Overseas Registration Exam

Examination Specification for Candidates

Contents

1 Introduction

1.1 What is an Examination Specification?

An Examination Specification is the key document which defines the purposes of an exam, how the exam is designed, what it will assess and how, and how results will be produced and presented.

1.2 Purpose

Most applicants whose primary qualification as a dentist was not gained in the UK or EEA will need to pass the Overseas Registration Examination (ORE) before applying for full registration with the General Dental Council (GDC) as a dentist.

Candidates can apply for registration when they have passed the ORE. Registration allows dentists to practise dentistry in the UK.

The ORE tests the clinical skills and knowledge of dentists from outside the European Economic Area whose qualifications are not eligible for full registration with the GDC here in the UK. Candidates are expected to meet or exceed the standard of a 'just passed' UK BDS graduate i.e. a minimally competent candidate. All ORE examination content is pitched at the level of a minimally competent candidate to ensure that the examination is fair and fit for purpose i.e. ensuring that candidates who have passed the examination are fit to practice in the UK.

The exam is based on the UK dental curriculum and practice and uses modern assessment methods to ensure a robust and consistent exam.

1.3 Target Population

Practising or newly qualified dentists from outside the UK or EEA wishing to practise dentistry in the United Kingdom.

2 Test Design

The ORE has two parts:

- Part 1 is a set of two computer-based exams (CBEs)
- Part 2 is a set of clinical exams

All content of the ORE is mapped against the GDC Learning Outcomes (LOs) specified for dentists in the document Preparing for Practice (PfP).

Candidates must pass ORE Part 1 before being able to progress to ORE Part 2.

Table 1: Overview of Test Design for ORE

Part	Component	Design	Marks	Timing
1	CBE (Computer Based Exam)	Paper A: Dental science and human disease	200	3 hours
		Paper B: Aspects of clinical dentistry including law and ethics and health and safety	200	3 hours
2	OSCE (Objective Structured Clinical Exam)	15 live stations and 5 rest stations	16 per station, 240 marks total	6 minutes per station, total of 2 hours
	Dental Manikin (DM)	3 exercises: 2 major, 1 minor	Variable by station according to task-specific criteria	3 hours
	Diagnostic and Treatment Planning Exercise (DTP)	Simulated clinical assessment of patient management and care: includes interaction with an actor. Components assessed: • Aspect 1: Oral history • Aspect 2: Provisional diagnosis, special investigations, radiographic request and report • Aspect 3: Contemporaneous notes • Aspect 4: Written treatment plan • Aspect 5: Oral treatment plan	124	54 minutes
	Medical Emergencies (ME)	Two parts: • A structured scenario-based oral on three of 14 possible emergency situations • Demonstration of single-handed basic life support using a resuscitation manikin	Variable according to task-specific criteria	8 minutes structured oral, 5 minutes for BLS Total time: 13 minutes

3 Test Content

The knowledge, understanding and skills to be assessed in the ORE are guided by the GDC's PfP LOs. The matrix below maps LOs from PfP and indicates which part and component of the exam the LOs may be assessed in:

Preparing for Practice	Part in which LO is assessed				
	Part 1	Part 2			
		OSCE	DM	DTP	ME
1 Individual patient care					
1.1 Foundations of practice					
1.1.1 Explain, evaluate and apply the principles of an evidence-based approach to learning, clinical and professional practice and decision making	Y	Y		Y	Y
1.1.2 Critically appraise approaches to dental research and integrate with patient care	Y				
1.1.3 Identify oral diseases and explain their relevance to prevention, diagnosis and treatment	Y	Y		Y	

1.1.4 Identify general and systemic disease and explain their relevance to oral health and their impact on clinical treatment	Y	Y		Y	Y
1.1.5 Explain the aetiology and pathogenesis of oral disease	Y	Y			
1.1.6 Identify relevant and appropriate dental, oral, craniofacial and general anatomy and explain their application to patient management	Y	Y			
1.1.7 Describe relevant physiology and discuss its application to patient management	Y	Y			
1.1.8 Explain the potential routes of transmission of infectious agents in dental practice, mechanisms for the prevention of infection, the scientific principles of decontamination and disinfection and their relevance to health and safety	Y	Y			

