# Oral and Maxillofacial Surgery Specialty Overview

### Overview

**Oral and maxillofacial surgery** is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

Specialists working in this area are known as oral and maxillofacial surgeons. (In some areas oral and maxillofacial surgeons may be referred to as oral and facial surgeons, maxillofacial surgeons or craniomaxillofacial surgeons). The specialty is unique in that it requires dual qualification in medicine and dentistry and is a recognised international specialty that, within Europe, is defined under the Medical Directives.

It is a separate specialty from Oral Surgery, which is defined under Dental Directives, and is confined to minor surgical procedures carried out within the oral cavity, and which is generally regarded as an ambulatory care specialty.

The scope of the specialty of oral and maxillofacial surgery is extensive and includes, but is not necessarily confined to:

- craniomaxillofacial trauma,
- cancers of the head and neck,
- diseases of the salivary glands,
- surgical treatment of facial disproportion both congenital and acquired,
- cleft lip and palate,
- aesthetic facial surgery,
- facial pain,
- disorders of the temporomandibular joint (TMJ),
- surgical removal of impacted and buried teeth, cysts and benign tumours of the jaws,
- pre-prosthetic surgery including the placement of osseointegrated implants,
- management of infections of the head and neck including life-threatening fascial space infection
- conditions of the oral mucosa such as mouth ulcers and dentoalveolar infection.

Oral and maxillofacial surgeons generally work in teams and frequently work alongside other specialists including ENT surgeons, neurosurgeons, orthodontists, restorative dentists, clinical oncologists and plastic surgeons.

#### EDITORS

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Revised curriculum – Bob Woodwards

### **Specialty Specific Criteria**

Standards and evidence for the practice of oral and maxillofacial surgery within the United Kingdom have been defined by the British Association of Oral and Maxillofacial Surgeons – BAOMS, the specialty association.

The majority of oral and maxillofacial surgeons currently working within the United Kingdom qualified in dentistry before qualifying in medicine. The specialty is, however, open to trainees qualifying first in medicine and then obtaining a qualification in dentistry. It is noted that the number of trainees following this route has increased with the introduction of the Modernising Medical Careers (MMC) model of specialty training.

The majority of dental graduates will obtain an MFDS from one of the surgical royal colleges prior to or during their medical undergraduate training. It is, however, important to note that an MFDS is not a requirement for entry into specialist training.

Trainees entering the specialty from a primary medical degree, may already have obtained their MRCS or may have entered undergraduate dental training straight from Foundation medical training

The recent review by PMETB of the specialty of OMFS recognised the commitment that trainees are making by taking on the second degree course to enable them to train in OMFS. This effectively means that a trainee intent on a career in OMFS who having already obtained a dental or medical degree and commencing the second undergraduate degree, can be considered at that point to have committed to a path of training leading to a CCT in OMFS.

There are a number of areas of specialist interest within Oral and Maxillofacial Surgery:

- Cleft lip and palate
- Head and Neck Surgical Oncology
- Cosmetic Surgery
- Surgery of Craniofacial abnormality congenital and acquired.

Training Interface Groups (TIGs) have been established for the specific training requirements in the first three of these areas.

### **Training Interface Groups**

### **Cleft Lip and Palate**

Cleft lip and palate are birth defects that affect the upper lip and the roof of the mouth. They occur when the tissue that forms the roof of the mouth and upper lip fail to fuse before birth. The problem can range from a simple notch in the lip to a cleft that runs into the roof of the mouth and floor of nose. It can affect the way a child's face looks and develops. It can also lead to problems with eating, speaking and recurrent ear infections.

Treatment usually takes the form of surgery to close the defect in the lip and/or palate. Doctors will do this surgery in several stages. Usually the initial surgery is during the baby's first year.

Under the auspices of the Joint Committee on (Higher) Surgical Training (JC(H)ST) the SACs in oral and maxillofacial surgery, ORL and plastic surgery have formed a Training Interface Group (TIG) to oversee fellowship training in surgery for cleft lip and palate. For further information, including how to apply for these fellowships, please see the JCHST website.

There are currently three approved fellowships within the United Kingdom. Following a recent workforce review it is intended to apply to the Department of Health for at least a further three such fellowships.

### Head and Neck Surgical Oncology

Cancer can arise in any of the tissues or organs in the head and neck. There are over thirty different sites that cancer can develop in the head and neck area. These include:

#### Cancers of the oral cavity

The oral cavity includes the lips and the mouth. Cancer can occur on the tongue, the hard palate (the roof of the mouth), the gums, the floor of the mouth (under the tongue) and the inner lining of the lips and cheeks (sometimes referred to as the buccal mucosa).

#### **Oropharyngeal cancer**

This develops in the oropharynx which is the part of the throat directly behind the mouth. It includes the soft palate, (the soft part of the roof of the mouth), the base of the tongue, the side walls of the throat (including the pharyngeal tonsils) and the back wall of the throat, (also called the posterior pharyngeal wall).

#### Cancer of the nose

Cancers can develop in the skin of the nostril and the lining of the nose. The highest part of the throat, which lies directly behind the nose, is called the nasopharynx. Cancer that occurs here is known as nasopharyngeal cancer. Alongside the nose, within the bones of the face, lie airspaces which are known as the paranasal sinuses. Cancers can develop in the linings of these areas.

#### Cancer of the ear

Cancers of the ear are rare with most developing in the skin of the ear. They can also develop in structures deep inside the ear. These cancers are extremely rare.

#### Cancer of the eye

Cancers can develop in the skin of the eyelids. Cancers are very unusual within the eye itself. When they do occur, they are frequently a type called ocular melanoma. Occasionally a cancer of the white blood cells, called a lymphoma, may develop behind the eye. In very rare cases cancer may spread into the eye from a cancer elsewhere in the body: for example the breast.

#### **Cancer of the larynx**

Cancers may also develop in the voicebox or larynx. These are particularly common in smokers and may present initially as a change in voice, particularly hoarseness.

#### **Types of Head and Neck Cancer**

Head and Neck cancers are rare with approximately 8,000 people in the United Kingdom diagnosed each year. The majority of cancers of the head and neck are of a type called carcinoma (in particular squamous cell carcinoma). Carcinomas in the head and neck originate in the cells that form the lining of the mouth, nose, throat or ear, or the surface layer covering the tongue.

The Joint Committee on (Higher) Surgical Training (JCST) has recognised that treatment of patients with cancer of the head and neck represents an area of particular expertise.

The SACs in oral and maxillofacial surgery, ORL and plastic surgery have formed a Training Interface Group (TIG) in head and neck surgical oncology. The purpose of this group is to oversee and supervise specialist training in head and neck surgical oncology for trainees of the three specialties at a fellowship level. Full details of these fellowships, including how to apply for them, are contained in the JC(H)ST website.

### **Cosmetic Surgery**

Aesthetic facial surgery is also gaining increasing importance as an area of special interest. A Training Interface Group involving oral and maxillofacial surgeons, ORL surgeons and plastic surgeons together with oculoplastic and breast surgeons has recently been established. Training fellowships have just been introduced and the first trainees appointed in January 2009.

### The Purpose of Training

The purpose of training in the specialty of oral and maxillofacial surgery is to produce surgeons competent to work as specialists/consultants within the United Kingdom. This includes:

- Competence to manage patients presenting with trauma affecting the craniomaxillofacial region.
- Competence to manage patients presenting with acute conditions which affect the head and neck. This includes assessment, diagnosis and treatment or referral to an appropriate specialist as appropriate.
- Competence in the management of patients presenting with the symptoms and conditions as specified in the essential parts of the syllabus with the specialty of oral and maxillofacial surgery.
- Competence in the management of an additional range of both elective and emergency conditions by virtue of appropriate and assessment opportunities obtained during training.

Professional competencies are specified in the PMETB-approved syllabus and derived from the CanMEDS framework of the Canadian Medical Association and Good Medical Practice of the General Medical Council of the United Kingdom, respectively.

### **The Training Pathway**

The Training Pathway is illustrated below. Trainees entering the specialty of oral and maxillofacial surgery will undertake a period of initial core surgical training (CT1+2) equivalent to the previous basic surgical training (BST). Surgical specialties across the board are moving towards uniformity in training, and in the next 2 years it is likely that 3 years of Core Training will be the norm. It is accepted that the length and complexity of Oral and Maxillofacial training with two undergraduate degrees will make it unlikely that any trainee in this specialty will require 3 years of core training. If 3 years core training becomes the norm, then Oral and Maxillofacial trainees will spend the 3<sup>rd</sup> year of core training in specialty prior to competitive entry to Specialty Training at ST3.

It is expected that the MRCS examination of the surgical royal colleges will be taken in the early years of training. Trainees will be expected to have acquired this prior to entry to ST3.

An exit Intercollegiate FRCS examination is taken towards the end of specialist training.

Success in this examination, together with completion of an approved training programme, will result in the award of a Certificate of Completion of Training (CCT) in oral and maxillofacial surgery. This allows entry to the Specialist Register held by the General Medical Council. Consultants in the speciality are required to have their names entered on this register.

Specialty training in oral and maxillofacial surgery will be competency based however it is expected that it will take approximately five years post core training (ST3-ST7) to acquire these competencies

### **Oral and Maxillofacial Surgery Training Pathways**



### The Scope and Standards Of Oral And Maxillofacial Practice At CCT

This section defines, in general terms, the essential skills and levels of clinical expertise expected of an oral and maxillofacial surgeon emerging from training having attained a standard equivalent to the oral and maxillofacial CCT.

It is unlikely that this expertise will be confined to the descriptions that follow as most surgeons will develop additional interests and competencies by the time they emerge from training. There is some flexibility within the curriculum to accommodate this.

In addition, within the specialty of oral and maxillofacial surgery, there are four areas of special interest that may have their own syllabus requirements. These are expressed in syllabus lists that build on the essential requirements of the basic CCT holder. These are:

- Head and Neck Surgical Oncology
- Cleft Lip and Palate
- Craniofacial Surgery
- Cosmetic surgery

It should be understood that as a surgical career develops following an award of the CCT, the range and levels of expertise will change in response to the demands of the service, personal aspirations, the needs of patients and developments within the specialty.

Taking into account the present and future requirements of the service, the oral and maxillofacial surgeon emerging from training at CCT level will expect to see patients who may present with a range of problems. As it is used here, the term "manage" equates to diagnosis, assessment and treatment or referral as appropriate. The levels of expertise expected are further expressed within the detail of the syllabus.

At CCT, the oral and maxillofacial surgeon will be able to:

- 1. Manage patients presenting with craniomaxillofacial trauma.
- 2. Manage patients presenting with cancer of the head and neck, in particular oral, oropharyngeal and cutaneous malignancy.
- 3. Be familiar with basic reconstructive techniques, including free tissue transfer, as these apply to the head and neck.
- 4. Manage the patient presenting with facial deformity, both congenital and acquired. This will include the treatment of patients with post-traumatic defects, syndromes of the head and neck and cleft lip and palate.
- 5. Manage patients requiring pre-prosthetic surgery including the placement of osseointegrated implants.
- 6. Manage patients presenting with diseases of the salivary glands.
- 7. Manage patients with diseases of the temporomandibular joints.
- 8. Manage patients presenting with problems relating to the teeth and their supporting structures (minor oral surgery).
- 9. Manage the patient presenting with facial pain.
- 10. Manage patients presenting with infection of the head and neck, both acute and chronic. This will include infection of the fascial spaces of the head and neck.
- 11. Manage patients presenting with non surgical problems which may affect the craniomaxillofacial region

### Academic Oral and Maxillofacial Surgery

Research plays a central role in the development of any industry and healthcare is no exception to this. Health economists are now particularly aware of the need to identify the most cost effective, evidenced-based methods of providing treatment and to refine the application of past discoveries through service research.

Oral and maxillofacial surgery is well placed to meet these needs as the discipline already has an academic base within universities in the United Kingdom. Close links within university departments provide access to laboratories and the interaction with complimentary disciplines (oral pathology, virology, molecular biology, material sciences etc) that is a fundamental requirement for effective research. The future developments and potential of oral and maxillofacial surgery are readily found in its extensive research portfolio.

There are active research projects currently underway in most areas of oral and maxillofacial surgery.

Academic oral and maxillofacial surgeons must be trained in the essential components of the oral and maxillofacial surgery curriculum in addition to the particular demands imposed by academic training.

### **Relationships With Other Specialties**

- Oral & maxillofacial (OMF) surgeons are experts on diseases affecting the mouth, face, jaw and neck. They diagnose and treat symptoms, pathology, deformity and trauma affecting the mouth, face, jaws and neck.
- As a result of their experience in managing a wide range of conditions affecting this welldefined anatomical region, OMF Surgeons can provide advice on multi-system pathology, particularly where this affects the head and neck.
- OMF surgeons frequently provide specialist advice for other disciplines treating head and neck conditions, including trauma, cancer and deformity. Thus a broad spectrum of medical and dental specialties may interact with oral and maxillofacial surgery as follows:

#### Accident & Emergency

OMF surgeons provide major support to all hospital A & E Departments, for both soft and hard tissue injuries to the face, scalp and neck and for infections in this region. Sport injuries - Clinicians specialising in sports injuries may seek OMFS advice in *relation to facial injuries sustained during sporting activities*. OMF surgeons are core members of the trauma teams at hospitals which receive major trauma cases.

#### **Neurosurgery & Neurosciences**

OMF surgeons and neurosurgeons collaborate on surgery for trauma, deformity and oncology, which involve the face and head and are involved in the diagnosis of facial symptoms indicative of neural pathology. This is particularly important in the diagnosis and treatment of cervicofacial pain. OMF surgeons conduct facial disassembly procedures for intra-cranial and spinal access surgery and provide skull base reconstruction for neurosurgeons, fulfilling an important role in craniofacial surgical units.

#### Ophthalmology

OMF surgeons and ophthalmologists collaborate in the treatment of orbital trauma, oncology and deformity, and carry out orbital decompression in thyroid eye disease. Oculoplastic procedures are undertaken by both specialties.

#### **Dental Specialties**

OMF surgeons have a close relationship with orthodontists, restorative dental surgeons in relation to prosthetics, periodontal disease and advanced restorative procedures for dental implants. There is an important collaborative role in the preparation of oral oncology patients before, during and after radiotherapy. OMF surgeons work closely with oral medicine consultants in the diagnosis and management of oral mucosal disease. OMF surgeons rely heavily on their colleagues in Oral Pathology for assistance with histopathological diagnosis of oral lesions. Dental hygienists have an important role in maxillofacial units.

#### Dermatology

OMF surgeons consult with dermatologists in the treatment of patients with vesiculobullous disease, oral mucosal disease and connective tissue disorders, such as systemic sclerosis, and provide an important surgical service for facial skin cancer.

#### **Clinical Genetics**

OMF surgeons seek advice from geneticists for the families of children with severe facial deformity and other head and neck syndromes.

#### **Clinical Oncology**

OMF surgeons have a leading role in the management of head and neck neoplasia. They work as part of multi-disciplinary teams and have a special relationship with clinical oncology and radiotherapy. The specialty provides a surgical service in the diagnosis and management of these conditions and can advise on and manage problems arising in the oral cavity in patients with other neoplasms, who become immunosuppressed.

OMF surgeons also play a major role in the reconstruction of patients following major ablative surgery for head and neck malignancy as well as for post traumatic deformity. Frequently this will include free tissue transfer and microsurgical vascular anastomotic techniques.

#### Anaesthetics

OMF surgeons liaise closely with anaesthetists in patients with upper airway problems. Anaesthetists are vital members of the team treating surgical disease in the orofacial region frequently developing special expertise in this field.

#### Endocrinology

OMF surgeons can provide a surgical service to reduce the size of prominent jaws in patients with acromegaly and Paget's disease and have the technical expertise to provide a surgical service for thyroid and parathyroid disease.

#### **Cardiology and Cardiothoracic Surgery**

OMF surgeons advise on the oral and dental status of patients with valvular heart and coronary artery disease. This is particularly important prior to valve replacement and cardiac transplantation.

#### **Paediatrics**

OMF surgeons collaborate with paediatricians in the diagnosis and treatment of cervical and orofacial infections and paediatric neoplasia. They provide treatment for neonates with craniofacial deformity. They also form an important part of the multi-disciplinary team approach in cleft lip and palate and craniofacial units.

#### Orthopaedics

OMF surgeons provide vital expertise in the multidisciplinary treatment of polytrauma patients.

#### Otolaryngology

There is often a very close relationship between OMF surgeons and their ORL colleagues, with significant anatomical overlap in their respective areas of practice.

#### **Plastic Surgery**

OMF surgeons work alongside plastic surgeons - particularly in multi-disciplinary teams treating patients with cleft lip and palate and head and neck malignancy.

#### Psychiatry

OMF surgeons request the psychiatric assessment of some patients, prior to facial deformity surgery, and collaborate with psychiatric colleagues in the management of patients with facial pain.

#### Rheumatology

OMF surgeons collaborate in the management of patients with joint and connective tissue diseases, particularly where they affect the temporomandibular joint, face and mouth. They also provide a surgical service for those patients with Sjögren's disease, who have clinical problems or develop lymphoma in their salivary glands. They provide a diagnostic surgical service in suspected giant cell arteritis.

#### **Intensive Care**

OMF surgeons are trained to provide a surgical tracheotomy service for those patients requiring prolonged endotracheal intubation. Patients who have undergone major surgical procedures for malignancy, craniomaxillofacial trauma or craniofacial disease may spend the immediate post-operative period in an Intensive Care Unit.

#### **Respiratory Medicine**

OMF surgeons liaise with respiratory physicians and orthodontists for the provision of intra-oral devices to control obstructive sleep apnoea and surgically enlarge micrognathic mandibles by conducting jaw osteotomies in a select group of these patients. They also provide a surgical service for neck node biopsy in suspected cases of tuberculosis sarcoidosis, and other conditions. Advice may be sought from these specialties in patients with compromised respiratory efficiency prior to surgery.

#### Gastroenterology

OMF surgeons frequently see patients whose first manifestation of a systemic gastroenterological disease is in the mouth. They liaise with gastroenterologists regarding the management of these patients. The specialties have a close relationship in the provision of percutaneous endoscopic gastrostomies (PEGs) in patients undergoing major head and neck surgical procedures.

#### **Renal Medicine**

As a result of immunosuppression, renal transplant patients are at particular risk of skin and oral cancer. OMF surgeons are involved in the management of these patients where the disease affects the face and mouth.

#### Allied Health Professions (AHPs)

OMF surgeons have close relationships with speech and language therapists, dieticians, physiotherapists, occupational therapists, audiologists and other specialties allied to medicine in the management of a large range of patients requiring support and rehabilitation during and after treatment of conditions affecting the mouth, face, jaws and neck.

### Medical Staff Delivering Oral and Maxillofacial Surgical Services Within The United Kingdom

Oral and maxillofacial surgery (OMFS) units are increasingly being organised on a regional basis with specialists based in a central (hub) unit which also provides treatment at a number of peripheral (spoke) units). As the effects of the European working time directive (EWTD) and the New Deal for Junior Doctors become clear oral and maxillofacial surgery services are becoming increasingly consultant-provided.

A typical oral and maxillofacial unit will comprise consultants in this specialty. Many will have particular areas of special interest which may include:

- Head and Neck Surgical Oncology
- Acquired and Congenital Facial Deformity
- Cleft Lip and Palate
- Craniofacial Deformity
- Craniomaxillofacial Trauma

Many oral and maxillofacial units are also staffed by staff and associate specialist grade doctors and dentists (SAS grades). These are non-training grades and may be filled by dually or singly-qualified clinicians. Many of the dentally-qualified SAS grades are on the Specialist List in Oral Surgery. This is overseen by the General Dental Council (GDC).

It has been calculated that, in order to provide a comprehensive service to the population of the United Kingdom, there should be one consultant in oral and maxillofacial surgery for every 150,000 members of the population. Current numbers fall well short of this ratio, but surgical workforce reviews take place every year with new posts being made available in response to clinical need and available funding.

## **Key Topics**

#### Key Topics Oral and Maxillofacial Surgery

Key topics are those that are considered essential to the specialty. The topics have associated key procedures. All trainees should have been routinely exposed to them, and have acquired the relevant clinical competencies, prior to the award of a CCT. Trainers should ensure that trainees are fully assessed in the management of these topics/procedures in particular:

**Important note:** Competence in these topics/procedures will be taken to denote competence in the management of closely related pathology or less complex procedures in the same anatomical area.

#### Key Topics and Associated Essential Procedures

- Management of a patient with dento-alveolar pathology
  - Surgical extraction of unerupted/impacted teeth and roots
  - Apical surgery / excision of jaw cyst
- Management of infections of the head and neck
  - Drainage of tissue space infection
- Management of patient with compromised airway
  - Surgical access to airway (tracheostomy / cricothyroidotomy)
  - Management of maxillofacial trauma
    - Repair of facial lacerations
      - Reduction and fixation of fracture of mandible
      - $\circ$   $\;$  Fracture of mandibular condyle open reduction and fixation
      - Elevation and fixation of fractured zygoma
    - Fracture of orbital floor repair and graft
  - Management of salivary gland swellings
    - Submandibular gland excision
    - Parotidectomy
- Management of oro-facial pain / temporomandibular joint dysfunction
  - o Temporomandibular joint arthrocentesis
- Management of a patient with benign jaw tumour
  - Resection of odontogenic tumour / fibro-osseous lesion
  - Harvest of bone graft
- Potentially malignant and malignant epithelial tumours of the mucosa and skin
  - Local skin flaps
  - Excision of malignant skin tumour
- Management of patient with a neck lump / swelling
  - Neck dissection(s)
- Management of a patient with developmental/acquired deformity of facial skeleton
  - Mandibular ramus osteotomy
  - Maxillary osteotomy
  - o Rhinoplasty
  - Cancer of the head and neck region
    - Excision of oral / oropharyngeal or jaw malignancy
- Reconstructive surgery

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- Pedicled flaps
- Free tissue transfer
- Patient requiring osseointegrated implants
  - Insertion of intra-oral implants and abutment connection

## **Initial Stage**

#### **Overview of Initial Stage**

#### The initial stage of training comprises two indicative years; core training (CT1 + CT2).

The purpose of CT1+2 of the initial stage is to allow a trainee to acquire and develop the key fundamental skills that will form a basis for further progress in the specialty.

