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EXAMINATIONS & CREDENTIALS

General

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FCD(SA) OMP Blueprint

Re: Scope of Practise of the Speciality of Oral Medicine and Periodontology in South Africa.

Herewith is a joint response to the request by the HPCSA for a document outlining the scope of practise of a Specialist in Oral Medicine and Periodontology. The document was formulated by Heads of Departments and representatives of Oral Medicine and Periodontology from each of the four Dental faculties in South Africa.

The SGB document of the Dental task team of the Medical and Dental board of the HPCSA defines:
“The scope of expertise of the specialist in Oral Medicine and Periodontics includes the diagnosis and management of diseases, disorders and anomalies that affect the oral and periodontal tissues, as well as the oral and peri-oral manifestations of systemic diseases according to evidence-based practices.”

A. Oral Medicine “Oral Medicine is that specialist branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain, as well as the oral health care of medically complex patients.”

1. EXAMINATION AND DIAGNOSIS:

- a) Elicit, record and interpret medical and dental history
 - i. Identifying and recording of risk factors relevant to the presentation
 - ii. Understanding and interpreting the spectrum of disease or illness or disease patterns in Oral Medicine practice
 - iii. Consideration of possible local or systemic triggers, including iatrogenic causes, and/or the likelihood of a significant underlying condition
 - iv. Consideration of the use of supporting methods such as structured questionnaires when necessary

- b) Perform comprehensive and appropriate clinical examination and medical risk assessment on patients within the scope of Oral Medicine practice, including complex conditions, through:
 - i. Considering the patient’s presentation and risk factors, to determine a valid, targeted and time efficient approach that includes orofacial tissues and other body systems when relevant
 - ii. Interpreting the pathophysiologic and anatomic basis for clinical signs, and considering the likelihood of a significant underlying diagnosis
 - iii. Applying validated disease severity indices, when appropriate

c).../

- c) Select, request and also perform appropriate and relevant special investigations, including radiography, within the scope of Oral Medicine practice, through:
 - i. Understanding the different investigations used, including bodily fluid studies, cytology, culture, biopsy, and cytogenetics, and their relevance to basic sciences
 - ii. Consideration of the relevance of investigation results to health and disease
 - iii. Understanding of the best procedures to maximise information yield and minimize artefacts and false spurious results
 - iv. Understanding the specificity, sensitivity and predictive value of investigations
 - v. Consideration of differential (possible) diagnoses, in discussion with relevant colleagues, to inform the choice of investigation
 - vi. Knowledge of benefits and risks of investigations and awareness of the financial implications
- d) Interpret and seek clarification on the meaning of a range of special investigation results that includes laboratory results and imaging results to inform appropriate patient care through:
 - i. The ability to identify abnormalities in the results of laboratory and imaging investigations
 - ii. Considering the patient's presentation and risk factors, to determine a valid, targeted and time efficient approach that includes orofacial tissues and other body systems, when relevant
 - iii. Interpreting the pathophysiologic and anatomic basis for clinical signs, and consideration of the likelihood of a significant underlying diagnosis
 - iv. Applying disease severity indices where appropriate

2 PATIENT TREATMENT AND MANAGEMENT

- a) Undertake expert and specialist assessment and management of a patient of any age within the scope of Oral Medical practice, both in inpatient and outpatient settings through:
 - i. Understanding safe, effective, quality assured, and evidence-based patient care, and the practice thereof
 - ii. Considering causes of reduced patient compliance, and ways in which this can be changed
 - iii. Considering the barriers, including cultural or religious, to changing patients' beliefs and attitudes and the resulting impact on improving patient management and outcomes
 - iv. Understanding the differences between patient-centred and doctor-centred care
 - v. Appropriate assessment and prioritization of patient care needs from written or verbal referrals
 - vi. Formulating accurate and complete differential diagnoses with appropriate prioritization following consideration of both common and rare conditions
 - vii. Prompt and effective action following investigation results
 - viii. Effective recognition of patients with oral presentations requiring urgent or immediate assessment and management and differentiation from non-urgent cases
 - ix. Effective recognition of patients with oral presentations potentially associated with high morbidity (including malignancy) or where associated with a significant underlying disease at other sites
 - x. Timely and accurate communication of information regarding treatment interventions with other relevant health care providers (including between primary and secondary care)
 - xi. Recognizing the importance of assessing new therapies
 - xii. Recognizing their own limitations and the need to obtain advice or input from other colleagues, where appropriate

