

## **WEST AFRICAN COLLEGE OF SURGEONS**

### **FACULTY OF DENTAL SURGERY**

#### **CURRICULUM FOR MEMBERSHIP / FELLOWSHIP TRAINING PROGRAMME IN DENTAL SURGERY**

##### **AIMS**

The residency training programmes are designed to train Specialists (Members) and Consultants (Fellows) in various levels of Competencies (vis-a-vis knowledge, attitude and skills) in all specialties of Dental Surgery and to provide leadership in the provision of Oral Health Care in a multi-sectoral health care set-up/services in the sub-region

##### **LEARNING OBJECTIVES**

The Fellow/Member of the West African Postgraduate Medical College within the sub-region after qualification should be able to;

- a. Provide specialized dental services and design solutions for clinical problems which arise in the course of patient management.
- b. Participate in the teaching of the subjects of his / her area of specialization.
- c. Play an active role in research activities.
- d. Offer adequate management and professional leadership in their roles as Specialist /Consultant Dental Surgeons.
- e. Capable of leadership role within the Health Services in the sub-region.

##### **ADMISSION REQUIREMENTS:**

###### **PRIMARY:**

Admission into the Residency Training Programme is open to all Dental Surgeons (B.D.S or B.Ch.D or its equivalent) who are fully registered with the Professional Regulatory Body/ Council within their respective countries in the ECOWAS sub-region.

###### **PART I / MEMBERSHIP**

Applicants who have passed the Primary Examination of the College or its equivalent (where exemption is given) with at least one year mandatory internship are eligible to apply. Such candidates may be interviewed before being admitted into the training programme. The enrolled postgraduate trainee shall be known as a Junior Resident.

## **FINAL FELLOWSHIP (PART II):**

Candidates who have passed the Part I or Membership examinations of the College are eligible to apply for Fellowship training and may be interviewed before being admitted into the Final Fellowship training programme. The enrolled postgraduate trainee shall be known as a Senior Resident.

## **COURSE DURATION**

The duration of the Residency programme shall be as follows;

Part I / Membership Training programme                      2 and 3 years respectively

Fellowship (Part II) Training programme                      2-3 years .

Exemption from any part of the training programme may be considered and approved by the Council/Senate of the College on the recommendation of the Faculty Board or Committee.

## **COURSE STRUCTURE**

### **a. PRIMARY EXAMINATION (Entry requirements)**

The objective of the Primary Course (Basic Medical /Dental Sciences) is to broaden the candidate's knowledge in basic medical and dental sciences and to determine his/her readiness to undertake post-graduate training.

### **2A. PART I PROGRAMME**

Rotation through the 10 different specialties in Dental Surgery, General Surgery, Internal Medicine, Anaesthesia, and Other elective medical specialties (*24months*),

### **2B MEMBERSHIP PROGRAMME**

- a. Rotation in specialties in Dental Surgery(*other than the candidate's chosen specialty*), General Surgery , Internal Medicine, Anaesthesia, and Other elective medical Specialties (*24 months inclusive of 2 months rural posting in Community Dentistry*)
- b. Rotation in the candidate's chosen sub- specialty (*12 months inclusive of one month rural posting*).

### **a. FELLOWSHIP PROGRAMME**

Rotation in the Candidate's chosen sub- specialty (*24 -36 months*)

## **COURSE CONTENT**

### **PRIMARY LEVEL**

The objective of the Primary Examination is to broaden the candidate's knowledge in Basic Medical and Dental Sciences and to determine the preparedness of the candidate to undertake postgraduate Residency training.

Candidates for the Primary Fellowship examinations are expected to acquire adequate knowledge in Basic Medical and Dental Sciences. These areas include:

1. **General Physiology**
  - a. Body homeostasis water, electrolyte, acid-base metabolism and regulation.
  - b. Endocrine, structure and function of the nervous system.
  - c. General Principles of human nutrition
  - d. Respiratory system, oxygen, energy supply, transportation and utilization.
  - e. Cardiovascular system, haemodynamics, structure and function of blood.
  - f. Structure and function of the genito-urinary system.
  - g. Structure and function of the gastro-intestinal system.
2. **General anatomy including histology and embryology with special emphasis on the Head and Neck region**
  - a. Human anatomy-applied and surgical basis.
  - b. Embryology- including congenital malformations of oro-facial region, gastrointestinal tract, cardiovascular, respiratory, musculo-skeletal, genitor-urinary and central nervous systems.
  - c. Osteology and musculo-skeletal system.
3. **General Pathology (including microbiology, bacteriology and virology in relation to Dentistry).**
  - a. Cellular and histopathology
  - b. Microbiology
  - c. Virology
  - d. Chemical pathology
  - e. Heamatology
  - f. Immunology

g. Oncology .

4. **Pharmacology**

- a. The basic principles of pharmacology of
- b. Drugs used in anaesthesia & analgesics
- c. The basic principles of pharmacology of
- d. Antimicrobials and chemotherapeutics
- e. Drugs acting on the cardiovascular, genito-urinary, respiratory and gastro-intestinal systems.
- f. Cancer chemotherapeutics and immuno-suppressive drugs.

5. **Oral Biology**

- a. Oral histology, dental anatomy and cytology
- b. Oral Physiology-including structure and function of saliva

6. **Physiological Chemistry**

- a. Carbohydrates, Lipids, Amino Acids, Proteins.
- b. Porphyrins and Bile pigments
- c. Proteins synthesis, enzymes
- d. Metabolism of Carbohydrates, Lipids, Proteins, and Amino Acids, Purines and Pyrimidines

**PART I / MEMBERSHIP TRAINING PROGRAMME**

There shall be a residency programme in Dental Surgery to prepare candidates for the Part I / Membership examination. The residency programme shall be done in hospitals recognized (accredited) by the Colleges. Residents must have passed the primary examination in basic medical and dental science or been exempted there-from.