The initial stage of specialist training will combine experience in other surgical specialties with training in basic aspects of oral and maxillofacial surgery. The aim should be to acquire competencies and basic surgical skills that will improve understanding of the care of the surgical patient. The **'Core Surgical Skills and Knowledge for All Specialties'** is common across all the surgical specialties.

Related surgical disciplines that can contribute to training at this stage include:

- General surgery
- Otolaryngology
- Plastic surgery
- Orthopaedic surgery
- Neurosurgery
- Accident and emergency medicine

A logbook and training portfolio should be kept to allow assessment of relevant competencies that can be accepted towards specialist training. Successful attendance at basic surgical skills and ATLS courses would be expected during this stage of training. Instructional and skills courses in basic aspects of the specialty will also be attended during the first two years. These include, for example, head and neck anatomy and maxillofacial plating courses.

By the end of CT2 the OMFS trainee will have acquired the following:

- Experience in at least one, and preferably two, related surgical specialties
- Generic skills to allow team working, and management of and communication with both colleagues and patients, as well as a high standard of professionalism
- Clear understanding of the basic sciences as they relate to the pathology and practice of surgery, and oral and maxillofacial surgery in particular
- Competence in basic operative skills
- Competence in the basic perioperative care of the surgical patient
- Core training represents the ideal stage for the trainee to obtain the IMRCS

The syllabus details the areas that it is reasonable to expect a trainee in the initial stage of training to be able to deal with whether encountered as a result of being 'on-call' or working in an out-patient clinic setting. It is recognised that different trainees start with different levels of experience and will progress at different rates. The progress made will vary both with the trainee's innate abilities and also the workload and casemix of the trainers with whom they work. Those trainees following an academic pathway will be expected to achieve the same level of competence at the end of CT2 as trainees undertaking a 'Surgery in general – OMFS programme'.

With the introduction of CT3 across the surgical specialties, for OMFS surgical trainees CT3 will be spent in specialty (ST3) and will provide an introduction to the spectrum of OMFS.

The following problems are commonly encountered and should be managed competently by the end of ST3, up to and including operative intervention if appropriate.

- Diagnosis and management of dento-alveolar pathology
- Diagnosis and management of common oral mucosal disease
- Facial lacerations
- Fractures of the facial bones
- Diagnosis and management of temporomandibular joint pain and facial pain
- Diagnosis and investigation of salivary gland and neck swellings

The objective to be achieved for these conditions is:

- To be able to assess a patient presenting either acutely or in the out-patient clinic
- To be able to formulate a differential diagnosis and an investigation and management plan
- To be able to treat the patient appropriately up to and including operative intervention if appropriate
- To be able to communicate the above information at the required level to patients/carers/other team members

During this stage the trainee will gain competence to the level defined in the syllabus in a number of technical skills and procedures. A trainee would be expected to be able to perform all of the procedures listed below without the direct scrubbed assistance or supervision of a trainer. The list is not exhaustive, although it covers most of the common procedures expected at this stage.

It should be noted that competence in some additional procedures can be obtained at this stage rather than in the later stages in training. Once more this may be due to a number of reasons, such as increased exposure to the procedures, past experience and innate surgical ability.

### **Dento-alveolar Surgery**

- Surgical extraction of retained/buried roots/teeth
- Surgical exposure of unerupted tooth
- Transplantation of tooth
- Apicectomy/retrograde root sealing
- Enucleation of jaw cyst
- Closure of oro-antral fistula
- Removal of tooth/root from maxillary antrum
- Excision of benign oral/gingival soft tissue lesion
- Lingual/labial frenectomy
- Excision of exostosis/benign lesion of bone

### **Maxillofacial Trauma**

- Repair of facial lacerations
- Treatment of dento-alveolar fractures
- Reduction of fractured nasal bones

### Salivary gland surgery

- Labial gland biopsy
- FNAC of salivary gland
- Excision of mucocoele of lip

### **Neck surgery**

- Drainage of tissue space infection
- FNAC neck mass

### **Resection of malignant tumours**

• Excision of malignant skin tumour

### **Reconstructive surgery**

- Harvest of skin graft
- Harvest of intra-oral bone graft
- Local skin flaps

### **ST3Placement in Oral and Maxillofacial Surgery**

The purpose of a 12-month placement in an OMFS service during ST3 will include the following:

- To develop some of the key skills that will underpin further training and experience in the specialty
- To provide experience in OMFS for the trainee intending to take up a career in one of the head and neck surgical specialties

#### Knowledge

- Enhanced knowledge of regional and developmental head and neck anatomy
- Natural history and patho-physiology of common head and neck conditions with particular emphasis on oncology and trauma
- Management pathways for conditions presenting both as emergencies and electively to the OMFS service.

#### **Clinical Skills**

- The examination and investigation of common maxillo-facial clinical problems elective and emergency
- The ability to construct an appropriate management plan for common OMFS patients
- Specialist examination techniques applicable to OMFS conditions, including endoscopic techniques
- The ability to apply and evaluate the results of head and neck imaging techniques

#### **Technical Skills**

- Perform minor oral surgical procedures under local and/or general anaesthetic.
- Become a competent assistant for OMFS surgical procedures
- By the end of the attachment to be competent to perform at least one intermediate surgical procedure in the head and neck under direct supervision e.g. excision of the submandibular salivary gland, excision of thyroglossal cyst

#### **Professional Skills**

In the context of OMFS practice:

- Demonstrate good team working skills, including teaching where appropriate and accepting and acting on feedback
- Demonstrate a caring, professional attitude to patients and their relatives.
- Demonstrate a satisfactory work ethic e.g. commitment to the patient, support of colleagues and task completion.
- Demonstrate good time-management

Click on Workplace Based Assessments to view the assessment forms including DOPS and PBAs

### **Topics**

Topic	Basic sciences
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	Underpinning basic science knowledge appropriate for the practice of surgery.
	Applied anatomy: Knowledge of anatomy appropriate for surgery
	Physiology: Knowledge of physiology relevant to surgical practice
Objective	Pathology: Knowledge of pathological principles underlying system specific pathology
	Microbiology: Knowledge of microbiology relevant to surgical practice
	Radiology: Knowledge of diagnostic and interventional radiology Applied anatomy:
	4 Development, organs and structures, surface and imaging anatomy of thorax, abdomen, pelvis, perineum, limbs, neck as appropriate for surgical operations
	Physiology:
	4 Homeostasis
	3 Thermoregulation 3 Metabolic pathways
Knowledge	4 Blood loss
	4 Sepsis
	3 Metabolic abnormalities
	Pathology:
	4 Inflammation
	4 wound nearing 4 Cellular injury
	4 Vascular disorders
	4 Disorders of growth, differentiation and morphogenesis

	4 Tumours 3 Surgical immunology 3 Surgical haematology
	Microbiology:
	<ul> <li>4 Surgically important microorganisms</li> <li>4 Sources of infection</li> <li>4 Asepsis and antisepsis</li> <li>4 Sterilisation</li> <li>4 Antibiotics</li> <li>4 High risk patient management</li> </ul>
	Radiology:
	3 Principles of diagnostic and interventional radiology
Clinical Skills	2 Knowledge base of radiology protection and basic radiological skills pertinent to the head and neck
Technical Skills and Procedures	2 Basic intra oral imaging skills
<b>Professional Skills</b>	Please see the <u>Professional Skills and Behaviour » Initial</u> section for these skills

Topic	Basic surgical skills
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	Acquisition of basic surgical skills in instrument and tissue handling.
	Incision of skin and subcutaneous tissue: Ability to incise superficial tissues accurately with suitable instruments.
	<i>Closure of skin and subcutaneous tissue: Ability to close superficial tissues accurately.</i>
	Knot tying: Ability to tie secure knots.
Objective	Haemostasis: Ability to achieve haemostasis of superficial vessels.
	Tissue retraction: Use of suitable methods of retraction.
	Use of drains: Knowledge of when to use a drain and which to choose.
	Tissue handling: Ability to handle tissues gently with appropriate instruments.
	Skill as assistant: Ability to assist helpfully, even when the operation is not familiar.
	Incision of skin and subcutaneous tissue:
Knowledge	4 Langer's lines
	4 Healing mechanism
	4 Choice of instrument

4 Safe practice 4 Basic Surgical Skills course

Closure of skin and subcutaneous tissue:

4 Options for closure 4 Suture and needle choice 4 Safe practice

Knot tying:

4 Choice of material

Haemostasis:

4 Techniques

Tissue retraction:

4 Choice of instruments

Use of drains:

4 Indications 4 Types 4 Management/removal

**Tissue handling:** 

4 Choice of instruments Incision of skin and subcutaneous tissue:

4 Ability to use scalpel, diathermy and scissors

Closure of skin and subcutaneous tissue:

4 Accurate and tension free apposition of wound edges

Knot tying:

- 4 Single handed **Clinical Skills** 
  - 4 Double handed
  - 4 Instrument
  - **4** Superficial
  - 4 Deep

Haemostasis:

- 4 Control of bleeding vessel (superficial)
- 4 Diathermy
- 4 Suture ligation
- 4 Tie ligation
- 4 Clip application

	Tissue retraction:
	4 Tissue forceps
	4 Placement of wound retractors
	Use of drains:
	4 Insertion
	4 Fixation 4 Removal
	4 Kemovai
	Tissue handling:
	4 Appropriate application of instruments and respect for tissues
	Skill as assistant:
	4 Anticipation of needs of surgeon when assisting
Technical Skills and Procedures	N/A

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	The Assessment and Management of the Surgical Patient
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	Ability to assess the patient and manage the patient, and propose surgical or non-surgical management.
Knowledge	
Clinical Skills	<ul> <li>3 Surgical history and examination (elective and emergency)</li> <li>3 Construct a differential diagnosis</li> <li>3 Plan investigations</li> <li>3 Clinical decision making</li> <li>3 Case work up and evaluation; risk management</li> <li>3 Active participation in MDTs</li> <li>3 Taking consent for intermediate level intervention; emergency and elective</li> <li>3 Written clinical communication skills</li> <li>3 Interactive clinical communication skills: patients</li> <li>3 Interactive clinical communication skills: colleagues</li> </ul>
Technical Skills and Procedures	N/A

Торіс	Peri-operative care
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	Ability to manage patient care in the peri-operative period.

*Pre-operative assessment and management: Ability to assess the patient adequately prior to operation and manage any pre-operative problems appropriately.* 

Intraoperative care: Ability to conduct safe surgery in the operating theatre environment.

Post-operative care: Ability to care for the patient in the post-operative period.

Blood Products: Appropriate use of blood products.

*Antibiotics: Appropriate use of antibiotics.* Pre-operative assessment and management:

- 4 Cardiorespiratory physiology3 Diabetes mellitus3 Renal failure4 Pathophysiology of blood loss
- 4 Pathophysiology of sepsis
- 4 Risk factors for surgery and scoring systems
- 3 Principles of day surgery

Intraoperative care:

4 Safety in theatre
4 Sharps safety
4 Diathermy, laser use
4 Infection risks
3 Radiation use and risks
4 Tourniquets

3 Principles of local, regional and general anaesthesia

**Knowledge** Post-operative care:

- 4 Cardiorespiratory physiology
- 3 Diabetes mellitus
- 3 Renal failure
- 4 Pathophysiology of blood loss
- 4 Pathophysiology of sepsis
- 4 Complications specific to particular operation
- 2 Critical care

Blood Products:

- 4 Components of blood
- 4 Alternatives to use of blood products

#### Antibiotics:

- 4 Common pathogens in surgical patients
- 4 Antibiotic sensitivities
- 4 Antibiotic side-effects
- 4 Principles of prophylaxis and treatment

	Pre-operative assessment and management:
	<ul><li>4 History and examination</li><li>4 Interpretation of pre-operative investigations</li><li>3 Management of comorbidity</li><li>4 Resuscitation</li></ul>
	Intraoperative care:
	4 Safe conduct of intraoperative care
	Post-operative care:
Clinical Skills	<ul> <li>4 Assessment of patient's condition</li> <li>4 Post-operative analgesia</li> <li>4 Fluid and electrolyte management</li> <li>4 Monitoring of post-operative patient</li> <li>4 Detection of impending organ failure</li> <li>4 Initial management of organ failure</li> <li>4 Use of MDT meetings</li> </ul>
	Blood Products:
	<ul><li>4 Appropriate use of blood products</li><li>4 Management of the complications of blood product transfusion</li></ul>
	Antibiotics:
Tochnical Skills	4 Appropriate prescription of antibiotics

Technical Skills and Procedures N/A

Topic	Assessment of multiply injured patients including children
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	Safely assess the multiply injured patient.
Knowledge	<ul><li>3 Anatomy</li><li>3 Pathogenesis of shock</li><li>1 Differences In Children</li></ul>
Clinical Skills	<ul> <li>4 History and examination</li> <li>3 Investigation</li> <li>4 Resuscitation and early management according to ATLS and APLS guidelines</li> <li>3 Referral to appropriate surgical subspecialties</li> </ul>
Technical Skills and Procedures	<ul><li>3 Central venous line insertion</li><li>3 Chest drain insertion</li><li>2 Diagnostic peritoneal lavage</li></ul>
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Bleeding diathesis
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	Understand, Recognise and Manage bleeding diathesis in the surgical patient.
Objective	Diagnosis: Diagnose possible bleeding diathesis in the surgical patient.
Knowledge	<i>Treatment: Manage bleeding diathesis in the surgical patient.</i> Diagnosis:
	<ul><li>3 Mechanism of haemostasis</li><li>3 Pathology of impaired haemostasis e.g. haemophilia, liver disease, massive haemorrhage</li></ul>
	Treatment:
	3 Understands use of blood products
	Diagnosis:
Clinical Skills	4 Recognition of conditions likely to lead to the diathesis 3 Recognition of abnormal bleeding during surgery
	Treatment:
	<ul><li>3 Avoidance by correct surgical techniques</li><li>3 Corrective measures, e.g. warming, packing</li></ul>
Technical Skills and Procedures	N/A

Topic	Venous thrombosis + embolism
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	Understanding of practice in the prevention and management of Venous thrombosis and Embolism.
	Coagulation: Understanding of the physiology and pathophysiology of coagulation.
Objective	Diagnosis: Able to arrange basic investigation of patients with suspected venous thrombosis and embolism.
	Treatment: Ability to initiate treatment of venous thrombosis and embolism.
	Prophylaxis: Use of common methods of prophylaxis against venous thrombosis and embolism.
Knowledge	Coagulation:

	<ul><li>2 Clotting mechanism (Virchow Triad)</li><li>2 Effect of surgery and trauma on coagulation</li><li>2 Tests for thrombophilia and other disorders of coagulation</li></ul>
	Diagnosis:
	2 Methods of investigation for suspected thromboembolic disease
	Treatment:
	<ul><li>4 Anticoagulation, heparin and warfarin</li><li>2 Role of V/Q scanning, CT angiography and thrombolysis</li><li>2 Place of pulmonary embolectomy</li></ul>
	Prophylaxis:
	3 Knowledge of methods of prevention, mechanical and pharmacological Coagulation:
	4 Recognition of patients at risk
	Diagnosis:
Clinical Skills	<ul><li>3 Awareness of symptoms and signs associated with pulmonary embolism and DVT</li><li>2 Role of duplex scanning, venography and d-dimer measurement</li></ul>
	Treatment:
	3 Initiate and monitor treatment
	Prophylaxis:
	4 Awareness at all times of the importance of prophylaxis
and Procedures	N/A

Торіс	Nutrition
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	<i>Recognise the need for artificial nutritional support and arrange enteral nutrition.</i>
Knowledge	<ul><li>3 Effects of malnutrition, both excess and depletion</li><li>3 Methods of screening and assessment</li></ul>
Clinical Skills	<ul> <li>3 Arrange access to suitable artificial nutritional support, preferably via a nutrition team: Dietary supplements</li> <li>2 Arrange access to suitable artificial nutritional support, preferably via a nutrition team: Enteral nutrition</li> <li>1 Arrange access to suitable artificial nutritional support, preferably via a</li> </ul>

nutrition team: Parenteral nutrition

Technical Skills<br/>and Procedures4 Ability to secure nasogastric feeding

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Academic activity
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	An introduction to research methodology and to teaching others.
Objective	Research: Ability to perform a simple research study and present the results.
Knowledge	<i>Teaching: Ability to teach small groups such as medical students.</i> Research:
	2 Research methodology
	Teaching:
	2 Teaching methods
Clinical Skills	Research:
	2 Ability to analyse published evidence
	Teaching:
	3 Ability to teach small groups
Technical Skills and Procedures	N/A

Topic	Management of the dying patient
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
	Ability to manage the dying patient appropriately.
Objective	Palliative Care: Good management of the dying patient in consultation with the palliative care team.
	Principles of organ donation: Knowledge of the principles of organ donation.
	Palliative Care:
Knowledge	<ul><li>3 Care of the terminally ill</li><li>4 Analgesia</li><li>3 Antiemetics</li><li>3 Laxatives</li></ul>
	Principles of organ donation:

	<ul><li>3 Circumstances in which consideration of organ donation is appropriate</li><li>3 Principles of brain death</li></ul>
	3 Understanding the role of the coroner and the certification of death
	Palliative Care:
<b>Clinical Skills</b>	
	3 Symptom control in the terminally ill patient
Technical Skills and Procedures	N/A

Topic	Endocrine and Metabolic Disorders
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	<ul> <li>To identify, investigate and manage surgical patients with common metabolic disorders</li> <li>To identify, investigate and manage surgical patients with Thyrotoxicosis</li> <li>To identify, investigate and manage surgical patients with Hypothyroidism</li> <li>To identify, investigate and manage surgical patients with Hypercalcaemia</li> <li>Knowledge of the significance of corticosteroid therapy in patient care</li> <li>To identify, investigate and manage surgical patients with diabetes mellitus</li> <li>To identify, investigate and manage surgical patients with Hyponatraemia</li> </ul>
	4 Pathophysiology of thyroid hormone excess and associated risks from surgery
Knowledge	<ul> <li>Hypothyroidism</li> <li>4 Pathophysiology of thyroid hormone deficiency and associated risks from surgery</li> <li>Hypercalcaemia</li> <li>3 Causes and effects of hypercalcaemia</li> <li>Cortico-steroid therapy</li> <li>4 Complications</li> <li>4 Steroid insufficiency</li> </ul>
	<ul> <li>4 Complications</li> <li>Hyponatraemia</li> <li>4 Pathophysiology of fluid and electrolyte balance</li> <li>4 Causes of hyponatraemia</li> <li>Thyrotoxicosis</li> <li>4 History and examination</li> <li>3 Investigation of thyrotoxicosis</li> </ul>
Clinical Skills	Hypothyroidism 4 History and examination 4 Investigation

Hypercalcaemia 3 Investigation of hypercalcaemia 3 Treatment of hypercalcaemia

Cortico-steroid therapy 4 Peri-operative management of patients on steroid therapy

Diabetes Mellitus 4 Peri-operative management of diabetic patients

Hyponatraemia 4 Treatment

Technical Skills and Procedures N/A

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Child Protection
Category	Core Surgical Skills and Knowledge for All Specialties
Sub-category:	None
Objective	A thorough understanding of the regulatory processes around child protection, and acquisition of appropriate diagnostic skills relevant to non-accidental injury as seen in Oral and Maxillofacial surgical practice
Knowledge	<ul> <li>4 Working knowledge of trust and Local Safeguarding Children Boards</li> <li>(LSCBs) Child Protection Procedures</li> <li>4 Basic understanding of child protection law</li> <li>4 Understanding of Children's rights</li> <li>4 Working knowledge of types and categories of child maltreatment, presentations, signs and other features (primarily physical, emotional, sexual, neglect, professional)</li> <li>4 Understanding of one personal role, responsibilities and appropriate referral patterns in child protection</li> <li>4 Understanding of the challenges of working in partnership with children and families</li> </ul>
Clinical Skills	<ul> <li>Ability to:</li> <li>4 Recognise the possibility of abuse or maltreatment</li> <li>4 Recognise limitations of own knowledge and experience and seek appropriate expert advice</li> <li>4 Urgently consult immediate senior in surgery to enable referral to paediatricians</li> <li>4 Keep appropriate written documentation relating to child protection matters</li> <li>4 Communicate effectively with those involved with child protection, including children and their families</li> </ul>
Technical Skills and Procedures	N/A

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic Anatomy

Category	Basic Science Knowledge
Sub-category:	None
Objective	To understand the surgical anatomy that oral and maxillofacial surgeons will encounter during the management of surgical patients and the development of anatomical systems. Skull, brain and cranial cavity:
	<ul><li>3 Embryogenesis of skull</li><li>3 Functional knowledge of brain and its coverings</li><li>3 Knowledge of common anatomical variations of skull</li><li>3 Applied surgical anatomy.</li></ul>
	Orbit and eye:
	<ul><li>3 Development of orbit and eye.</li><li>3 Relations within maxillofacial skeleton</li><li>3 Applied surgical anatomy</li></ul>
	Nose and paranasal sinuses:
	<ul><li>3 Development of nose and paranasal sinuses.</li><li>3 Relations of these structures to the maxillofacial skeleton</li><li>3 Applied surgical anatomy</li></ul>
	Facial musculature/soft tissues:
Knowledge	<ul><li>3 Development of facial musculature and its effect on development of the head and neck in general</li><li>3 Applied surgical anatomy</li></ul>
	Temporomandibular joint and infratemporal fossa:
	<ul><li>3 Embryogenesis and development of the temporomandibular joint</li><li>3 Functional anatomy of the TMJ</li><li>3 Applied surgical anatomy of the TMJ and infratemporal fossa</li></ul>
	External, middle and inner ear:
	3 Functional anatomy 3 Applied surgical anatomy
	Oral cavity, teeth and supporting structures, pharynx:
	3 Embryogenesis and development of the oral cavity and pharynx 3 Applied surgical anatomy
	Mandible and maxilla:
	<ul><li>3 Embryogenesis of maxilla and mandible</li><li>3 Facial growth</li><li>3 Disorders of development</li><li>Page 30 of 119</li></ul>

