Dental Examinations Executive

Dental Examinations Executive FELLOWSHIP

Dental Specialty Fellowship Examinations

Oral Medicine 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. Oral Tissues in Health		**Curriculum REF D6.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**
1.1	Demonstrate and apply knowledge of the structure and function in health of the lips and the oral soft tissues.		X
1.2	Correlate health of the lips and oral soft tissues to disease states and use this to inform patient care.		X
1.3	Demonstrate and apply knowledge of the relevant basic sciences including anatomy, physiology, immunology, microbiology, biochemistry and molecular biology with respect to oral health.	X	X
1.4	Apply knowledge of the basic sciences when assessing patients and formulating treatment plans.		X
1.5	Recognise and demonstrate an understanding of the variations of normal that can be found within the oral cavity.		X
2. Oral Mucosal Disease		**Curriculum REF D5.1/6.1/7.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**
2.1	Demonstrate an understanding of the pathophysiology and natural history of the range of oral mucosal diseases and systemic diseases relevant to the oral cavity.		X
2.2	Recognise oral mucosal disorders with potential significant risk including underlying significant systemic illness and malignancy.		X

2.3	Demonstrate the ability to comprehensively assess, investigate and formulate appropriate differential diagnoses and management plans in patients presenting with oral mucosal disease.		X
2.4	Discuss and apply the evidence base relating to the management of oral mucosal disease.	X	X
2.5	Identify and refer to relevant specialist services outside of the scope of oral medicine practice in the management of mucosal disease of local and systemic origin.		X
2.6	Demonstrate an understanding of the pharmacological principles relevant to medications used in the management of oral mucosal disease.	X	X
2.7	Prescribe safely and appropriately a range of topical and systemic medications used in the management of oral mucosal disease.	X	X
2.8	Diagnose, investigate, and suggest appropriate management for oral lichen planus, oral lichenoid reaction, oral presentations of lupus, chronic oral Graft versus Host Disease and oral mucositis.	X	X
2.9	Diagnose and suggest appropriate investigations and management for the oral involvement of pemphigus vulgaris, subepithelial blistering conditions and angina bullosa haemorrhagica.	X	X
2.10	Diagnose and suggest appropriate investigations and management for the oral involvement of recurrent aphthous stomatitis, aphthous-like ulceration, traumatic ulceration and drug-induced ulceration.	X	X
2.11	Demonstrate and apply an understanding of other autoinflammatory conditions, MAGIC syndrome, monogenic autoinflammatory diseases and periodic fevers presenting with aphthous ulceration, Sweet's syndrome, cyclical neutropenia and other immune defects, pyostomatitis vegetans associated with inflammatory bowel disease, Traumatic Ulcerative Granuloma with Stromal Eosinophilia and Factitious ulceration.	X	X
2.12	Diagnose, suggest appropriate investigations for, and manage angular chelitis, ANUG, oral candidosis, HHV, HPV and HIV (and its sequelae).	X	X
2.13	Diagnose, suggest appropriate investigations for, and manage perioral and oral mucosal malignancies and oral potentially malignant disorders/lesions (based on WHO classification).	X	X
2.14	Demonstrate and apply and understanding of rare oral malignancies and metastases to the oral cavity from distant sites, palatal lesions in reverse smokers and hereditary or congenital disorders with increased risk of associated malignancy.	X	X
2.15	Diagnose and suggest appropriate investigations and management for mucosal hyperplasia /overgrowth.	X	X

