

# Dental Specialty Fellowship Examinations

## Periodontics Exam Syllabus

The exam syllabus is drafted based upon the curriculum [published by the GDC](#) as well as the [training syllabi](#) drafted by the Specialty Advisory Committee (SAC) which includes elements for the exam as well as elements being covered in the workplace-based assessments.

The curriculum is drafted by the Specialty Advisory Committee (SAC) and the GDC for use from September 2024.

On application to sit the examination, candidates will be asked to self-certify that have sufficient knowledge of the learning outcomes noted in this syllabus to attempt the examination.

1. Basic Sciences		Curriculum REF 5.1, 5.4-9	
ES code	Trainees should be able to:	SBA	SO
1.1	<b>Oral anatomy, histology and physiology of periodontal and peri-implant tissues</b>	5.1, 5.4-8	
1.1.1	Demonstrate a comprehensive knowledge of the anatomy, histology and physiology of the tissues of the oral cavity and related structures.	X	X
1.1.2	Demonstrate and apply knowledge of the macro and micro anatomy and histology of periodontal tissues in particular the gingival crevice and differentiates between the periodontal tissues around teeth and dental implants.	X	
1.1.3	Demonstrate and apply knowledge composition and physiology of the plaque biofilm and analyses its relevance and role in inflammatory disease including its effect on disease progression and treatment outcomes.	X	X
1.1.4	Demonstrate and apply an understanding of the role of gingival tissue phenotype in periodontal and peri-implant disease manifestation.	X	X
1.1.5	Identify the different types of bone defects and ridge deformities and appraise their relevance to managing periodontal and peri-implant disease and tooth replacement options.	X	X
1.1.6	Recognise anatomical and developmental anomalies and assess their effect on the periodontium.	X	X
1.1.7	Discriminate between the anatomy, biology and histopathology at the cellular level of peri-implant tissues and periodontal tissues.	X	X

1.1.8	Demonstrate an understanding of the evolution of dental implants and the differences in the range of systems along with the differences in materials, types, design, configuration and components.	X	X
1.1.9	Demonstrate understanding of the concept of osseointegration, differentiate between the factors affecting osseointegration and evaluate their impact on outcome.	X	X
1.1.10	Demonstrate and apply an understanding of the soft tissue healing around dental implants and their transmucosal components.	X	X
1.1.11	Classify different surgical and prosthetic implant components, their rationale and application.		X
1.1.12	Demonstrate and apply knowledge of aspects of medicine and systemic disease relevant to periodontal and peri-implant diseases and vice versa.	X	X
1.1.13	Identify, explain and evaluate interactions at macroscopic, microscopic and cellular level between periodontal and peri-implant health and systemic disease.	X	X
1.2	<b>Microbiology and immunology of periodontal and peri-implant diseases</b>	<b>5.1, 5.7, 5.9</b>	
1.2.1	Demonstrate and apply knowledge of the role of biofilms and their relevance to inflammatory and infective periodontal and peri-implant diseases, as well as systemic health.	X	X
1.2.2	Demonstrate and apply an understanding of the relationship of microbiomes to inflammation that results in periodontal and peri-implant disease.	X	X
1.2.3	Demonstrate and apply an understanding of the techniques available for analysis of oral microbiota and the immunological processes justifying their application and use in daily practice.	X	X
1.2.4	Demonstrate an understanding of the formation and composition of calculus and discuss its role in periodontal and peri-implant disease.	X	X
1.3	<b>Pathogenesis of periodontal and peri-implant diseases</b>	<b>5.1, 5.7, 5.9</b>	
1.3.1	Demonstrate and apply knowledge of the pathogenesis of all periodontal and peri-implant diseases including infectious, inflammatory and immunological cell processes in disease progression.	X	X
1.3.2	Demonstrate and apply knowledge of the principles and processes of wound healing in the periodontium and the regeneration of both soft and hard tissues.	X	X
1.3.3	Demonstrate an understanding of and differentiate between healthy and diseased periodontal and peri-implant tissues.	X	X