**OBJECTIVES:**

The aim of the Part I / Membership Training programme is to acquire the relevant competencies for routine management of all common oral health conditions at a level higher than that of the senior house officer.

The Resident should be able to make use of the library and information technology in clinical presentations, seminars, etc., and provide primary oral health care at various level of the health delivery system. Throughout the Residency training programme, the Resident is expected to be exposed to, and actively participate in seminars, group discussions, lectures, and clinico-pathological conferences and research.

The Part I / Membership examination may be taken any time after completion of the prescribed 24-36 months (2-3 years) rotation. Evidence of rotation through these specialties must be produced and vetted by the training institution before approval is granted to trainees to take the examination. Presentation of a completed log book is therefore mandatory (obtainable from the College Secretariat). The trainee shall spend a minimum period of 24-36 months of rotation through the following specialties ( *Where applicable*):

#### **PART I PROGRAMME ROTATIONS**

- |    |                                      |            |
|----|--------------------------------------|------------|
| a. | Oral and Maxillofacial Surgery       | -3 months  |
| b. | Conservation Dentistry               | - 2months  |
| c. | Paediatric Dentistry                 | - 2 months |
| d. | Prothetics Dentistry/ Prosthodontics | -2months   |
| e. | Orthodontics                         | -1 months  |
| f. | Periodontology                       | -2 months  |
| g. | Oral Medicine                        | -2 months  |
| h. | Oral Radiology/ Oral Diagnosis       | -2 months  |
| i. | Oral Pathology                       | -2 months  |
| j. | Community Dentistry                  | -1 month   |
| k. | Internal Medicine                    | - 3 months |
| l. | General Surgery                      | -2 months  |

#### **MEMBERSHIP PROGRAMME ROTATIONS**

- |    |                                |            |
|----|--------------------------------|------------|
| a. | Oral and Maxillofacial Surgery | -2 months  |
| b. | Conservation Dentistry         | - 2 months |
| c. | Prosthodontics                 | - 2 months |

- |  |                                    |
|--|------------------------------------|
| d. Paediatric Dentistry  | - 2 months                         |
| e. Orthodontics  | -2 months                          |
| f. Periodontology  | -2 months                          |
| g. Oral Medicine   | -2 months                          |
| h. Oral Radiology  | -2 months                          |
| i. Oral Pathology  | -2 months                          |
| j. Community Dentistry   | -2 months ( <i>Rural Posting</i> ) |
| k. Internal Medicine   | - 1 month                          |
| l. General Surgery   | - 2 months                         |
| m. Anaesthesia   | -1 month and                       |
| n. Twelve months of Rotation in Resident's primary specialty ( <i>inclusive of one month of rural posting in Community Dentistry</i> ) to make up a total of 36 months |                                    |

**1. Oral & Maxillofacial Surgery**

- a. During the posting, the resident is expected to acquire competence in history- taking, examination, making logical impressions, determination of relevant investigations and definitive diagnosis.
- b. The procedures that the resident is expected to perform include the following: excision of gingival epulis, small cysts, impacted third molars and malposed teeth, removal of retained roots, incision and drainage of abscess, closure of small oro-facial fistulae, minor frenectomies, manual reduction of TMJ dislocation, alveoloplasty, closed reduction of mandibular fractures, post operative and follow up care.

**2. Conservation Dentistry**

During this posting, the resident is expected to have a broad clinical exposure to all aspects of Conservation Dentistry. The resident should acquire appropriate competence in simple restorations such as amalgam and composite fillings, inlays, crowns and bridges and endodontics as well as science of dental materials.

### 3. **Prosthodontics**

During this posting, the resident is expected to have a broad clinical exposure in removable prostheses (acrylic and metal based), maxillofacial and cleft palate prostheses, occlusion, implants and science of dental materials. The resident is expected to perform procedures relevant to achieving the desired level of competence.

### 4. **Paediatric Dentistry**

- a. At the end of this posting, the resident is expected to acquire a higher level of competence in Children's dentistry. The resident should be able to make a comprehensive treatment plan for any child including the handicapped, recognize the indications for use of local, regional and general anaesthesia
- b. During this period, the resident is expected to perform the following procedure on children:
- c. Root canal therapy on anterior teeth, acid-etch restorations, acrylic and porcelain jacket crowns, stainless steel crowns, pulpotomies, pulpectomies, complete management of fractured incisors, application of fissure sealants, topical fluoride, routine exodontias, fabrication of cast core gold posts.

### 5. **Orthodontics**

The resident is expected to:

- a. Know the principles of the practice of orthodontics, be conversant with basic orthodontic instruments, and be aware of the general and specific indications for common orthodontic procedures and associated complications
- b. Diagnose and make appropriate treatment plan for simple orthodontic problems and take adequate care of orthodontic emergencies.
- c. Trace and analyze cephalometric radiographs.
- d. Perform Orthodontic treatment procedures with simple orthodontic appliances.

### 6. **Periodontology**

At completion of this posting, the resident should be competent to

- a. Know the biology of the periodontium, the diseases of the periodontium and their aetiology.
- b. Diagnose and treat diseases of the periodontal tissues

- c. Know the different methods for the prevention of periodontal diseases.
- d. Understand and interpret indices for the assessment of periodontal diseases.

## **7 Community Oral Health**

After this posting, the resident should understand:

- a. The basic principles of community oral health and its application to the community.
- b. Public health administration, planning and organization of health services.
- c. Implementation of epidemiological procedures relevant to oral diseases, especially caries and periodontal diseases.
- d. The various methods for the prevention of oral diseases and their application.
- e. Appropriate dietary counseling relevant to preventive oral health.
- f. Oral health research methods.