	3 Applied surgical anatomy
	Larynx, trachea, neck and thoracic inlet
	<ul><li>2 Developmental anatomy of the neck.</li><li>2 Disorders of development</li><li>2 Applied surgical anatomy</li></ul>
	Blood supply to skin, fascia, muscle and bone:
	3 Knowledge of principles of blood supply to skin, fascia, muscle and bone 3 Applied surgical anatomy
	Regional anatomy relevant to bone grafts and common pedicled/free flaps:
	3 Applied surgical anatomy of limbs, thoracic cage, back, abdominal wall, groin and pelvis
	3 Application of this knowledge appropriately in the clinical setting
Clinical Skills	Blood supply to skin, fascia, muscle and bone:
	3 Application of this knowledge appropriately in relation to design of reconstructive flaps
Technical Skills and Procedures	N/A
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Physiology
Category	Basic Science Knowledge
Sub-category:	None
Objective	To understand the normal physiological processes at different ages and to understand the effects of disease and trauma in these processes as they relate to oral and maxillofacial surgery.
	Oral mucosa and connective tissues of the mouth:
	3 Metabolism and functions of the oral mucosa and connective tissues of the oral cavity
	Calcium/phosphorus metabolism and calcification:
Knowledge	<ul> <li>3 Mineral metabolism</li> <li>3 Chemistry of calcium and phosphates</li> <li>3 Composition of bone and teeth</li> <li>3 Metabolism of bone and teeth</li> <li>3 Mechanisms of calcification</li> </ul>
	Bone growth and remodelling:
	<ul><li>3 Mechanisms of osteogenesis and ossification</li><li>3 Bone remodelling</li></ul>

- 3 Mechanisms of bone growth
- 3 Post-natal remodelling of the facial skeleton
- 3 Effects of soft tissues on skull growth

Mechanisms of tooth eruption:

- 3 Normal tooth eruption and theories
- 3 Abnormal tooth eruption
- 3 Factors affecting tooth eruption

Salivary glands and saliva

- 3 Composition and functions of saliva
- 3 Stimulus and mechanisms of salivation
- 3 Importance of saliva in relation to oral disease

Immunology and defence mechanisms of the mouth:

3 Mechanical, chemical and hormonal factors protecting the oral cavity 3 Immunological protective mechanisms

Mastication and deglutition:

- 3 Properties and functions of the muscles of mastication
- 3 Co-ordination of the masticatory system
- 3 Taste and olfaction
- 3 Phases of deglutition
- 3 Control of deglutition
- 3 Dysphagia

Effects of dietary deficiencies and hormonal imbalances:

- 3 Physiological effects of dietary deficiency
- 3 Physiological effects of hormonal imbalance
- 3 Nutrition and malnutrition

Age changes in the oral structures:

3 Physiological effects of aging within the head and neck

Physiological responses to surgical treatment:

- 3 Physiology of stress
- 3 The anxious patient
- 3 Vasovagal reactions, hyperventilation and arrhythmias

Wound healing:

- 3 Wounding agents and sequelae
- 3 The inflammatory response
- 3 Healing of oral and other wounds
- 3 Abnormal healing

	Oro-facial pain:
	<ul> <li>3 Sensory innervation of the head and neck</li> <li>3 Transmission of trigeminal impulses within the central nervous system.</li> <li>3 Pain perception</li> <li>3 Referred pain</li> <li>3 Theories of pain</li> <li>3 Physiological effects of pain</li> </ul>
<b>Clinical Skills</b>	Application of this knowledge appropriately in the clinical setting
Technical Skills and Procedures	3 Ability to undertake a comprehensive examination of the cranial nerves

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Surgical Pathology (and Genetics)
Category	Basic Science Knowledge
Sub-category:	None
Objective	To understand pathological processes as they present in the common oral and maxillofacial diseases/conditions/illnesses. Biopsy principles and techniques:
	<ul> <li>3 Rationale and techniques for biopsy (FNA, core biopsies, incisional and excisional)</li> <li>3 Preparation and preservation of pathological specimens</li> <li>3 Use of the pathology laboratory</li> </ul>
	Inflammatory reactive and infectious diseases:
	<ul> <li>3 The acute inflammatory response</li> <li>3 The chronic inflammatory response</li> <li>3 Principles of wound healing</li> <li>3 Abnormal wound healing</li> <li>3 Healing in specialized tissues</li> </ul>
Knowledge	Immune-based diseases:
	<ul><li>3 Pathological basis for the immune response</li><li>3 Auto-immune disease</li></ul>
	Conditions of developmental disturbance:
	<ul><li>3 Disorders of metabolism</li><li>3 Disorders of nutrition</li></ul>
	Hyperplasias, hamartomas, and neoplasms of soft tissues and bones:
	<ul><li>3 Disorders of growth and development</li><li>3 Differential diagnosis</li><li>3 Treatment modalities (if required)</li></ul>

Benign epithelial tumours of the mucosa and skin:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Potentially malignant and malignant epithelial tumours of the mucosa and skin:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Effects of radiation and osteoradionecrosis:

2 The effects of ionizing radiation

Benign soft tissue tumours of mesenchymal origin:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Malignant soft tissue tumours of mesenchymal origin:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Non-neoplastic salivary gland diseases:

2 Pathology of salivary gland disease

- 2 Differential diagnosis
- 2 Treatment modalities

Salivary gland neoplasms:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Odontogenic and non-odontogenic cysts:

3 Pathology of non-neoplastic conditions involving odontogenic tissues

- 3 Differential diagnosis
- 3 Treatment options

Odontogenic tumours, hamartomas and neoplasms:

3 Pathology of neoplastic conditions involving odontogenic tissues

- 3 Differential diagnosis
- 3 Treatment options

Pigmented lesions of the skin and mucosa:

- 3 Pathological basis of pigmentation
- 3 Normal and abnormal pigmentation
- 3 Diagnostic procedures
- 3 Treatment options

Fibro osseous diseases and systemic diseases affecting bone:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Benign and malignant neoplasms of bone:

- 3 Pathology of disorders of growth
- 3 Calcium metabolism
- 3 Differential diagnoses
- 3 Mechanisms of tumour initiation and growth
- 3 Mechanisms of metastasis
- 3 Tumour staging
- 3 Treatment modalities

Neoplasms of the immune system:

- 3 Pathology of the immune response
- 3 Immunity to infection
- 3 Hypersensitivity, tissue grafts and autoimmunity

Trauma:

- 3 Haemorrhage and shock
- 3 Oedema
- 3 Fever and hypothermia

Oncology:

- 2 Mechanisms of tumour initiation and growth
- 3 Role of environmental factors
- 3 Role of genetic factors
- 3 Tumour staging
- 3 Treatment strategies
- 2 Mechanisms of chemotherapy and radiotherapy

Genetics:

- 3 Genetics in normal development
- 3 Role of genetics in pathological processes
- Clinical Skills 2 Application of this knowledge appropriately in the clinical setting

#### Technical Skills and Procedures N/A

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic Category	Clinical pharmacology Basic Science Knowledge
Sub-category:	None
Objective	To understand the uses and effects of therapeutic agents used in the treatment of conditions presenting to the oral and maxillofacial surgeon. Adverse reactions to drugs:
	<ul><li>3 Incidence of adverse drug reactions</li><li>3 Classification of adverse drug reactions</li><li>3 Long-term and delayed effects causing adverse reactions</li><li>3 Surveillance methods</li></ul>
	Practical drug prescribing:
	<ul><li>3 Principles of prescribing</li><li>3 Prescription writing</li><li>3 Drug information</li></ul>
	Drug interactions:
	<ul><li>3 Incidence of drug interactions</li><li>3 Pharmaceutical interactions</li><li>3 Pharmacokinetic interactions</li><li>3 Pharmacodynamic interactions</li></ul>
Knowledge	Drug therapy in the young, the elderly, and in pregnancy:
_	<ul><li>3 Differences in drug therapy</li><li>(a) in the young</li><li>(b) in the elderly</li><li>(c) in pregnancy</li></ul>
	Patient compliance:
	<ul><li>3 Factors affecting compliance</li><li>3 Measuring compliance</li><li>3 Improving compliance</li></ul>
	Placebos:
	<ul><li>3 The placebo effect</li><li>3 Mode of action of placebos</li><li>3 Adverse effects of placebos</li></ul>
	Drug development and clinical trials:

3 The pharmaceutical industry and the regulatory authorities
	<ul><li>3 Definition of a clinical trial</li><li>3 The conduct of a clinical trial</li><li>3 Ethics of clinical trials</li></ul>
	Drug therapy of systemic disease relevant to maxillofacial surgical practice:
	3 Knowledge of specific agents, their effects and mechanisms of action
	Relief of pain and anaesthesia:
	<ul> <li>3 Anatomical and neuropharmacological mechanisms underlying pain sensation</li> <li>3 Mechanism of action of analgesics</li> <li>3 Practical use of analgesics</li> <li>3 Treatment of intractable pain (e.g. in terminal care)</li> <li>3 Local anaesthetics</li> <li>3 Analgesic effects of conscious sedation</li> <li>3 General anaesthetics</li> </ul>
	Drug dependence and abuse:
	<ul><li>3 Factors predisposing to drug dependence</li><li>3 Pharmacology of specific drugs of dependence</li><li>3 Treatment of drug dependence</li></ul>
	Principles of cancer chemotherapy and immunosupression:
	<ul> <li>2 Actions of chemotherapeutic agents</li> <li>2 Pre-treatment evaluation</li> <li>2 Combination chemotherapy</li> <li>2 Adverse effects of drugs used in cancer chemotherapy</li> <li>2 Practical use of cytotoxic agents</li> </ul>
<b>Clinical Skills</b>	3 Application of this knowledge appropriately in the clinical setting
Technical Skills and Procedures	N/A

Topic	Clinical Microbiology
Category	Basic Science Knowledge
Sub-category:	None
Objective	To understand the microbiology of common infections/conditions which affect the head and neck.
	Classification and pathogenicity of micro-organisms:
Knowledge	<ul><li>3 Classification of micro-organisms</li><li>3 Pathogenesis</li><li>3 Factors affecting the virulence and spread of micro=organisms</li></ul>
	Use of the microbiology laboratory:

- 3 Collection of clinically-relevant specimens
- 3 Transport of specimens
- 3 Laboratory procedures for microbiological diagnosis

Antimicrobial chemotherapy:

- 3 Mode of action of antimicrobial agents
- 3 Spectrum of activity
- 3 Principles of clinical use
- 3 Causes of treatment failure
- 3 Antibiotic resistance
- 3 Antibiotic prophylaxis

Pyrexia of unknown origin(PUO):

3 Definition and causes of PUO 3 Investigation of PUO

The immuno compromised patient:

3 Causes and related conditions3 Specific precautions and management protocols

Septicaemia:

3 Clinical features and causative organisms

3 Investigation

3 Antimicrobial treatment

Opportunistic and fungal infections:

3 Opportunistic organisms and conditions

- 3 Diagnosis
- 3 Treatment
- 3 Antifungal agents

Specific infections of the head and neck:

- 2 Odontogenic infections
- 2 Infections of the paranasal sinuses
- 2 Osteomyelits
- 2 Tissue space infections
- 2 Spreading infections
- 2 Skin infections
- 2 Necrotizing fasciitis

Infective endocarditis:

- 3 Incidence, clinical features and predisposing factors
- 3 Pathogenesis and causative organisms
- 3 Investigation
- 3 Treatment/prophylaxis

Hospital a	acquired infection:
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	<ul><li>3 Types of hospital-acquired infection</li><li>3 Surgical wound infections</li><li>3 Infection in intensive care units</li><li>3 Infections of risk to hospital staff</li><li>3 Isolation procedures</li></ul>
	Principles of disinfection:
	<ul><li>3 General considerations</li><li>3 Disinfection methods</li></ul>
	Sterilisation:
	<ul><li>3 General considerations</li><li>3 Sterilisation methods</li></ul>
<b>Clinical Skills</b>	3 Application of this knowledge appropriately in the clinical setting
Technical Skills and Procedures	N/A

Topic	Impacted Wisdom Tooth
Category	Dentoalveolar Pathology
Sub-category:	None
Objective	<ul> <li>To be able to assess a patient presenting either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management including treatment of inflammation/infection</li> <li>3 Pharmacology and therapeutics of analgesia</li> <li>3 Understanding of NICE/SIGN guidelines</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> </ul>
	<ul> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Indications including NICE/SIGN guidelines</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
Clinical Skills	3 Ability to formulate treatment plan 3 Treat/drain infection and/or remove tooth

	3 Institute aftercare and review
	Surgical extraction of unerupted/impacted teeth and roots:
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Treat/drain infection and/or remove tooth</li> <li>3 Techniques of bone removal and tooth division</li> <li>3 Intra-oral suturing techniques</li> </ul>

Topic	Dental Extractions
Category	Dentoalveolar Pathology
Sub-category:	None
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management including treatment of inflammation/infection</li> <li>3 Pharmacology and therapeutics of analgesia</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
Clinical Skills	<ul> <li>3 Ability to formulate treatment plan</li> <li>3 Liaison with restorative dentist</li> <li>3 Treat/drain infection and/or remove tooth</li> <li>3 Safe and appropriate use of instruments</li> <li>3 Institute aftercare and review</li> <li>Surgical extraction of unerupted/impacted teeth and roots:</li> </ul>
Technical Skills and Procedures	<ul><li>3 Local anaesthetic and sedation techniques</li><li>3 Carry out of steps of procedure safely and correctly</li><li>3 Techniques of bone removal and tooth division</li><li>3 Intra-oral suturing techniques</li></ul>
Professional Skills	s Please see the <u>Professional Skills and Behaviour » Initial</u> section for these skills

Торіс	Unerupted tooth
Category	Dentoalveolar Pathology

Sub-category:	None
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members 3 Signs and symptoms
Knowledge	<ul> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management including treatment of inflammation/infection</li> <li>3 Pharmacology and therapeutics of analgesia</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> <li>3 Physiology of sinus function</li> <li>3 Pathology of inflammatory sinus disease, including its potential to mimic dental pain</li> <li>3 Relevance of other related conditions e.g atypical facial pain and TMJ pathologies</li> </ul>
Clinical Skills	<ul> <li>3 Indications and techniques</li> <li>3 Ability to formulate treatment plan</li> <li>3 Treat/drain infection and/or remove tooth</li> <li>3 Institute aftercare and review</li> <li>Surgical exposure or transplantation of unerupted tooth:</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques of exposure and bone removal</li> <li>3 Packing and/or bonding of tooth</li> <li>3 Techniques of tooth splintage</li> <li>3 Intra-oral suturing techniques</li> </ul>

Topic	Oro-antral communication/root in Maxillary antrum
Category	Dentoalveolar Pathology
Sub-category:	None
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan

	To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management including treatment of inflammation/infection</li> <li>3 Relevance of endoscopic examination of maxillary antrum</li> </ul>
	3 Pharmacology and therapeutics of analgesia
Knowledge	<ul> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	<ul><li>3 Physiology of sinus function</li><li>3 Pathology of inflammatory sinus disease</li></ul>
	3 Indications and techniques
Clinical Skills	<ul> <li>2 Ability to formulate treatment plan</li> <li>2 Treat/drain infection and/or remove tooth</li> <li>2 Institute aftercare and review</li> <li>Closure of ore antral communication:</li> </ul>
	2 Level an extention and extention to the image
	2 Carry out of steps of procedure safely and correctly
	2 Techniques of local flap closure 2 Techniques of antral exploration / lavage
	2 Antrostomy 3 Intra oral suturing techniques
Technical Skills and Procedures	5 intra-oral suturing teeninques
	Removal of root retained root or dental fragment from maxillary antrum 2 Endoscopic examination of maxillary antrum 3 Local anaesthetic and sedation techniques 3 Carry out of steps of procedure safely and correctly
	<ul> <li>2 Techniques of local flap closure</li> <li>2 Techniques of antral exploration / lavage</li> <li>2 Antrostomy</li> <li>3 Intra-oral suturing techniques</li> </ul>
Professional Skills	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Prominent lingual / labial frenum
Category	Dentoalveolar Pathology
Sub-category:	None
Objective	To be able to assess a patient presenting in the out-patient clinic
Objective	To be able to assess a patient presenting in the out-patient clinic

	To be able to formulate a differential diagnosis and an investigation and management plan
	<i>To be able to treat the patient appropriately up to and including operative intervention if appropriate</i>
	<i>To be able to communicate the above information at the required level to patients/carers/other team members</i>
	3 Signs and symptoms 3 Differential diagnosis
	3 Investigations and radiographic interpretation
	3 Pharmacology and therapeutics of analgesia
Knowledge	3 Anatomy of mouth, jaws, teeth and supporting structures
	3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia
	3 Potential complications
	3 Pharmacology and therapeutics of post-operative analgesia
	3 Indications and techniques
	3 Ability to formulate treatment plan
	N/A Treat/drain infection and/or remove tooth
<b>Clinical Skills</b>	3 Institute aftercare and review
	3 Ability to discriminate between those who need surgery and those who don't and communicate this effectively
	3 Local anaesthetic and sedation techniques
Technical Skills	3 Carry out of steps of procedure safely and correctly
and Procedures	3 Intra-oral suturing techniques

Торіс	Jaw Cysts
Category	Dentoalveolar Pathology
Sub-category:	Dento-alveoloar absess/infection
Objective	<ul> <li>To be able to assess a patient presenting either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management</li> <li>3 Cystic lesions of the jaw</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Pathogenesis of chronic infection and cystic lesions</li> <li>3 Potential complications including management of compromised airway</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
Clinical Skills	<ul><li>2 Ability to formulate treatment plan</li><li>3 Relevance of early involvement of microbiologist</li></ul>

	3 Treat/drain infection
	3 Ability to manage compromised airway (surgical airway)
	3 Recognition of systemic sepsis (sepsis syndrome)
	3 Recognition of infection as an early indicator of immuno suppression e.g.
	diabetes, immuno compromised states
	3 Institute aftercare and review
	Apical surgery
	excision of jaw cyst:
<b>Technical Skills</b>	3 Local anaesthetic and sedation techniques
and Procedures	3 Carry out of steps of procedure safely and correctly
	3 Techniques of exposure, bone removal and enucleation of pathology
	3 Intra-oral suturing techniques

Topic	Benign oral soft tissue/hard tissue lesion
Category	Dentoalveolar Pathology
Sub-category:	Dento-alveoloar absess/infection
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management</li> <li>3 Common oral mucosal &amp; bony pathologies</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Pathogenesis of chronic infection and cystic lesions</li> <li>2 Potential complications including management of compromised airway</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
Clinical Skills	<ul> <li>3 Ability to formulate treatment plan</li> <li>3 Relevance of early involvement of microbiologist</li> <li>3 Treat/drain infection</li> <li>2 Ability to manage compromised airway (surgical airway)</li> <li>2 Recognition of systemic sepsis (sepsis syndrome)</li> <li>3 Recognition of infection as an early indicator of immuno suppression e.g. diabetes, immuno compromised states</li> <li>2 Institute aftercare and review</li> </ul>
Technical Skills and Procedures	<ul> <li>Excision / biopsy of benign oral soft tissue / hard tissue lesion:</li> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques of incisional / excisional biopsy</li> <li>3 Control of haemorrhage</li> <li>3 Techniques of local flap closure</li> </ul>

3 Intra-oral suturing techniques

Benign epithelial tumours of the mucosa and skin:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Potentially malignant and malignant epithelial tumours of the mucosa and skin:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Effects of radiation and osteoradionecrosis:

2 The effects of ionizing radiation

Benign soft tissue tumours of mesenchymal origin:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Malignant soft tissue tumours of mesenchymal origin:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Non-neoplastic salivary gland diseases:

- 2 Pathology of salivary gland disease
- 2 Differential diagnosis
- 2 Treatment modalities

Salivary gland neoplasms:

- 2 Mechanisms of tumour initiation and growth
- 2 Malignant transformation
- 2 Mechanisms of metastasis
- 2 Tumour staging
- 2 Treatment modalities

Odontogenic and non-odontogenic cysts:

3 Pathology of non-neoplastic conditions involving odontogenic tissues

- 3 Differential diagnosis
- 3 Treatment options

Odontogenic tumours, hamartomas and neoplasms:

3 Pathology of neoplastic conditions involving odontogenic tissues

- 3 Differential diagnosis
- 3 Treatment options

Pigmented lesions of the skin and mucosa:

- 3 Pathological basis of pigmentation
- 3 Normal and abnormal pigmentation
- 3 Diagnostic procedures
- 3 Treatment options

Fibro osseous diseases and systemic diseases affecting bone:

- 3 Pathology of disorders of growth
- 3 Differential diagnoses
- 3 Treatment modalities

Benign and malignant neoplasms of bone:

- 3 Pathology of disorders of growth
- 3 Calcium metabolism
- 3 Differential diagnoses
- 3 Mechanisms of tumour initiation and growth
- 3 Mechanisms of metastasis
- 3 Tumour staging
- 3 Treatment modalities

Neoplasms of the immune system:

- 3 Pathology of the immune response
- 3 Immunity to infection
- 3 Hypersensitivity, tissue grafts and autoimmunity

Trauma:

- 3 Haemorrhage and shock
- 3 Oedema
- 3 Fever and hypothermia

Oncology:

- 2 Mechanisms of tumour initiation and growth
- 3 Role of environmental factors
- 3 Role of genetic factors
- 3 Tumour staging
- 3 Treatment strategies
- 2 Mechanisms of chemotherapy and radiotherapy

Genetics:

3 Genetics in normal development

3 Role of genetics in pathological processes

Professional Skills Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Abscess/Infection
Category	Dentoalveolar Pathology
Sub-category:	Dento-alveoloar absess/infection
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Signs and symptoms</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical management</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Pathogenesis of chronic infection and cystic lesions</li> <li>3 Potential complications including management of compromised airway</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
Clinical Skills	<ul> <li>3 Ability to formulate treatment plan</li> <li>3 Relevance of early involvement of microbiologist</li> <li>3 Treat/drain infection</li> <li>2 Ability to manage compromised airway (surgical airway)</li> <li>2 Recognition of systemic sepsis (sepsis syndrome)</li> <li>3 Recognition of infection as an early indicator of immuno suppression e.g. diabetes, immuno compromised states</li> <li>2 Institute aftercare and review</li> </ul>
Technical Skills and Procedures	Apical surgery excision of jaw cyst: 3 Local anaesthetic and sedation techniques 3 Carry out of steps of procedure safely and correctly 3 Techniques of exposure, bone removal and enucleation of pathology 3 Intra-oral suturing techniques