1.3.4	Demonstrate and apply knowledge of pathogenic mechanisms of non-biofilm induced gingival disease and other conditions affecting the periodontium.	X	X
1.3.5	Demonstrate and apply knowledge of aetiology and pathogenesis of non-biofilm related mucogingival defects and associated conditions.	X	X
1.3.6	Differentiate and distinguish between the incidence and prevalence of periodontal and peri-implant diseases.	X	X
<b>1.4</b>	<b>Pharmacology as it applies to periodontal and peri-implant diseases</b>	<b>5.1, 5.4, 5.5</b>	
1.4.1	Prescribe appropriate medications for the management of preoperative, operative and postoperative pain and anxiety.	X	X
1.4.2	Evaluate and discuss different adjuncts including medications used in the management of periodontal and peri-implant disease.	X	X
1.4.3	Distinguish between the mechanisms, application and effects of the different medicaments used in the prevention and treatment of periodontal and peri-implant diseases.	X	X
1.4.4	Recognise, analyse and evaluate the effect of drugs used in the management of systemic disease on the periodontium.	X	X
1.4.5	Demonstrate comprehensive understanding of the different biomaterials, barriers and biologically active materials used in management of periodontal and peri-implant diseases.	X	X
<b>2. Diagnosis and Treatment Planning</b>		<b>Curriculum REF 5.1, 5.2, 5.4, 5.8-10</b>	
<i>ES code</i>	<i>Trainees should be able to:</i>	<b>SBA</b>	<b>SO</b>
<b>2.1</b>	<b>History Taking</b>	<b>5.1, 5.2, 5.9</b>	
2.1.1	Assess information relevant to patient concerns, including the medical, social and dental history.	X	X
2.1.2	Assess and evaluate the gingival tissue phenotype and local factors and interpret their relationship to the issues of concern.	X	X
2.1.3	Demonstrate and apply knowledge of the role of behavioural, environmental and other relevant risk factors and their influence on the presentation and management of periodontal and peri-implant diseases.	X	X
2.1.4	Assess the information gathered to derive an understanding of the patient's expectations and their effect on the presenting complaint and management.		X

2.1.5	Discriminate between different risk factors that influence the aetiology, progression and response to treatment of periodontal and peri-implant diseases.	X	X
<b>2.2</b>	<b>Clinical Assessment</b>	<b>5.1</b>	
2.2.1	Analyse and interpret the extraoral clinical findings in relation to the presenting complaints.	X	X
2.2.2	Discuss a systematic approach to clinical examination of the soft tissues, periodontium, teeth and associated structures.		X
2.2.3	Analyse any information gathered to identify appropriate treatment options and integrate this into an agreed treatment plan for the patient.	X	X
2.2.4	Evaluate and interpret periodontal indices and associated findings in relation to the diagnosis and presenting concerns.	X	X
2.2.5	Assemble and synthesise information gathered about the dentition, teeth, occlusion and prosthetic replacements and the impact on the periodontal and peri-implant health.	X	X
2.2.6	Evaluate information to inform prosthetic and surgical planning of implant retained restorations taking into consideration the anatomical factors including smile assessment and ridge contour and occlusion.	X	X
<b>2.3</b>	<b>Investigations</b>	<b>5.1-2, 5.8-9</b>	
2.3.1	Select appropriate relevant investigations to support the clinical findings differentiating the appropriateness of each to the periodontal and peri-implant condition.	X	X
2.3.2	Recognise and discriminate between the different types of biopsies and justify their appropriateness in conjunction with other investigations.	X	X
2.3.3	Interpret biopsy findings and utilise this information as appropriate when formulating a diagnosis.	X	X
2.3.4	Demonstrate and apply comprehensive knowledge of different imaging techniques when managing periodontal and peri-implant disease and interpret any findings.	X	X
2.3.5	Interpret images and apply the findings to the clinical assessment and diagnosis.	X	X
2.3.6	Select, justify the use of, and interpret different types of computerised tomogram for the management of periodontal diseases, missing teeth and peri-implant disease.	X	X
2.3.7	Demonstrate and apply knowledge of the use of digital technology in the management of patients with periodontal disease, missing teeth and peri-implant disease.	X	X
<b>2.4</b>	<b>Diagnoses and prognoses</b>	<b>5.1, 5.2, 5.10</b>	