## **8 Oral Medicine**

By the end of this posting, the resident should recognize and manage diseases of the oral and facial region. The resident should be able to:

- a. Diagnose and treat common oro-facial diseases.
  - a. Recognize congenital abnormalities within the oro-facial region.

## **9. Oral Radiology**

- a. Take and interpret intra-oral radiographs
- b. Interpret extra-oral radiographs particularly of the oro-facial region.
- c. Identify and recommend special investigations that may aid diagnoses.

## **10. Oral Pathology.**

After this posting, the resident is expected to:

- a. Know the pathology and patho-physiology of common oral diseases.
- b. Process and stain surgical specimens
- c. Participate in microscopic diagnosis of biopsies and interpretation of slides.



- d. Smear cytological specimens.

11 **General Medicine**

By the end of this posting, the resident should be able to:

- a. Recognize and handle medical emergencies especially as may occur in dental practice.
- b. Recognize medical conditions of relevance in the practice of dentistry.

12 **General Surgery**

The resident is expected to know:

- a. Pre-operative management of surgical emergencies.
- b. Initial investigations and resuscitation and make appropriate referrals.

13. **Anaesthesia**

The resident is expected to acquire knowledge in:

- a. Endotracheal intubation
- b. Resuscitation.
- c. Use of common anaesthetic drugs.

**PART I / MEMBERSHIP CERTIFICATION IN DENTAL SURGERY**

This part of the programme is expected to commence at an accredited institution after the trainee must have successfully passed the Primary examinations. The objective of this programme is to train candidates that will provide middle level manpower (Membership) in any of the dental specialties.

The trainee is expected to acquire a practical and balanced training for 24-36 months which shall include lectures/seminars, journal article reviews, e-learning, modules and webinars and clinical apprenticeship in one of the following specialties:

- 1. Oral and Maxillofacial Surgery
- 2. Oral Radiology

3. Conservation Dentistry
4. Prosthodontics
5. Paediatric Dentistry
6. Periodontology
7. Orthodontics
8. Oral Pathology
9. Oral Medicine
10. Community Dentistry

This practical, patient-based programme will enable candidate to acquire skills and knowledge in a structured and progressive manner.

## **DENTAL SPECIALTIES**

### **ORAL & MAXILLOFACIAL SURGERY**

#### **PART I / MEMBERSHIP PROGRAMME IN ORAL AND MAXILLOFACIAL SURGERY**

The TRAINEE at this level should be able to perform the following procedures:

- a. Reduction and immobilization of mandibular fractures (not including open reduction)
- b. Take biopsies.
- c. Enucleation of bone cysts.
- d. Treatment of facial infections.
- e. Sequestrectomy, Decortication and Saucerisation.
- f. Preprosthetic surgery.

- g. Removal of all impacted teeth.
- h. Tooth transplantation/re-implantation.
- i. Salivary gland surgery of minor glands.
- j. Implantology.

**COURSE CONTENT:**

Surgical Emergencies: Trauma, severe Facial Cellulitis eg Ludwig's angina.

Surgical Procedures:

- a. Management of Post extraction Complications.
- b. Pericoronitis & third molar surgery.
- c. Management of cysts.
- d. Management of jaw fractures.
- e. Management of Temporomandibular joint diseases.
- f. Management of cleft lip and palate and other congenital abnormalities.
- g. Condylectomies , Arthroplasty and release of TMJ Ankylosis.
- h. Management of chronic infections of Jaws.
- i. Management of Salivary gland tumours.
- j. Preprosthetic Surgery.
- k. Tooth Transplantation and Re-implantation.
- l. Caldwell-Luc antrostomy.
- m. Tumours and surgical ablation of soft and hard tissue.
- n. Maxillofacial rehabilitation.
- o. Orthognathic surgery and Distraction osteogenesis.
- p. Dental Implantology.

Procedures/surgeries required to qualify for entry into examination for membership certification

- a. Minor oral and dento-alveolar surgeries 50 cases.
- b. Trauma : 40 cases , 25 cases as an assistant, 15 cases as the operator.
- c. Orthognathic surgery : 2 cases as an assistant.
- d. Reconstructive Surgery : 10 cases as an assistant.
- e. Preprosthetic Surgery and Implants: 10 cases as an assistant, 5 cases as an operator.
- f. Ablative Surgery: 10 cases as an assistant.
- g. Temporomandibular disorders: 5 cases as an assistant.
- h. Enucleation of cysts : 10 cases, 5 as an assistant, 5 as an operator.
- i.

### **ORAL RADIOLOGY**

#### **PART I / MEMBERSHIP PROGRAMME IN ORAL RADIOLOGY**

This part of the training is undertaken when the trainee has successfully completed and passed the Primary examination.

The objective of this part of the programme is to train each trainee to provide middle level manpower (*Membership programme only*) in Oral Radiology.

#### **COURSE CONTENT:**

##### **BASIC RADIOLOGY:**

1. The Radiology of Caries.
2. Radiology of Periodontal disease.
3. Variations in size shapes and number of teeth.
4. Normal radiographic appearances throughout childhood.
5. The Radiology of trauma to teeth, jaws and related bones
6. The radiology of apical problems.
7. Inflammations of the jaws and periosteal reactions.
8. Resorption of teeth.

##### **INTERMEDIATE:**

1. Radiology of odontoma.
2. Radiology of oral and perioral cysts.
3. Radiology of soft tissue lesions & salivary glands.