1.1.9 Describe the properties of relevant drugs and therapeutic agents and discuss their application to patient management	Y	Y			
1.1.10 Recognise the scientific principles underpinning the use of materials and biomaterials and evaluate their limitations and selection, with emphasis on those used in dentistry	Y	Y	Y		
1.1.11 Explain and apply the scientific principles of medical ionizing radiation and statutory regulations	Y	Y			
1.1.12 Explain the principles of epidemiology and critically evaluate their application to patient management	Y				
1.1.13 Explain, evaluate, and apply to clinical practice psychological and sociological concepts and theoretical frameworks of health, illness, behavioural change and disease	Y	Y		Y	
1.2 Comprehensive patient assessment					
1.2.1 Obtain, record, and interpret a comprehensive and contemporaneous patient history		Y		Y	
1.2.2 Undertake an appropriate systematic intra and extra-oral clinical examination		Y		Y	

1.2.3 Manage appropriate clinical and laboratory investigations	Y	Y		Y	
1.2.4 Undertake relevant special investigations and diagnostic procedures, including radiography		Y		Y	
1.2.5 Assess patients' levels of anxiety, experience and expectations in respect of dental care		Y		Y	
1.2.6 Discuss the importance of each component of the patient assessment process	Y	Y			
1.3 Section 1.3. Does not apply to the registrant group					
1.4 Diagnosis					
1.4.1 Synthesise the full results of the patient's assessment and make clinical judgments as appropriate		Y		Y	Y
1.4.2 Formulate a differential diagnosis or diagnoses and from there a definitive diagnosis		Y		Y	Y
1.5 Treatment planning					
1.5.1 Formulate an appropriate treatment plan, synthesising patient assessment and diagnosis data		Y		Y	Y

1.5.2 Describe the range of orthodox complementary and alternative therapies that may impact on patient management	Y	Y			
1.5.3 Explain the principles of obtaining valid patient consent	Y	Y			
1.5.4 Obtain valid consent from the patient		Y		Y	
1.5.5 Refer patients for treatment or advice when and where appropriate		Y		Y	
1.5.6 Critically evaluate the treatment planning process	Y	Y			
1.6 Section 1.6. Does not apply to the registrant group					
1.7 Patient management					
1.7.1 Treat all patients with equality, respect and dignity		Y		Y	
1.7.2 Identify, explain and manage the impact of medical and psychological conditions in the patient	Y	Y		Y	
1.7.3 Monitor and review treatment outcomes		Y			

1.7.4 Prevent, diagnose and manage patient anxiety appropriately, effectively and safely	Y	Y		Y	
1.7.5 Prevent, diagnose and manage pain appropriately, effectively and safely	Y	Y		Y	
1.7.6 Evaluate the risks and benefits of treatment under general anaesthesia and make appropriate referrals	Y	Y		Y	
1.7.7 Evaluate the risks and benefits of treatment under conscious sedation and make appropriate referrals	Y	Y			
1.7.8 Safely and appropriately prescribe and administer drugs and therapeutic agents	Y	Y		Y	
1.7.9 Explain the role and organisation of referral networks, clinical guidelines and policies and local variation	Y	Y			
1.7.10 Explain the need to take responsibility for establishing personal networks with local dental and medical colleagues, specialists and other relevant individuals and organisations	Y	Y			
1.7.11 Critically evaluate all components of patient management	Y	Y			

1.8 Patient and public safety					
1.8.1 Identify and explain the risks around the clinical environment and manage these in a safe and efficient manner	Y	Y	Y		Y
1.8.2 Implement, perform and manage effective decontamination and infection control procedures according to current guidelines		Y	Y		Y
1.8.3 Recognise and take responsibility for the quality of services and devices provided to the patient	Y	Y			
1.8.4 Explain the responsibilities and limitations of delegating to other members of the dental team	Y				
1.8.5 Comply with current best practice guidelines	Y	Y	Y	Y	Y
1.8.6 Identify, assess, and manage medical emergencies	Y				Y
1.8.7 Explain the importance of and maintain accurate, comprehensive and contemporaneous patient records in accordance with legal and statutory requirements and best practice	Y	Y		Y	

1.8.8 Identify the signs of abuse or neglect, explain local and national systems that safeguard welfare and raise concerns where appropriate	Y	Y		Y	
1.9 Treatment of acute oral conditions					
1.9.1 Recognise and manage patients' acute oro-facial and dental pain	Y	Y		Y	
1.9.2 Recognise and manage acute dento-alveolar and mucosal infection	Y	Y		Y	
1.9.3 Recognise and manage dentoalveolar and mucosal trauma	Y	Y		Y	
1.9.4 Identify the need for and make arrangements for follow-up care	Y	Y		Y	
1.10 Health promotion and disease prevention					
1.10.1 Recognise the responsibilities of a dentist as an access point to and from wider healthcare	Y	Y		Y	
1.10.2 Provide patients with comprehensive and accurate preventive education and instruction in a manner which encourages self-care and motivation		Y		Y	

