental aetiology)	4	4	4
Metabolic and immunological response to infection	3	4	4

<b>Physiology</b>			
Physiology of growth	3	3	4
Physiology of bone	3	3	4
Physiology of soft tissue, dental and bone healing	3	3	4
<b>Diagnostics</b>			
Principles and indications and interpretation of imaging modalities	4	4	4
<b>Classification</b>			
Classification of nerve injuries	4	4	4
Classification of dento-alveolar injuries	4	4	4
Classification of third molar position including radiological	4	4	4
Classification of occlusal relationships	4	4	4
<b>Clinical pharmacology</b>			
Analgesic agents	4	4	4
Local anaesthetic agents	4	4	4
<b>Psychology</b>			
Psychological effects and management of a patient with congenital or acquired conditions affecting the teeth and supporting structures	2	3	4

<b>Biomechanics</b>			
Properties of biomaterials including plates, autografts, allografts, sutures and osseointegration.	3	4	4
Properties of Local anaesthetics	4	4	4
<b>Complications and risks of conservative and operative management</b>			
Factors contributing to and prediction of potential complications and risks	3	4	4
Management strategies for potential complications	3	4	4
Awareness and appropriate use of national guidelines	3	4	4
<b>Critical Conditions – basic science, pathology, complications</b>			
Acute airway obstruction	4	4	4
Sepsis and septic shock	4	4	4
Displacement of teeth	4	4	4
<b>Multidisciplinary Working</b>			
Appreciation of restorative dentistry as it relates to the teeth and supporting structures	2	2	3
Appreciation of orthodontics as it relates to the teeth and supporting structures	2	2	3
Appreciation of special care dentistry as it relates to the teeth and supporting structure	2	2	3
<b>Clinical Skills</b>			
<b>Assessment, diagnosis and treatment planning</b>			
Neurovascular injury	2	3	4
Dento-alveolar injury	3	4	4

Management of the airway	3	4	4
Combined orthodontic management of the dentition	2	3	4
Combined Restorative/periodontal management of dentition	2	3	4
Third Molar assessment	4	4	4
<b>Consent</b>			
Moral and medico-legal competence	4	4	4
<b>Operative Management (Index procedures = * )</b>			
Infiltration and nerve blocks for local anaesthesia	4	4	4
Simple extraction of teeth	4	4	4
Surgical removal of retained teeth/roots	4	4	4
Surgical removal of ectopic/impacted teeth	3	4	4
Surgical removal of impacted wisdom teeth*	3	4	4
Coronectomy of third molars	3	4	4
Immediate management of oral antral communications	3	4	4
Management of an oral antral fistula	3	4	4
Caldwell Luc antrostomy	3	4	4
Management of an oral cutaneous fistula	3	4	4
Reduction and splinting of dento-alveolar fractures	3	4	4
Harvesting of bone grafts from mandible.	3	4	4
Harvesting of bone grafts from non-jaw sites	3	4	4
Pre-prosthetic preparation and prosthetic placement of implants	2	3	4

Sinus lift crestal approach	1	2	2
Sinus lift lateral approach	1	2	2
Peri-radicular surgery of teeth	2	3	4
Marsupialisation of jaw cysts	3	4	4
Enucleation of jaw cysts	3	4	4
Enucleation of odontogenic and non-odontogenic pathology of the jaws	2	4	4