4. Radiology of benign neoplasms.

ADVANCED RADIOLOGY:

1. Radiology of malignant neoplasms.
2. Radiology of dysplastic diseases.
3. Imaging of Maxillary sinuses.
4. Radiology of Temporomandibular joint.
5. Radiology of Endocrine disease.
6. Radiation therapy and radiation hazards.

The TRAINEE at this level should be able to perform/participate in the following procedures:

1. Plain radiographs (intra and extra-oral views).
2. Panoramic radiographs.
3. Conventional CT.
4. Cone Beam CT
5. Magnetic Resonance Imaging
6. Ultrasound
7. Angiography
8. Bone scintigraphy
9. PET Scanning

Requirements for Oral Radiology Membership Programme

- a. Periapical radiography 100 cases.
- b. Occlusal radiography 40 cases , 25 cases as an assistant, 15 cases as the operator.
- c. Panoramic radiography : 20 cases as an assistant, 10 as an operator.
- d. Ultrasonography : 10 cases as an assistant, 4 as an operator.
- e. Sialography: 10 cases as an assistant, 5 cases as an operator.
- f. Angiography: 10 cases as an assistant.
- g. Conventional CT, 5 cases as an assistant.
- h. Cone Beam CT: 5 cases as an assistant.
- i. Magnetic Resonance Imaging: 5 cases as an assistant.

**OPTIONAL:**

10. Bone scintigraphy: 2 cases as an assistant.

11. PET Scanning : 2 cases as an assistant.

**RESTORATIVE DENTISTRY**

**CURRICULUM FOR MEMBERSHIP PROGRAMME IN RESTORATIVE DENTISTRY**

**Preamble:**

There are two (2) training programmes (Conservative and Prosthodontic dentistry) in Restorative dentistry leading to the award of Membership or Fellowship of the West African College of Surgeons. Training in both specialties covers instruction in conservative dentistry, endodontics, fixed prosthodontics, removable prosthodontics, implant prosthodontics and maxillofacial prosthetics.

**Programme objectives:**

- i. To train clinicians who demonstrate proficiency in the diagnosis, treatment planning and treatment of Prosthodontic patients, with particular emphasis on the critical use of existing literature and current knowledge.
- ii. To train clinicians, who demonstrate proficiency in the management of patients requiring conservative, prosthodontic and implant treatment, as well as providing long-term supportive therapy for the patients.
- iii. To train clinicians who generate, disseminate, preserve knowledge and serve the profession and community.
- iv. To train specialists that will earn the membership/ Fellowship qualification in the field of Restorative Dentistry.

**Outcomes:**

- i. A trainee that has developed the requisite competence across a range of clinical disciplines in Restorative dentistry.
- ii. A trainee that has acquired sufficient experience in the integration of oral healthcare plans across disciplines in dentistry in providing comprehensive treatment for patients.

**Course content:**

- a. Science of dental materials
- b. Dental caries- Epidemiology,
- c. Non-cariou tooth loss
- d. Aesthetic dentistry
- e. Endodontics
- f. Occlusion
- g. Fixed prosthodontics
- h. Removable prosthodontics
- i. Implant dentistry
- j. Maxillofacial prosthetics
- k. Oral rehabilitation
- l. Periodontics and Restorative dentistry
- m. Dental Photography and Imaging( Radiographs, digital imaging techniques –RVG 6000, Cone Beam CT)
- n. Laboratory procedures
- o. Clinical and Laboratory equipment

**Study model / components:**

- a. Formal lectures
- b. Consultant supervised clinical training sessions
- c. Clinical meetings- case and patient reviews
- d. Clinical and laboratory skills
- e. Seminars
- f. Journal reviews
- g. Update courses / conferences

- h. Self study
- i. Mentored research

**Resource materials:**

- a. Recommended textbooks
- b. Journals and monographs
- c. Internet
- d. Updates and conference materials

**CLINICAL PROCEDURES AND REQUIREMENTS FOR THE MEMBERSHIP PROGRAMME:**

<b>Clinical Procedures</b>	<b>Requirement</b>
<i>Operative procedures:</i>	
Complex Class I amalgam fillings:	20
- Cusp replacement using amalgam with slots and dentine pins.	
Complex class II amalgam fillings:	20
- Mesio-occluso- distal (MOD), Cusps replacement etc using Amalgam.	
Composite restorations:	20
- Simple classes I-V cavity restoration.	
- Functional & nonfunctional cusp replacement with composite.	
- Using sandwich technique in the restoration of class II cavities.	
- Composite veneers for the treatment of hypoplastic and discoloured anterior teeth.	
Atraumatic restorative treatment (ART):	30
- Single surface (Occlusal) restoration using Ketamolar/ Fuji IX.	
- Two surface restoration.	
 Inlays / Onlays:	 2



- MOD porcelain / metal inlays.

- Class I & II porcelain / metal inlays.

Endodontics:

- Anterior root canal treatment. 25

- Posterior root canal treatment. 20

Bleaching:

- Non-vital teeth. 2

- Vital. 2

Surgical endodontics:

- Anterior apicectomy. 5

- Root hemisection. 2

- Management of open apex- apexification. 5

Endodontically treated tooth / badly damaged teeth – Restoration:

- Prefabricated post and cores (metal). 10

- Cast post & cores (with or without a diaphragm). 5

- Prefabricated post and composite cores (fibre-impregnated/ carbon post). 5

Advanced Conservative procedures:

- Fixed Prosthodontic-

a. Acrylic jacket crown preparation (Anterior teeth). 10

b. Porcelain fused to metal. ( “ “ ) 5

c. Veneers preparation. ( “ “ ) 5

d. Bridge preparation PFM – ( “ “ ) 5

- ( Posterior “ ) 5

a. Resin bonded bridges - ( Anterior “ ) 5

b. Chairside fabrication of temporary crowns 10

Removable Prosthodontic:

a. Partial dentures (Acrylic) 10

b. Partial denture (Metal based) 5

c. Full dentures (Acrylic) 3

d. Full dentures (Metal based) 1

e. Immediate dentures 5

Oral rehabilitation:

Full care patient 1

*Laboratory Procedures (Fixed & Removable Prosthodontics):*

a.	Wax up for Crowns	5
b.	Wax up for Bridges	5
c.	Casting of metal restorations ( crowns / bridges)	5
d.	Casting of metal based denture	4
e.	Construction of bite rims	4
f.	Setting of teeth (Partial /Complete)	4
g.	Processing acrylic dentures – Complete	2
h.	Processing PFM restoration	2
i.	Construction of Oburators/Facial Prosthesis	3
j.	The use of CAD/CAM- CEREC	1

**PAEDIATRIC DENTISTRY:**

**MEMBERSHIP PROGRAMME IN PAEDIATRIC DENTISTRY**

At the end of the membership programme, the resident in paedodontics should be able to:

1. Obtain comprehensive but reliable history from paediatric dental patients and parents/guardian.
2. Perform informative clinical examination and relevant investigations to arrive at a diagnosis.
3. Produce a comprehensive treatment plan for any child including handicapped and children with behavioral problems.
4. Recognize indications for the use of local, Relative, & General Anaesthesia.
5. Carry out, with or without collaboration, the comprehensive treatment planning and management of minor orthodontic cases.
6. Carry out in conjunction with the Orthodontic unit, the oral surgery Unit, or the Plastic surgery unit and the Speech therapist, a comprehensive examination, treatment planning and the management of children with cleft lip & / or palate and other congenital orofacial defects.

7. Carry out the following Procedures;
- a.) Root canal therapy.
  - b. Acid etched restorations on fractured incisors and labial facings.
  - c. Acrylic and or porcelain jacket crowns on anterior teeth.
  - d. Stainless steel crowns on primary teeth.
  - e. Pulpotomies on primary molars.
  - f. Complete management of fractured incisors.
  - g. Proper application of fissure sealants.
  - h. Topical fluoride application.
  - i. Comprehensive treatment planning for child patient.
  - j. Fabrication of custom-made cast core gold post.
  - k. Routine Exodontia for child patient.

**COURSE CONTENT:**

- a. Assessment/Examination of Children:
  - 1) Principles of Child management.
  - 2) Ethics of Child dental management.
  - 3) Physical Oral and Occlusal assessment.
  - 4) Behavioral assessment.
  - 5) Soft and hard tissue assessment.
  
- b. Behaviour management of children.
  1. Non-pharmacologic behaviour modifications.
  2. Local anaesthesia and analgesia
  3. Conscious Sedation
  4. General anaesthesia.
  5. Management of adolescence and children with disabilities.
  6. Medically compromised children.
  7. Emergency care and child abuse.
  
- c. Oral Diseases in Children.

1. Caries epidemiology/ Risk Assessments, infant care and oral hygiene instructions.
2. Early Childhood caries.
3. Pulp therapy
4. Fluoride therapy and fissure sealants.
5. Management of soft tissue lesions.
6. Management of patients with Genetic disorders.
7. Management of oral mucosal lesions in Children.

d. Restorative Procedures for children.

1. Morphological differences between primary and permanent teeth and impact on tooth restoration.
2. Restoration of primary teeth (Class I, II, III and temporary crowns.)
3. Appropriate use of Dental materials.
4. Management of Trauma.
5. Paediatric Prosthetics.
6. Stainless steel crowns and anterior crowns.
7. Extractions and space maintainers.
8. Treatment planning and referral protocol.

REQUIREMENTS:

**I. Caries Preventive Procedures**

1. Clinical Application of Topical Fluoride – 10.
2. Placement of Pit and Fissure Sealant – 5
3. Preventive Resin Restoration – 5

**II. Restorative Procedures (a) Amalgam – 20**

- (b) Acid Etch Restorative technique – Resin Based Composite.

i) Incisal tip – 10

ii) Labial facing – 5

iii) Full veneer – 5.

iv) Posterior – 5.

c) Glass ionomer cement

i) Anterior – 5

ii) Posterior – 10

(d) Stainless Steel Crown

. Anterior – 3

. Posterior -10

(e) Acrylic Jacket Crown – 2

(f) Porcelain Jacket Crown – 2

### **III. Pulp Therapy in Primary and Young Permanent Teeth**

a. . Vital pulpotomy – 10

b. . Non-vital pulpotomy – 10

c. . Pulpectomy – 10

d. . Apexogenesis – 5

e. . Apexification – 5

f. . Root canal therapy – 5

### **IV. Management of Traumatized Teeth**

- i). Fractures – 10
- ii). Luxation injuries: intrusion, extrusion, lateral displacement, subluxation and concussion – 5.
- iii). Avulsion (Replantation) –
- iv) Soft tissue injuries – 3 Alveolar bone injuries – 2

V. Management of Oral Soft Tissue Infection and Periodontal

Diseases

- i) . Gingivitis – 10
- ii) . Herpetic gingivostomatitis –2
- iii) Acute necrotizing gingivostomatitis – 2
- iv) . Aggressive (Juvenile) periodontitis – 2
- v) . Others – 5

**VI. Management of the Anxious Child Patient**

- i) Non-pharmacologic methods – 10
- ii) Conscious sedation techniques – 2
- iii) General anaesthesia – 2