1.10.3 Explain the principles of preventive care and apply as part of a comprehensive treatment plan	Y	Y		Y	
1.10.4 Underpin all patient care with a preventive approach that contributes to the patient's long-term oral and general health	Y	Y		Y	
1.10.5 Manage the application of preventive treatments	Y	Y	Y		
1.10.6 Assess the results of treatment and provide aftercare and ongoing preventive advice	Y	Y			
1.10.7 Evaluate the health risks of diet, drugs and substance misuse, and substances such as tobacco and alcohol on oral and general health and provide appropriate advice and support	Y	Y		Y	
1.11 Management and treatment of periodontal disease					
1.11.1 Assess and manage the health of periodontal and soft tissues taking into account risk and lifestyle factors	Y	Y		Y	

1.11.2 Describe, take account of and explain to the patient the impact of the patient's periodontal health on the overall treatment plan and outcomes	Y	Y		Y	
1.11.3 Undertake non-surgical treatments to remove hard and soft deposits and stains using a range of methods and refer as appropriate		Y	Y		
1.11.4 Monitor and record changes in periodontal health on a regular basis using appropriate methods	Y	Y			
1.11.5 Evaluate the need for, and prescribe, adjunctive chemotherapeutic agents for the management of periodontal conditions in individual patients	Y	Y		Y	
1.11.6 Evaluate, for individual patients, the need for more complex treatment and refer appropriately	Y	Y		Y	
1.12 Hard and soft tissue disease					
1.12.1 Describe the aetiology and pathogenesis of diseases of the oral and maxillofacial complex	Y				
1.12.2 Identify oral mucosal diseases and refer where appropriate	Y	Y		Y	

1.12.3 Identify all stages of malignancy, the aetiology and development of tumours and the importance of early referral for investigation and biopsy	Y	Y		Y	
1.12.4 Identify and explain appropriately to patients the risks, benefits, complications and contra-indications to surgical interventions	Y	Y		Y	
1.12.5 Undertake pre-operative assessment, implement appropriate management techniques, including referral, and carry out appropriate post-operative care		Y			
1.12.6 Carry out simple oral surgery of hard and soft tissues	Y	Y			
1.12.7 Extract erupted teeth and roots in the permanent and deciduous dentition	Y	Y			
1.12.8 Identify and manage unerupted teeth and retained roots	Y	Y			
1.13 Management of the developing and developed dentition					
1.13.1 Identify normal and abnormal facial growth, physical, mental and dental development and explain their significance	Y	Y			
1.13.2 Undertake an orthodontic assessment, including an indication of treatment need	Y	Y			
1.13.3 Identify and explain developmental or acquired occlusal abnormalities	Y	Y			

1.13.4 Identify and explain the principles of interceptive treatment, including timely interception and interceptive orthodontics, and refer when and where appropriate	Y	Y			
1.13.5 Identify and explain when and how to refer patients for specialist treatment and apply to practice	Y	Y		Y	
1.13.6 Recognise and explain to patients the range of contemporary orthodontic treatment options, their impact, outcomes, limitations and risks	Y	Y			
1.13.7 Undertake limited orthodontic appliance emergency procedures	Y	Y			
1.14 Restoration and replacement of teeth					
1.14.1 Assess and manage caries, occlusion, and tooth wear	Y	Y	Y	Y	
1.14.2 Recognise and manage temporomandibular joint disorders	Y	Y		Y	
1.14.3 Create an oral environment where restoration or replacement of the tooth is viable	Y	Y		Y	
1.14.4 Where appropriate, restore the dentition using the principle of minimal intervention, to a standard that promotes the longevity of the restoration or prostheses			Y		

