

ORE Part 2

Diagnosis and Treatment Planning (DTP) Guidance

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Introduction

A candidate is expected to be able to show competence, knowledge and familiarity in the different aspects of dentistry outlined in the [GDC's The Safe Practitioner: A framework of behaviours and outcomes for dental professional education – Dentist \(SPF\)](#). The standards of conduct, performance and ethics required are described in the GDC's publication [Standards for the Dental Team](#).

The *SPF* sets out behaviours and learning outcomes for dental professional education and is organised into four domains which reflect the knowledge, skills, attitudes and behaviours that a dentist must demonstrate at a level appropriate for registration.

These domains, which are integral to the ORE Part 2, are:

- Clinical Knowledge and Skills
- Interpersonal Skills
- Professionalism
- Self-management

The behaviours and learning outcomes contained within these domains are examined within the four component examinations of the ORE Part 2.

Information and Instructions

The primary aim of this assessment is to evaluate a dentist's ability to safely treat patients in practice. The DTP component of the examination will comprise one 54-minute session.

1. What to Expect

Prior to the Examination

Candidates will receive an email before the examination date confirming the examination venue and allocated arrival time. Careful attention should be paid to the address provided, as examinations may be held at different venues.

Candidates are responsible for ensuring that they have read all relevant [ORE Part 2 Policy and Procedure documents](#) before the examination.

Requests for reasonable adjustments must be submitted at least six weeks before the examination date and in accordance with the [Reasonable Adjustments Policy](#).

Details of the identification requirements and registration process will also be provided by email before the examination.

This guidance should be read in conjunction with the [DTP Guidance Video](#) ahead of the examination. The video will **not** be shown on the day.

Upon Arrival

Candidates are required to arrive at their allocated time. Those arriving early may be asked to leave the building until their scheduled arrival time. Candidates who arrive late will not be permitted to sit the examination. Sufficient time should therefore be allowed for travel to the examination venue.

Upon arrival, candidates will be required to register and present proof of identity in accordance with the instructions provided before the examination.

All equipment required for the examination, including equipment for relevant stations, will be provided. Books, electronic devices (including smart devices and AI-enabled wearable technology), and watches are not permitted in the examination.

During the examination

There are four sections to the DTP examination:

- History Taking and Contemporaneous Note Making – 10 Minutes
- Complete Provisional (Possible) Diagnosis, Special Investigations and Radiographic Prescription Forms – 11 Minutes
- Written Treatment Plan – 23 Minutes
- Presentation of Treatment Plan to the Patient – 10 Minutes

To support effective time management, candidates will be provided with a clock displaying the sections of the examination on the clock face (see Appendix 1).

The examination may be recorded for quality assurance or training purposes.

2. What does the DTP consist of?

The DTP examination is a timed assessment that evaluates a candidate's ability to gather relevant information, formulate a diagnosis, request appropriate investigations,

develop a treatment plan and communicate that plan effectively to a patient in a simulated clinical setting.

Candidates are assessed in five areas:

- Oral history taking
- Provisional diagnosis, special investigations and radiographic prescription
- Contemporaneous note making
- Written treatment planning and radiographic reporting
- Oral presentation of the treatment plan

The examination is divided into four timed stages and uses a series of colour-coded forms to support time management.

Stage 1: History Taking and Contemporaneous Notes (10 minutes)

Candidates will be seated with a simulated (role-player) patient and two examiners.

During this stage, candidates are expected to:

- Obtain a comprehensive history from the patient
- Record accurate contemporaneous notes
- Explore the presenting complaint and relevant symptoms
- Obtain relevant medical, dental and social histories
- Identify factors influencing oral health
- Establish the patient's wishes and expectations

The patient must be treated as a real patient; however, no clinical examination of the patient or their mouth is permitted.

Assessment will focus on:

- History-taking skills
- Communication skills
- Professionalism
- Quality and accuracy of contemporaneous notes

Stage 2: Provisional Diagnosis, Radiographic Prescription and Special Investigations (11 minutes)

After the patient and examiners leave, candidates will review the clinical information and artefacts provided.