Topic	Oral ulceration
Category	Oral mucosal lesions
Sub-category:	None
Objective	To be able to assess an patient presenting with a mucosal lesion either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and

	management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiological factors and differential diagnosis</li> <li>3 Investigations</li> <li>3 Possible relationship to systemic disease</li> <li>3 Relevant pharmacology and therapeutics</li> <li>3 Signs of malignant disease</li> </ul>
Clinical Skills	<ul><li>3 Examination of the oral mucosa</li><li>3 Biopsy/cytology techniques</li><li>3 Ability interpret results and formulate treatment plan</li></ul>
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly including harvesting pathologically appropriate specimen</li> <li>3 Intra-oral suturing techniques</li> <li>3 Ability to discriminate between those who need surgery and those who don't and communicate this effectively</li> </ul>
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Leukoplakia
Category	Oral mucosal lesions
Sub-category:	None
Objective	To be able to assess an patient presenting with a mucosal lesion either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiological factors and differential diagnosis</li> <li>3 Investigations</li> <li>3 Possible relationship to systemic disease</li> <li>3 Relevant pharmacology and therapeutics</li> <li>3 Signs of malignant disease</li> </ul>
Clinical Skills	<ul><li>3 Examination of the oral mucosa</li><li>3 Biopsy techniques</li><li>3 Ability to interpret results and formulate treatment plan</li></ul>
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly including harvesting pathologically appropriate specimen</li> <li>3 Intra-oral suturing techniques</li> <li>3 Ability to discriminate between those who need surgery and those who don't and communicate this effectively</li> </ul>

Topic	Infections of the Head and Neck
Category	Infections of the Head and Neck
Sub-category:	None
	To be able to assess a patient presenting with infections of the head and neck
	either acutely or in the out-patient clinic
	To be able to formulate a differential diagnosis and an investigation and
Objective	management plan
Objective	To be able to treat the patient appropriately up to and including operative
	intervention if appropriate
	To be able to communicate the above information at the required level to
	patients/carers/other team members
	3 Causes of swelling of head and neck
	3 Differential diagnosis
	3 Investigations
	3 Methods of medical and principles surgical management
	4 Head and neck anatomy
	4 Head and neck pathology
	4 Awareness of appropriateness of procedure and alternatives
	4 Potential complications
	A Anatomy of fascial spaces of head and neak
	4 Anatomy of fascial spaces of flead and fleck
	4 Anatomy and physiology of the upper aerodigestive airway
Knowledge	+ Anatomy and physiology of the upper acroungestive an way
	3 Anatomy of lymphatic drainage and vital structures
	3 Differential diagnosis of enlarged neck nodes
	3 Relevant investigations
	3 Understanding of microbiology of head and neck infections
	3 Awareness of issues around blood borne infections
	3 Anatomy of larynx, trachea and related structures
	3 Techniques of non-surgical airway management
	3 Physiology of respiration
	3 Upper airway pathology
	2 Techniques of surgical airway management
	2 Ability and analysis is the second design of the
	3 Ability to take and interpret a thorough history
	3 Clinical examination of the head, neck and salivary glands
	2 Treatment of south infected swelling
	2 Treatment of acute infected swenning 2 Drainage of neck abscess
	2 Dramage of neck abscess
<b>Clinical Skills</b>	Recognition of infections specific to the head and neck:
	3 Odontogenic infection
	3 Infections of the paranasal sinuses
	2 Osteomyelitis
	2 Fascial space infections
	2 Spreading infections
	2 Necrotising fascilitis

	3 Prevention of nosocomial infection
	Fine needle aspiration of neck mass:
	<ul> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Assemble equipment / precautions</li> <li>3 Localisation of mass and aspiration</li> <li>3 Prepare and confirm adequacy of specimen</li> </ul>
	Drainage of tissue space infection:
Technical Skills and Procedures	<ul> <li>3 Appropriate aseptic preparation</li> <li>2 Exposure and exploration of tissue space(s)</li> <li>3 Collection of samples</li> <li>2 Securing appropriate drains and dressings</li> </ul>
	Surgical access to airway (Tracheostomy / cricothyroidotomy):
	<ul> <li>3 Identify relevant instruments and support staff</li> <li>3 Appropriate aseptic preparation</li> <li>2 Exposure and access to airway</li> <li>2 Control of haemorrhage</li> <li>2 Placement and securing of tube in airway</li> <li>2 Trachasterny ages</li> </ul>
	2 Tracheostomy care

Topic	Facial Laceration(s)
Category	Cranio Maxillofacial Trauma
Sub-category:	None
Objective	<ul> <li>To be able to fully assess an injured patient presenting either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>2 Aetiology of facial trauma</li> <li>3 Principles of wound management and soft tissue repair</li> <li>3 Prevention/treatment of infections</li> <li>3 Anatomy of facial skin and underlying structures</li> <li>3 Assessment of cranial nerve function</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Wound healing and wound care</li> <li>3 Management/prevention of unfavourable scarring</li> </ul>
Clinical Skills	<ul> <li>2 General assessment of the traumatised patient</li> <li>2 Assessment and examination of patient with facial laceration(s)</li> <li>2 Ability to recognise involvement of other anatomical structures e.g. nerves, parotid duct</li> </ul>

	<ul><li>2 Ability to formulate a treatment plan and prioritise management</li><li>2 Repair of facial lacerations under local anaesthesia</li><li>Repair of facial laceration(s):</li></ul>
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Management of contaminated wound, thorough debridement</li> <li>2 Management of a laceration involving key structures or tissue loss</li> <li>2 Management of nerve/parotid duct injury</li> <li>3 Soft tissue handling and suturing techniques</li> </ul>

Topic	Dental Trauma and dento-alveolar fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Classification of dental trauma and dento-alveolar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>2 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of sight and occulomotor function</li> <li>3 Available techniques</li> <li>3 Anatomy of facial skeleton, teeth and supporting structures</li> <li>3 Dental occlusion</li> </ul>

Clinical Skills	3 Eneral assessment of the traumatised patient
	3 Assessment and examination of patient with facial trauma
	2 Airway management and emergency treatment of facial trauma
	2 Ability to formulate a treatment plan and prioritise management
	3 Pain control /prevention of infection
	3 infiltration / nerve block anaesthesia
	3 Clinical examination of oral cavity, facial skeleton and cranial nerves
	3 Local anaesthetic and sedation techniques
<b>Technical Skills</b>	3 Carry out of steps of procedure safely and correctly
and Procedures	3 Techniques for removal of damaged teeth/retained roots
	3 Techniques of preservation of damaged teeth, reduction and fixation
	3 Intra-oral soft tissue handling and suturing techniques

Topic	Nasal Fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to assess an injured patient presenting either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures and relevance dental occlusion where appropriate</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Classification of dental trauma and dento-alveolar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>3 Physiology of sight and occulomotor function</li> <li>3 Available techniques</li> </ul>

Clinical Skills	3 General assessment of the traumatised patient
	3 Assessment and examination of patient with facial trauma
	3 Airway management and emergency treatment of facial trauma
	3 Ability to formulate a treatment plan and prioritise management
	3 Pain control /prevention of infection
	3 infiltration / nerve block anaesthesia
	3 Clinical examination of facial skeleton and cranial nerves
T	2 Carry out of steps of procedure safely and correctly
and Procedures	2 Manipulation of nasal bones and septum
	2 Management of epistaxis
	2 Nasal packing and external splintage

Topic	Fractured Zygoma
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the out patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Classification of dental trauma and dento-alveolar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	<ul> <li>3 Anatomy of facial skeleton</li> <li>3 Physiology of nasal cavity</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>3 Physiology of sight and occulomotor function</li> <li>3 Available techniques</li> <li>3 Anatomy of facial skeleton, teeth and supporting structures</li> <li>3 Dental occlusion</li> </ul>

Clinical Skills	3 General assessment of the traumatised patient
	3 Assessment and examination of patient with facial trauma
	2 Airway management and emergency treatment of facial trauma
	2 Ability to formulate a treatment plan and prioritise management
	3 Pain control /prevention of infection
	3 infiltration / nerve block anaesthesia
	3 Clinical examination of facial skeleton and cranial nerves
	3 Basic ophthalmic and orthoptic assessment
<b>Technical Skills</b>	3 Carry out of steps of procedure safely and correctly
and Procedures	2 Techniques of exposure of fracture site(s) and bone manipulation
	2 Plate handling skills
	3 Soft tissue handling and suturing techniques

Category Sub-category:	Cranio Maxillofacial Trauma Facial Fractures
Sub-category:	Facial Fractures
-	
Objective	To be able to assess an injured patient presenting either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Classification of dental trauma and dento-alveolar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>3 Potential complications</li> <li>3 Pharmacology and therapeutics of post-operative analgesia</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>3 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>3 Anatomy of sight and occulomotor function</li> <li>3 Available techniques</li> <li>3 Anatomy of facial skeleton, teeth and supporting structures</li> </ul>

	3 Dental occlusion
Clinical Skills	3 General assessment of the traumatised patient
	3 Assessment and examination of patient with facial trauma
	2 Airway management and emergency treatment of facial trauma
Chinear Skins	2 Ability to formulate a treatment plan and prioritise management
	3 Pain control /prevention of infection
	3 infiltration / nerve block anaesthesia
	3 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves
	3 Carry out of steps of procedure safely and correctly
Technical Skills and Procedures	3 Techniques for removal of damaged teeth/retained roots
	2 Techniques of exposure of fracture site(s) and bone manipulation
	2 Plate handling skills
	3 Techniques of intermaxillary fixation
	3 Intra/extra-oral soft tissue handling and suturing techniques

Topic	Fracture of mandibular condyle
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge Clinical Skills	<ul> <li>3 Anatomy of facial skeleton, TM joint, parotid gland, facial nerve</li> <li>3 Classification of condylar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Dental occlusion</li> <li>3 Selection and interpretation of relevant imaging</li> <li>3 Understanding the benefits and indications of both open and closed treatments</li> <li>3 Potential complications long and short term</li> <li>3 Ability to correctly interpret physical signs and relevant imaging</li> <li>3 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>3 Demonstrates clinical judgment appropriate to injury and patient needs</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques for removal of damaged teeth / retained roots</li> <li>3 Techniques of intermaxillary fixation</li> <li>Open Reduction:</li> <li>2 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques for removal of damaged teeth / retained roots</li> <li>2 Techniques for exposure of fracture site and manipulation of condylar fragment</li> <li>2 Plate handling skills</li> <li>3 Techniques of intermaxillary fixation</li> </ul>
Professional Skills	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Fracture of maxilla
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>3 Anatomy of facial skeleton</li> <li>3 Classification of mid -facial fractures</li> <li>4 Bone healing</li> <li>3 Head injury and cranial nerve function</li> <li>3 Dental occlusion</li> <li>3 Available techniques e.g. open fixation, closed fixation techniques</li> <li>3 Potential complications</li> <li>3 Awareness of possibility of other associated fractures</li> <li>3 Understanding the role of the maxillofacial technician</li> </ul>
Clinical Skills	<ul> <li>3 Systematic clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>2 Interpretation of radiographs/scans</li> <li>2 Assessment of head injury and cranial nerve function</li> <li>2 Selection of treatment plan appropriate to the patients injury</li> <li>3 An awareness of other factors affecting timing of surgery</li> <li>3 Involving the maxillofacial technician in treatment planning</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques for removal of damaged teeth / retained roots</li> <li>2 Techniques for exposure of fracture sites and reduction of fragments</li> <li>2 Plate handling skills</li> <li>3 Techniques of intermaxillary fixation</li> <li>2 Techniques of cranio-maxillary fixation</li> </ul>

Topic	Fracture of orbital floor
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>3 Anatomy and physiology of facial skeleton, orbit and contents</li> <li>3 Awareness of head injury and cranial nerve function</li> <li>3 Potential for complications involving sight and early involvement where appropriate of opthalmologists/orthoptists</li> <li>2 Surgical approaches to the orbit</li> <li>2 Available techniques for orbital wall reconstruction</li> <li>3 Potential complications</li> </ul>
<b>Clinical Skills</b>	3 Clinical examination of eyes, facial skeleton and cranial nerves

	3 Assessment of head injury and cranial nerve function
	2 Choice of appropriate surgical technique
	2 Interpretation of radiographs/scans
	2 Carry out of steps of procedure safely and correctly
Technical Skills and Procedures	2 Assessment of eye function
	2 Techniques for approach to orbital floor
	2 Safe exposure of fracture sites and reduction of fragments
	3 Bone grafting and plating skills

Topic	Fractures of Naso-orbito-ethmoid complex
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
	3 Anatomy of craniofacial skeleton, nasal bones, orbit and contents
	3 Classification of facial fractures
	3 Assessment of head injury and cranial nerve function
	2 Interpretation of radiographs/scans
77 1 1	2 Available techniques
Knowledge	2 Potential complications
	3 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and contents
	3 Anatomy and physiology of frontal sinus drainage
	3 Classification of frontal bone and facial fractures
Clinical Skills	3 Clinical examination of eyes, facial skeleton and cranial nerves 3 Carry out of steps of procedure safely and correctly
	Fractures of naso-orbito-ethmoid complex:
	<ul><li>2 Techniques for approach to naso-ethmoid complex</li><li>2 Safe exposure of fracture sites and reduction of fragments</li></ul>
Taabniaal Skilla	2 Bone gratting and plating skills
and Procedures	Fracture of frontal bones and craniofacial fractures:
	2 Techniques for approach to frontal bone fractures
	2 Safe exposure of fracture sites and reduction of fragments
	2 Management of frontal sinus involvement
	2 Bone grafting and plating skills

Topic	Fracture of frontal bones and craniofacial fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul><li>3 Anatomy of craniofacial skeleton, nasal bones, orbit and contents</li><li>3 Classification of facial fractures</li><li>3 Assessment of head injury and cranial nerve function</li></ul>

	3 Interpretation of radiographs/scans 3 Available techniques
	3 Potential complications
	<ul> <li>3 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and contents</li> <li>3 Anatomy and physiology of frontal sinus drainage</li> <li>3 Classification of frontal bone and facial fractures</li> </ul>
<b>Clinical Skills</b>	3 Clinical examination of eyes, facial skeleton and cranial nerves 2 Carry out of steps of procedure safely and correctly
	Fractures of naso-orbito-ethmoid complex:
	<ul><li>2 Techniques for approach to naso-ethmoid complex</li><li>2 Safe exposure of fracture sites and reduction of fragments</li><li>2 Bone grafting and plating skills</li></ul>
Technical Skills and Procedures	Fracture of frontal bones and craniofacial fractures:
	<ul><li>2 Techniques for approach to frontal bone fractures</li><li>2 Safe exposure of fracture sites and reduction of fragments</li><li>2 Management of frontal sinus involvement</li><li>2 Bone grafting and plating skills</li></ul>
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Oro-facial pain
Category	Facial pain
Sub-category:	None
Objective	To be able to assess a patient presenting with pain either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 History of presenting conditions</li> <li>3 Signs and symptoms of common causes of oro-facial pain</li> <li>3 Differential diagnosis</li> <li>3 Investigations</li> <li>3 Methods of medical and surgical management</li> <li>3 Relevant pharmacology and therapeutics</li> <li>3 Understanding of various techniques of nerve blockade</li> <li>3 Understanding of relevant neurosurgical interventions</li> </ul>
Clinical Skills	<ul><li>3 Ability to elicit and interpret an accurate pain history</li><li>3 Ability to examine</li><li>3 Ability to formulate treatment plan</li></ul>
Technical Skills and Procedures	<ul><li>3 Local anaesthetic techniques including nerve blocks</li><li>3 Cryoblockade, neurolysis and surgical nerve disruption</li></ul>
<b>Professional Skills</b>	Please see the <u>Professional Skills and Behaviour » Initial</u> section for these skills

Topic	Temporomandibular joint disorders
Category	Facial pain
Sub-category:	None
Objective	To be able to assess a patient presenting with pain either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Signs and symptoms of TMJ dysfunction</li> <li>3 Differential diagnosis</li> <li>2 Investigations and radiographic interpretation</li> <li>2 Methods of medical and surgical management</li> <li>3 Relevant pharmacology and therapeutics</li> </ul>
Clinical Skills	<ul><li>3 Ability to take a comprehensive pain history</li><li>3 Ability to examine TMJ and muscles of mastication</li><li>2 Ability to formulate and instigate treatment plan</li><li>2 Understanding of potential role of occlusion</li></ul>
Technical Skills and Procedures	<ul> <li>2 Use of TENS devices</li> <li>2 Use of occlusal adjustment therapy</li> <li>2 Arthrocentesis, arthrograms and arthroscopy</li> <li>2 Open joint procedures e.g. disc plication, eminectomy</li> </ul>

Торіс	Peri-operative care
Category	Peri-operative care
Sub-category:	None
Objective	To ensure the trainee has reached a level of competence in peri-operative care. The following should apply to each of the procedures in the common conditions and operative skills category.
	Pre-operative Care 3 Indications for surgery
	3 Required preparation for surgery to include necessary pre-operative investigations
	3 Outcomes and complications of surgery
	3 Knowledge of the admission process
Knowledge	Intra-operative care
iniomeuge	3 Anatomy to be encountered during procedure
	3 Steps involved in operative procedure
	3 Knowledge of alternative procedures in case of encountering difficulties
	Post-operative care
	3 Potential complications of procedure
	3 Outcomes of procedure
	3 Likely post-operative progress from disease process and intervention
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	3 Physiological and pathological changes in condition as a result of intervention
	<ul> <li>Pre-operative care</li> <li>3 Synthesis of history and examination into operative management plan</li> <li>3 Ability to explain procedure and outcomes to patient and parents at an appropriate level</li> <li>3 To be able to take informed consent</li> <li>3 To construct an appropriate theatre list</li> <li>3 Where appropriate to communicate with relevant other members of the theatre team e.g. anaesthetist, scrub nurse</li> </ul>
Clinical Skills	Intra-operative care 3 Appropriate use of assistance 3 Communication with other members of theatre team
	<ul> <li>Post-operative Care</li> <li>3 Assessment of patient and physiological parameters</li> <li>3 Appropriate intervention to deal with changing parameters</li> <li>3 Communication skills for dealing with team members, patients and carers</li> <li>3 Ability to prioritise interventions</li> <li>3 Recognition of complications of procedure</li> </ul>
Technical Skills and Procedures	3 Necessary hand-eye dexterity to complete procedure
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Initial section for these skills

Topic	Neck swellings
Category	Salivary gland / Neck swellings
Sub-category:	Neck Swellings
Objective	To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and
	management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to
	<ul> <li>3 Causes of intermittent/persistent swelling of neck</li> <li>2 Differential diagnosis</li> <li>2 Investigations</li> <li>2 Methods of medical and principles surgical management</li> </ul>
Knowledge	<ul> <li>3 Neck Anatomy</li> <li>3 Neck Pathology</li> <li>3 Awareness of appropriateness of procedure and alternatives</li> <li>3 Potential complications</li> <li>3 Individual steps of procedure</li> </ul>
	<ul> <li>3 Anatomy of fascial spaces of head and neck</li> <li>3 Microbiology of head and neck infection</li> <li>3 Anatomy and physiology of the upper aerodigestive airway</li> <li>Page 60 of 119</li> </ul>

	<ul><li>3 Anatomy of lymphatic drainage and vital structures, including spinal accessory nerve and brachial plexus</li><li>3 Differential diagnosis of enlarged neck nodes</li><li>3 Relevant investigations</li></ul>
Clinical Skills	<ul> <li>2 Anatomy of larynx, trachea and related structures</li> <li>3 Techniques of non-surgical airway management</li> <li>3 Physiology of respiration</li> <li>3 Upper airway pathology</li> <li>2 Techniques of surgical airway management</li> <li>3 Local anaesthesia and analgesia techniques</li> <li>3 Ability to take and interpret a thorough history</li> <li>3 Clinical examination of the neck and salivary glands</li> <li>2 FNAC technique</li> <li>2 Treatment of acute infected swelling</li> <li>2 Drainage of neck abscess</li> <li>Fine needle aspiration of neck mass:</li> </ul>
	<ul><li>2 Carry out of steps of procedure safely and correctly</li><li>2 Assemble equipment / precautions</li><li>2 Localisation of mass and aspiration</li><li>2 Prepare and confirm adequacy of specimen</li></ul>
	Drainage of tissue space infection:
Technical Skills	<ul> <li>3 Appropriate aseptic preparation</li> <li>2 Exposure and exploration of tissue space(s)</li> <li>2 Collection of samples</li> <li>2 Securing appropriate drains and dressings</li> </ul>
and Procedures	Cervical node biopsy:
	<ul><li>2 Carry out of steps of procedure safely and correctly</li><li>2 Localisation of mass and dissection</li><li>2 Wound closure</li></ul>
	Surgical access to airway (Tracheostomy / cricothyroidotomy):
	<ul> <li>3 Identify relevant instruments and support staff</li> <li>3 Appropriate aseptic preparation</li> <li>3 Exposure and access to airway</li> <li>2 Control of haemorrhage</li> <li>3 Placement and securing of tube in airway</li> <li>3 Tracheostomy care</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Initial</u> section for these skills

Topic	Mucous Cyst
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	To be able to assess a patient presenting with a neck swelling either acutely or
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	in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
	<ul> <li>3 Causes of intermittent/persistent swelling of major salivary gland</li> <li>3 Differential diagnosis</li> <li>3 Investigations</li> <li>3 Methods of medical and principles surgical management</li> </ul>
Knowledge	<ul><li>3 Anatomy of lip</li><li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li><li>3 Potential complications</li></ul>
	<ul> <li>3 Anatomy of submandibular / sublingual gland lingual nerve and and oral cavity</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Investigations including radiographs</li> </ul>
	<ul><li>3 Anatomy of oral cavity, palate and minor salivary glands</li><li>3 Differential diagnosis and pathology of salivary gland lesions</li><li>2 Methods of local flap repair of palate</li></ul>
Clinical Skills	<ul> <li>3 Ability to take accurate relevant history</li> <li>3 Clinical examination of the neck and salivary glands</li> <li>2 FNAC technique</li> <li>3 Treatment of acute infected swelling</li> <li>Excision of mucocoele of lip / labial gland biopsy:</li> </ul>
Technical Skills and Procedures	<ul><li>3 Local anaesthetic techniques</li><li>3 Intra-oral soft tissue dissection and suturing techniques</li><li>3 Control of haemorrhage</li></ul>

Торіс	Stone Retrieval
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	<ul> <li>To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul><li>3 Causes of intermittent/persistent swelling of major salivary gland</li><li>3 Differential diagnosis</li><li>3 Investigations</li></ul>

