ORE Part 2

Medical Emergencies (ME) 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 manage an adult or child who becomes acutely unwell in dental practice. The ME component of the examination will comprise one 13-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.

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

Each assessment lasts 13 minutes. The first eight minutes is the structured oral examination and the last five minutes is the demonstration of single-handed basic life support skills.

The manikins will be tested regularly by the examiners to make sure they work effectively.

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

2. What does the ME examination consist of?

The assessment consists of two parts:

- An interactive oral and practical assessment based on three structured scenarios selected from an agreed Medical Emergency question bank
- A demonstration of single-handed Basic Life Support on an adult or child

The assessment follows the Resuscitation Council UK (RCUK) guidance on the medical emergencies and training updates. The resuscitation guidelines should be read in conjunction with the Quality Standards.

A. Medical Emergencies Structured Scenarios

It aims to assess competence in the management, in both adults and children, of:

a) anaphylaxis
b) acute shortness of breath including asthma and hyperventilation
c) swallowed / inhaled foreign body
d) a collapse of unknown cause
e) vaso-vagal attack
f) post-operative haemorrhage
g) hypoglycaemia
h) epilepsy
i) acute onset chest pain
j) corticosteroid insufficiency
k) needlestick injury
l) stroke
m) sepsis
n) deteriorating patients

The related applied pathology, human disease, clinical pharmacology and ethical considerations of these acute medical emergencies may be assessed, as well as prevention.

The candidate should be able to list, identify, discuss and demonstrate the equipment needed to deliver emergency care as well as drug doses and preferred methods of administration.

The rapidity of response to a medical emergency has to be appropriate. If the response is delayed, maintaining life until the emergency services arrive will fail. Therefore, certain exercises in the assessment may be time limited. Marks will be awarded for completing the exercise in the length of time allocated.

B. Basic Life Support

This exercise tests the resuscitation technique and the management of cardiac arrest including the use of the automatic defibrillator in adults and children.

The 2025 resuscitation guidelines available on the Resuscitation council UK (RCUK) website should be used in this assessment. These should be read in conjunction with the RCUK Quality Standards.

The candidate will be asked to read the Basic Life Support (BLS) scenario which is set within the dental surgery after which they will be asked to demonstrate single-handed BLS on an adult or child. **In line with best practice, candidates will be expected to use a pocket mask for ventilation. Mouth-to-mouth ventilation is not acceptable in a health care setting.**

The pocket mask will have a manufacturer approved one-way valve and Technostat filter in place. These should remain in situ throughout the whole assessment. The filter and valve are changed for each candidate and are designed to protect the candidate from respiratory pathogens. They do not affect the ability to ventilate the manikin.

Removal of the filter, removal of the valve or non-use of the mask represents unsafe practice and the marks given will reflect this. In this situation the candidate will be advised to replace the valve and filter and asked to continue but will be marked down for this particular aspect. The rest of the exercise will be marked as normal.

3. Marking

A. Structured Oral Examination

For the structured oral there will be three themes for each candidate.

The themes for a diet will be chosen by the lead examiner and the examiners follow structured questioning on that topic.

For each theme, all candidates will be asked a number of questions which centre on clinical management.

There will be two examiners marking each candidate and both examiners will ask structured questions. During the assessment, they will independently award marks and make notes on the performance of the candidate.

As the questions all regard the action of the dentist in a medical emergency the candidate is advised to provide concise answers. The examiners will not prompt the candidate or rephrase the questions.

B. Basic Life Support

The candidate will only be interrupted to give information which may impact on the resuscitation attempt and they should continue the resuscitation attempt until told to stop.

At the end of the practical demonstration questions may be asked.

C. Overall

Each assessor independently rates all scenarios and BLS components against the structured mark sheet.

The three scenarios are considered equal in weighting to the basic life support assessment, with no compensation of marks between the two components (candidates should pass the scenarios and BLS separately). There is compensation between the scenarios. The response to each question, and each component of the BLS, will be awarded one of four grades: Clear Pass, Borderline Pass, Borderline Fail, Clear Fail.

Underlying each grade is a numerical score. The score assigned to each grade varies between questions and BLS components, reflecting the importance of the correct response to the clinical outcome and the potential risk of patient harm if an incorrect response is given. These weightings are determined through the collective judgement of a panel of examiners, including GDC external examiners. Using this standard-setting process, a pass mark is established for each scenario and for the BLS demonstration.

The score awarded for individual questions and BLS components are used to calculate an overall score for each scenario and for the BLS demonstration. The Structured Oral examination and the BLS demonstration are then classified as **Pass**, **Borderline**, or **Fail**. The overall outcome for each scenario and the BLS demonstration is determined from the combination of grades awarded by the examiners. A **Pass** is awarded only where both examiners award a Pass. A **Borderline** outcome is awarded where one examiner awards a Pass and the other awards a Borderline. All other combinations, including two Borderline grades or any combination containing a Fail, result in an overall **Fail** outcome.

A mark for communication skills and professionalism will also be recorded and considered accordingly.

4. Irregularities

If an unexpected circumstance or procedural irregularity occurs during the examination, a member of the examination delivery team must be informed as soon as possible. This includes any situation outside a candidate's control that is believed to have adversely affected performance. Every effort should be made to report the issue as soon as it arises and before leaving the examination venue. Prompt notification allows the matter to be investigated and, where possible, resolved as quickly as possible, including on the day of the examination.

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 – Medical Emergencies

Themes assessed

Asthma algorithm

Opening statement

A 24-year-old patient with known asthma is having an amalgam restoration replaced in your surgery.

Your nurse notices that the patient is becoming increasingly agitated, begins to cough and wheezes slightly.

You notice that they are finding it difficult to breathe.

Core questions

a) What do you think is happening?

The patient is beginning to suffer an acute asthma attack

b) What are the clinical signs of acute severe asthma?

Inability to complete sentences in one breath

Increased respiratory rate

Tachycardia

c) How will you manage this patient?

Stop treatment and remove all instruments from the mouth

Sit the patient upright and give the patient salbutamol

Oxygen 15L/min

d) If they fail to respond to the initial treatment, what do you do?

Repeated dose salbutamol may be necessary every 10 minutes

Call emergency services

e) What are the clinical signs of life-threatening asthma which you as a dentist could

elicit?

Cyanosis (blue tinge to peripheries – fingers, lips)

Poor respiratory effort

Reduced heart rate

Exhaustion

Confusion

Altered conscious level