Candidates are required to complete:

- A written provisional (possible) diagnosis
- A radiographic prescription with clear justification
- A request for any special investigations considered necessary

The provisional diagnosis should be based on the patient's history and the routine clinical findings provided. Only investigations relevant to diagnosis and treatment planning should be requested.

Examples of special investigations may include:

- Vitality testing
- Additional periodontal assessment
- Body temperature measurement
- Assessment of muscles of mastication

At the end of this stage, the completed diagnosis, radiographic prescription and special investigation forms are collected.

Stage 3: Written Treatment Plan and Radiographic Report (23 minutes)

Candidates will then receive additional clinical information, including radiographs and the results of relevant investigations.

Using this information, candidates must:

- Formulate a definitive diagnosis
- Produce a written treatment plan
- Consider alternative treatment options
- Identify risks, benefits and limitations of treatment
- Consider patient wishes, prognosis and long-term maintenance needs
- Justify any referrals where appropriate
- Complete a written radiographic report for a designated radiograph

The treatment plan should include:

- Immediate or urgent treatment
- Definitive treatment
- Preventive advice and maintenance requirements
- Alternative treatment options with advantages and disadvantages
- Referral arrangements where appropriate

Stage 4: Oral Presentation of the Treatment Plan (10 minutes)

The patient and examiners will return, and candidates must present their treatment plan in clear, patient-centred language.

Candidates are expected to:

- Explain the diagnosis and findings
- Discuss available treatment options
- Explain the advantages and disadvantages of each option
- Recommend a preferred treatment option
- Discuss risks, preventive measures and maintenance requirements
- Answer questions from the patient and examiners

The aim is to provide sufficient information for the patient to understand their options and make an informed decision regarding treatment.

Examination Documentation

Candidates will complete a series of colour-coded forms throughout the examination:

- White: Candidate information
- Blue: Patient history and contemporaneous notes
- Orange: Provisional diagnosis, radiographic prescription and special investigations
- Green: Radiographic report and treatment plan

All documentation must be submitted at the end of the examination. Failure to submit required forms may affect the marks awarded.

Professionalism

All examiners mark independently and assess professionalism throughout the examination. Candidates are expected to demonstrate the standards of behaviour, communication and clinical reasoning expected of a registered dental professional.

3. Marking

The following aspects will be assessed against the four domains, where appropriate:

1. Oral history
2. Provisional diagnosis, special investigations, radiographic request and radiographic report
3. Contemporaneous notes
4. Written treatment plan
5. Oral treatment plan

Each of the five areas assessed will receive one of the following judgements:

- Exceeds Standard
- Meets Standard
- Below Standard
- Well Below Standard

In addition, examiners will give a global judgement from one of the following:

- Exceeds Standard
- Meets Standard
- Borderline
- Below Standard
- Well Below Standard

These judgements are converted into numerical scores. The DTP uses the Borderline Regression method of standard setting to establish a cut-off score for each scenario. Candidates' numerical scores are then used to determine their overall DTP outcome, which is classified as **Pass**, **Borderline**, or **Fail**.

4. Irregularities

If you experience an unexpected circumstance or procedural irregularity during your examination, you must tell a member of the examination delivery team as soon as possible. This includes anything outside of your control which you believe to have adversely affected your performance. You should make every effort to inform us as soon as an issue arises, and prior to leaving at the end of the examination. This will allow us to investigate promptly and try to resolve any matters as soon as possible (including on the day where we are able to do so).

5. Examination Regulations

Candidates are reminded that discussion of the examination is strictly prohibited both before and after the examination. This requirement also extends to the period after leaving the examination venue, as discussing or sharing details of the examination is a breach of examination regulations. The GDC and the Consortium expect all candidates to demonstrate professionalism and integrity at all times, before, during, and after the examination.

6. Example - DTP

Candidate Instructions

Who you are:

You are a newly qualified dentist in general practice.