- xiii. Involving the patient in decision making and agreement of treatment plans in partnership with the patient and/or parent or guardian
 - xiv. Communicating the aims and likely success of treatment and the prognosis of the condition to the patient and/or parent or guardian
 - xv. The ability to break bad news in an empathic and supportive manner
- b) The practitioner will be able to undertake the safe and effective prescription of medication, through:
- i. Detailed understanding of the issues requiring consideration when making an informed choice of medication, such as aims of care, indications and contraindications, adverse effects, drug interactions (including with complementary medicines), safe monitoring, and duration of therapy
 - ii. Considering the evidence base for use of topical, intralesional, and systemic drugs
 - iii. Considering procedures for pre-prescription baseline assessment and subsequent drug monitoring (including the interpretation of results)
 - iv. Appropriate management of local and systemic adverse reactions to prescribed drugs
 - v. Considering issues involved in prescribing medications “off licence” (“off label”)
 - vi. Considering patient safety in prescribing, taking into account contraindications, side effects, and drug interactions, and tools or materials available to support this
 - vii. Effective communication with patients, when required, including the risks and benefits of pharmacologic therapeutic options that are “off licence” (“off label”) and in the promotion of patient concordance
 - viii. Critically appraising new therapies and interventions and keeping up to date with therapeutic alerts
 - ix. Considering the issues involved in using opioids and other habit-forming drugs and recognizing patients who may be addicted to such drugs
 - x. Regularly reviewing the effects of long-term medication use
 - xi. Managing risk to patients with regard to drug prescription following therapeutic drug monitoring or physiologic change (e.g., dose adjustments)
- c) The practitioner will be able to safely and effectively undertake operative techniques as
- (i) definitive management of localized benign disease, or
 - (ii) to establish a tissue diagnosis (including where oral soft tissue malignancy or potentially malignant disorder is suspected), through:
 - i. Knowledge and understanding of basic sciences relevant to operative techniques
 - ii. Considering the different operative techniques (including scalpel surgery, laser surgery, and cryotherapy) and their evaluation for use with different oral tissue lesions
 - iii. Evidence-based consideration of options for operative intervention informed by aims of care, indications, contraindications, and complications
 - iv. Considering key features of safe and effective local anaesthesia (including regional anaesthesia)
 - v. Understanding of the role of operative management in orofacial disorders
 - vi. Safe, competent, and effective execution of soft tissue excisional and incisional biopsy
 - vii. Assessing outcomes and appropriate follow-up
 - viii. Recognizing their own limitations and willingness to consult colleagues when necessary