1.14.5 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are aesthetic and long lasting, and promote soft and hard tissue health			Y		
1.14.6 Assess, diagnose and manage the health of the dental pulp and periradicular tissues, including treatment to prevent pulpal and periradicular disease	Y	Y	Y	Y	
1.14.7 Recognise the role of surgical management of periradicular disease	Y	Y		Y	
1.14.8 Determine the prognosis and undertake appropriate nonsurgical treatments to manage pulpal and periradicular disease for uncomplicated deciduous and uncomplicated permanent teeth	Y	Y	Y	Y	
1.14.9 Recognise the risks of non-surgical root canal treatment and how to manage them	Y	Y		Y	
1.14.10 Evaluate the need for more complex treatment and refer accordingly	Y	Y		Y	
1.14.11 Assess the need for, design, prescribe and provide biomechanically sound partial and complete dentures	Y	Y		Y	
1.14.12 Recognise and explain to patients the range of implant treatment options, their impact, outcomes, limitations and risks	Y	Y		Y	
2 Population-based health and care					

2.1 Discuss the basic principles of a population health approach including demographic and social trends, UK and international oral health trends, determinants of health and inequalities in health, and the ways in which these are measured and current patterns	Y				
2.2 Describe the dental and wider healthcare systems dental professionals work within including health policy and organisation, delivery of healthcare and equity	Y	Y			
2.3 Describe and evaluate the role of health promotion in terms of the changing environment, community and individual behaviours to deliver health gain	Y	Y			
2.4 Evaluate evidence-based prevention and apply appropriately	Y	Y		Y	
2.5 Explain the principles of planning oral health care for communities to meet needs and demands	Y				
Communication					
3 Patients, their representatives and the public	**Part 1**	**OSCE**	**DM**	**DTP**	**ME**

3.1 Communicate appropriately, effectively and sensitively at all times with and about patients, their representatives and the public and in relation to:	Y	Y		Y	
• patients with anxious or challenging behaviour					
• referring patients to colleagues, particularly where patients are from diverse backgrounds or there are barriers to patient communication					
• difficult circumstances, such as breaking bad news, or discussing issues such as alcohol consumption, smoking, or diet					
3.2 Recognise the importance of non-verbal communication, including listening skills, and barriers to effective communication	Y	Y		Y	
3.3 Explain and check patients' understanding of treatments, options, costs and informed		Y		Y	

consent and enable patients to make their choice					
3.4 Obtain informed consent		Y		Y	
4 Team and the wider healthcare environment					
4.1 Communicate appropriately with colleagues from dental and other healthcare professions in relation to:	Y	Y	y		
• the direct care of individual patients					
• oral health promotion					
• the day to day working of the clinical department/practice in which the individual works					
• the wider contribution which the department/practice makes to dental and healthcare in the surrounding community					
• raising concerns when problems arise					
4.2 Explain the role of appraisal, training and review of colleagues, giving and receiving effective feedback	Y				

4.3 Give and receive feedback effectively to other members of the team	Y	Y			
4.4 Communicate appropriately and effectively in professional discussions and transactions within the health and other sectors	Y	Y			
5 Generic communication skills					
5.1 Communicate appropriately, effectively and sensitively by spoken, written and electronic methods and maintain and develop these skill	Y	Y		Y	
5.2 Use appropriate methods to provide accurate, clear and comprehensive information when referring patients to other dental and healthcare professionals	Y	Y			
5.3 Explain the importance of and maintain accurate, contemporaneous and comprehensive patient records in accordance with legal and statutory requirements and best practice	Y	Y		Y	
5.4 Recognise the use of a range of communication methods and technologies and their appropriate application in support of clinical practice	Y	Y			
5.5 Recognise and act within the principles of information governance	Y	Y			
Professionalism					
6 Patients and the public	**Part 1**	**OSCE**	**DM**	**DTP**	**ME**

6.1 Put patients' interests first and act to protect them	Y	Y	Y	Y	Y
6.2 Act with integrity and be trustworthy	Y	Y			
6.3 Respect patients' dignity and choices	Y	Y		Y	
6.4 Protect the confidentiality of all personal information	Y	Y			
6.5 Recognise and respect the patient's perspective and expectations of dental care and the role of the dental team, taking into account issues relating to equality and diversity	Y	Y		Y	
7 Ethical & Legal					
7.1 Recognise and act within the GDC's standards and within other professionally relevant laws, ethical guidance and systems	Y	Y	Y	Y	Y
7.2 Recognise and act upon the legal and ethical responsibilities involved in protecting and promoting the health of individual patients	Y	Y			
7.3 Act without discrimination and show respect for patients, colleagues and peers and the general public	Y	Y		Y	