2.4.1	Analyse, assemble and interpret information gathered to formulate diagnoses of the periodontium, taking into consideration the different risk factors.	X	X
2.4.2	Appraise the different behavioural and risk factors in relation to the diagnosis and their influence on the prognosis.	X	X
2.4.3	Identify and predict the importance of the site and patient level prognosis and relate this to the patient expectations.	X	X
2.4.4	Derive a prognostic evaluation of the individual teeth and the overall dentition with reference to the patient expectations.	X	X
2.4.5	Assign a prognosis evaluating tooth, endodontic and periodontal factors and their impact on the management of periodontal and peri-implant diseases.	X	X
<b>2.5</b>	<b>Classifications</b>	<b>5.1, 5.4</b>	
2.5.1	Demonstrate and apply knowledge of the evolution, epidemiology and classifications for periodontal and peri-implant disease, and potential future modifications to the classification system.	X	X
2.5.2	Critique the various classifications evaluating the appropriateness for periodontal diseases and peri-implant diseases.		X
2.5.3	Apply the 2018 classification when diagnosing periodontal and peri-implant diseases and discuss the limitations and its implications on disease management.	X	X
2.5.4	Demonstrate and apply an understanding of the classification systems used to describe gingival recessions, tooth mobility and furcation lesions.	X	X
2.5.5	Demonstrate and apply an understanding of the classification systems used to describe alveolar bone atrophy and extraction sockets.	X	X
2.5.6	Demonstrate and apply knowledge of the different types of altered passive eruption.	X	X
<b>2.6</b>	<b>Treatment planning</b>	<b>5.1, 5.2</b>	
2.6.1	Assemble and evaluate information to develop comprehensive risk-assessed treatment options taking into consideration the medical and social history to manage the patient's concerns identifying the most predictable option.	X	X
2.6.2	Formulate an integrated treatment plan taking into consideration the findings and complexity using an evidence-based approach to justify the strategy to manage periodontal and peri-implant diseases.	X	X
2.6.3	Analyse the need for an inter-disciplinary and cross-specialty approach with other dental and medical specialties.		X

2.6.4	Assess and plan the management of failing teeth and their replacement in the periodontally compromised patient.	X	X
2.6.5	Differentiate between tooth replacement options separating each one and predicting its outcome as well as recognising the need for additional soft and hard tissue grafting to improve predictability.	X	X
2.6.6	Identify the most appropriate treatment plan to manage and address the patient's concerns aligned with the clinical findings and investigations.	X	X
2.6.7	Construct treatment plans to manage complex cases justifying the staging of the periodontal management.	X	X
2.6.8	Modify agreed treatment plans in cases of patient non-compliance or poor control of risk factors including economic risk.	X	X
2.6.9	Distinguish between the relevant use of analogue vs digital technologies to support treatment planning in periodontics and implant dentistry.		X
2.6.10	Appraise and apply the relevant guidelines when formulating treatment plans demonstrating an understanding of the limitations.	X	X

<b>3. Treatment Modalities</b>		<b>Curriculum REF 5.2, 5.4-9</b>	
<i>ES code</i>	<i>Trainees should be able to:</i>	<b>SBA</b>	<b>SO</b>
<b>3.1</b>	<b>Non-surgical management</b>	<b>5.2, 5.4</b>	
3.1.1	Demonstrate understanding of the importance of social, behavioural management and risk factor control when predicting treatment outcomes.		X
3.1.2	Predict the outcomes of non-surgical therapy.	X	X
3.1.3	Identify and select appropriate equipment for non-surgical therapy taking into consideration the relative effectiveness, benefits and limitations.	X	X
3.1.4	Demonstrate and apply an understanding of the application of relevant treatment guidelines	X	X
3.1.5	Compare, analyse and contrast the outcomes of various protocols for non-surgical therapy justifying choice to address the patients concerns.	X	X
3.1.6	Demonstrate and apply knowledge of newer techniques e.g. minimal invasive non-surgical techniques in the management of periodontal disease.	X	X
3.1.7	Devise an appropriate plan to manage the post treatment complications with the patient.	X	X

3.1.8	Make an appropriate choice of adjunct for use during non-surgical management of periodontal and peri-implant diseases, adopting an evidence-based approach (where possible).	X	X
3.1.9	Demonstrate and apply knowledge of lasers, photodynamic therapy and other adjuncts in the non-surgical management of periodontal and peri-implant diseases.	X	X
3.1.10	Explain and justify the rationale for the use of adjunctive topical or systemic antimicrobials in the management of periodontal and peri-implant diseases.		X
<b>3.2</b>	<b>Surgical Management</b>	<b>5.5, 5.6, 5.8</b>	
3.2.1	Devise an appropriate surgical treatment plan with predicted outcomes taking into consideration the range of surgical procedures available for managing inflammatory periodontal and peri-implant diseases.	X	X
3.2.2	Analyse the patient-related factors and estimate the impact of these on the surgical plan outcome.	X	X
3.2.3	Describe and identify the different tooth- and site-related anatomical factors that influence the surgical decision making.	X	X
3.2.4	Predict and suggest appropriate treatment plans for adverse unforeseen and foreseen post-surgical outcomes.	X	X
3.2.5	Provide a rationale for the use of regenerative surgical intervention, formulate a plan and predict the outcome based on the defect and site morphology defending the choice of technique.		X
3.2.6	Demonstrate and apply knowledge of the range of materials and techniques used for regeneration and assess the relevance of each to the site being treated.	X	X
3.2.7	Explain, categorise, interpret and justify choice of suturing material and technique relevant to the type of surgery being undertaken.	X	X
3.2.8	Recognise when a resective surgical approach vs a non resective approach is required, justifying their choice.	X	X
3.2.9	Apply an understanding of the indications for gingivectomy vs flap procedures with osseous recontouring when addressing excess gingival tissue.	X	X
3.2.10	Assess the different options available for managing a furcation comparing the outcomes of each.	X	X
3.2.11	Assess the different biopsy methods for gingival lesions taking into consideration the sequelae of such procedures.	X	X
3.2.12	Discuss the range of surgical procedures used to manage periodontal and peri-implant diseases.		X
3.2.13	Explain, analyse and justify choice of follow up protocols following surgical intervention for periodontal and peri-implant disease.		X