3 ORAL SOFT TISSUES

- a The practitioner has knowledge and understanding of the structure and function in health of lips and oral soft tissues, and correlates this with that of diseased states to inform patient care.
- b The practitioner has detailed knowledge of the basic sciences with regard to health of oral soft tissues and understands alterations of these in diseased states (including anatomy, physiology, immunology, microbiology, biochemistry, molecular biology, neuroscience, pathology, and nutrition).
- c The practitioner can apply basic sciences knowledge when assessing patients, during the formulation of differential diagnoses and treatment plans and in the selection of appropriate interventions.
- d The practitioner will be able to undertake expert or specialist assessment and management of oral soft tissue disease, through:
 - i. Understanding the repertoire of responses of oral soft tissues to trauma or pathology
 - ii. Understanding the clinical features and underlying pathophysiology of localized oral soft tissue disorders, and diseases with extraoral manifestations that present with oral soft tissue disorders
 - iii. Considering the different medication or drug or operative intervention options (including potential advantages and disadvantages)
- e The practitioner will be able to investigate, diagnose, and manage patients with oral soft tissue disease with hypersensitivity bias, immune basis, or developmental and genetic bias and those without apparent cause, through:
 - i. Considering mechanisms involved in soft tissue disorders with an aetiology related to underlying hypersensitivity
 - ii. Considering the indications, contraindications, and limitations of contact urticarial testing, patch testing, immunofluorescence, enzyme-linked immunosorbent assay, and related investigations
 - iii. Evaluating different options for eliminating or reducing patient exposure to triggers of hypersensitivity reactions
- f The practitioner will be able to diagnose and manage viral, bacterial, fungal, and other infections of the oral soft tissues, through:
 - i. Detailed knowledge and understanding of normal oral flora and the pathogenesis and epidemiology of orofacial diseases
 - ii. Considering the clinical features, investigation, and management of infections that are primary or reactivated infections of oral soft tissue or that also involve other parts of the body
 - iii. Understanding the clinical features of infections in immunocompromised patients
 - iv. Identifying appropriate measures to reduce risk of infection spread.
 - v. Considering risk factors during history taking (e.g., sexual history, risks associated with blood-borne viruses)
 - vi. Selecting appropriate investigations and, where necessary, microbiologic samples for culture, microscopy, polymerase chain reaction, and serology

4 SALIVARY GLANDS

- a The practitioner has detailed understanding of the structure and function of the salivary glands and saliva in health and in diseased states.
- b The practitioner has detailed knowledge of the basic sciences with regard to health of the salivary glands and saliva and understands alterations of these in diseased states (including anatomy, physiology, immunology, microbiology, biochemistry, molecular biology, neuroscience, and pathology).
- c The practitioner applies knowledge of basic sciences when assessing patients, during the formulation of differential diagnoses and treatment plans and in the selection of appropriate interventions.

- d The practitioner will be able to diagnose and appropriately manage patients presenting with disorders of major and minor salivary glands, through:
 - i. Knowledge of the clinical features and pathophysiology of localized and iatrogenic salivary gland disorders and diseases with extraoral manifestations that present with salivary gland disorders
 - ii. Appropriate clinical examination, including chairside saliva volume measurements, and referral for or performance of Schirmer I tests, where indicated
 - iii. Considering relevant diagnostic criteria for patients with dry mouth
 - iv. Understanding the application and interpretation of imaging modalities and/or laboratory investigations for different salivary gland diseases, including consideration of the advantages and disadvantages
 - v. Considering the different medication or drug or operative intervention options (including potential advantages and disadvantages)

5 OROFACIAL PAIN, EXCLUDING TEMPOROMANDIBULAR JOINT DISORDERS

- a The practitioner has knowledge and understanding of the structure and function in health of the nervous system and is able to correlate this with that of diseased states to inform patient care.
- b The practitioner is able to apply knowledge of basic sciences (including anatomy, physiology, immunology, microbiology, biochemistry, molecular biology, neuroscience, and pathology) when assessing patients, during the formulation of differential diagnoses and management plans, and be able to refer where applicable.
- c The practitioner will be able to diagnose and appropriately manage/refer patients presenting with orofacial pain of odontogenic and non-odontogenic origin.
- d The practitioner is able to perform an appropriate neurological examination.