7.4 Take responsibility for and act to raise concerns about your own or others' health, behaviour or professional performance as described in The Principles of Raising Concerns	Y	Y			
8 Teamwork					
8.1 Describe and respect the roles of dental and other healthcare professionals in the context of learning and working in a dental and wider healthcare team	Y	Y			
8.2 Co-operate effectively with other members of the dental and wider healthcare team in the interests of patients		Y			
8.3 Explain the contribution that team members and effective team working makes to the delivery of safe and effective high quality care	Y				
9 Development of self and others					
9.1 Recognise and demonstrate own professional responsibility in the development of self and the rest of the team	Y	Y			
9.2 Utilise the provision and receipt of effective feedback in the professional development of self and others	Y	Y			

9.3 Explain the range of methods of learning and teaching available and the importance of assessment, feedback, critical reflection, identification of learning needs and appraisal in personal development planning	Y				
9.4 Develop and maintain professional knowledge and competence and demonstrate commitment to lifelong learning	Y	Y			
9.5 Recognise and evaluate the impact of new techniques and technologies in clinical practice	Y	Y			
9.6 Accurately assess their own capabilities and limitations in the interest of high quality patient care and seek advice from supervisors or colleagues where appropriate			Y		
9.7 Explain and demonstrate the attributes of professional attitudes and behaviour in all environments and media	Y	Y	Y	Y	Y
Management and Leadership					
10 Managing self	**Part 1**	**OSCE**	**DM**	**DTP**	**ME**
10.1 Put patients' interests first and act to protect them	Y	Y	Y	Y	Y
10.2 Effectively manage their own time and resources		Y		Y	Y

10.3 Recognise the impact of personal behaviour on the health care environment and on wider society and manage this professionally	Y	Y			
10.4 Recognise the significance of their own management and leadership role and the range of skills and knowledge required to do this effectively	Y	Y			
10.5 When appropriate act as an advocate for patient needs	Y	Y			
10.6 Take responsibility for personal development planning, recording of evidence, and reflective practice	Y	Y			
10.7 Ensure that all aspects of practice comply with legal and regulatory requirements	Y	Y	Y		Y
10.8 Demonstrate appropriate continuous improvement activities	Y	Y			
11 Managing and working with others					
11.1 Take a patient-centred approach to working with the dental and wider healthcare team	Y	Y		Y	
11.2 Recognise and respect own and others' contribution to the dental and wider healthcare team and demonstrate effective team working, including leading and being led.		Y		Y	

11.3 Recognise the importance of and demonstrate personal accountability to patients, the regulator, the team and wider community	Y	Y		Y	
11.4 Where appropriate lead, manage and take professional responsibility for the actions of colleagues and other members of the team involved in patient care	Y	Y			
11.5 Recognise and comply with the team working requirements in the Scope of Practice and Standards documents	Y	Y		Y	
11.6 Describe the scope of practice of the dental team and manage and delegate work accordingly, ensuring only those with appropriate training undertake procedures	Y	Y		Y	
11.7 Recognise, take responsibility for and act to raise concerns about their own or others' health, behaviour or professional performance as described in The Principles of Raising Concerns	Y	Y			
11.8 Recognise the need to ensure that those who raise concerns are protected from discrimination or other detrimental effect	Y				
12 Managing the clinical and working environment					
12.1 Recognise and comply with systems and processes to support safe patient care	Y	Y		Y	

12.2 Recognise the need for effective recorded maintenance and testing of equipment and requirements for appropriate storage, handling and use of materials	Y	Y			
12.3 Recognise and demonstrate the procedures for handling of complaints as described in the Principles of Complaints Handling	Y	Y			
12.4 Describe the legal, financial and ethical issues associated with managing a dental practice	Y				
12.5 Recognise and comply with national and local clinical governance and health and safety requirements	Y	Y	Y		
12.6 Describe the implications of the wider health economy and external influences	Y				

A number of PfP learning outcomes which contain action verbs (e.g. diagnose) have been mapped to Part 1 and will be assessed indirectly. For example, "10.1 Put patients' interests first and act to protect them" - in this case questions would be asked where the candidate would be expected to pick the best option for the hypothetical patient.

4 Assessment Part 1: the CBE

The CBE is a two-part examination, comprising two papers - each containing 200 questions. The candidates will be given 3 hours to complete each paper. Papers **must** be taken on consecutive days.

The papers consist of Multiple Choice Questions (MCQs), including Extended Matching Questions (EMQs) and Single Best Answer questions (SBAs).