2.16	Demonstrate and apply an understanding of genodermatoses and other congenital disorders affecting the oral mucosa	X	X
2.17	Diagnose and suggest appropriate investigations and management for the oral involvement of angioedema, Oral Allergy Syndrome, plasma cell gingivitis/mucositis, orofacial granulomatosis and oral manifestations of Crohn's disease.	X	X
2.18	Demonstrate and apply an understanding of hereditary angioedema, orofacial manifestations of granulomatous disease and vasculitides.	X	X
2.19	Diagnose, suggest appropriate investigations and management for amalgam tattoo, melanotic macule, melanocytic naevus, racial/physiological pigmentation, smokers' melanosis, post-inflammatory pigmentation, drugs related pigmentation and pigmentation associated with Addison's disease.	X	X
2.20	Diagnose, suggest appropriate investigations and management for oral vascular malformations and oral vascular tumours.	X	X
2.21	Demonstrate and apply an understanding of infantile haemangioma and multiple/systemic vascular malformations.	X	X
3. Orofacial pain, neurological and physiological disorders		**Curriculum REF D5.1/6.1/7.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**
3.1	Recognise the range of presentations of both typical and atypical orofacial pain conditions, and comprehensively assess, investigate and formulate appropriate differential diagnoses and management plans for these.	X	X
3.2	Demonstrate an understanding of the aetiopathogenesis and natural history of diseases that may result in pain and neurological manifestations within the oral and maxillofacial region.	X	X
3.3	Recognise significant neurological signs that may indicate potentially significant underlying neurological disease including 'red flag' presentations and acute neurological emergencies.	X	X
3.4	Discuss the interplay between mental health and chronic pain and assess patients who may be anxious, depressed or at risk of suicide and know when and how to access support.		X
3.5	Apply the biopsychosocial model to the management of patients with chronic pain and recognise how these factors can impact on disease presentation, treatment outcomes and barriers to clinical response.	X	X
3.6	Demonstrate understanding of the role of non-pharmacological methods of chronic pain management e.g. pain management physiotherapy and clinical psychology.	X	X

3.7	Suggest appropriate liaison with other healthcare professionals to identify management strategies for patients with substance misuse.	X	X
3.8	Demonstrate an understanding of the role and pharmacological principles, including common adverse reactions and interactions, and safely prescribe medications used in the management of orofacial pain.	X	X
3.9	Identify dentoalveolar and oral mucosal pathology as underlying causes of orofacial pain and suggest of onward referral as appropriate.	X	X
3.10	Diagnose and suggest appropriate management for temporomandibular disorders.	X	X
3.11	Demonstrate a theoretical understanding of and recognise possible signs of giant cell arteritis, suggesting appropriate referral as required.	X	X
3.12	Demonstrate a theoretical understanding of primary headache disorders.	X	X
3.13	Diagnose, suggest appropriate investigations and management for trigeminal neuropathic pain, persistent idiopathic facial pain / persistent dentoalveolar pain disorder, postherpetic neuralgia, burning mouth syndrome and trigeminal neuralgia.	X	X
3.14	Demonstrate a theoretical understanding of and suggest appropriate referral/signposting for central neuropathic pain and glossopharyngeal neuralgia.	X	X
3.15	Demonstrate a theoretical understanding of the surgical management of patients with trigeminal neuralgia refractory to medication management.	X	X
3.16	Demonstrate a theoretical understanding and recognise possible signs of smell and taste disorders, facial nerve palsy and hypoglossal nerve palsy.	X	
3.17	Diagnose, suggest appropriate investigations and initial management for subjective halitosis, subjective xerostomia and subjective hypersalivation.	X	X
3.18	Demonstrate a theoretical understanding and recognise possible signs of bodily distress syndrome and delusional parasitosis.	X	X
4. Salivary Gland Diseases		**Curriculum REF D5.1/6.1/7.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**