<b>3.3</b>	<b>Dental Implants</b>	<b>5.7, 5.8, 5.9</b>	
3.3.1	Demonstrate and apply an understanding of the different surgical protocols used for the placement of dental implants considering the various patient-related and clinical factors influencing choice.	X	X
3.3.2	Demonstrate and apply an understanding of the main types of implant systems their indications, and the surgical protocols used.	X	X
3.3.3	Identify and formulate a surgical plan that takes into consideration the patient-related and clinical factors affecting surgical outcomes and the need for augmentation.	X	X
3.3.4	Systematically evaluate and justify the approach considered for surgical placement of implants considering the bone and soft tissue as well as restorative factors.	X	X
3.3.5	Differentiate between the types of augmentation and devise a plan that reflects knowledge and understanding of the predicted outcome.	X	X
3.3.6	Formulate a surgical treatment plan with augmentation taking into consideration the patient-related factors.	X	X
3.3.7	Suggest appropriate management for unforeseen complications during surgical placement.	X	X
3.3.8	Devise and interpret a mitigation plan for managing post-surgical complications.	X	X
3.3.9	Demonstrate and apply an understanding of the anatomical limitations and the need for sinus augmentation to facilitate implant placement and the associated risks.	X	X
3.3.10	Recognises the need for non-surgical and surgical interventions to manage peri-implant disease.	X	X
3.3.11	Demonstrate and apply knowledge of extra-alveolar implants e.g. zygomatic implants in the oral rehabilitation of patients.	X	X
<b>3.4</b>	<b>Mucogingival management</b>	<b>5.6</b>	
3.4.1	Evaluate surgical options and techniques for the management of gingival recessions against the intended treatment objective.	X	X
3.4.2	Analyse the predictability of planned treatment considering patient- and site-related risk factors.	X	X
3.4.3	Provide a sound rationale for the choice and use of different types of grafts and associated materials and techniques to achieve the intended treatment objective.		X
3.4.4	Identify potential risk factors that could influence treatment outcome and suggest appropriate management.	X	X
3.4.5	Appraise the suitability of surgical intervention to manage mucogingival defects.	X	X

3.4.6	Evaluate the need for soft tissue enhancement procedures around dental implants at different time points and justify the rationale.	X	X
3.4.7	Evaluate the need for other soft tissue procedures to facilitate aesthetic treatment outcomes and justify the rationale.	X	X
<b>4. Treatment outcomes</b>		<b>Curriculum REF 5.2, 5.3, 5.4, 5.5</b>	
<i>ES code</i>	<i>Trainees should be able to:</i>	<b>SBA</b>	<b>SO</b>
<b>4.1</b>	<b>Supportive Periodontal Therapy (SPT)</b>	5.2, 5.4, 5.5	
4.1.1	Demonstrate understanding of the rationale and importance of supportive periodontal therapy in treated patients with periodontal and peri-implant disease and devise a plan customised to patient needs.		X
4.1.2	Develop a SPT plan that emphasises the importance of patient compliance and behavioural and risk factor management to sustain treatment outcomes.	X	X
4.1.3	Demonstrate and apply an understanding of the indicators that highlight the need for early intervention during a SPT programme.	X	X
4.1.4	Devise a plan for SPT accounting for the limitations in a non-compliant patient and taking into consideration the implication of such decisions.	X	X
<b>4.2</b>	<b>Working with the dental team</b>	<b>5.2, 5.3, 5.5, 5.10</b>	
4.2.1	Demonstrate an understanding of the scope of the hygienist/therapists role in joint management of a patient's periodontal or peri-implant disease.		X
4.2.2	Prescribe an appropriate treatment plan for working with the hygienist/therapist.		X
<b>4.3</b>	<b>Complications</b>	<b>5.5, 5.6, 5.8</b>	
4.3.1	Assess, evaluate and analyse unforeseen and foreseen complications when managing patients with periodontal and peri-implant diseases to minimise risk and maintain safety to patients and others.	X	X
4.3.2	Recognise, evaluate and justify the management of biological and mechanical complications in patients with implant-retained fixed and removable prostheses.	X	X
<b>4.4</b>	<b>Evidence and guidelines</b>	<b>5.2, 5.5 5.7. 5.8</b>	
4.4.1	Demonstrate and apply an understanding of success and survival rates and their relevance to predicted treatment outcomes for periodontal and implant patients.	X	X