6 INTERFACE OF ORAL AND SYSTEMIC DISEASE

- a The practitioner is able to relate health and disease of orofacial tissues to other relevant body systems (including different organs).
- b The practitioner is able to take an appropriate history of patients presenting with chronic conditions and perform a detailed physical examination relevant to orofacial health and other body systems, where appropriate.
- c The practitioner is able to select appropriate investigations; formulate an accurate, complete, and differential diagnosis for patients presenting with conditions across the interface of oral and systemic disease; and select an appropriate treatment plan.
- d The practitioner is able to develop a management plan for chronic disease, including selfcare and the use of a supportive multidisciplinary team approach.
- e The practitioner has a detailed understanding of current best practice in safe prescribing, including:
 - i. Knowledge of the range of adverse drug reactions to commonly used drugs and the drugs requiring therapeutic drug monitoring
 - ii. The effects of patient factors and concomitant disease on prescribing

Adopted and adapted from:

Steele JC, Clark HJ, Hong CHL, Jurge S, Muthukrishnan A, Ross Kerr A, Wray D, Prescott-Clements L, Felix DH, Sollecito TP. World workshop on Oral Medicine VI: an international validation study of clinical competencies for advanced training in oral medicine. Oral Surg Oral Med Oral Pathol Oral Radiol 2015; 120:143-151

B Periodontology/Periodontics in South Africa

Van der Velden and Sanz, 2010: “A periodontologist is a specialist in a specific discipline in dentistry which encompasses the prevention, diagnosis and treatment of diseases and conditions of the supporting and surrounding tissues of teeth or their substitutes, including implant site development and their surgical placement, as well as the maintenance of health, function and aesthetics of these structures and tissues.”

Competences in periodontal education at the postgraduate specialist level:

Following the same curricular structure in a competence-based curriculum according to the Association for Dental Education in Europe, the postgraduate curriculum is organised in domains with major and supporting competences. This is the most current description on an international level of the scope of practice of periodontics. In terms of this document, the following terms are defined: In a competence-based postgraduate training programme leading to a specialist in periodontology, competency statements should describe the knowledge, skills, attitudes and values that a graduate must have and they are usually expressed in four levels:

- **Be familiar with:** graduates should have a basic understanding of the subject, but need not have direct clinical experience or be expected to carry out procedures independently.
- **Have knowledge of:** graduates should have a sound theoretical knowledge of the subject, but need have only a limited clinical/practical experience.
- **Be competent at:** graduates should have a sound theoretical knowledge and understanding of the subject together
- **r with an adequate clinical experience to be able to resolve clinical problems encountered, independently, or without assistance.**
- **Be proficient in:** is defined as responsible for carrying out the procedure, requiring no advice to complete the task in a timely manner. He/she should be able to undertake competently a small number of procedures that are beyond core. He/she should be able to demonstrate an understanding of the indications, process and outcome of the procedure to peers. He/she should be able to provide a logical, sequenced, integrated advanced treatment plan that takes due regard of the patient’s needs, wishes and level of co-operation.

Domain I. Professionalism

1.1 Major competence Professional behaviour:

A specialist must be proficient in a wide range of skills, including investigative, analytical, problem solving, planning, communication, presentation, team building and leadership skills and has to demonstrate a contemporary knowledge and understanding of the broader issues of dental practice. The specialist should fully understand and implement these issues in clinical practice.

1.2 Supporting competences

A specialist in periodontology must:

- a Be proficient at displaying appropriate professional behaviour and communication towards all members of the periodontal team and the referring dental practitioner, as part of the periodontal services may be delegated to other members of the dental team, mainly dental/oral hygienist/therapist/GDP. This delegation, however, must be undertaken under the leadership of the periodontist who is responsible for the diagnosis, treatment planning and overall periodontal care of the patient.
- b Be competent at critically evaluating the scientific literature, updating their knowledge base and evaluating scientific and technological developments as they arise. The specialist should demonstrate commitment to the maintenance of high levels of professionalism and continuous training of the periodontal team.

- c Be competent at managing and maintaining a safe working environment and working with other members of the periodontal team with regard to health and safety and clinical risk management, as cross-infection control is of great concern due to invasiveness of most periodontal procedures.

2.1 Major competence Ethics and Jurisprudence

A specialist must demonstrate knowledge of the content and have a thorough understanding of the moral and ethical responsibilities involved in the provision of care to individual patients, to populations and communities. The specialist must display knowledge of contemporary laws applicable to the practice of dentistry.