4.1	Demonstrate knowledge of the anatomy and physiology of the saliva glands and the composition and role of saliva in maintaining healthy oral mucosa.		X
4.2	Demonstrate knowledge of the pathogenesis and natural history of Sjögren's syndrome and discuss the risk of lymphoma and red flag signs and symptoms.	X	X
4.3	Demonstrate knowledge of the application and interpretation, of clinical tests, imaging modalities and/or laboratory investigations, including salivary gland biopsy for different salivary gland diseases.	X	X
4.4	Demonstrate knowledge of the ophthalmologic tests used to assess ocular symptoms related to Sjögren's syndrome.	X	X
4.5	Demonstrate knowledge of the different pharmacological and non-pharmacological therapeutic options for salivary gland disease.	X	X
4.6	Discuss prevention of oral complications as a result of xerostomia.	X	X
4.7	Demonstrate knowledge of the different pharmacological and non-pharmacological therapeutic options for the management of both xerostomia and sialorrhoea.	X	X
4.8	Diagnose and suggest appropriate multi-disciplinary management for medication-induced salivary gland dysfunction, cancer therapy-associated salivary gland hypofunction and Chronic Graft versus Host Disease.	X	X
4.9	Suggest basic management for sialolithiasis, sialadenitis (inflammatory), mucocele, ranula, juvenile parotitis/recurrent parotitis and necrotising sialometaplasia.	X	X
4.10	Diagnose and suggest appropriate management for bacterial sialadenitis.	X	X
4.11	Demonstrate a theoretical understanding of tuberculosis, HIV, Hepatitis C, Epstein-Barr virus and Cytomegalovirus and suggest appropriate referral.	X	X
4.12	Diagnose and suggest appropriate management for the oral manifestations of Sjögren's syndrome.	X	X
4.13	Demonstrate a theoretical understanding of a range of immune-mediated diseases including sarcoidosis and suggest appropriate initial management.	X	X
4.14	Demonstrate and apply knowledge of benign, malignant and haematolymphoid tumours.	X	X
4.15	Demonstrate and apply an understanding of how systemic disorders can affect salivary gland function.	X	X
4.16	Demonstrate and apply knowledge of sialorrhoea (systemic, local and physiological).	X	X

5. Systemic Diseases		Curriculum REF D5.1/6.1/7.1	
ES code	*Trainees should be able to:*	**SBA**	**SO**
5.1	Demonstrate and apply knowledge of autoimmune rheumatic disorders presenting in the head and neck.	X	X
5.2	Demonstrate and apply knowledge of spondyloarthropathies and osteoarthritis presenting in the head and neck.	X	X
5.3	Demonstrate and apply knowledge of deficiency states presenting in the head and neck.	X	X
6. Diseases of Bone		**Curriculum REF D5.1/6.1/7.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**
6.1	Recognise the general features of jaw metastases from non-head and neck tumours that can present as changes in bone morphology or with nerve compression or nerve infiltration giving rise to sensory or motor abnormalities.	X	X
6.2	Recognise the features of benign bony disease, formulate a differential diagnosis and suggest an appropriate referral when indicated.	X	X
6.3	Demonstrate and apply knowledge of the risk factors for osteomyelitis, osteonecrosis, medication-related osteonecrosis of the jaws and osteoradionecrosis.	X	X
6.4	Provide a differential diagnosis for osteomyelitis, osteonecrosis, medication-related osteonecrosis of the jaws and osteoradionecrosis.	X	X
7. Procedures		**Curriculum REF D5.1/6.1**	
ES code	*Trainees should be able to:*	**SBA**	**SO**
7.1	Demonstrate and apply knowledge of different operative options such as scalpel surgery, laser and cryotherapy.	X	X
7.2	Demonstrate an understanding of the key features of safe and effective local anaesthesia for operative interventions including regional anaesthesia.	X	X
7.3	Identify appropriate operative intervention options informed by aims of care, indications and contra-indications, complications and the evidence base for each.	X	X

7.4	Discuss risk assessment and the principles underpinning an appropriate medical history relevant to the range of operative intervention options.	X	X
7.5	Discuss the procedures for taking oral mucosal biopsies and the need for haemostatic control.	X	X
7.6	Demonstrate knowledge of safe administration of intralesional corticosteroids.	X	X
7.7	Demonstrate knowledge of cryotherapy including relative risks and benefits of performing the procedure and the operative technique.	X	X
7.8	Demonstrate knowledge of skin prick and skin patch testing including relative risks and benefits of performing the procedure and the operative technique.	X	X
7.9	Demonstrate knowledge of labial gland biopsy including relative risks and benefits of performing the procedure and the technique.	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	8 April 2026	Minor formatting and branding updates, no content changes.