Candidates have a maximum of four attempts to pass Part 1. Candidates must successfully pass Paper A and Paper B in a single sitting in order to pass Part 1.

4.1 Content and Skills Coverage of Papers A and B

The table below provides a snapshot of the blueprint for ORE Part 1. It outlines the topics that can be included in each paper. The blueprint is designed to be aligned with PfP in addition to recognising prevailing issues in UK dentistry, in order to ensure that ORE candidates are thoroughly tested at the level of a minimally competent candidate prior to being able to progress to ORE Part 2.

Paper A: Dental science and human disease	**Paper B: Aspects of clinical dentistry, including law and ethics and health and safety**
	Diagnosis and management of disease relevant to dentistry
Behavioural Sciences relevant to oral health care	Endodontics
Physiology of the major body systems relevant to dentistry	Prosthodontics

Biochemistry relevant to oral disease	Paediatric dentistry
Genetics/embryology relevant to orofacial disease	Periodontology
Anatomy of the head and neck	Oral surgery
Oral Biology	Oral medicine Therapeutics
Human Disease relevant to dentistry	Oral pathology
Oral aspects of human disease	Oral microbiology
Infection prevention and control of transmission in the oral healthcare setting	Orthodontics
Dental Materials	Special care

Statistics and research methods	Dental radiology
[redacted]	Dental Public Health
	Communication and interpersonal skills
	Consent
	Clinical Professionalism
	Ethical and Regulatory Frameworks
	Self-management

5 Assessment Part 2: practical clinical examinations

5.1 Content and Skills Coverage of the components

The table below provides a snapshot of the blueprint for ORE Part 2. It outlines the topics and specifies whether certain topics are mandatory for inclusion in each Part 2 diet, and if so, what component they appear in. The blueprint topics are the same as those for ORE Part 1 and the balance of topics is intended to complement the topics ORE candidates have already been tested on. It is designed to be aligned with PfP in addition to recognising prevailing issues in UK dentistry, in order to ensure that ORE candidates are thoroughly tested at the level of a minimally competent candidate prior to being able to passing the exam and being able to apply for UK registration. For the purposes of this examination candidates must be able to demonstrate the competencies required of a general dentist at a BDS graduate level, if a patient requires a referral, candidates are expected to refer appropriately and explain the process and justification for this. Candidates must not act outside of the scope expected of a BDS graduate.

Topics	Expected OSCE topic	Expected ME topic	Expected DM topic	Expected DTP topic	Potential for inclusion in the following:
Clinically Applied Dental Science and Human Disease					
Behavioural Sciences relevant to oral health care	Y			Y	DTP and OSCE.

Physiology of the major body systems relevant to dentistry				Y	DTP and ME.
Biochemistry relevant to oral disease			Y		DM, DTP and OSCE.
Genetics/embryology relevant to orofacial disease					DTP and OSCE.
Anatomy of the head and neck			Y		DM, DTP and OSCE.
Oral Biology			Y		DTP, OSCE and DM.

Human Disease relevant to dentistry		Y		Y	OSCE, DTP and ME.
Oral aspects of human disease			Y		DM, DTP and OSCE.
Infection and control of transmission in the oral healthcare setting			Y		DM, DTP and OSCE.

Diagnosis and management of disease relevant to dentistry	[redacted]				
Endodontics					DTP, OSCE and DM.
Prosthodontics			Y		DTP, OSCE and DM.
Paediatric dentistry					OSCE.
Periodontology					DM, DTP and OSCE.
Oral surgery					DTP and OSCE.

Oral medicine					DTP and OSCE.
Oral pathology					DTP and OSCE.
Oral microbiology			Y		DM, DTP and OSCE.
Orthodontics					DTP and OSCE.
Special care	Y				DTP and OSCE.
Dental radiology			Y	Y	DTP, OSCE and DM.
Dental Public Health					DTP and OSCE.
Communication and interpersonal skills					
Consent	Y		Y		DM, DTP and OSCE.

Clinical Professionalism	Y	Y	Y	Y	DTP, OSCE, DM and ME.
Ethical and Regulatory Frameworks	Y				DTP and OSCE.
Self-management	Y		Y		DM, DTP and OSCE.

5.2 OSCE Overview

Candidates are expected to show competence, knowledge and familiarity in the different aspects of dentistry which are outlined in the topic and LO tables above.