VII. Management of Special Needs and Medically Compromised Children – 5.

VIII. Management of Cleft Lip and Palate: Role of the Paediatric Dentist – 2

IX. Management of Eruption And Occlusal Disorders

Space maintainers – 3

X. Simple removable orthodontic appliances – 5

Management of Oral Habits (including oral habits breaking appliances) - 2

## **PERIODONTOLOGY**

### **MEMBERSHIP/ PART I PROGRAMME IN PERIODONTOLOGY**

At the end of the training the Resident should be able to:

1. Describe the biology of Periodontium.
2. Explain the aetiology and different pathologies of periodontal disease.
3. Diagnose the different pathologies of periodontal tissues.
4. Explain the different methods available for the prevention of periodontal pathologies.
5. Carry out detailed treatment of periodontal diseases.
6. Participate effectively in seminars/workshops journal review on Periodontology and be able to present research findings at Scientific meetings.
7. Understand, interpret and supply current indices for the assessment of periodontal disease.

### **COURSE CONTENT:**

Basic Periodontology:

Aetiology and Pathology of Periodontal diseases.

Epidemiology of Periodontal Diseases.

Diagnosis, Prognosis and Treatment of Periodontal diseases.

Periodontal Surgery:

Oral Implantology:

**REQUIREMENTS:**

- a) Gingivectomy/gingivoplasty - 10
- (b) Periodontal flap operation e.g. replaced flap (modified widman) - 8
- c) Periodontal splinting techniques - 25
- (d) Mucogingival surgical techniques
  - coronally repositioned flap }
  - double papilla flap }
  - free graft }
  - frenectomy/frenotomy } - 10
  - lateral repositioned flap }
  - pedicle grafts }
- (e) Guided tissue regeneration techniques using barrier membranes - 5
- (d) Management of bone defects and furcation Involvement - 5
- (f) Case reports - 2
- (g) Implant supported overdenture - 1
- (h) Endodontic surgery:
  - root amputations, resections (for perio-endo lesions) - 1

**ORTHODONTICS**

**PART I / MEMBERSHIP PROGRAMMES IN ORTHODONTICS**

**COURSE CONTENT:**

Orthodontic practice management



Development of the teeth and occlusion

Dento-facial growth

Biology of tooth movement

Radiology and imaging techniques in relation to orthodontics

Materials and biomechanics

Aetiological basis of malocclusion

Diagnostic procedures and assessment

Treatment planning including design of removable orthodontic appliances

Long-term and iatrogenic effects of orthodontic treatment

Removable, fixed and retention appliances

Treatment procedures and multidisciplinary care

Orthodontics and restorative dentistry

Requirements for the Membership Examination in Dental Surgery (Orthodontics)

Candidates must show clear evidence of treatment of simple cases of malocclusion from the beginning to the end using mainly removable appliances and a few fixed appliances cases and evidence of all the clinical records must be presented.

- b.** Five (5) cases of treated malocclusions with removable orthodontic appliances (active orthodontic treatment).
2. Two (2) cases of passive orthodontic appliances (e.g. habit breaker or Space maintainer)
- c.** One (1) case of treated malocclusions with functional orthodontic appliances (out of active treatment)

- d. Two (2) cases of treated malocclusions with fixed orthodontic appliances preferably non extraction cases (out of active treatment).
- e. Viva-voce examination

## **ORAL PATHOLOGY**

### **MEMBERSHIP/ PART I PROGRAMME IN ORAL PATHOLOGY**

After passing the Primary examination, the trainee shall remain in the Department of Oral Pathology during which he/she will be involved in the biopsy services of the Department.

#### **COURSE CONTENT:**

- A) Inflammatory lesions of oral soft and hard tissues.
- B) Cystic lesions .
- C) Odontogenic tumours.
- D) Precancerous lesions.
- E) Non-odontogenic tumours.
- F) Fibro-osseous lesions
- G) Salivary gland lesions
- H) Vesiculobullous and auto-immune disease.

The trainee will be expected to perform the following procedures:

- a. Process and stain at least 12 surgical specimen.
- b. Smear cytological specimen - at least 3 – 5 cases.
- c. Surgical cut-up and trimming of biopsy specimens – at least 2 cases per week.
- d. Identify and describe histopathologic features of common head and neck lesions.
- e. Identify histopathologic features that differentiate malignant from benign lesions.
- f. Understand the scientific principles of surgical oral pathology.
- g. Participate in the running of Clinical Oral Pathology/ Oral Medicine clinics.

- h. Participate in and address Departmental seminars when scheduled to do so.
- i. Participate in ongoing basic and/or clinical research studies, and will be expected to contribute to at least one published article.

At the completion of the 36 month training in Oral Pathology, trainee must complete the relevant sections of the logbook to be eligible to sit for the Membership certificate examination.  
Procedures performed must be SCORED and SIGNED by the supervising consultants

## **ORAL MEDICINE**

### **MEMBERSHIP / PART I PROGRAMME IN ORAL MEDICINE**

#### **1. TRAINING OBJECTIVES**

1. To enable participants acquire the relevant knowledge of the basic sciences applicable to the practice of oral medicine.
2. To enable competence in the diagnosis and differential diagnoses of oral mucosal diseases.
3. To enable an understanding of the pathophysiology regarding common disorders of the oral mucosa.
4. To enable an understanding of the common treatment regimens regarding oral mucosal diseases.
5. To enable an understanding of the dental management of systemic diseases and the relevance of such to oral health.

#### **COURSE CONTENT:**

The lecture topics and seminars should include but not limited to the following.

