



JOHANNESBURG OFFICE
EXAMINATIONS & CREDENTIALS

C M S A

The Colleges of Medicine of South Africa NPC

Nonprofit Company (Reg No. 1955/000003/08)
Nonprofit Organisation (Reg. No. 009-874 NPO)
Vat No. 4210273191

27 Rhodes Avenue, PARKTOWN WEST, 2193
Tel: +27 11 726 7037; Fax: +27 11 726 4036

Website: www.cmsa.co.za
General: Academic.Registrar@cmsa.co.za

BLUEPRINT: FCD(SA) PART II - ORAL MEDICINE AND PERIODONTICS

A. Essential Clinical Competencies for Oral Medicine Practice

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) **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 self-care 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