

ANZAP Undergraduate/Graduate Periodontics Training Guidelines

On graduation a general dentist should be proficient in the diagnosis, treatment planning and management of patients with gingivitis and periodontitis.

Clinically, they should be able to manage:

- Assessment, diagnosis, risk assessment and treatment planning of patients with periodontal diseases
- Non-surgical treatment of patients with periodontitis with Stage I or II, Grades A & B, but possibility including Stage III A or B.
- Appropriate provision of oral hygiene instruction and motivation.
- Acute periodontal conditions.
- Risk factors for periodontal diseases.
- Maintenance/Supportive care of patients with periodontal disease after active treatment.
- Basic biological implant complications.
- Multidisciplinary treatment of a patient with periodontal disease.
- Referral of patients for specialist care

Didactically, they should understand:

- Examination of the periodontium
- Periodontal diagnoses
- Periodontal indices, use and limitations
- Aetiology and pathogenesis of periodontal diseases.
- Structure of the periodontal tissues.
- Risk factors for periodontal diseases.
- Classification and epidemiology of periodontal diseases, including children.
- The influence of systemic conditions and the effect of medication on the periodontium and periodontal diseases.
- The various techniques used to manage periodontitis and when to apply them.
- The role of antibiotics in periodontics.
- The role of occlusion in periodontics.
- The periodontal interactions with other dental specialties and medicine
- Role of the dental hygienist/oral health therapist in the management of patients with periodontal disease.
- Surgical implant dentistry including patient and site assessment, types and interpretation of radiographs, digital and analogue workflows, maintenance and complications.
- Limitations of treatment and when to refer.

They should have knowledge of:

- Periodontal regeneration.
- Periodontal muco-gingival procedures.
- Advanced surgical implant treatments.
- Periodontal materials.

Training in periodontics should include didactic, preclinical and clinical education.

Didactic teaching may be delivered in an appropriate format for the education provider to achieve learning outcomes, such as face to face lectures, synchronous and asynchronous online delivery, online learning modules, and include clinical application of theory through patient treatment and case-based seminars. The education provider can choose when in the course to deliver teaching and training. A sequential approach that builds on previous knowledge is recommended.

Pre-clinical training should include knowledge of the instruments used in periodontics, application of these instruments, cross infection control and ergonomics. Demonstration of proficiency in hand and ultrasonic instrumentation should be shown prior to patient treatment.

Clinical training should be provided through treatment of a range of patients and include comprehensive examination, diagnosis and treatment planning. Patient treatment should include:

- Gingivitis,
- Periodontitis, Stage I and II and may include Stage III A&B,
- Maintenance,
- Acute conditions and
- Interdisciplinary management.

Ideally the same patient should be managed with follow up through the course. Treatment will primarily be non-surgical with appropriate oral hygiene instruction, management of risk factors and referral as necessary. Observation of advanced periodontal procedures, such as open flap debridement and implant surgery, should be provided through placement with periodontists or periodontists in training. Management of patients in conjunction with a hygienist/oral health therapist in the later years of dental training should be considered. Competency in the management of periodontal diseases should be assessed through feedback from supervisors, clinical and didactic formative and summative assessments using appropriate methods determined by the course provider. The types and number of patients should be recorded and reviewed by the course provider to ensure students are reaching the appropriate level.

Time allocation recommended (European Federation of Periodontology guidelines):

- Didactic: 50-80 hours
- Periodontal pre-clinical and clinical hours as operator: 150-180 hours
- Periodontics included in comprehensive therapy as operator: 150-180 hours

Didactic topics should include:

- Structure of the periodontal tissues.
- Aetiology and pathogenesis of periodontal diseases including:
 - The role of plaque and calculus.
 - Oral microbiology covering periodontal pathogens and theories.
 - The stages of periodontal diseases.
 - Innate and adaptive immune responses, including the role of T, B and plasma cells as well as cytokines.
 - Clinical presentation at the different stages of disease.
- Risk factors including environmental and genetic.



(Continued) Didactic topics should include:

- Examination of the periodontal tissues, both clinically and radiographically.
- Diagnosis and prognosis.
- Treatment planning.
- Classification, epidemiology and progression of periodontal diseases.
- Acute periodontal conditions.
- Supportive periodontal therapy including risk assessment.
- Treatment modalities including:
 - Non-surgical.
 - Types of surgery and periodontal regeneration.
 - Management of furcations.
 - Use of antibiotics.
 - Reassessment and supportive periodontal therapy.
- Oral hygiene tools, techniques and motivation of patients including behavioural theory
- The role of chemical plaque control.
- Scientific basis/Evidence-based treatment.
- The role of occlusion.
- Periodontal – Systemic interrelationship with a focus of diabetes, smoking and the effect of medications, but also include gingival enlargement.
- The interaction of periodontology with:
 - Endodontics.
 - Restorative dentistry.
 - Orthodontics.
 - Oral Medicine especially desquamative lesions.
 - Paediatric dentistry.
 - Oral surgery/Maxillofacial surgery.
 - Medical practitioners- Smoking cessation referral.
- Management of recession including dentine hypersensitivity and root surface caries
- Muco-gingival periodontal procedures.
- The role of periodontist and when to refer.
- Surgical implant dentistry including:
 - Assessment of a patient for implants at patient and site level including medical, dental and social histories as well as patient expectations.
 - Radiographic techniques and interpretation of radiographs.
 - Digital and analogue workflows.
 - Treatment planning for implant therapy.
 - Oral anatomy related to implant placement.
 - Minimally-traumatic extraction and ridge preservation.
 - Surgical placement of implants.
 - Augmentation of implant sites.
 - Osseointegration and its assessment.
 - Outcomes of implant treatment.
 - Maintenance of implants.
 - Implant complications and management.