	3 Methods of medical and principles surgical management
	<ul><li>3 Anatomy of lip</li><li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li><li>3 Potential complications</li></ul>
	<ul> <li>3 Anatomy of submandibular / sublingual gland lingual nerve and oral cavity</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Investigations including radiographs</li> </ul>
	<ul><li>3 Anatomy of oral cavity, palate and minor salivary glands</li><li>3 Differential diagnosis and pathology of salivary gland lesions</li><li>2 Methods of local flap repair of palate</li></ul>
Clinical Skills	<ul> <li>3 Ability to take accurate relevant history</li> <li>3 Clinical examination of the neck and salivary glands</li> <li>2 FNAC technique</li> <li>3 Treatment of acute infected swelling</li> </ul>
	Removal of stone from submandibular duct:
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic techniques</li> <li>3 Exposure of submandibular duct and safe retrieval of stone</li> <li>2 Intra-oral soft tissue dissection and suturing techniques</li> <li>3 Control of haemorrhage</li> </ul>

Торіс	Neoplasm Minor Salivary Gland
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	<ul> <li>To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
	<ul> <li>3 Causes of intermittent/persistent swelling of major salivary gland</li> <li>3 Differential diagnosis</li> <li>3 Investigations</li> <li>3 Methods of medical and principles surgical management</li> <li>3 Anatomy of lip</li> </ul>
Knowledge	<ul> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Potential complications</li> <li>3 Anatomy of submandibular / sublingual gland lingual nerve and oral cavity</li> <li>3 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> </ul>
	<ul><li>3 Investigations including radiographs</li><li>3 Anatomy of oral cavity, palate and minor salivary glands</li><li>Page 63 of 119</li></ul>

	<ul><li>3 Differential diagnosis and pathology of salivary gland lesions</li><li>2 Methods of local flap repair of palate</li></ul>
Clinical Skills	<ul><li>3 Ability to take accurate relevant history</li><li>3 Clinical examination of the neck and salivary glands</li><li>3 FNAC technique</li><li>2 Treatment of acute infected swelling</li></ul>
	Excision of neoplasm of minor salivary gland:
Technical Skills and Procedures	<ul> <li>3 Local anaesthetic techniques</li> <li>3 Biopsy techniques</li> <li>N/A Excision and local flap repair</li> <li>3 Intra-oral soft tissue dissection and suturing / packing techniques</li> <li>3 Control of haemorrhage</li> </ul>

Topic	Oro-Pharyngeal Cancer
Category	Head and Neck Cancer
Sub-category:	None
Objective	<ul> <li>To be able to assess a patient presenting either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> <li>3 Aetiological factors and differential diagnosis</li> </ul>
Knowledge	<ul> <li>2 Specialised investigations</li> <li>3 Anatomy and physiology of mouth, jaws and face</li> <li>3 Pathology and modes of invasion / spread of common oro-facial malignancies</li> <li>2 Interpretation of radiographs / scans</li> <li>2 Common access techniques to oral and jaw cancers</li> <li>2 Common excisional techniques for orofacial cancer including conservation surgery</li> <li>2 Requirements for functional rehabilitation</li> <li>2 Potential complications</li> <li>2 Alternatives to surgical treatment</li> </ul>
	<ul> <li>3 Anatomy and physiology of face, orbit and skull</li> <li>2 Understanding of mode of orbital spread of cancer</li> <li>3 Common excisional techniques for orbital cancer including conservation surgery</li> <li>2 Access techniques to orbitofacial lesions</li> <li>2 Individual steps to orbital exenteration</li> <li>2 Requirements for rehabilitation</li> <li>3 History and examination of the patient with head and neck cancer</li> <li>2 FNAC/hieray techniques</li> </ul>
Clinical Skills	2 Endoscopy techniques 2 Ability to formulate treatment plan

	<ul> <li>2 Carry out appropriate surgery according to competency</li> <li>2 Post-operative care and follow-up</li> <li>2 Demonstrate ability to function as part of a multidisciplinary team</li> <li>3 Biopsy techniques, incisional FNA trucut</li> <li>2 EUA</li> <li>3 FNA of neck nodes</li> </ul>
	Excision of Oral / Oropharyngeal or Jaw Malignancy:
Technical Skills and Procedures	<ul> <li>3 Aseptic preparation</li> <li>2 Sharp and blunt dissection of soft tissues</li> <li>2 Osteotomy technique and plate handling skills</li> <li>2 Safe isolation of tumour</li> <li>2 Safe adequate excision of tumour in three dimensions</li> <li>2 Preservation of vital structures</li> <li>2 Control of haemorrhage</li> <li>3 Appropriate drain placement and wound closure</li> <li>Orbital Exenteration:</li> </ul>
	<ul> <li>3 Aseptic preparation</li> <li>2 Sharp and blunt dissection of soft tissues</li> <li>2 Osteotomy techniques and plate handling skills</li> <li>2 Safe isolation and exenteration of orbital contents</li> <li>3 Skin grafting skills</li> <li>2 Methods of temporary obturation and/or reconstruction</li> </ul>

Торіс	Skin Cancer
Category	Head and Neck Cancer
Sub-category:	None
Objective	<ul> <li>To be able to assess a patient presenting with a skin cancer either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Anatomy of head and neck skin and lines of relaxation</li> <li>3 Awareness of age changes</li> <li>3 Aetiology and pathology of common skin cancers</li> <li>3 Principles of wound healing</li> <li>3 Techniques of skin excision and closure</li> <li>3 Understanding of common reconstructive skin procedures e.g skin grafts, local flaps</li> </ul>
Clinical Skills	<ul> <li>3 Ability to take a clear and thorough history</li> <li>3 To be able to communicate diagnosis to patient</li> <li>2 Ability to formulate treatment plan</li> <li>3 Institute aftercare and review</li> </ul>

Technical Skills and Procedures	<ul> <li>3 Local anaesthetic and sedation techniques</li> <li>2 Carry out of steps of procedure safely and correctly</li> <li>2 Techniques of incisional / excisional biopsy</li> <li>3 Appropriate aseptic preparation</li> <li>2 Identification of lesion relevant vital structures and margin of normal tissue</li> <li>2 Excision of lesion</li> <li>3 Control of haemorrhage</li> <li>2 Techniques of local flap closure</li> <li>3 Appropriate wound closure</li> </ul>
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Topic	Harvest of bone graft (non-vascularised bone grafts)
Category	Reconstructive Surgery
Sub-category:	None
Objective	To be able to assess a patient requiring bone graft. To be able to choose an anatomical site appropriate to requirements To be able to harvest bone graft appropriately from either intra or extra oral sites To be able to communicate this information to patients/carers/other team members
Knowledge	<ul> <li>3 Anatomy of mouth, jaws, limbs, pelvis and skull</li> <li>3 Bone healing</li> <li>3 Use of alternative materials/methods</li> <li>3 Advantages/disadvantages of different sites</li> <li>3 Surgical approaches to different sites</li> <li>3 Intraoral and extraoral donor sites</li> <li>3 Risks and complications of procedure</li> <li>3 Techniques of bone graft harvesting e.g. open versus closed, use of bone trephines</li> </ul>
Clinical Skills	<ul> <li>3 Selection of appropriate anaesthetic technique</li> <li>2 Ability to choose site appropriate for graft of required size/type</li> <li>2 Care of bone graft prior to fixation</li> <li>3 Ensuring adequate mobilisation of patient post operatively</li> </ul>
Technical Skills and Procedures	<ul><li>3 Safe harvesting of graft of appropriate size/type</li><li>3 Repair of donor site</li><li>3 Insetting and fixation of graft to recipient site</li></ul>

Topic	Local Skin Flaps
Category	Reconstructive Surgery
Sub-category:	None
Objective	To be able to assess a patient requiring local skin flap. Ability to formulate treatment plan involving local skin flap. To be able to carry out this procedure safely. To be able to communicate information regarding this procedure to patients/carers/other team members
Knowledge	<ul><li>3 Anatomy of skin of the head and neck</li><li>3 Techniques of local flap design and use</li></ul>

	3 Understanding the principles of skin tension lines
Clinical Skills	<ul><li>3 Ability to select the most appropriate flap to suit the individual defect</li><li>3 Utilising the principles of skin tension lines to the advantage of the surgical repair</li></ul>
Technical Skills and Procedures	<ul> <li>3 Local anaesthesia and analgesia techniques</li> <li>3 Aseptic preparation</li> <li>2 Raising, mobilising and insetting local flap</li> <li>2 Tissue handling and suturing techniques</li> <li>3 Management of complications of wound healing</li> </ul>
	3 Management of complications of wound healing

Topic	Scar Revision / Z-plasty
Category	Aesthetic Surgery
Sub-category:	None
Objective	To be able to assess a patient requiring scar revision/z-plasty. Ability to formulate treatment plan involving scar revision/z-plasty. To be able to carry out this procedure safely. To be able to communicate information regarding this procedure to patients/carers/other team members
Knowledge	<ul> <li>3 Anatomy of head and neck skin and lines of relaxation</li> <li>3 Pathophysiology of wound healing</li> <li>3 Psychology of body dysmorphobia and post-traumatic stress</li> <li>3 Techniques of scar revision and disguise</li> <li>3 Techniques of non surgical scar modification</li> </ul>
<b>Clinical Skills</b>	3 Careful patient selection.
Technical Skills and Procedures	<ul><li>3 Aseptic preparation</li><li>3 Tissue handling and suturing techniques</li><li>3 Management of complications of wound healing</li></ul>
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# **Intermediate Stage**

#### **Overview of Intermediate Stage**

The intermediate stage of training comprises three indicative years (ST3 + ST5). The purpose of the intermediate stage is to allow a trainee to acquire and develop the specialist skills, knowledge and attitude that will allow further progress towards a CCT in the specialty.

The intermediate stage of specialist training will provide increasing exposure to the core aspects of oral and maxillofacial surgery. The aim is to acquire the competencies and specialist surgical skills that will form the basis for safe clinical practice in the generality of the specialty. The logbook should record development of operative skills and any deficiency in experience or competency during ST3 and ST5 must be corrected during this period.

Instructional courses in various aspects of the specialty will probably be attended during this time. This will include a microsurgical skills course if not already attended. Attendances at regional study days, national and international conferences will be encouraged. Trainees should seek to develop their experience in audit, teaching, presentations and contributing to the specialty literature.

On completion of ST5 of specialist training the trainee will have acquired the following:

- 1. Increasing competence in the peri-operative care of the maxillofacial surgical patient
- 2. Competence in diagnosis and clinical management of most oral and maxillofacial conditions
- 3. Competence in the operative care of a greater range of oral and maxillofacial conditions (i.e. in addition to those listed for ST3 and ST4).

This section gives examples of some other areas of the curriculum that it is

The following problems are commonly encountered and should be managed competently by the end of ST4, up to and including operative intervention if appropriate.

In addition to the conditions identified in the initial phase, trainees in the intermediate stage would be expected to be able to deal with, whether encountered as a result of being 'on-call' or working in an out-patient clinic setting the following:

- 1. Diagnosis and management of patient with developmental deformity of the facial skeleton
- 2. Diagnosis and management of patient presenting with oro-facial malignancy

During this stage the trainee will gain competence to the level defined in the syllabus in a number of technical skills and procedures. A trainee would be expected to be able to perform all of the procedures listed below without the direct scrubbed assistance or supervision of a trainer in addition to those identified in the initial stage. The list is not exhaustive, although it covers most of the common procedures expected at this stage.

#### Maxillofacial trauma

- Open reduction and fixation of symphysis/body/angle of fractured mandible
- Elevation of fractured zygoma
- Open reduction and fixation of fractured zygoma
- Reduction and fixation fractured maxilla (Le Fort I)

## Salivary gland surgery

- Removal of stone from submandibular duct
- Excision of neoplasm of minor salivary gland
- Sublingual gland excision
- Submandibular gland excision
- Partial/superficial parotidectomy
- Total conservative parotidectomy
- Radical parotidectomy

#### **Orthognathic surgery**

- Genioplasty
- Mandibular ramus osteotomy
- Le Fort I maxillary osteotomy

#### Temporomandibular joint surgery

• Arthrocentesis

#### **Neck surgery**

- Tracheostomy/cricothroidotomy
- Exploration/ligation of external carotid artery
- Cervical node biopsy

#### **Reconstructive surgery**

• Harvest of non-vascularised extra-oral bone graft

#### Aesthetic surgery

• Scar revision/Z-plasty etc.

#### Neural surgery

• Trigeminal nerve cryotherapy/neurectomy/chemolysis (peripheral)

Click on Workplace Based Assessments to view the assessment forms including DOPS and PBAs

### Topics

Topic	Intra-capsular TMJ and condylar head pathology
Category	Temporomandibular Disorders
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer.
Knowledge	4 Applied anatomy of temporomandibular joint 4 Causes of TMJ/capsular/meniscal pathology

	4 Procedures available
	4 Indications for open surgery
	4 Potential complications
<b>Clinical Skills</b>	4 Identification of relevant instruments and support staff
Technical Skills and Procedures	4 Approaches to the TMJ and mandibular condyle
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Торіс	Nasal Fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to assess an injured patient presenting either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
	<ul> <li>4 Aetiology of facial trauma</li> <li>4 Priorities of management</li> <li>4 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>4 Signs and symptoms of fractures of facial skeleton</li> <li>4 Eyes/ears assessment</li> <li>4 Investigations and radiographic interpretation</li> </ul>
Knowledge	<ul> <li>4 Anatomy of mouth, jaws, teeth and supporting structures and relevance dental occlusion where appropriate</li> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>4 Classification of dental trauma and dento-alveolar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Aetiology</li> <li>4 Interpretation of radiographs</li> <li>4 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	<ul> <li>4 Anatomy of facial skeleton</li> <li>4 Physiology of nasal cavity</li> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of eyelids</li> <li>4 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>4 Available techniques</li> </ul>
Clinical Skills	<ul><li>4 General assessment of the traumatised patient</li><li>3 Assessment and examination of patient with facial trauma</li><li>3 Airway management and emergency treatment of facial trauma</li><li>3 Ability to formulate a treatment plan and prioritise management</li></ul>

	<ul><li>4 Pain control /prevention of infection</li><li>4 infiltration / nerve block anaesthesia</li></ul>
Technical Skills and Procedures	<ul> <li>4 Clinical examination of facial skeleton and cranial nerves</li> <li>4 Carry out of steps of procedure safely and correctly</li> <li>3 Manipulation of nasal bones and septum</li> <li>3 Management of epistaxis</li> <li>4 Nasal packing and external splintage</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Lacrimal/Parotid duct injury
Category	Cranio Maxillofacial Trauma
Sub-category:	None
Objective	To be able to identify a patient who has sustained these injuries. To be alert for the potential for these injuries to occur. To be able to carry out these procedures safely and competently.
Knowledge	<ul><li>4 Anatomy and physiology of parotid / lacrimal glands</li><li>4 Appropriate investigations</li><li>4 Principles of stenting of duct</li></ul>
Clinical Skills	<ul> <li>4 Examination of cranial nerves / recognition of case at risk</li> <li>4 Examination of eyelids and lacrimal apparatus</li> <li>4 Identify relevant instruments</li> <li>4 Identification of key structures</li> </ul>
Technical Skills and Procedures	<ul><li>3 Use of loupes / operating microscope</li><li>3 Surgical repair under magnification</li><li>3 Ability to stent duct</li></ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Fracture of mandibular condyle
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>4 Anatomy of facial skeleton, TM joint, parotid gland, facial nerve</li> <li>4 Classification of condylar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Dental occlusion</li> <li>4 Selection and interpretation of relevant imaging</li> <li>4 Understanding the benefits and indications of both open and closed treatments</li> <li>4 Potential complications long and short term</li> </ul>
Clinical Skills	<ul><li>4 Ability to correctly interpret physical signs and relevant imaging</li><li>4 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li><li>4 Demonstrates clinical judgment appropriate to injury and patient needs</li></ul>

	Closed reduction:
	<ul><li>4 Carry out steps of procedure safely and correctly</li><li>4 Techniques for removal of damaged teeth / retained roots</li><li>4 Techniques of intermaxillary fixation</li></ul>
Technical Skills and Procedures	Open Reduction:
	<ul> <li>3 Carry out of steps of procedure safely and correctly</li> <li>4 Techniques for removal of damaged teeth / retained roots</li> <li>3 Techniques for exposure of fracture site and manipulation of condylar fragment</li> <li>4 Plate handling skills</li> <li>4 Techniques of intermaxillary fixation</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Fracture of maxilla
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>4 Anatomy of facial skeleton</li> <li>4 Classification of mid -facial fractures</li> <li>4 Bone healing</li> <li>4 Head injury and cranial nerve function</li> <li>4 Dental occlusion</li> <li>4 Available techniques e.g. open fixation, closed fixation techniques</li> <li>4 Potential complications</li> <li>4 Awareness of possibility of other associated fractures</li> <li>4 Understanding the role of the maxillofacial technician</li> </ul>
Clinical Skills	<ul> <li>4 Systematic clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>3 Interpretation of radiographs/scans</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Selection of treatment plan appropriate to the patients injury</li> <li>3 An awareness of other factors affecting timing of surgery</li> <li>4 Involving the maxillofacial technician in treatment planning</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Carry out of steps of procedure safely and correctly</li> <li>4 Techniques for removal of damaged teeth / retained roots</li> <li>3 Techniques for exposure of fracture sites and reduction of fragments</li> <li>3 Plate handling skills</li> <li>4 Techniques of intermaxillary fixation</li> <li>3 Techniques of cranio-maxillary fixation</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills
Topic	Fracture of orbital floor
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Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>4 Anatomy and physiology of facial skeleton, orbit and contents</li> <li>4 Awareness of head injury and cranial nerve function</li> <li>3 Potential for complications involving sight and early involvement where appropriate of opthalmologists/orthoptists</li> <li>3 Surgical approaches to the orbit</li> <li>3 Available techniques for orbital wall reconstruction</li> <li>4 Potential complications</li> </ul>
Clinical Skills	<ul> <li>4 Clinical examination of eyes, facial skeleton and cranial nerves</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>4 Choice of appropriate surgical technique</li> <li>3 Interpretation of radiographs/scans</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Assessment of eye function</li> <li>3 Techniques for approach to orbital floor</li> <li>3 Safe exposure of fracture sites and reduction of fragments</li> <li>3 Bone grafting and plating skills</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Торіс	Dental Trauma and dento-alveolar fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>4 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> </ul>
	<ul> <li>4 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>4 Classification of dental trauma and dento-alveolar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>Page 73 of 119</li> </ul>

	<ul> <li>4 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>4 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	<ul><li>4 Anatomy of facial skeleton</li><li>4 Physiology of nasal cavity</li></ul>
	<ul> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>3 Available techniques</li> </ul>
	4 Anatomy of facial skeleton, teeth and supporting structures 4 Dental occlusion
Clinical Skills	<ul> <li>4 General assessment of the traumatised patient</li> <li>3 Assessment and examination of patient with facial trauma</li> <li>3 Airway management and emergency treatment of facial trauma</li> <li>3 Ability to formulate a treatment plan and prioritise management</li> <li>3 Pain control /prevention of infection</li> <li>4 infiltration / nerve block anaesthesia</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Clinical examination of oral cavity, facial skeleton and cranial nerves</li> <li>4 Local anaesthetic and sedation techniques</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>4 Techniques for removal of damaged teeth/retained roots</li> <li>3 Techniques of preservation of damaged teeth, reduction and fixation</li> <li>3 Intra-oral soft tissue handling and suturing techniques</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Fractured Zygoma
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to assess an injured patient presenting either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>4 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>3 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eyes/ears assessment</li> <li>3 Investigations and radiographic interpretation</li> <li>4 Anatomy of mouth, jaws, teeth and supporting structures</li> </ul>

	<ul> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>3 Classification of dental trauma and dento-alveolar fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>4 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>3 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	4 Anatomy of facial skeleton 4 Physiology of nasal cavity
	<ul> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of eyelids</li> <li>3 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>3 Available techniques</li> </ul>
	3 Anatomy of facial skeleton, teeth and supporting structures 4 Dental occlusion
Clinical Skills	<ul> <li>4 General assessment of the traumatised patient</li> <li>3 Assessment and examination of patient with facial trauma</li> <li>3 Airway management and emergency treatment of facial trauma</li> <li>3 Ability to formulate a treatment plan and prioritise management</li> <li>4 Pain control /prevention of infection</li> <li>4 infiltration / nerve block anaesthesia</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Clinical examination of facial skeleton and cranial nerves</li> <li>3 Basic ophthalmic and orthoptic assessment</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>3 Techniques of exposure of fracture site(s) and bone manipulation</li> <li>3 Plate handling skills</li> <li>3 Soft tissue handling and suturing techniques</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills
Торіс	Fracture of mandible (excluding condyle)
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
	To be able to assess an injured patient presenting either acutely or in the out- patient clinic

Objective	To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiology of facial trauma</li> <li>3 Priorities of management</li> <li>4 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>3 Signs and symptoms of fractures of facial skeleton</li> <li>3 Eves/ears assessment</li> </ul>

	3 Investigations and radiographic interpretation
	<ul> <li>4 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>4 Classification of dental trauma and dento-alveolar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Aetiology</li> <li>3 Interpretation of radiographs</li> <li>3 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	<ul><li>4 Anatomy of facial skeleton</li><li>4 Physiology of nasal cavity</li></ul>
	<ul> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of eyelids</li> <li>4 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>4 Available techniques</li> </ul>
	4 Anatomy of facial skeleton, teeth and supporting structures 4 Dental occlusion
Clinical Skills	<ul> <li>3 General assessment of the traumatised patient</li> <li>3 Assessment and examination of patient with facial trauma</li> <li>3 Airway management and emergency treatment of facial trauma</li> <li>3 Ability to formulate a treatment plan and prioritise management</li> <li>3 Pain control /prevention of infection</li> <li>4 infiltration / nerve block anaesthesia</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>3 Carry out of steps of procedure safely and correctly</li> <li>4 Techniques for removal of damaged teeth/retained roots</li> <li>3 Techniques of exposure of fracture site(s) and bone manipulation</li> <li>3 Plate handling skills</li> <li>3 Techniques of intermaxillary fixation</li> <li>3 Intra/extra-oral soft tissue handling and suturing techniques</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Торіс	Fractures of Naso-orbito-ethmoid complex
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>4 Anatomy of craniofacial skeleton, nasal bones, orbit and contents</li> <li>4 Classification of facial fractures</li> <li>3 Assessment of head injury and cranial nerve function</li> <li>3 Interpretation of radiographs/scans</li> <li>3 Available techniques</li> <li>3 Potential complications</li> </ul>