1. The practice of oral medicine and review of the anatomy of the oral mucosa.
2. Evaluation of patient: Examination of the oral mucosa, diagnosis and medical risk assessment.
3. Oral Mucosal immunity-

4. Ulcerative conditions affecting the oral mucosa.
5. Vesicular and Bullous lesions.
6. Red and white lesions of the oral mucosa.
7. Pigmented lesions of the oral mucosa
8. Erythema Multiforme, Steven Johnson Syndrome and Toxic Epidermal Necrolysis
9. Viral Hepatitis and Tetanus
10. Epidemiology, risk factors, clinical features and management of oral cancer
11. Benign tumours restricted to the oral mucosa
12. Oral Aspects of HIV Infection
13. Pharmacological and non-pharmacological management of orofacial and  
craniomandibular pain, discomfort and dental anxiety.
14. Dental management of patients with respiratory and cardiovascular diseases.
15. Dental management of patients with hematological diseases.
16. Dental management of patients with renal diseases
17. Dental management of patients with diabetes mellitus and other endocrine diseases.
18. Dental management of patients undergoing radiotherapy of the head and neck region.
19. Salivary glands in health and disease.
20. Genetic basis of oral mucosal diseases
21. Transplantation medicine and immunologic diseases affecting the oral mucosa.
22. Principles of minor surgery with specific reference to mucosal biopsy procedures.
23. Management of emergencies and resuscitation in the practice of Oral Medicine.

## CLINICAL ROTATIONS

A minimum period of 10 months must be spent in a specialized oral medicine clinic.

Trainees should have experience of minor oral surgery (soft tissue biopsies), and other relevant procedure like sialometry, use of Toluidine Blue and Brush biopsy techniques.

A logbook of clinical cases provided by the Faculty will be required to document clinical exposure.

The purpose of the logbook is to indicate to the examiners the candidate's exposure in all aspects of Oral Medicine. The logbook should enumerate the various cases managed in which the candidate was directly involved. The logbook must be signed by the supervising consultants as confirmation of completion of the cases recorded.

## **PART I / MEMBERSHIP PROGRAMME IN COMMUNITY DENTISTRY:**

At the end of the rural posting the resident should be able to:

Discuss and monitor Dental Health for the aged.

Select and interprets information for the description of Oral Health Status and care.

Analyse demographic trends and surveillance of Oral diseases.

Plan for a district Dental Services.

Use research studies for the prevention of oral diseases.

Discuss Health Promotion and integration of Oral Health in multi-sectoral approach

Assess the utilization of Dental Services by the Community.

Formulate Policies on Prevention of Oral diseases.

Evaluate and Oral Health programme.

## COURSE CONTENT

- a. Introduction to Dental Public Health.
- b. Current concepts in Dental Public Health.
- c. Introduction to Bio-statistics.
- d. Dental Informatics and Tele-dentistry

- e.** Preventive Strategies In Oral Health Care
- f.** Philosophy Of Public Health And Dental Public Health
- g.** Research Methodology
- h.** Oral Health Education and Promotion: Media Methods
- i.** School Health
- j.** Management And Evaluation Of Health Services
- k.** Nutrition And Oral Health
- l.** Geriatric Dentistry
- m.** Dental ethics and jurisprudence.
- n.** Trends in Oral diseases.

#### CLINICAL REQUIREMENTS

- a.** The use of Atraumatic Restorative Technique- 20 patients
- b.** Application of Topical Fluoride-15 patients
- c.** Dietary counseling-50 patients
- d.** Plaque control instruction and motivation: 50 patients
- e.** Practical participation in Calibration in any of the common oral diseases.
- f.** Outpost/Outreach clinic: Extractions, scaling and polishing, dietary and oral hygiene counselling, fluoride therapy.
- g.** Journal reviews- 1 per month

#### FIELD REQUIREMENTS

School Health Visits/Market/Antenatal clinic/Geriatric centre- The activity should include the following:

- a.** Oral hygiene and Health education to school pupils.
- b.** Oral Health Examination of pupils for common oral diseases
- c.** Tooth cleaning/brushing technique
- d.** Nutrition Education

## **FELLOWSHIP TRAINING PROGRAMME**

Candidates must have passed the Part I / Membership examinations to qualify for Fellowship training.

### **OBJECTIVES**

The candidate for Fellowship training is to acquire competence in the chosen specialty, in teaching and research and health services management. He is expected to acquire competence to the level of a specialist/consultant in his chosen field.

The Fellowship training programme covers a period of 24-36 months. The examination may be taken anytime after the completion of Part I / Membership training programme. The senior resident is expected to have chosen an area of specialization in Dental Surgery and the training will focus on his/her chosen specialty. Areas of specialization are:

- a. Oral & Maxillofacial Surgery
- b. Conservative Dentistry
- c. Prosthodontics
- d. Paediatric Dentistry
- e. Orthodontics
- f. Periodontology
- g. Oral Pathology
- h. Community Oral Health
- i. Oral Medicine
- j. Oral Radiology

1. ***Oral and Maxillofacial Surgery***

By the end of the posting in this discipline the senior resident is expected to acquire complete competence in surgical procedures and the management of the following:

- a. Surgical emergencies, especially severe facial trauma, severe facial cellulites.
- b. Mandibulectomy
- c. Maxillectomy
- d. Tracheostomy
- e. Orthognatic and reconstructive surgery
- f. Reduction and immobilization of all types of jaw fractures, osteosynthesis.
- g. Simple rotation advancement flaps
- h. Cleft lip and palate repair.
- i. Surgery of the TMJ: arthroplasty and release of ankylosis
- j. Cyst enucleation excision
- k. Sequestrectomy, decortication and saucerization
- l. Surgery of the salivary glands
- m. Pre-prosthetic surgery and Implantology
- n. Removal of impacted teeth
- o. Glossectomy.