The OSCE will test the following four PfP domains:

- Clinical
- Communication
- Professionalism
- Management and Leadership

5.2.1 Timing and logistics

The OSCE consists of a single continuous session of up to two hours:

- Each OSCE circuit consists of 20 stations, 15 of which are live, and five of which are 'rest' stations
- Live stations will count towards a candidate's overall marks, whereas rest stations are an opportunity for candidates to reflect
- Stations are six minutes long in total: one minute reading time at the beginning and five minutes to complete the task
- A maximum of three circuits will be held in a day

5.3 DTP Overview

Candidates are expected to show competence, knowledge and familiarity in the different aspects of dentistry which are outlined in the topic and LO tables above.

DTP is a simulated clinical assessment of patient management and care. Candidates will be assessed in five separate aspects:

1. Oral History assessed by two examiners

2. Provisional diagnosis, special investigations, radiographic request and radiographic report assessed by 1 examiner
3. Contemporaneous notes assessed by one examiner
4. Written treatment plan assessed by one examiner
5. Oral treatment plan assessed by two examiners

Candidates will be assessed on good clinical judgement and justification of the choice of treatment, the type of any restoration or prosthesis suggested, and any referral they wish to make. If they suggest a referral e.g. to a specialist or a specialist service it is expected that they clarify why it is required.

Examiners will also assess candidates professionalism and communication skills throughout the exam.

5.3.1 Timing and Logistics

The examination will be completed during a 54 minute session. Candidates will be provided with a clock with the various sections of the clock face marked on the clock to help guide their timings. **The Clock is only there to give you a guide - the official examination time will be controlled by a helper with a stop watch.** Candidates are expected to monitor their own time use.

Candidates will be collected from the holding area by one of the helpers and escorted to the DTP examination is taking place. Prior to the examination starting they will be guided through how to use the clock face. Candidates are expected to complete the following sheets during their exam. The colour of the sheets correspond to the time period on the clock face they should use to complete these:

Exam period	Time permitted	Sheets to be completed	Colour of sheets
Oral history and contemporaneous note making	10 minutes	Patient History Form	Blue
Provisional (possible) diagnosis, special investigations & radiographic prescription forms –	11 minutes	Provisional Diagnosis	Orange
		Radiographic Prescription	Orange

		Special Investigations Request	Orange
Written treatment plan	23 minutes	Radiographic Report	Green
		Treatment Plan	Green
Oral treatment plan	10 minutes	N/A	N/A

5.3.1.1 Oral history and contemporaneous note making

Candidates will meet the patient, who will be a role player who has been briefed on the clinical scenario and should in all respects be treated as the "patient". Candidates are not expected to examine the patient or their mouth.

As outlined in the table above, candidates will have 10 minutes to take an oral history and make contemporaneous notes on the blue sheets, which will be marked.

Candidates will keep the contemporaneous notes throughout the examination and these will be collected at the end to be assessed by another examiner.

Available at this chair will be (artefacts) the clinical results from the routine examination the candidate would normally undertake. Examples of the results are:

- Number and position of teeth
- Details of obvious pathology with unaided vision such as caries
- BPE
- Photographs

It is advised that candidates do not spend time looking at these until they have completed history taking. This information will then help to inform candidates to complete the forms in the next section.

5.3.1.2 Provisional (possible) diagnosis, special investigations & radiographic prescription forms

At the end of the first 10 minutes the patient and examiners will leave the examination room and candidates will have 11 minutes to complete examine the artefacts and prepare the following:

a. Written provisional (possible) diagnosis.

b. Radiographic prescription including clear justification for this request. If no radiographs are required, candidates should indicate this on the request form.

c. Written list of any special investigations candidates would make if they were examining this patient.

Candidates should formulate the provisional (possible) diagnosis on the basis of the complaint, history, and routine investigations (artefacts). Candidates should only request information required for this patient during a clinical examination, including radiographs, etc. to allow treatment planning.

A non-exhaustive list of examples of Special investigations other than radiographs is as follows:

- Pulp vitality tests
- BPE charting
- Body temperature
- Condition of muscles of mastication

At the end of this time a helper will collect the

a. Written provisional diagnosis

b. Radiographic prescription including the clear justification for this request

c. Written list of special investigations required if the candidate were examining this patient

The helper will bring another folder to the candidate containing additional artefacts and the results of any special investigations and the necessary radiographs. These will be laminated copies but also viewable on a digital tablet. The artefacts and results will be sufficient for the candidate to create a treatment plan.