2.2 Supporting competences

The specialist in periodontology must:

- a Be proficient at selecting and prioritising treatment options that are sensitive to each patient's individual needs, goals and values, compatible with contemporary methods of treatment, and congruent with an appropriate periodontal, oral and general health care philosophy, acknowledging that the patient is the centre of care and that all interactions, including diagnosis, treatment planning and treatment, must focus on the patient's best interests. The main goal of periodontal care is the reinstatement of periodontal health to ensure the longevity of the natural dentition.
- b Be critical towards their own achievements in the light of the complexity of some periodontal conditions.
- c Be competent in the application of the principles of regulatory law and ethical reasoning and professional responsibility as they pertain to the practice of periodontics.

Domain II. Communication and interpersonal skills

1.1 Major competence

A specialist must be proficient to communicate effectively, interactively and reflectively with patients, their families, relatives and carers, and with other health professionals involved in their care.

1.2 Supporting competences

The specialist in periodontology must:

- a Be proficient at establishing a patient–dentist relationship that allows the effective delivery of periodontal treatment, as long-term treatment outcomes depend on patient compliance, both with self-performed preventive measures and with appropriate supportive therapy.
- b Be proficient in identifying patients' expectations (needs and demands) and goals for periodontal care, as the patient should participate in the therapeutic decision, once he/she is provided with all the relevant information.
- c Be proficient in sharing information and professional knowledge with both the patient and other professionals and specialists in other dental and medical disciplines, verbally and in writing.
- d Be proficient at working with other members of the periodontal team, as the communication with the hygienists and dental assistants is particularly relevant for successful therapeutic outcomes.
- e Have comprehensive knowledge of behavioural risk factors for periodontal diseases and methods for their modification (including tobacco, alcohol and diet).

Domain III. Knowledge base, information, information literacy, clinical sciences and clinical skills

1.1 Major competence

Basic knowledge and critical thinking.

A specialist in periodontology must have comprehensive knowledge of the basic sciences relevant to dentistry in general and to periodontology in particular.

Moreover, he/she must be proficient in all areas of clinical periodontology.

1.2. Supporting competences

The specialist in periodontology must:

- a Have comprehensive knowledge of the biomedical sciences relevant to dentistry in general and to periodontology in particular.
- b Have knowledge to be able to integrate all aspects of clinical and public health dentistry into the practice of periodontics.
- c Have comprehensive knowledge of those aspects of medicine relevant to periodontics and should be competent to interact with the respective health care providers. He/she should have comprehensive knowledge of all possible interactions between oral and systemic diseases and be competent to manage the periodontal problems of the medically compromised patient.
- d Be competent in the application of the principles of regulatory law and ethical reasoning and professional responsibility as they pertain to the practice of periodontics.
- e Have comprehensive knowledge of the historical development of periodontics.
- f Be competent at critically evaluating the scientific literature, updating their knowledge base and evaluating scientific and technological developments as they arise.
- g Be competent in posing pertinent research questions and hypothesis
- h Be competent in designing scientific experiments
- i Be competent in the statistical analysis of research data
- j Be competent in writing a literature review
- k Be competent in writing a research paper

2.1 Major competence

Diagnosis, treatment planning and patient management

A specialist in periodontology must be able to evaluate the relevant clinical conditions in such a way that a comprehensive treatment plan can be designed and appropriate treatment, taking into consideration the individual patient needs and expectations, can be provided.

2.2 Supporting competences

The specialist in periodontology must have:

- a Comprehensive knowledge of the anatomy, histology and physiology of the tissues of the oral cavity and related structures.
- b Comprehensive knowledge of oral microbiology with emphasis on the following: the nature, composition and physiology of plaque biofilm and its relationship to inflammatory periodontal diseases; techniques to identify microorganisms, their application and utility in periodontal practice; calculus formation.
- c Comprehensive knowledge of infectious, inflammatory and immunological processes in oral diseases with emphasis on the pathogenesis of periodontal diseases.
- d Comprehensive knowledge of the principles of wound healing and regeneration.
- e Comprehensive knowledge of the classification and epidemiology of the periodontal diseases.
- f Comprehensive knowledge of imaging techniques and their interpretation as they are related to the diagnosis of periodontal diseases and for implant therapy.