4 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and

Clinical Skills	contents 4 Anatomy and physiology of frontal sinus drainage 4 Classification of frontal bone and facial fractures 4 Clinical examination of eyes, facial skeleton and cranial nerves 3 Carry out of steps of procedure safely and correctly Fractures of naso-orbito-ethmoid complex:
Technical Skills and Procedures	<ul><li>3 Techniques for approach to naso-ethmoid complex</li><li>3 Safe exposure of fracture sites and reduction of fragments</li><li>3 Bone grafting and plating skills</li><li>Fracture of frontal bones and craniofacial fractures:</li></ul>
	<ul><li>3 Techniques for approach to frontal bone fractures</li><li>3 Safe exposure of fracture sites and reduction of fragments</li><li>2 Management of frontal sinus involvement</li><li>3 Bone grafting and plating skills</li></ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Fracture of frontal bones and craniofacial fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>4 Anatomy of craniofacial skeleton, nasal bones, orbit and contents</li> <li>3 Classification of facial fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>3 Interpretation of radiographs/scans</li> <li>4 Available techniques</li> <li>4 Potential complications</li> </ul>
	<ul> <li>4 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and contents</li> <li>3 Anatomy and physiology of frontal sinus drainage</li> <li>3 Classification of frontal bone and facial fractures</li> </ul>
Clinical Skills	3 Clinical examination of eyes, facial skeleton and cranial nerves 3 Carry out of steps of procedure safely and correctly
	Fractures of naso-orbito-ethmoid complex:
Technical Skills	<ul><li>3 Techniques for approach to naso-ethmoid complex</li><li>3 Safe exposure of fracture sites and reduction of fragments</li><li>3 Bone grafting and plating skills</li></ul>
and Procedures	Fracture of frontal bones and craniofacial fractures:
	<ul><li>3 Techniques for approach to frontal bone fractures</li><li>3 Safe exposure of fracture sites and reduction of fragments</li><li>3 Management of frontal sinus involvement</li><li>3 Bone grafting and plating skills</li></ul>
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Professional Skills Please see the Professional Skills and Behaviour » Intermediate section for

these skills

Topic	Recurrent dislocation
Category	Facial pain
Sub-category:	Temporomandibular joint disorders
Objective	To be able to assess a patient presenting with pain either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>4 Signs and symptoms of TMJ dysfunction</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical and surgical management</li> <li>3 Relevant pharmacology and therapeutics</li> </ul>
Clinical Skills	<ul><li>3 Ability to take a comprehensive pain history</li><li>3 Ability to examine TMJ and muscles of mastication</li><li>3 Ability to formulate and instigate treatment plan</li><li>3 Understanding of potential role of occlusion</li></ul>
Technical Skills and Procedures	<ul> <li>2 Use of TENS devices</li> <li>2 Use of occlusal adjustment therapy</li> <li>2 Arthrocentesis, arthrograms and arthroscopy</li> <li>3 Open joint procedures e.g. disc plication, eminectomy</li> <li>3 Approaches to the TMJ and zygomatic arch</li> <li>2 Approaches to the TMJ and zygomatic arch</li> </ul>
Professional Skills	<sup>3</sup> Appropriate wound closure Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Ankylosis
Category	Facial pain
Sub-category:	Temporomandibular joint disorders
Objective	<ul> <li>To be able to assess a patient presenting with pain either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>4 Signs and symptoms of TMJ dysfunction</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical and surgical management</li> <li>3 Relevant pharmacology and therapeutics</li> </ul>

Clinical Skills	3 Ability to take a comprehensive pain history
	3 Ability to examine TMJ and muscles of mastication
	3 Ability to formulate and instigate treatment plan
	3 Understanding of potential role of occlusion
	2 Use of TENS devices
<b>Technical Skills</b>	2 Use of occlusal adjustment therapy
and Procedures	2 Arthrocentesis, arthrograms and arthroscopy
	2 Open joint procedures e.g. disc plication, eminectomy
Professional Skills	Please see the Professional Skills and Behaviour » Intermediate section for
	these skills

Topic	Disc displacement
Category	Facial pain
Sub-category:	Temporomandibular joint disorders
Objective	To be able to assess a patient presenting with pain either acutely or in the out- patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Signs and symptoms of TMJ dysfunction</li> <li>3 Differential diagnosis</li> <li>3 Investigations and radiographic interpretation</li> <li>3 Methods of medical and surgical management</li> <li>3 Relevant pharmacology and therapeutics</li> </ul>
Clinical Skills	<ul><li>3 Ability to take a comprehensive pain history</li><li>3 Ability to examine TMJ and muscles of mastication</li><li>3 Ability to formulate and instigate treatment plan</li><li>3 Understanding of potential role of occlusion</li></ul>
Technical Skills and Procedures	<ul><li>2 Use of TENS devices</li><li>2 Use of occlusal adjustment therapy</li><li>2 Arthrocentesis, arthrograms and arthroscopy</li><li>2 Open joint procedures e.g. disc plication, emminectomy</li></ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Peri-operative care
Category	Peri-operative care
Sub-category:	None
Objective	To ensure the trainee has reached a level of competence in peri-operative care. The following should apply to each of the procedures in the common conditions and operative skills category.
Knowledge	<ul> <li>Pre-operative Care</li> <li>4 Indications for surgery</li> <li>4 Required preparation for surgery to include necessary pre-operative investigations</li> </ul>

<ul><li>4 Outcomes and complications of surgery</li><li>4 Knowledge of the admission process</li></ul>
Intra-operative care 4 Anatomy to be encountered during procedure 3 Steps involved in operative procedure 3 Knowledge of alternative procedures in case of encountering difficulties
Post-operative care 3 Potential complications of procedure 3 Outcomes of procedure 3 Likely post-operative progress from disease process and intervention 3 Physiological and pathological changes in condition as a result of intervention
<ul> <li>Pre-operative care</li> <li>3 Synthesis of history and examination into operative management plan</li> <li>3 Ability to explain procedure and outcomes to patient and parents at an appropriate level</li> <li>4 To be able to take informed consent</li> <li>4 To construct an appropriate theatre list</li> <li>4 Where appropriate to communicate with relevant other members of the theatre team e.g. anaesthetist, scrub nurse</li> </ul>
Intra-operative care 3 Appropriate use of assistance 3 Communication with other members of theatre team
Post-operative Care 3 Assessment of patient and physiological parameters 2 Appropriate intervention to deal with changing parameters 3 Communication skills for dealing with team members, patients and carers 3 Ability to prioritise interventions 3 Recognition of complications of procedure
4 Necessary hand-eye dexterity to complete procedure
Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills
Mucous cyst of sublingual saliva gland/ranula
Salivary gland / Neck swellings
Salivary gland swellings
To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members

	<ul><li>3 Anatomy and physiology of major salivary glands</li><li>3 Anatomy of oral cavity and lingual nerve</li><li>3 Indications and techniques</li><li>3 Potential complications</li></ul>
Knowledge	3 Anatomy of facial and lingual nerves 3 Investigations
	3 Indications and techniques
	3 Anatomy of facial nerve
	3 Investigations / FNAC technique
	3 Indications for procedures and techniques
<b>Clinical Skills</b>	3 Identification of relevant instruments and support staff
	Sublingual gland excision:
<b>Technical Skills</b>	
and Procedures	3 Intra-oral dissection
	3 Identification and protection of submandibular duct/lingual nerve
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Торіс	Tumour of sublingual salivary gland
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Anatomy and physiology of major salivary glands</li> <li>3 Anatomy of oral cavity and lingual nerve</li> <li>3 Indications and techniques</li> <li>3 Potential complications</li> <li>3 Anatomy of facial and lingual nerves</li> <li>3 Investigations</li> <li>3 Indications and techniques</li> <li>3 Anatomy of facial nerve</li> <li>3 Investigations / FNAC technique</li> <li>3 Indications for procedures and techniques</li> </ul>
<b>Clinical Skills</b>	3 Identification of relevant instruments and support staff
Technical Skills and Procedures	Sublingual gland excision: 3 Intra-oral dissection 3 Identification and protection of submandibular duct/lingual nerve
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Obstructive/inflammatory disease of submandibular gland
Salivary gland / Neck swellings
Salivary gland swellings
To be able to assess a patient presenting with a neck swelling either acutely or n the out-patient clinic To be able to formulate a differential diagnosis and an investigation and nanagement plan To be able to treat the patient appropriately up to and including operative ntervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
<ul> <li><sup>3</sup> Anatomy and physiology of major salivary glands</li> <li><sup>3</sup> Anatomy of oral cavity and lingual nerve</li> <li><sup>3</sup> Indications and techniques</li> <li><sup>3</sup> Anatomy of facial and lingual nerves</li> <li><sup>3</sup> Investigations</li> <li><sup>3</sup> Indications and techniques</li> <li><sup>3</sup> Anatomy of facial nerve</li> <li><sup>3</sup> Investigations / FNAC technique</li> <li><sup>3</sup> Indications for procedures and techniques</li> </ul>
3 Identification of relevant instruments and support staff
Submandibular gland excision: 4 Aseptic preperation 3 Skin incision and approach to gland 3 Identification and protection of facial nerve 3 Dissection of gland and ligation of duct 3 Appropriate drainage and closure Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for hese skills

Topic	Tumour of Submandibular Gland
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	<ul> <li>To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>3 Anatomy and physiology of major salivary glands</li> <li>3 Anatomy of oral cavity and lingual nerve</li> <li>3 Indications and techniques</li> <li>3 Potential complications</li> </ul>

	<ul><li>3 Anatomy of facial and lingual nerves</li><li>3 Investigations</li><li>3 Indications and techniques</li></ul>
	<ul><li>3 Anatomy of facial nerve</li><li>3 Investigations / FNAC technique</li><li>3 Indications for procedures and techniques</li></ul>
<b>Clinical Skills</b>	3 Identification of relevant instruments and support staff
Technical Skills and Procedures	Submandibular gland excision: 3 Aseptic preparation 3 Skin incision and approach to gland 2 Identification and protection of facial nerve
	3 Dissection of gland and ligation of duct
	3 Appropriate drainage and closure
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Obstructive or Inflammatory disease
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Anatomy and physiology of major salivary glands</li> <li>3 Anatomy of oral cavity and lingual nerve</li> <li>3 Indications and techniques</li> <li>3 Potential complications</li> <li>3 Anatomy of facial and lingual nerves</li> <li>3 Investigations</li> <li>3 Indications and techniques</li> <li>3 Anatomy of facial nerve</li> <li>3 Investigations / FNAC technique</li> <li>3 Indications for procedures and techniques</li> </ul>
Clinical Skills Technical Skills and Procedures	<ul> <li>4 Identification of relevant instruments and support staff</li> <li>Parotidectomy:</li> <li>3 FNAC technique</li> <li>4 Aseptic preparation</li> <li>3 Skin incisions and approaches to facial nerve</li> <li>3 Identification and protection of facial nerve</li> </ul>
	<ul> <li>2 Dissection of gland/tumour and ligation of duct</li> <li>3 Appropriate drainage and closure</li> <li>2 Neural repair and grafting</li> </ul>

Topic	Benign and Malignant Tumour
Category	Salivary gland / Neck swellings
Sub-category:	Salivary gland swellings
Objective	To be able to assess a patient presenting with a neck swelling either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members 3 Anatomy and physiology of major salivary glands
	3 Anatomy of oral cavity and lingual nerve
	3 Indications and techniques
	3 Potential complications
Knowladga	3 Anatomy of facial and lingual nerves
Kilowieuge	3 Investigations
	3 Indications and techniques
	<ul><li>3 Anatomy of facial nerve</li><li>3 Investigations / FNAC technique</li><li>3 Indications for procedures and techniques</li></ul>
<b>Clinical Skills</b>	4 Identification of relevant instruments and support staff
Technical Skills and Procedures	<ul> <li>Parotidectomy:</li> <li>3 FNAC technique</li> <li>4 Aseptic preparation</li> <li>3 Skin incisions and approaches to facial nerve</li> <li>3 Identification and protection of facial nerve</li> <li>2 Dissection of gland/tumour and ligation of duct</li> <li>3 Appropriate drainage and closure</li> <li>2 Neural repair and grafting</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Management of Cancer of the head and neck region
Category	Head and Neck Cancer
Sub-category:	None
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate
	<i>To be able to communicate the above information at the required level to</i>

	patients/carers/other team members
	3 Aetiological factors and differential diagnosis
	3 Specialised investigations
Knowledge	<ul> <li>3 Anatomy and physiology of mouth, jaws and face</li> <li>3 Pathology and modes of invasion / spread of common oro-facial malignancies</li> <li>3 Interpretation of radiographs / scans</li> <li>3 Common access techniques to oral and jaw cancers</li> <li>2 Common excisional techniques for orofacial cancer including conservation surgery</li> <li>3 Requirements for functional rehabilitation</li> <li>2 Potential complications</li> <li>3 Alternatives to surgical treatment</li> </ul>
	<ul> <li>3 Anatomy and physiology of face, orbit and skull</li> <li>3 Understanding of mode of orbital spread of cancer</li> <li>2 Common excisional techniques for orbital cancer including conservation surgery</li> <li>2 Access techniques to orbitofacial lesions</li> <li>3 Individual steps to orbital exenteration</li> <li>3 Requirements for rehabilitation</li> </ul>
Clinical Skills	<ul> <li>3 History and examination</li> <li>3 History and examination of the patient with head and neck cancer</li> <li>3 FNAC/biopsy techniques</li> <li>2 Endoscopy techniques</li> <li>2 Ability to formulate treatment plan</li> <li>3 Carry out appropriate surgery according to competency</li> <li>2 Post-operative care and follow-up</li> </ul>
	4 Identify relevant instruments and support staff Excision of Oral / Oropharyngeal or Jaw Malignancy:
Technical Skills and Procedures	<ul> <li>4 Aseptic preparation</li> <li>3 Sharp and blunt dissection of soft tissues</li> <li>2 Osteotomy technique and plate handling skills</li> <li>2 Safe isolation of tumour</li> <li>2 Safe adequate excision of tumour in three dimensions</li> <li>2 Preservation of vital structures</li> <li>3 Control of haemorrhage</li> <li>3 Appropriate drain placement and wound closure</li> </ul>
	Orbital Exenteration:
	<ul> <li>4 Aseptic preparation</li> <li>3 Sharp and blunt dissection of soft tissues</li> <li>2 Osteotomy techniques and plate handling skills</li> <li>2 Safe isolation and exenteration of orbital contents</li> <li>3 Skin grafting skills</li> <li>2 Methods of temporary obturation and/or reconstruction</li> </ul>
Professional Skills	Please see the <u>Protessional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Developmental/acquired deformity of facial skeleton
Category	Facial Deformity
Sub-category:	None
Objective	To be able to assess a patient presenting either acutely or in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>3 Aetiological factors and differential diagnosis</li> <li>3 Specialised investigations</li> <li>3 Classification of malocclusion/deformity</li> </ul>
Clinical Skills	<ul> <li>3 History and examination of the patient with facial deformity</li> <li>2 Ability to formulate treatment plan</li> <li>2 Post-operative care and follow-up</li> <li>3 Identification of relevant instruments and support staff</li> </ul>
Technical Skills and Procedures	2 Orthognathic surgery techniques
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Genioplasty
Category	Orthognathic Surgery
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer
Knowledge	<ul> <li>3 Developmental anatomy of facial skeleton and facial musculature</li> <li>3 Classification and assessment of facial deformity</li> <li>3 Psychology of facial deformity</li> <li>3 Norms of facial proportions</li> <li>2 Techniques of cephalometric analysis</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>2 History and examination of the patient with facial deformity</li> <li>2 Ability to formulate treatment plan</li> <li>2 Orthognathic surgery techniques</li> <li>2 Post-operative care and follow-up</li> <li>3 Identification of relevant instruments and support staff</li> </ul>
Technical Skills and Procedures	<ul> <li>2 Approaches to the anterior mandible</li> <li>2 Identification and protection of mental nerves</li> <li>2 Safe use of power tools</li> <li>2 Plating and fixation skills</li> <li>2 Control of haemorrhage</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Mandibular ramus osteotomy
Category	Orthognathic Surgery
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer
Knowledge	<ul> <li>3 Developmental anatomy of facial skeleton and facial musculature</li> <li>3 Development of occlusion</li> <li>3 Classification and assessment of facial deformity</li> <li>3 Physiology of mastication</li> <li>3 Psychology of facial deformity</li> <li>3 Norms of facial proportions</li> <li>3 Techniques of cephalometric analysis</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 History and examination of the patient with facial deformity</li> <li>2 Ability to formulate treatment plan</li> <li>2 Orthognathic surgery techniques</li> <li>2 Post-operative care and follow-up</li> <li>3 Identification of relevant instruments and support staff</li> </ul>
Technical Skills and Procedures	<ul> <li>2 Approaches to the mandibular ramus</li> <li>3 Identification and protection of key structures</li> <li>3 Safe use of power tools</li> <li>2 Plating and fixation skills</li> <li>3 Control of haemorrhage</li> <li>3 Intermaxillary fixation techniques</li> </ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Maxillary osteotomy (Le Fort I and variants)
Category	Orthognathic Surgery
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer
Knowledge	<ul> <li>3 Developmental anatomy of facial skeleton and facial musculature=</li> <li>3 Development of occlusion</li> <li>3 Classification and assessment of facial deformity</li> <li>3 Physiology of mastication</li> <li>3 Psychology of facial deformity</li> <li>3 Norms of facial proportions</li> <li>3 Techniques of cephalometric analysis</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 History and examination of the patient with facial deformity</li> <li>2 Ability to formulate treatment plan</li> <li>2 Orthognathic surgery techniques</li> <li>2 Post-operative care and follow-up</li> <li>3 Identification of relevant instruments and support staff</li> </ul>
Technical Skills and Procedures	<ul> <li>3 Approaches to the maxilla</li> <li>3 Safe use of power tools</li> <li>3 Plating and fixation skills</li> <li>3 Control of haemorrhage</li> <li>3 Intermaxillary fixation techniques</li> </ul>

Professional Skills Please see the Professional Skills and Behaviour » Intermediate section for

these skills

Topic	Zygomatic osteotomy
Category	Orthognathic Surgery
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer
Knowledge	<ul> <li>3 Developmental anatomy of facial skeleton / orbits</li> <li>3 Classification and assessment of facial deformity</li> <li>3 Psychology of facial deformity</li> <li>3 Norms of facial proportions</li> <li>2 Techniques of cephalometric analysis</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 History and examination of the patient with facial deformity</li> <li>2 Ability to formulate treatment plan</li> <li>2 Orthognathic surgery techniques</li> <li>2 Post-operative care and follow-up</li> <li>3 Identification of relevant instruments and support staff</li> </ul>
Technical Skills and Procedures	<ul><li>2 Approaches to the zygoma</li><li>2 Safe use of power tools</li><li>3 Plating and fixation skills</li><li>3 Control of haemorrhage</li></ul>
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Harvest of bone graft (Extra-oral sites)
Category	Reconstructive Surgery
Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>3 Anatomy and physiology of limbs, pelvis and skull</li> <li>3 Understanding of bone healing</li> <li>3 Advantages and disadvantages of various sites</li> <li>3 Use of alternative procedures</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 Identification of relevant instruments and support staff</li> <li>4 Aseptic preparation</li> <li>2 Skin incisions and approaches to bone graft sites</li> <li>2 Use of bone instruments / harvesting of bone</li> <li>2 Insetting and fixation of bone graft</li> <li>2 Management of donor site and closure</li> </ul>
Technical Skills and Procedures	Proper positioning of the patient preoperatively, where appropriate, an understanding of application and safe use of tourniquets
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>3 Anatomy of donor sites and principles of blood supply to skin, fascia and muscle</li> <li>3 Indications for different types of flap</li> <li>3 Limitation of techniques</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 Identification of relevant instruments and support staff</li> <li>3 Raising of pedicled cutaneous, muscle and myocutaneous flaps</li> <li>3 Insetting of flap</li> <li>3 Management of donor site and closure</li> <li>3 Management of complications</li> </ul>
Technical Skills and Procedures	Understanding and safe positioning of patient for procedure
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

Topic	Free tissue transfer
Category	Reconstructive Surgery
Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer
Knowledge	<ul> <li>3 Anatomy of donor sites and principles of blood supply to skin, fascia and muscle</li> <li>3 Anatomy of neck vessels</li> <li>3 Indications for different types of flap</li> <li>2 Principles of microvascular anastomosis</li> <li>3 Limitation of techniques</li> <li>3 Potential complications</li> </ul>
Clinical Skills	<ul> <li>3 Identification of relevant instruments and support staff</li> <li>2 Raising of soft tissue and composite flaps</li> <li>2 Insetting of flap</li> <li>3 Use of operating microscope and loupes</li> <li>2 Preparation of donor and recipient vessels</li> <li>2 Arterial and venous microvasacular anastomosis</li> <li>2 Management of donor site and closure</li> <li>3 Management of complications</li> </ul>
Technical Skills and Procedures	Understanding of and safe use of tourniquets
Professional Skills	Please see the <u>Professional Skills and Behaviour » Intermediate</u> section for these skills

# **Final Stage**

#### **Overview of the Final Stage**

The intermediate stage of training comprises two indicative years (ST6 + ST7). The purpose of the final stage is to allow a trainee to acquire and develop the specialist skills, knowledge and attitude that will allow final progress towards and achievement of a CCT in the speciality, with the beginning of special interest training as appropriate.

The final stage of specialist training will complete exposure to the essential aspects of oral and maxillofacial surgery and increase exposure to special interest areas of choice. By the end of ST7 all trainees including those who have followed an academic pathway should have acquired the competencies and specialist surgical skills that will form the basis for safe clinical practice in the generality of the specialty. The logbook should record further development of operative skills and any deficiency in experience or competency during levels 1-4 must be corrected during this period. Most trainees will identify areas of special interest during this final period of essential training and individual logbooks will probably reflect a bias towards these chosen aspects of clinical practice.