5.3.1.3 Written Treatment Plan

Candidates have 23 minutes to utilise the artefacts and available information to construct a written treatment plan for the patient which includes a radiographic report. The plan should include the advantages and disadvantages of the options outlined. Candidates should make use of the digital tablet to create the radiographic report.

5.3.1.4 Oral Treatment Plan

Following the time period for the written treatment plan, the patient and examiners will re-enter the examination room. The candidate will be expected to present their treatment plan to the patient in lay terms, outlining associated advantages, disadvantages and seeking consent from the patient for the preferred treatment. The candidate will not be expected to give indicative costs for the treatment other than the relative difference between recommended treatment options.

Candidates should ensure they hand all of their written documentation to the helper following the end of the examination.

5.4 ME Overview

The ME component seeks to evaluate a dentist's ability to manage an adult or child who becomes acutely unwell in dental practice. It consists of two parts:

- An interactive oral and practical assessment based on three structured emergency scenarios
- 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.

5.4.1.1 Medical Emergencies Structured Scenarios

The examination aims to assess competence in the management of the following scenarios:

- Anaphylaxis
- Acute management of shortness of breath including asthma and hyperventilation
- Swallowed/inhaled foreign body
- A collapse of unknown cause
- Vasovagal attack
- Post operative haemorrhage
- Hypoglycaemia
- Epilepsy
- Acute onset chest pain
- Corticosteroid insufficiency
- Needlestick or other sharps injury
- Stroke
- Sepsis
- Deteriorating patients and risk assessments

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

Candidates will be expected to list, demonstrate, identify and discuss the equipment needed to deliver emergency care, in addition to drug doses and appropriate methods of administration. The rapidity of response to medical emergencies is essential, as such candidates are expected to complete the examination in the required timeframe.

5.4.1.2 Basic Life Support

The candidate will be expected to demonstrate resuscitation technique and the management of cardiac arrest, including the use of an automatic defibrillator in adults and children.

The **2025 resuscitation guidelines** available on the Resuscitation council UK (RCUK) website should be used in this assessment[1]. The 2025 resuscitation guidelines should be read in conjunction with the RCUK Quality Standards for CPR[2].

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.

As best practice, candidates will be expected to use a pocket mask for ventilation. This will be provided. Mouth to mouth ventilation is not acceptable in a health care setting.

The pocket mask will have a manufacturer approved cross infection one-way valve and bio-filter in place and this should remain in situ throughout the whole assessment. The filter and valve are changed for each candidate, and the filter is 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 gained will reflect this. In this situation the candidate 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.

5.4.2 Timing and logistics

The examination lasts a total of 13 minutes:

[1] https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines
[2] https://www.resus.org.uk/library/quality-standards-cpr

- Structured oral – 8 minutes
- Basic Life Support- 5 minutes

5.5 DM overview

The DM is a test of a candidate's skills under simulated clinical conditions using a manikin representing a patient with plastic teeth held in jaws mounted on a phantom head. Issues such as professionalism, infection prevention and control etc. require direct observation of candidates to ensure that they are maintaining safe practice throughout the examination and satisfy the relevant areas of the blueprint. The DM component encompasses the whole process and ensures greater validity in the examination by mirroring the skills candidates would be expected to demonstrate in clinical practice. Candidates are expected to complete three exercises. The dental manikin should be treated with the same respect and deference as a real patient throughout the examination. It is a simulated clinical assessment which includes all aspects of care:

- Clinical skills:
    - Completion of the exercises to a satisfactory level of skill
    - Good clinical judgement in justification of the choice of materials, the design of the restoration, justification of the use and number of radiographs
- Safe Practice:
    - Treating the dental manikin as a real patient
    - Appropriate health and safety and infection control (including the use of masks, gloves and eye protection)
    - An operating position similar to that which is achievable with a real patient

All candidates are observed by examiners. Candidates will be warned if they fail to practice safely. Repeated failures will result in a below standard grade.

5.5.1 Timing and logistics

All three exercises must be completed within the three hours allocated for the examination:

- Candidates must complete each exercise and have it assessed prior to starting the next exercise

- Exercises can only be started after they have been discussed with examiners
- The examiners will advise regarding the stages at which they wish to see the progression of the exercises
- Candidates must complete each stage to their satisfaction and inform the nurse when they are ready for an examiner to see their work