- g Knowledge of behavioural/life style risk factors for periodontal diseases and methods for their modification (including tobacco use, alcohol consumption, and diet).
- h Proficiency in diagnosing abnormalities in the anatomy and morphology of periodontal and oral mucosal tissues that may compromise periodontal health, function or aesthetics and identifying the conditions, which may require management.
- i Proficiency in determining a patient's aesthetic requirements and determining the degree to which those requirements/ desires can be met. This is particularly relevant when recommending periodontal plastic surgery procedures.
- j Proficiency in the collection and interpretation of all data necessary to establish the diagnoses, including all diseases and conditions affecting the periodontium, periimplant tissues and neighbouring structures.
- k Proficiency in determining prognosis and developing a comprehensive periodontal treatment plan, including implant therapy and to communicate effectively to patients the nature of their periodontal health status and treatment needs.
- l Proficiency in the selection and prescription of medications for the management of preoperative, operative and postoperative pain and anxiety and familiarity with the appropriate sedation techniques that can be useful in the most complex periodontal surgical procedures.

3.1 Major competence

Establishment and maintaining periodontal/oral health

- a Be proficient in the full scope of non-surgical and surgical periodontal and implant therapy.
- b Be proficient in providing each patient with an appropriate, tailor made maintenance programme.

3.2 Supporting competences

- a The specialist in periodontology must:
- b Be proficient in all methodologies for plaque biofilm control.
- c Be proficient in educating patients about the aetiology and prevention of periodontal and mucosal diseases and motivating them to assume responsibility for their periodontal health.
- d Be proficient in all aspects of non-surgical therapy.
- e Be proficient in the mechanisms, application, effects and interactions of medications used for the prevention and therapy of periodontal diseases.
- f Have comprehensive knowledge of the mechanisms, effects and interactions of medications used for the management of systemic diseases that may affect periodontal tissues and surrounding structures.
- g Have comprehensive knowledge of the periodontal–systemic relationships.
- h Have comprehensive knowledge of the influence of forces (trauma, parafunction, orthodontic forces, etc.) on the periodontium and related structures and their management.
- i Be proficient in all non-surgical techniques used in periodontics, their indications, contraindications, advantages and disadvantages.
- j Be proficient in all surgical techniques used in periodontics, their indications and contraindications, advantages and disadvantages.
- k Have comprehensive knowledge of the inter-relationship of periodontitis to pulpal disease and the various approaches to treatment.
- l Have comprehensive knowledge of the inter-relationships of orthodontic, restorative therapies and periodontal treatment.
- m Have comprehensive knowledge of maintenance therapy.

- n Be proficient in surgical implant therapy, including site development, surgical placement and maintenance.
- o Be proficient in evaluating the results of periodontal treatment and establishing and monitoring a maintenance programme, in co-operation with other members of the dental team, including the evaluation of likely risk factors.
- p Be proficient in methods for soft and hard tissue reconstruction.
- q Be proficient in the treatment of all diseases of the peri-implant tissues.

Learning outcomes in periodontal education at the postgraduate specialist level

Formal instruction must be provided for the student to achieve the following learning outcomes:

- 1 Comprehensive knowledge of the anatomy, histology and physiology of the tissues of the oral cavity and related structures.
- 2 Comprehensive knowledge of oral microbiology with emphasis on the following: the nature, composition and physiology of plaque biofilm and its relationship to inflammatory periodontal diseases; techniques to identify microorganisms, their application and utility in periodontal practice; calculus formation.
- 3 Comprehensive knowledge of infectious, inflammatory and immunological processes in oral diseases with emphasis on the pathogenesis of periodontal diseases.
- 4 Comprehensive knowledge of the principles of wound healing as well as soft and hard tissue regeneration and repair.
- 5 Comprehensive knowledge of the process of osseointegration as well as the biology of the peri-implant tissues.
- 6 Comprehensive knowledge of the classification and epidemiology of the periodontal diseases and to be proficient in its application.
- 7 Comprehensive knowledge of imaging techniques and their interpretation as they related to the diagnosis of periodontal diseases and for implant therapy.
- 8 Knowledge of behavioural risk factors for periodontal diseases and methods for their modification (including tobacco, alcohol and diet).
- 9 Comprehensive knowledge of all aspects of non-surgical therapy.
- 10 Comprehensive knowledge of the mechanisms, effects and interactions of medications used for the prevention and therapy of periodontal diseases.
- 11 Comprehensive knowledge of the mechanisms, effects and interactions of medications used for the management of systemic diseases that may affect periodontal tissues and surrounding structures.
- 12 Comprehensive knowledge of the periodontal–systemic relationships.
- 13 Comprehensive knowledge of the influence of forces (trauma, parafunction, orthodontic forces, etc.) on the periodontium and related structures and their management.
- 14 Comprehensive knowledge of the historical development of periodontics.
- 15 Be proficient in the non-surgical techniques used to manage periodontal diseases and disorders.
- 16 Comprehensive knowledge of all surgical techniques used in periodontics, their indications and contraindications, advantages and disadvantages.
- 17 Comprehensive knowledge of the inter-relationship of periodontitis to pulpal disease and the various approaches to treatment.
- 18 Comprehensive knowledge of the inter-relationships of orthodontic, restorative therapies and periodontal treatment (including implant therapy).
- 19 Be proficient in supportive periodontal therapy.
- 20 Comprehensive knowledge of the historical background to the development of oral implants and the various types of implant material/surgical techniques, in use.
- 21 Proficiency in the indications and contraindications when considering placement of different implant materials and their advantages and disadvantages, as well as alternatives.

- 22 Proficiency in all aspects of implant site development, placement and maintenance.
- 23 Comprehensive knowledge of the (cellular) immunological mechanisms involved in the inflammatory response in the peri-implant soft tissues.
- 24 Comprehensive knowledge of the various (cellular) mechanisms leading to bone loss around oral implants.
- 25 Proficiency in the mechanical, surgical, and/or antimicrobial treatment of peri-implant pathologies.
- 26 Comprehensive knowledge of the diagnosis, aetiology and treatment of halitosis.
- 27 Comprehensive knowledge of the diagnosis, aetiology and treatment of dentinal sensitivity.
- 28 Knowledge of the diagnosis, aetiology and treatment of mucosal lesions.

SCOPE OF PRACTICE

At the completion of the specialist programme, the graduate is expected to have accomplished the following in the clinical component of the programme:

1. Examination and history taking

- Consultation for a specific isolated complaint
- Periodontal screening
- Comprehensive clinical examination inclusive of extra- and intra-oral examination, with a special focus on the detailed examination of the periodontium.
- Re-evaluation
- Occlusal assessment
- Request / or take radiographic images inclusive of; periapicals (singles/ full mouth), occlusal view radiograph, bitewings, panoramic view radiograph, cephalometric, Posterior-Anterior view, CBCT or any other diagnostic imaging required to arrive at a conclusive diagnosis
- Impression taking for study models and fabrication of appliances relevant to the practice
- Patient education about periodontal diseases

2. Diagnosis and Treatment planning

- Perform tests/ investigations to aid diagnosis of the periodontal condition/ predisposing factors including potential periodontal-systemic interrelationships or monitor progress
- Radiographic analysis with or without tooth-by-tooth analysis, prognostication and comprehensive treatment planning
- Patient counselling on control of risk factors (e.g. smoking, stress etc.) and the periodontal treatment to be undertaken
- Medical consultation or referral when appropriate
- To fully document each phases of treatment in order to subsequently present these cases for evaluation
- Be able to diagnose, develop and execute a treatment plan for advanced multidisciplinary cases (combined problems of periodontal disease plus systemic and restorative, prosthetic, orthodontic and / or endodontic considerations and referral consultations required) and be able to carry out the periodontal component of such treatments