Typical areas of special interest relevant to oral and maxillofacial surgery are:

- Craniofacial trauma and secondary reconstruction
- Craniofacial surgery for congenital and acquired deformity
- Osseodistraction of the facial skeleton
- Cleft lip and palate
- Head and neck oncology
- Advanced reconstruction of the mouth, face and jaws (including free tissue transfer)
- Osseointegrated implant techniques and surgery for rehabilitation of the head and neck cancer patient
- Aesthetic maxillofacial surgery
- Temporomandibular joint surgery and reconstruction

Attendance at relevant courses and regional study days, national and international conferences will be expected. Trainees should continue to develop their experience in audit, research, teaching, presentations and contributing to the specialty literature.

By the end of ST6 the trainee will have encountered and should be able manage competently the following conditions, in addition to those in the preceding stages, up to and including operative intervention:

- Diagnosis and management of patient requiring extra-oral and intra-oral osseointegrated implant rehabilitation
- Diagnosis and assessment of patient requiring rhinoplasty

During this stage the trainee will gain competence to the level defined in the syllabus in a number of technical skills and procedures. A trainee would be expected to be able to perform all of the procedures listed below without the direct scrubbed assistance or supervision of a trainer **in addition** to those identified in the initial and intermediate stages. The list is not exhaustive, although it covers most of the common procedures expected at this stage.

## Maxillofacial trauma

- Repair of lacrimal/parotid duct injury
- Repair of facial nerve injury
- Open reduction and fixation of symphysis/body/angle of fractured mandible
- Open reduction and internal fixation of condylar neck of mandible
- Elevation of fractured zygoma
- Open reduction and fixation of fractured zygoma
- Orbital floor/wall exploration and repair/graft
- Reduction and fixation fractured maxilla (Le Fort II/III)
- Open reduction and fixation of naso-orbito-ethmoid complex fracture
- Reduction and fixation of frontal bone fracture

### Salivary gland surgery

- Removal of stone from submandibular duct
- Excision of neoplasm of minor salivary gland
- Sublingual gland excision
- Submandibular gland excision
- Partial/superficial parotidectomy
- Total conservative parotidectomy
- Radical parotidectomy

## **Orthognathic surgery**

- Genioplasty
- Mandibular ramus osteotomy
- Le Fort I maxillary osteotomy
- Le Fort II/III maxillary osteotomy
- Zygomatic/orbital osteotomy
- Mandibular osteodistraction procedures
- Maxillary osteodistraction procedures

#### **Temporomandibular joint surgery**

- Arthrocentesis
- Arthroscopy
- Open operation on capsule/disc/condylar head
- Surgery for recurrent TMJ dislocation
- Excision of benign odontogenic tumours
- Excision of fibro-osseous jaw tumours/dysplasia

#### **Neck surgery**

- Excision of lymphoepithelial (branchial) cyst
- Excision of thyroglossal cyst/fistula
- Selective neck dissection
- Comprehensive neck dissection

#### **Resection of malignant tumours**

- Excision of tongue/oro-pharyngeal tumour
- Resection of mandible/maxilla

- Orbital exenteration
- Reconstructive surgery

## Harvest of skin graft

- Harvest of non-vascularised extra-oral bone graft
- Mandibular reconstruction with non-vascularised bone graft
- Pedicled muscle/fascial/myocutaneous flap
- Vascularised free tissue transfer

#### **Osseointegrated implant surgery**

- Insertion of extra-oral implants/abutments
- Insertion of intra-oral implants/abutments
- Sinus lift/onlay graft

#### Aesthetic surgery

- Cervico-facial liposuction
- Rhinoplasty
- Zygomatic/chin/nasal onlays
- Pinnaplasty
- Blepharoplasty
- Browlift

#### **Neural surgery**

- Harvest of peripheral nerve (e.g. sural)
- Lingual nerve exploration/repair
- Facial nerve repair/graft

Click on Workplace Based Assessments to view the assessment forms including DOPS and PBAs

#### **Topics**

Торіс	Nasal Fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	<ul> <li>4 Aetiology of facial trauma</li> <li>4 Priorities of management</li> <li>4 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>4 Signs and symptoms of fractures of facial skeleton</li> </ul>

	<ul><li>4 Eyes/ears assessment</li><li>4 Investigations and radiographic interpretation</li></ul>
	<ul> <li>4 Anatomy of mouth, jaws, teeth and supporting structures and relevance to dental occulusion where appropriate</li> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>4 Classification of dental trauma and dento-alveolar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Aetiology</li> <li>4 Interpretation of radiographs</li> <li>4 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> </ul>
	4 Anatomy of facial skeleton 4 Physiology of nasal cavity
	<ul> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of eyelids</li> <li>4 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>4 Available techniques</li> </ul>
	4 Anatomy of facial skeleton, teeth and supporting structures 4 Dental occlusion
Clinical Skills	<ul> <li>4 General assessment of the traumatised patient</li> <li>4 Assessment and examination of patient with facial trauma</li> <li>4 Airway management and emergency treatment of facial trauma</li> <li>4 Ability to formulate a treatment plan and prioritise management</li> <li>4 Pain control /prevention of infection</li> <li>4 infiltration / nerve block anaesthesia</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Clinical examination of facial skeleton and cranial nerves</li> <li>4 Carry out of steps of procedure safely and correctly</li> <li>4 Manipulation of nasal bones and septum</li> <li>4 Management of epistaxis</li> <li>4 Nasal packing and external splintage</li> </ul>

Topic	Fractured Zygoma
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	4 Aetiology of facial trauma 4 Priorities of management

	4 Assessment of airway and level of consciousness (Glasgow coma scale) 4 Signs and symptoms of fractures of facial skeleton
	4 Signs and symptoms of fractures of factal skeleton
	4 Investigations and radiographic interpretation
	4 investigations and radiographic interpretation
	4 Anatomy of mouth, jaws, teeth and supporting structures
	4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia
	4 Classification of dental trauma and dento-alveolar fractures
	4 Assessment of head injury and cranial nerve function
	4 Aetiology
	4 Interpretation of radiographs
	4 Potential complications
	4 Pharmacology and therapeutics of post-operative analgesia
	4 Anatomy of facial skeleton
	4 Physiology of nasal cavity
	4 Anatomy of scalp, facial skeleton, orbit and contents
	4 Anatomy of eyelids
	4 Classification of facial fractures
	4 Physiology of sight and occulomotor function
	4 Available techniques
	4 Anatomy of facial skeleton, teeth and supporting structures
	4 Dental occlusion
	4 General assessment of the traumatised patient
	4 Assessment and examination of patient with facial trauma
<b>Clinical Skills</b>	4 Airway management and emergency treatment of facial trauma
	4 Ability to formulate a treatment plan and prioritise management
	4 Pain control /prevention of infection
	4 infiltration / nerve block anaesthesia
	4 Clinical examination of facial skeleton and cranial nerves
	4 Basic ophthalmic and orthoptic assessment
Technical Skills	4 Carry out of steps of procedure safely and correctly
and Procedures	4 Techniques of exposure of fracture site(s) and bone manipulation 4 Plate handling skills
	4 Flate handling skills 4 Soft tissue handling and suturing techniques
	+ Soft ussue nationing and suturing techniques
Professional Skills	Please see the <u>Professional Skills and Behaviour » Final</u> section for these skills

Topic	Fracture of mandible (excluding condyle)
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>

Knowledge	<ul> <li>4 Aetiology of facial trauma</li> <li>4 Priorities of management</li> <li>4 Assessment of airway and level of consciousness (Glasgow coma scale)</li> <li>4 Signs and symptoms of fractures of facial skeleton</li> <li>4 Eyes/ears assessment</li> <li>4 Investigations and radiographic interpretation</li> <li>4 Anatomy of mouth, jaws, teeth and supporting structures</li> <li>4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia</li> <li>4 Classification of dental trauma and dento-alveolar fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Aetiology</li> <li>4 Interpretation of radiographs</li> <li>4 Potential complications</li> <li>4 Pharmacology and therapeutics of post-operative analgesia</li> <li>4 Anatomy of facial skeleton</li> <li>4 Physiology of nasal cavity</li> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> <li>4 Anatomy of scalp, facial skeleton, orbit and contents</li> </ul>
	<ul> <li>4 Anatomy of eyelids</li> <li>4 Classification of facial fractures</li> <li>4 Physiology of sight and occulomotor function</li> <li>4 Available techniques</li> </ul>
	<ul><li>4 Anatomy of facial skeleton, teeth and supporting structures</li><li>4 Dental occlusion</li></ul>
Clinical Skills	<ul> <li>4 General assessment of the traumatised patient</li> <li>4 Assessment and examination of patient with facial trauma</li> <li>4 Airway management and emergency treatment of facial trauma</li> <li>4 Ability to formulate a treatment plan and prioritise management</li> <li>4 Pain control /prevention of infection</li> <li>4 infiltration / nerve block anaesthesia</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>4 Carry out of steps of procedure safely and correctly</li> <li>4 Techniques for removal of damaged teeth/retained roots</li> <li>4 Techniques of exposure of fracture site(s) and bone manipulation</li> <li>4 Plate handling skills</li> <li>4 Techniques of intermaxillary fixation</li> <li>4 Intra/extra-oral soft tissue handling and suturing techniques</li> </ul>

Topic	Fracture of mandibular condyle
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	4 Anatomy of facial skeleton, TM joint, parotid gland, facial nerve

	4 Classification of condylar fractures
	4 Assessment of head injury and cranial nerve function
	4 Definition of relevant imaging
	4 Understanding the benefits and indications of both open and closed treatments 4 Potential complications long and short term
<b>Clinical Skills</b>	<ul> <li>4 Ability to correctly interpret physical signs and relevant imaging</li> <li>4 Clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>4 Demonstrates clinical judgment appropriate to injury and patient needs</li> </ul>
	Closed reduction:
	<ul><li>4 Carry out of steps of procedure safely and correctly</li><li>4 Techniques for removal of damaged teeth / retained roots</li><li>4 Techniques of intermaxillary fixation</li></ul>
Technical Skills and Procedures	Open Reduction:
and Troccurcs	4 Carry out of steps of procedure safely and correctly
	4 Techniques for removal of damaged teeth / retained roots
	4 Techniques for exposure of fracture site and manipulation of condylar
	fragment
	4 Plate handling skills
	4 Techniques of intermaxillary fixation
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Fracture of maxilla
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>4 Anatomy of facial skeleton</li> <li>4 Classification of mid -facial fractures</li> <li>4 Bone healing</li> <li>4 Head injury and cranial nerve function</li> <li>4 Dental occlusion</li> <li>4 Available techniques e.g. open fixation, closed fixation techniques</li> <li>4 Potential complications</li> <li>4 Awareness of possibility of other associated fractures</li> <li>4 Understanding the role of the maxillofacial technician</li> </ul>
Clinical Skills	<ul> <li>4 Systematic clinical examination of teeth, oral cavity, facial skeleton and cranial nerves</li> <li>4 Interpretation of radiographs/scans</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Selection of treatment plan appropriate to the patients injury</li> <li>4 An awareness of other factors affecting timing of surgery</li> <li>4 Involving the maxillofacial technician in treatment planning</li> </ul>

	4 Carry out of steps of procedure safely and correctly
	4 Techniques for removal of damaged teeth / retained roots
<b>Technical Skills</b>	4 Techniques for exposure of fracture sites and reduction of fragments
and Procedures	4 Plate handling skills
	4 Techniques of intermaxillary fixation
	4 Techniques of cranio-maxillary fixation
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Topic	Fracture of orbital floor
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	To be able to identify a patient who has sustained this injury. To be alert for the potential for this injury to occur. To understand the principles of surgical management of this injury. To be able to carry out these procedures safely and competently
Knowledge	<ul> <li>4 Anatomy and physiology of facial skeleton, orbit and contents</li> <li>4 Awareness of head injury and cranial nerve function</li> <li>4 Potential for complications involving sight and early involvement where appropriate of opthalmologists/orthoptists</li> <li>4 Surgical approaches to the orbit</li> <li>4 Available techniques for orbital wall reconstruction</li> <li>4 Potential complications</li> </ul>
Clinical Skills	<ul> <li>4 Clinical examination of eyes, facial skeleton and cranial nerves</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Choice of appropriate surgical technique</li> <li>4 Interpretation of radiographs/scans</li> </ul>
Technical Skills and Procedures	<ul> <li>4 Carry out of steps of procedure safely and correctly</li> <li>4 Assessment of eye function</li> <li>4 Techniques for approach to orbital floor</li> <li>4 Safe exposure of fracture sites and reduction of fragments</li> <li>4 Bone grafting and plating skills</li> </ul>

Topic	Fracture of frontal bones and craniofacial fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>4 Anatomy of craniofacial skeleton, nasal bones, orbit and contents</li> <li>4 Classification of facial fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Interpretation of radiographs/scans</li> <li>4 Available techniques</li> <li>4 Potential complications</li> </ul>
	<ul><li>4 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and contents</li><li>4 Anatomy and physiology of frontal sinus drainage</li><li>4 Classification of frontal bone and facial fractures</li></ul>

<b>Clinical Skills</b>	<ul><li>4 Clinical examination of eyes, facial skeleton and cranial nerves</li><li>4 Carry out of steps of procedure safely and correctly</li></ul>
	Fracture of frontal bones and craniofacial fractures:
Technical Skills and Procedures	<ul><li>4 Techniques for approach to frontal bone fractures</li><li>4 Safe exposure of fracture sites and reduction of fragments</li><li>4 Management of frontal sinus involvement</li><li>4 Bone grafting and plating skills</li></ul>

Topic	Fractures of Naso-orbito-ethmoid complex
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	Can perform complete task without direct assistance of scrubbed trainer.
	<ul> <li>4 Anatomy of craniofacial skeleton, nasal bones, orbit and contents</li> <li>4 Classification of facial fractures</li> <li>4 Assessment of head injury and cranial nerve function</li> <li>4 Interpretation of radiographs/scans</li> <li>4 Available techniques</li> </ul>
Knowledge	4 Potential complications
	<ul> <li>4 Anatomy of craniofacial skeleton, frontal bones, nasal bones, orbit and contents</li> <li>4 Anatomy and physiology of frontal sinus drainage</li> <li>4 Classification of frontal bone and facial fractures</li> </ul>
Clinical Skills	4 Clinical examination of eyes, facial skeleton and cranial nerves 4 Carry out of steps of procedure safely and correctly
	Fractures of naso-orbito-ethmoid complex:
Technical Skills and Procedures	<ul><li>4 Techniques for approach to naso-ethmoid complex</li><li>4 Safe exposure of fracture sites and reduction of fragments</li><li>4 Bone grafting and plating skills</li></ul>

Topic	Dental Trauma and dento-alveolar fractures
Category	Cranio Maxillofacial Trauma
Sub-category:	Facial Fractures
Objective	<ul> <li>To be able to assess an injured patient presenting either acutely or in the outpatient clinic</li> <li>To be able to formulate a differential diagnosis and an investigation and management plan</li> <li>To be able to treat the patient appropriately up to and including operative intervention if appropriate</li> <li>To be able to communicate the above information at the required level to patients/carers/other team members</li> </ul>
Knowledge	4 Aetiology of facial trauma 4 Priorities of management

	<ul><li>4 Assessment of airway and level of consciousness (Glasgow coma scale)</li><li>4 Signs and symptoms of fractures of facial skeleton</li></ul>
	4 Eyes/ears assessment
	4 Investigations and radiographic interpretation
	4 Anatomy of mouth, jaws, teeth and supporting structures 4 Anatomy of trigeminal nerve and infiltration / nerve block anaesthesia
	4 Classification of dental trauma and dento-alveolar fractures
	4 Assessment of head injury and cranial nerve function
	4 Aetiology
	4 Interpretation of radiographs
	4 Potential complications
	4 Pharmacology and therapeutics of post-operative analgesia
	4 Anatomy of facial skeleton
	4 Physiology of nasal cavity
	4 Anatomy of scalp, facial skeleton, orbit and contents
	4 Anatomy of eyelids
	4 Classification of facial fractures
	4 Physiology of sight and occulomotor function
	4 Available techniques
	<ul><li>4 Anatomy of facial skeleton, teeth and supporting structures</li><li>4 Dental occlusion</li></ul>
	4 General assessment of the traumatised patient
	4 Assessment and examination of patient with facial trauma
<b>Clinical Skills</b>	4 Airway management and emergency treatment of facial trauma
	4 Ability to formulate a treatment plan and prioritise management
	4 Pain control /prevention of infection
	4 minutation / nerve block anaestnesta
	4 Clinical examination of oral cavity, facial skeleton and cranial nerves
Technical Skills	4 Carry out of steps of procedure safely and correctly
and Procedures	4 Techniques for removal of damaged teeth/retained roots
	4 Techniques of preservation of damaged teeth, reduction and fixation
	4 Intra-oral soft tissue handling and suturing techniques
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Торіс	Reconstruction of temporomandibular joint
Category	Temporomandibular Disorders
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer.
Knowledge	<ul> <li>4 Applied anatomy of temporomandibular joint and surrounding structures</li> <li>4 Aetiology of TMJ ankylosis</li> <li>4 Aetiology of failure of development of TMJ</li> <li>4 Indications for joint replacement or reconstruction</li> <li>1 Knowledge of alloplastic joint replacements</li> </ul>
<b>Clinical Skills</b>	4 Identification of relevant instruments and support staff
<b>Technical Skills</b>	4 Approaches to the TMJ and mandibular ramus
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and	l Pro	cedures	3 Harvest of costochondral graft
			4 Bone plating skills
			3 (Optional: Selection and fitting of alloplastic joint replacement)
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Topic	Intra-capsular TMJ and condylar head pathology
Category	Temporomandibular Disorders
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer.
Knowledge	<ul> <li>4 Applied anatomy of temporomandibular joint</li> <li>4 Causes of TMJ/capsular/meniscal pathology</li> <li>4 Procedures available</li> <li>4 Indications for open surgery</li> <li>4 Potential complications</li> </ul>
<b>Clinical Skills</b>	4 Identification of relevant instruments and support staff
Technical Skills and Procedures	4 Approaches to the TMJ and mandibular condyle
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Торіс	Peri-operative care
Category	Peri-operative care
Sub-category:	None
Objective	To ensure the trainee has reached a level of competence in peri-operative care. The following should apply to each of the procedures in the common conditions and operative skills category.
	<ul> <li>Pre-operative Care</li> <li>4 Indications for surgery</li> <li>4 Required preparation for surgery to include necessary pre-operative investigations</li> <li>4 Outcomes and complications of surgery</li> <li>4 Knowledge of the admission process</li> </ul>
Knowledge	Intra-operative care 4 Anatomy to be encountered during procedure 4 Steps involved in operative procedure 4 Knowledge of alternative procedures in case of encountering difficulties
	Post-operative care 4 Potential complications of procedure 4 Outcomes of procedure 4 Likely post-operative progress from disease process and intervention 4 Physiological and pathological changes in condition as a result of intervention
Clinical Skills	Pre-operative care 4 Synthesis of history and examination into operative management plan 4 Ability to explain procedure and outcomes to patient and parents at an appropriate level

	<ul><li>4 To be able to take informed consent</li><li>4 To construct an appropriate theatre list</li><li>4 Where appropriate to communicate with relevant other members of the</li></ul>
	theatre team e.g. anaesthetist, scrub nurse
	Intra-operative care
	4 Appropriate use of assistance
	4 Communication with other members of theatre team
	Post-operative Care
	4 Assessment of patient and physiological parameters
	4 Appropriate intervention to deal with changing parameters
	4 Communication skills for dealing with team members, patients and carers
	4 Ability to prioritise interventions
	4 Recognition of complications of procedure
Technical Skills and Procedures	4 Necessary hand-eye dexterity to complete procedure

Topic	Osseodistraction techniques
Category	Orthognathic Surgery
Sub-category:	None
Objective	Can perform complete task without direct supervision of scrubbed trainer.
Knowledge	<ul> <li>4 Developmental anatomy of facial skeleton and facial musculature</li> <li>4 Classification and assessment of facial deformity</li> <li>4 Psychology of facial deformity</li> <li>4 Norms of facial proportions</li> <li>4 Techniques of cephalometric analysis</li> <li>4 Theory of osseodistraction</li> <li>4 Indications for intra-oral and extra-oral osseodistraction</li> <li>4 Potential complications</li> </ul>
<b>Clinical Skills</b>	4 Identification of relevant equipment and support staff
	Osseodistraction techniques:
Technical Skills and Procedures	<ul> <li>3 Techniques for placement of intra-oral and extra-oral distractors</li> <li>4 Safe use of power tools</li> <li>4 Pinning. plating and fixation skills</li> <li>4 Post-operative management and supervision during active distraction.</li> </ul>
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Congenital or acquired loss of ear, orbital contents or nose
Category	Patient requiring osseointegrated implants
Sub-category:	None
Objective	To be able to assess a patient requiring implants presenting in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan

	To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul><li>4 Aetiological factors and differential diagnosis</li><li>4 Specialised investigations</li><li>4 Understanding of principles of osseointegration and facial prostheses</li></ul>
Clinical Skills	4 History and examination of the patient with loss of facial tissues 4 Ability to formulate treatment plan
Technical Skills and Procedures	4 Osseointegration surgery techniques 4 Post-operative care and follow-up
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Congenital or acquired loss of teeth and/or alveolar supporting tissues for dental prostheses
Category	Patient requiring osseointegrated implants
Sub-category:	None
Objective	To be able to assess a patient requiring implants presenting in the out-patient clinic To be able to formulate a differential diagnosis and an investigation and management plan To be able to treat the patient appropriately up to and including operative intervention if appropriate To be able to communicate the above information at the required level to patients/carers/other team members
Knowledge	<ul> <li>4 Aetiological factors affecting dental loss and alveolar resorption</li> <li>4 Specialised investigations and classification of alveolar resorption</li> <li>4 Understanding of principles of osseointegration and implant borne/retained dental prostheses</li> </ul>
Clinical Skills	<ul><li>4 History and examination of the patient with dental loss and/or alveolar resorption</li><li>4 Ability to formulate treatment plan</li></ul>
Technical Skills and Procedures	4 Osseointegration surgery techniques 4 Post-operative care and follow-up
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Nasal Deformity
Category	Patients requiring rhinoplasty
Sub-category:	None
	To be able to assess a patient requiring a rhinoplasty presenting in the out- patient clinic
	<i>To be able to formulate a differential diagnosis and an investigation and management plan</i>
Objective	To be able to treat the patient appropriately up to and including operative intervention if appropriate
	To be able to communicate the above information at the required level to patients/carers/other team members
	Can perform complete task without direct assistance of scrubbed trainer.
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	<ul> <li>4 Aetiological factors</li> <li>4 Understanding of nasal anatomy and function</li> <li>4 Understanding of facial aesthetics and age changes in facial tissues</li> <li>4 Examination of nasal aesthetics and function</li> <li>4 Specialised investigations</li> <li>4 Understanding of psychological factors in facial deformity</li> </ul>
Knowledge	4 Anatomy of nasal bones, cartilages and soft tissues
	4 Physiology of nasal function
	4 Facial aesthetics
	4 Techniques of closed and open rhinoplasty
	4 Principles and technique of septoplasty
	4 Indications and limitations of procedures 4 Potential complications
	4 History and examination of the nationt with pasal deformity
	4 Ability to formulate treatment plan
<b>Clinical Skills</b>	+ Ronney to formulate detailent plan
	4 Identify relevant instruments and support staff
	4 Rhinoplasty and septo-rhinoplasty techniques
	4 Post-operative care and follow-up
Technical Skills and Procedures	<ul> <li>4 Approach to and osteotomy of nasal bones</li> <li>4 Exposure and handling of nasal cartilages / septum</li> <li>4 Bone and cartilage grafting techniques</li> <li>4 Wound closure and nasal packing / splinting</li> </ul>