Patient details:

Mrs Smith, aged 59 years.
32 High Field, Cambridge, CB1 1LZ

Patient scenario:

The patient is concerned about the wear of her front teeth and the loss of some teeth and a crown.

Timing:

You have 54 minutes to complete this scenario:

- History taking and contemporaneous note making: 10 minutes
- Provisional diagnosis, special investigations and radiographic request: 11 minutes
- Written treatment plan: 23 minutes
- Oral treatment plan: 10 minutes

Artefacts Provided following Candidate's Request for Information

These artefacts will be present when you first meet the patient.

1. Photographs



2. Information seen from Simple Dental Examination

Oral Hygiene: Fair with small amounts of generalised plaque and a little calculus lingual to the lower incisors Some bleeding on probing

BPE 2/2/-

2/2/2

Periodontal status: Generalised recession

Occlusion: Class 2 div 1

Artefacts provided following candidate's request for Special Investigations and Radiographs

Periodontal status: Generalised horizontal bone loss

Caries: There is no active caries but some restorations are of poor shape.

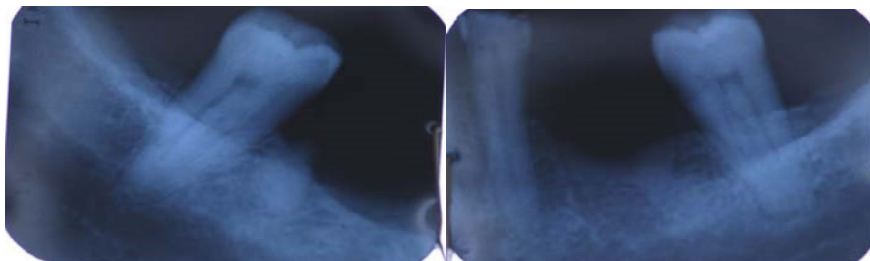
Mobility: No mobility of any teeth

Radiographs

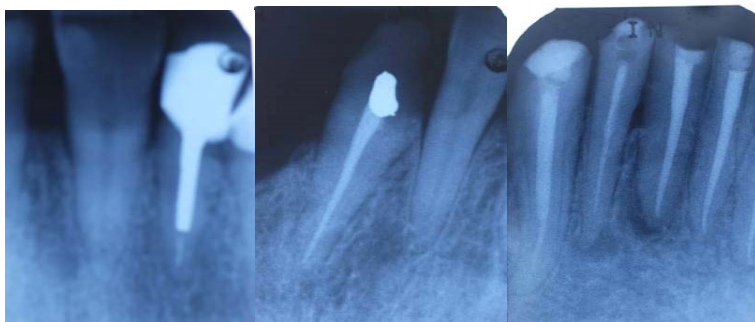
OPT



Periapicals of lower molars



Periapicals of incisors



Appendix 1: Clock Face

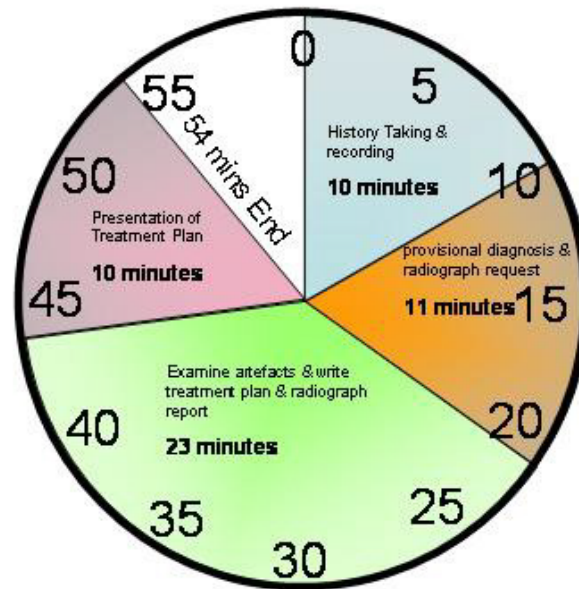


Illustration of the individual clock face which will be handed to candidates.