3. Non-surgical management of periodontal diseases

- Oral Hygiene instructions
- Professional plaque removal
- Scaling and polishing
- Root planning which can be done in sextants, quadrants or as a full mouth procedure
- Full mouth disinfection procedure
- Occlusal adjustment

- Provisional splinting.../

- Provisional splinting using plain or re-enforced resin with or without wire; intra- or extra-coronal
- Selective extraction of teeth/roots where indicated to facilitate periodontal treatment
- Consult with /refer to other medical/dental disciplines to encourage multidisciplinary care of the patient where required
- Correction of overhanging /high restorations in the process of periodontal treatment including provisional restoration in emergency situations (No routine restoration)
- Prescription/ use of chemotherapeutic agents (topical/systemic) as required in the management of periodontal diseases

4. Surgical management of periodontal diseases

- Flap procedures which may or may not include the following: debridement, resective osseous surgery, chemical treatment of root surfaces, distal wedge resection, root resection, tooth hemisection, furcaplasty, odontoplasty, apicectomy, regenerative procedures with or without use of barrier membranes including use of platelet concentrate
- Periodontal plastic surgery inclusive of: management of soft tissue defects using various types of grafting techniques and materials, management of highly attached and / or active frenae, shallow vestibule or any other procedure for enhancement of function and oral aesthetics
- Surgical clinical crown lengthening in the anterior or posterior segment (single tooth or multiple teeth/ full mouth)
- Gingivectomy and / or gingivoplasty procedures for the management of gingival enlargements (single sites, sextant, quadrant or full mouth)
- Apicectomy with or without retrograde filling in the management of endo-perio lesions

5. Other Pre-prosthetic / pre-orthodontic surgical procedures not covered in periodontal surgery

- Exploratory flap; which may not have any other procedure coupled to it
- Periodontally accelerated Osteogenic Orthodontics (PAOO)
- Surgical tooth exposure to facilitate orthodontic extrusion
- Fiberotomy Guided bone regenerative procedures
- Osseous resective procedures
- Placement of Temporary Anchorage Devices (TADs)
- Any other surgical procedure done to facilitate restorative, prosthetic or orthodontic treatment plans
-

6. Maintenance / Supportive Therapy

- Risk assessment
- Periodic re-examination at predetermined intervals
- Intermittent oral hygiene evaluation at predetermined intervals
- Other procedures under point 3 above

7 Surgical implant therapy (Assessment and diagnostic aids included in points 1 and 2)

- Low trauma tooth/ root extraction
- Multidisciplinary consultation and treatment planning to facilitate comprehensive management
- Surgical placement of implants including mini implants for interim provisionalization.
 - Implant exposure and placement of transmucosal abutment

- Non-surgical.../

- Non-surgical and surgical management of peri-implant diseases inclusive of implant removal
 - Implant maintenance in line with point 6 above
- Be able to diagnose and treat any biological complication that may occur around oral implants.
- Ridge augmentation procedures associated with implant site development
 - Soft tissue ridge augmentation (EPG, CTG/ VIP-CT and other)
 - Hard tissue augmentation (particulate bone graft , bone block graft or combination) including extraction socket augmentation (Ridge preservation)
 - Intra-oral harvesting of the autogenous grafts
 - Sinus floor elevation procedures (lateral window technique or trans-crestal technique)
 - Surgical re-entry for removal of non-resorbable barrier membrane

Adopted and Adapted from:

Van der Velden U, Sanz M. Postgraduate periodontal education. Scope, competences, proficiencies and learning outcomes: Consensus report of the 1st European workshop on periodontal education – position paper 3 and consensus view 3. Eur J Dent Educ 2010; 14(Suppl 1):34-40.