Topic	Mandibular reconstruction (non-vascularised bone graft)
Category	Reconstructive Surgery
Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>4 Anatomy of mandible, neck and oral cavity</li> <li>4 Understanding of bone healing and vascularisation</li> <li>4 Advantages and disadvantages of various donor sites</li> <li>4 Techniques of block and cancellous chip grafts</li> <li>4 Use of alternative procedures (alloplasts)</li> <li>4 Potential complications</li> </ul>
Clinical Skills	<ul> <li>4 Identification of relevant instruments and support staff</li> <li>4 Harvesting of bone grafts</li> <li>4 Insetting and fixation of bone graft</li> <li>4 Plating skills</li> <li>4 Management of donor site and closure</li> <li>4 Management of complications</li> </ul>
Technical Skills and Procedures	Safe positioning of the anaesthetised patient for the procedure
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Category	Reconstructive Surgery
Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer.
Knowledge	<ul> <li>4 Anatomy of donor sites and principles of blood supply to skin, fascia and muscle</li> <li>4 Indications for different types of flap</li> <li>4 Limitation of techniques</li> <li>4 Potential complications</li> </ul>
Clinical Skills	<ul> <li>4 Identification of relevant instruments and support staff</li> <li>3 Raising of pedicled cutaneous, muscle and myocutaneous flaps</li> <li>4 Insetting of flap</li> <li>4 Management of donor site and closure</li> <li>4 Management of complications</li> </ul>
Technical Skills and Procedures	Application of suction drains and appropriate dressings
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Free tissue transfer
Category	Reconstructive Surgery
Sub-category:	None
Objective	Can perform complete task without direct assistance of scrubbed trainer
Knowledge	<ul> <li>4 Anatomy of donor sites and principles of blood supply to skin, fascia and muscle</li> <li>4 Anatomy of neck vessels</li> <li>4 Indications for different types of flap</li> <li>4 Principles of microvascular anastomosis</li> <li>4 Limitation of techniques</li> <li>4 Potential complications</li> </ul>
Clinical Skills	<ul> <li>4 Identification of relevant instruments and support staff</li> <li>3 Raising of soft tissue and composite flaps</li> <li>4 Insetting of flap</li> <li>4 Use of operating microscope and loupes</li> <li>4 Preparation of donor and recipient vessels</li> <li>4 Arterial and venous microvascular anastomosis</li> <li>4 Management of donor site and closure</li> <li>4 Management of complications</li> </ul>
<b>Technical Skills</b>	Ability to manage the instruments used. In microvascular anastomosis ability to
and Procedures	use an operating microscope.

# **Special Interest Stage**

Special Interest Training builds on the essential requirements gained up to ST7.

Cleft Lip and Palate Surgery deals with the soft and hard tissue deformities of the commonest orofacial congenital disorder. In collaboration with other medical and dental disciplines, and nonmedical health professionals, the surgeon contributes to the correction of respiratory, hearing, feeding, speech and facial growth disorders and facial deformity. The diagnosis of some forms of clefting may be made by pre-natal ultrasound; thus the surgical care of cleft patients and their families may start before birth. It continues in many cases throughout childhood and adolescence and concludes only at the cessation of growth, and when the patient is satisfied with the result; or when further care is required only from a different discipline.

Special interest training in cleft lip and palate may commence only after the trainees have passed the inter-collegiate board examinations in the home specialty (see paragraph "Entry to training" below). Trainees will thus have proved abilities in the generality of their own specialty, including operative skills. They will also have acquired skills in diagnosis, investigation, non-operative management, and in communication with patients and colleagues. Specific skills involved in the multi-disciplinary delivery of health care to children will also have been developed.

# **Cleft Lip and Palate – Service Need**

Nationwide there are 11 Cleft centres, although the majority of them work on more than one hub site, and all of them work in collaboration with district hospital and community health services.

There are 1000 to 1200 new patients with clefts born each year. Because of the effects on facial growth, dentition, hearing and speech, psychological effects and the associations with other congenital anomalies and genetic disorders, the great majority of the patients need follow-up at least until the facial skeleton has ceased growing (age 16 roughly), and many need continuing care in the first few years of adulthood. This equates to follow-up lists totalling 12,000 children or more, and a number of adults. Surgeons of three different disciplines are involved at any or all stages of care (Plastic, Oral & Maxillofacial, Otorhinolaryngology).

The current staffing arrangements in the Cleft centres vary according to how much the surgeons contribute to the generality of their "home" specialty. There are a very few exclusively "cleft" surgeons but they are the minority, and it does not look as if this will be the pattern in the near future. There are around 30 surgeons nationally operating on infant patients, and some more (OMFS) surgeons operating on older children and adults. There will therefore only be opportunities for a maximum of one or two trainees per year to develop the special interest.

# **Entry to training**

Trainees wishing to pursue a special interest in Cleft Lip and Palate Surgery will be drawn from the following four specialties: Oral and Maxillo-Facial Surgery, Oto-rhino-laryngology (ENT), Paediatric Surgery and Plastic Surgery. Entry to Cleft Lip and Palate special interest training is by competitive interview. Candidates should either have passed the inter-collegiate board examination in their "home-specialty" or be within 6 months of taking it.

# Length of training

The training is competency based but it is anticipated that the period of training will take more than one year but not exceed two years.

It is expected that trainees will have acquired some exposure to the management of cleft patients in a training setting in their home specialty, or in allowed periods "out of programme". Experience obtained in non-training settings (e.g. "Cleft camps") cannot be counted in a trainee's log-book. However, it is clear that skills acquired in this manner can be assessed subsequently in the training setting.

All training in Cleft Lip and Palate Surgery is acknowledged by the four contributing specialties as counting towards the acquisition of the Certificate of Completion of Training (CCT).

The training interface group recognises that training in Cleft Lip and Palate Surgery should take place with the full facilities of a Paediatric environment. A trainee with a special interest in Cleft Lip and Palate Surgery must be able to demonstrate that he/she can function as part of a multidisciplinary team. He/she must also demonstrate an appropriate relationship, directly or by correspondence, with all other relevant Paediatric Departments and Specialists, including: Fetal Medicine, Clinical Genetics, Nutrition and Dietetics, Anaesthetics, General Paediatrics, Community Paediatrics.

The training will cover the full range of primary and secondary cleft surgical procedures. Some of the related procedures that the advanced trainee (and later the consultant) will undertake will depend on their parent speciality (e.g. insertion of grommets, aspects of dental surgical management).

The purpose of the syllabus is to guide trainees as to the skills they will need to develop, in a multidisciplinary setting, to treat cleft children and assist their families.

Click on Workplace Based Assessments to view the assessment forms including DOPS and PBAs

# Topics

Topic	Basic science
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Basic science as applied to Cleft surgery
Objective	N/A
Knowledge	Oro-facial embryology Process and timing of facial, branchial arch and otological development Teratogenic effects Genetics of cleft lip and palate and common cranio-facial syndromes Genetics of cleft lip and palate, cleft syndromes, common cranio-facial syndromes, cleft syndromes with risk of disability in other systems Pathogenesis of cleft lip and palate Risk factors (medication and illness in pregnancy, family history, syndromes) Basic knowledge of dental development Out-line of normal development of deciduous dentition, mixed dentition phase, permanent dentition
	Common dental anomalies in cierts

	Surgical anatomy Skeleton and soft tissues of cleft and non-cleft patients, face, jaws, oral cavity, pharynx, upper airway
	Normal physiology of infants and children Cardio-respiratory physiology of newborn, energy requirements, growth, development milestones in the first year of life, IV fluid management, principles of resuscitation (APLS/PALS)
	Normal oro-facial physiology Feeding mechanisms, swallowing, relation of infant feeding and later speech mechanisms, nasal and Eustachian tube and middle ear physiology
<b>Clinical Skills</b>	None
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	History taking
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Patient/Parent management
Objective	None
Knowledge	Symptom patterns, pregnancy and family history
Clinical Skills	Elicit relevant history Elicit pregnancy history Take history in difficult circumstances (English not first language, parents with psychological or social problems, confrontational parents)
Technical Skills and Procedures	None

Topic	Clinical Examination
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Patient/Parent management
Objective	None
Knowledge	Patterns of clinical signs in clefting Signs of appropriate development
Clinical Skills	Appropriate explanation of procedure to parents Ability to examine without causing undue discomfort elicit signs and use appropriate equipment
Technical Skills and Procedures	None

Topic	Peri-operative management
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Patient/Parent management
Objective	None
Knowledge	Appropriate health for undergoing anaesthesia and operation Basic knowledge of anaesthesia for cleft infants Post-operative management, including introduction of feeding
Clinical Skills	Appropriate pre-operative examination Communication with anaesthetists Post-operative fluid management (Intravenous and oral) Use of prophylactic antibiotics
Technical Skills and Procedures	None

Topic	Surgical Technique
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Patient/Parent management
Objective	None
Knowledge	Principles and techniques of primary cleft surgery of lip and palate Principles and techniques of secondary cleft surgery, including unilateral alveolar bone graft
Clinical Skills	Demonstrates appropriate knowledge of surgical anatomy Demonstrates appropriate knowledge of operation rationale Appropriate tissue handling Appropriate selection of instruments Appropriate selection of suture material
Technical Skills and Procedures	None

Topic	Speech investigations
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Patient/Parent management
Objective	None
Knowledge	Indications for speech investigations Methods and limitations Radiation protection
Clinical Skills	Assessing appropriateness of referral for speech investigations Assessing likely cooperation of patient Basic interpretation of results
Technical Skills and Procedures	None
Topic	Team working
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Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Understanding the expertise and role of other disciplines in cleft management
<b>Clinical Skills</b>	Effective communication with other disciplines Presentation of clinical cases
Technical Skills and Procedures	None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Communication
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Methods and timing of involvement of other disciplines in cleft care
<b>Clinical Skills</b>	Appropriate involvement of other professionals
Technical Skills and Procedures	None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Empathy and sensitivity, ethics, consent
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Range of patient and parent reaction to cleft deformity and its consequences Knowledge of ethical issues in cleft management
Clinical Skills	Identifying patients and parents concerns Take consent effectively for primary cleft operations Ability to discuss ethical issues and potential complications
Technical Skills and Procedures	None

Торіс	Antenatal diagnosis
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management

None
Possibilities and limitations of antenatal diagnosis Likelihood of undiagnosed coexistent abnormalities
Ability to ascertain details of antenatal diagnosis Ability to prioritise information Ability to use simple language in discussing diagnoses
None

Торіс	Organisation and planning
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Systematic approach to patient management
Clinical Skills	Starting with important tasks Improvement of efficiency Discussing prioritisation with colleagues in the team
Technical Skills and Procedures	None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Data and record management
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Understand how data are recorded by different specialties in cleft management
Clinical Skills	Contribute accurate records Understand significance of data recorded by others
Technical Skills and Procedures	None

Topic	Audit/Evidence based medicine
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Principles of EBM Important clinical trials in cleft management Ongoing audit in cleft management
<b>Clinical Skills</b>	Critically appraise evidence

Competent use of paper and electronic data sources Ability to discuss evidence with parents and patients at appropriate level Ability to carry out audit project

## Technical Skills and Procedures None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Research
Category	Cleft Lip and Palate Stage 1 Key Objectives to be Achieved in the First 6 Months
Sub-category:	Multidisciplinary management
Objective	None
Knowledge	Place of research in aiding patient management Different methods of research and application of these
Clinical Skills	Involvement in departmental research project Using critical analysis skills to determine research questions
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Embryology
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Core knowledge
Objective	None

Knowledge	Process and timing of facial, branchial arch and otological development Teratogenic effects
<b>Clinical Skills</b>	Ability to relate deformity/anomaly to embryology
Technical Skills	None

and Procedures None

Topic	Genetics, syndromes
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Core knowledge
Objective	None
Knowledge	Genetics of cleft lip and palate Cleft syndromes Common cranio-facial syndromes Cleft syndromes with risk of disability in other systems
Clinical Skills	Sensitive discussion of new findings Use of clinical genetics inputs
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Growth and development in infant/child nutrition
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Core knowledge
Objective	None
Knowledge	Cardio-respiratory physiology of newborn Energy requirements Growth Development milestones in the first year of life IV fluid management Principles of resuscitation (APLS/PALS) Feeding mechanisms, swallowing, relation of infant feeding and later speech mechanisms, nasal and Eustachian tube and middle ear physiology
Clinical Skills	Use of growth charts, recognising growth/development exceptions in syndromic patients, appropriate referral of developmental delay, learning difficulties, childhood disability
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Speech Development
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Core knowledge
Objective	None
Knowledge	Feeding mechanisms, swallowing, relation of infant feeding and later speech mechanisms, nasal and Eustachian tube and middle ear physiology
Knowledge	Range of normal speech development mechanisms at risk in cleft, effect of otitis media with effusion, speech skills at school entry
Clinical Skills	Effective liaison with Speech Therapists, effective liaison with ENT, appropriate interventions in pre-school child and school child
Technical Skills and Procedures	None

Topic	Peri-operative Management
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Core knowledge
Objective	None
Knowledge	Range of normal pre-operative parameters in children, significant dangers for anaesthetics and operation, principles of post-operative fluid management, antibiotic policy
Clinical Skills	Appropriate examination, liaison with Anaesthetics and Ward staff, counselling of parents, post-operative fluids and feeding management, thresholds for

## Intensive Care interventions

## **Technical Skills** and Procedures None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Antenatal management
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Antenatal management
Objective	None
Knowledge	Possibilities and limitations of antenatal diagnosis, likelihood of undiagnosed coexistent abnormalities
Clinical Skills	Ability to ascertain details of antenatal diagnosis, ability to prioritise information, ability to use simple language in discussing diagnoses
Chinical Skins	Ability to conduct ante-natal counselling, demonstrate appropriate liaison with Fetal Medicine Department
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Airway
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Post natal management
Objective	None
Knowledge	Airway in Pierre Robin, choanal and laryngeal anomalies
<b>Clinical Skills</b>	Airway management in collaboration with other professionals
Technical Skills and Procedures	None

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Feeding
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Post natal management
Objective	None
Knowledge	Energy requirements and preferred methods of feeding in clefts, feeding problems in syndromic and premature babies
<b>Clinical Skills</b>	Liaise with other professionals on optimisation of cleft patients' feeding
Technical Skills and Procedures	None

Topic	Counselling
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
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Sub-category:	Post natal management
Objective	None
Knowledge	Understanding of techniques and priorities of informing parents of new patients
Clinical Skills	Counselling parents of new patients, ability to use simple language, ability to demonstrate priorities to parents
Technical Skills and Procedures	None

Topic	Principles of pre-surgical orthodontics
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Post natal management
Objective	None
Knowledge	Awareness of orthodontic preferences, awareness of situations indicating pre- surgical orthodontics
<b>Clinical Skills</b>	Appropriate discussion with Orthodontic colleagues
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Primary lip repair
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Primary surgery
Objective	None
Knowledge	Surgical anatomy, pathological anatomy, techniques and timing, rationale of different sequences
<b>Clinical Skills</b>	N/A
<b>Technical Skills</b>	Operative skill to repair the lip and appropriate other structures according to
and Procedures	Unit protocol
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Primary Palate repair
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Primary surgery
Objective	None
Knowledge	Surgical anatomy, pathological anatomy, techniques and timing, rationale of different sequences
<b>Clinical Skills</b>	N/A
Technical Skills and Procedures	Operative skill to repair the palate and appropriate other structures according to Unit protocol
<b>Professional Skills</b>	Please see the <u>Professional Skills and Behaviour » Final</u> section for these skills

Topic	Lip revision and fistula closure
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Secondary surgery
Objective	None
Knowledge	Appropriate assessment of lip/fistula disability, awareness of patient perceptions
<b>Clinical Skills</b>	None
Technical Skills and Procedures	Ability to make appropriate lip revision, ability to make appropriate fistula closure
Drofossional Skills	Plassa say the Professional Skills and Pahaviour v Final section for these ski

Topic	Investigation of velo-pharyngeal function			
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months			
Sub-category:	Secondary surgery			
Objective	None			
Knowledge	Indications for speech investigations, methods and limitations, radiation protection			
<b>Clinical Skills</b>	Basic understanding of Nasendoscopy			
Technical Skills and Procedures	Assessing appropriateness of referral for speech investigations, assessing likely co-operation of patient, basic interpretation of results Full interpretation of the results and formation of clinical plan			
	Full interpretation of the results and formation of chilical plan			

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Secondary palatal surgery, surgical management of VPI				
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months				
Sub-category:	Secondary surgery				
Objective	None				
Knowledge	Anatomy and physiology of palatal function and abnormalities after cleft closure, pathophysiology of VPI				
<b>Clinical Skills</b>	N/A				
Technical Skills and Procedures	Judgement on correct operations for secondary repair and control of VPI, skilful dissection of palate after previous repair, surgical skills in speech surgery, pharyngoplasty				

Topic	Alveolar bone graft
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Secondary surgery
Objective	None
Knowledge	Preparation for bone grafting, correct assessment of evolution of secondary dentition, understanding of orthodontic investigations and treatment
<b>Clinical Skills</b>	None

Technical Skills<br/>and ProceduresSurgical skills in alveolar bone grafting, correct peri-operative managementProfessional SkillsPlease see the Professional Skills and Behaviour » Final section for these skills

Topic	Rhinoplasty
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Secondary surgery
Objective	None
Knowledge	Anatomy and pathological anatomy of the cleft nose, understanding of corrective procedures
<b>Clinical Skills</b>	None
Technical Skills and Procedures	Demonstrate surgical skills in cleft rhinoplasty, management of cleft airway and nasal septum
Drafaccional Skills	Diagon and the Professional Skills and Pahaviour - Final soction for these skills

Professional Skills Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Cleft related orthognathic surgery			
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months			
Sub-category:	Secondary surgery			
Objective	None			
Knowledge	Understanding of anatomy and pathological anatomy, understanding of planning, surgical principles in orthognathic appliances and their usage, methods of distraction osteogenesis			
<b>Clinical Skills</b>	None			
Technical Skills and Procedures	Ability to perform orthognathic surgery under supervision			

Торіс	Basic Otology and hearing assessment
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Interpretation of audiogram and tympanometry study, understanding the principles of brain stem evoked response audiometry
<b>Clinical Skills</b>	Ability to refer from appropriate history and audiogram
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Orthodontics
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None

Knowledge	Understanding of orthodontic role in cleft care, planning AGB, planning orthognathic surgery, orthodontic measurement of mid-facial growth
<b>Clinical Skills</b>	Appropriate liaison with Orthodontists
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	Speech and language therapy
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Speech and language therapy input into cleft management, tools for examining speech development, surgical and orthodontic assistance to speech therapy
Clinical Skills	Appropriate liaison with Speech and language therapists, partaking in policy formation for patients concerning speech management
Technical Skills and Procedures	None
Profossional Skills	Plassa see the Professional Skills and Poheviour » Final section for these skills

<b>Professional Skills</b> P	Please see the	Professional	Skills and	Behaviour »	<b>Final</b>	section for	these skills

Topic	Paediatric and restorative dentistry
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Understanding of the role of Paediatric Dentists, understanding basics of oral and dental hygiene, understanding principles of restorative dentistry
<b>Clinical Skills</b>	Appropriate referral to Paediatric and Restorative Dentist
Technical Skills and Procedures	None

Topic	Child and adolescent psychology				
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months				
Sub-category:	Aultidisciplinary teamworking				
Objective	None				
Knowledge	Awareness of the role of Psychologists in childhood and adolescence, understanding of situations requiring psychology therapy				
<b>Clinical Skills</b>	Care in selection of appropriate patients/families for referral				
Technical Skills and Procedures	None				

Topic	Children with disabilities
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
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Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Understanding the role of Community Paediatrics and associated professionals, special needs teaching, awareness of communication disorders
<b>Clinical Skills</b>	Appropriate liaison with community agencies, ability to write relevant reports
Technical Skills and Procedures	None

Topic	Ethical issues
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Understanding of consent in older children and adolescents, Gillick competence, ethics of new procedures
Clinical Skills	Ability to take consent from older children and adolescents, ability to communicate medical ethics to parents and older children
Technical Skills and Procedures	None
<b>Professional Skills</b>	Please see the Professional Skills and Behaviour » Final section for these skills

Topic	General paediatric issues
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Understanding resuscitation of children Understanding issues of non-accidental injury and child protection
Clinical Skills	Maintenance of APLS/PALS skills Ability to recognise signs of NAI, risk factors, family pathology, awareness of NAI referral pathways to child protection
Technical Skills and Procedures	None

Topic	Management of residual cleft deformity in adults
Category	Cleft Lip and Palate Stage 2 Objectives to be Achieved within 18 months
Sub-category:	Multidisciplinary teamworking
Objective	None
Knowledge	Understanding of situation at cessation of facial growth, basic understanding of nasal septal deformity, understanding of adult self-image problems, understanding of adult communication problems
<b>Clinical Skills</b>	Ability to assemble appropriate professionals to solve adults' concerns
Technical Skills and Procedures	None