4.4.2	Apply published evidence and guidelines in relation to periodontal and peri-implant diseases and their management.	X	X
4.4.3	Apply knowledge of published success and survival data for implant patients to the predicted implant treated outcome.	X	X
4.4.4	Apply published guidelines for periodontal disease and dental implants to practice e.g. S3 treatment guidelines.	X	X
<b>5. Interdisciplinary Management</b>		<b>Curriculum REF 5.5</b>	
<i>ES code</i>	<i>Trainees should be able to:</i>	<b>SBA</b>	<b>SO</b>
<b>5.1</b>	<b>Perio-oral medicine interface</b>	<b>5.2, 5.3, 5.10</b>	
5.1.1	Demonstrate and apply knowledge of the effects of oral mucosal disorders on the periodontium and their relationship with periodontal diseases.	X	X
5.1.2	Recognise and outline the impact of unstable periodontal disease on the stability of the mucosal disorder and its management.	X	X
5.1.3	Demonstrate and apply knowledge of the influence of autoimmune oral disorders on periodontal health and considers their long-term effects on the dentition.	X	X
5.1.4	Demonstrate an understanding of the relevance of different syndromic conditions and their effect on the periodontium.	X	X
5.1.5	Devise plans that recognise the effect of oral mucosal conditions on the management and long-term outcome of periodontal and peri-implant diseases.	X	X
5.1.6	Discuss and evaluate the importance of different investigations when managing periodontal disease.	X	X
<b>5.2</b>	<b>Perio-endo interface</b>	<b>5.2, 5.3, 5.10</b>	
5.2.1	Demonstrate and apply knowledge of the different classifications and their limitations for perio-endo lesions as well as the effect on the diagnosis and management of these lesions.	X	X
5.2.2	Analyse and assess the challenges when diagnosing a perio-endo lesion and their consequences on treatment choices and prognosis.	X	X
5.2.3	Appraise non-clinical and clinical information to make a diagnosis.	X	X
5.2.4	Develop treatment strategies for perio-endo lesions based on findings and utilising the range of endodontic, non-surgical and surgical periodontal options and an inter-disciplinary approach when appropriate.	X	X
5.2.5	Apply an evidence-based approach to establish predictability and balance risk vs outcome when considering the options.	X	X
<b>5.3</b>	<b>Perio-ortho interface</b>	<b>5.2, 5.3, 5.10</b>	

5.3.1	Apply a sound rationale for integrated care with orthodontics when managing a periodontally compromised dentition taking into account the risks of moving periodontally compromised teeth and justifying the timing of orthodontic intervention.		X
5.3.2	Discuss the need to stabilise periodontal health prior to orthodontic intervention explaining the rationale and the need for long term retention post-orthodontic intervention.		X
5.3.3	Demonstrate and apply knowledge of the impact of orthodontic tooth movement on the longevity of periodontally compromised teeth.	X	X
<b>5.4</b>	<b>Perio-prosthodontic (Restorative) interface</b>	<b>5.2, 5.3, 5.10</b>	
5.4.1	Recognise and interpret the effect of trauma from the occlusion on the periodontium, appraising its influence on treatment outcome	X	X
5.4.2	Formulate appropriate management strategies following trauma from the occlusion on the periodontium.	X	X
5.4.3	Demonstrate and apply an understanding of the effects of prosthetic procedures on the management of a periodontal patient.	X	X
5.4.4	Demonstrate and apply knowledge of the clinical features of a cracked tooth manifesting as a periodontal problem.	X	X
5.4.5	Generate a risk analysed plan for the management of a cracked tooth manifesting as a periodontal problem.	X	X
5.4.6	Discuss the periodontal challenges of managing traumatised teeth and assess the replacement choices.		X
5.4.7	Recognise different types of root resorption. their clinical presentation and their effect on the periodontium.	X	X
5.4.8	Suggest appropriate management for different types of root resorption.	X	X

### Version control

Version	Date	Changes made
1.0	9 November 2025	Document approved for publication.
1.1	16 March 2026	Preface text added including noting source material for the syllabus.
1.2	14 April 2026	Minor formatting and branding updates, no content changes.