2. ***Conservative Dentistry.***

The resident is expected to acquire more advanced clinical skills and acquire mastery in conservation with emphasis on:

- a. Endodontics
- b. Crown and bridge work
- c. Implantology

3. ***Prosthodontics.***

The resident is expected to acquire more advanced clinical skills in prosthodontics with emphasis on:

- a. Full dentures



- b. Metallic partial dentures
- c. Immediate dentures
- d. Obturators
- e. Implants

### **MINIMUM REQUIREMENT IN ORAL AND MAXILLOFACIAL SURGERY FOR FELLOWSHIP**

#### **Recommended Procedures in Oral and maxillofacial surgery for the Fellowship Examination.**

The following are the minimum requirements for the Fellowship candidates in oral and Maxillofacial surgery before a candidate is signed off for the examination. A candidate is expected to have performed a minimum number assigned to each procedure and of the total number of procedures done under the supervision of his or her trainer.

Where some procedures are not normally done in candidate's training institution, the candidate is expected to explore other approved training institutions by the college to do such procedures. When applying for the examination, candidates are expected to submit their logbooks together with their examination forms to the secretariat of the College.

A candidate who has not met the approved minimum requirements may not be allowed to sit for the Fellowship examination in the specialty.

1. Surgical emergencies: Severe facial trauma, orofacial infections and cellulitis - 10
2. Mandibulectomy - 6
3. Maxillectomy - 3
4. Tracheostomy - 2
5. Orthognathic Surgery - 1
6. Reduction and immobilization of all types of jaw fractures, osteosynthesis - 22
7. Reconstructive surgery; (a) soft tissue - 10 (b) hard tissue - 2

8. Cleft lip - 5
9. Cleft palate - 3
10. Surgery of TMJ: arthroplasty and release of ankylosis - 5
11. Cysts marsupialization, enucleation/Excision - 15
12. Sequestrectomy, decortication and saucerization - 7
13. Surgery of the salivary glands - 6
14. Pre-prosthetic surgery/implants - 4
15. Removal of impacted teeth - 20
16. Glossectomy - 3
17. Head and neck oncology - 4

### **Dissertation**

The senior resident shall present a dissertation. The purpose is to expose the candidate to research methods and problem solving approach. The candidate may not be expected to make new discoveries in the research; however the candidate is expected to demonstrate satisfactory competence in research and problem solving. The dissertation should demonstrate the experience of the resident in the management of clinical problems and practical competence in the chosen area. It should also reflect the ability of the candidate to clearly define the research problem, the aims and objectives and critically review the literature. The methodology should be appropriate to achieve the goals and data generated should be properly analyzed using relevant statistical tools where appropriate. Present the results obtained, discuss the findings and make logical conclusions.

### **SENIOR RESIDENCY TRAINING PROGRAMME IN RESTORATIVE DENTISTRY**

This is a minimum of 24 months programme commencing at the end of the junior residency training. It is administered along the two broad specialties of Conservative and Prosthodontic dentistry; wherein trainees are required to acquire advanced clinical skills in patient care. Specifically, the trainee should:

- a. Demonstrate a clear understanding of the impact and clinic outcomes of treatment and

preventive care offered to patients.

- b. Proficient in all technical and clinical procedures required in patient care in Restorative dentistry.
- c. Competent in the use of clinical evaluation, laboratory diagnostic tests and imaging systems in assessing the needs of patients based on the best evidence.
- d. Develop the profession skills to deal with patients, colleagues and support staff.
- e. Demonstrate competence in teaching and research.

**MINIMUM CLINICAL REQUIREMENT IN CONSERVATIVE DENTISTRY FOR  
PART II (FINAL) FELLOWSHIP**

<b>Clinical procedure</b>	<b>Requirement</b>
<b>Management of tooth wear lesions.</b>	
- Construction of occlusal splint	5
<b>Occlusion</b>	
- Elimination of occlusal interference and balancing	5
<b>Management of tooth discoloration</b>	
- Fabrication of bleaching matrix	10
- Tooth whitening using night guard technique	10
- Intracoronal tooth bleaching	10
- Use of Veneers – Composite & Porcelain.	10
<b>Endodontic procedures:</b>	
- Post retrieval from root canals using ultrasonic and retrieval kits	5
- Re- RCT's.	25
- RCT on anterior & posterior teeth using Endodontic handpiece, magnification Loupes and Apex locator	10
- Root curettage, apicectomies of anterior and posterior teeth	5
- Hemisection of roots	2

- Bicuspidation	2
- Surgical repair of root resorption and perforations	2
- Conservative management of lateral perforation of roots	2
- Management of avulsed teeth	2
- Management of severely damaged endodontically treated teeth	10

**Advanced conservative procedures:**

- PFM crowns and bridges	10
- Ceramic crowns/ veneers using CAD/CAM- Cerec	2
- Gold crowns	5
- Porcelain & metal inlays and onlays	10
- Minimal preparation bridges- Maryland etc	3
- Minimal preparation bridges using composite pontics and resin impregnated fibres such as Sticknet, Ribbond etc	3

**Occlusion:**

- Occlusal rehabilitation	3
---------------------------	---

**Implants:**

- Implant placement in manikins	3
- Implant placement in patients	5

**MINIMUM CLINICAL REQUIREMENT IN PROSTHODONTIC DENTISTRY FOR  
PART II (FINAL) FELLOWSHIP**

<b>Clinical procedure</b>	<b>Requirement</b>
<b>Dentures:</b>	
- Metal-based denture	5
- Acrylic partial denture	10
- Full dentures	8
- Transfer of occlusal records	4

Maxillary prosthesis:	
- Obturators	5
- Facial prostheses	2
Occlusion :	
- Occlusal rehabilitation	3
Implants :	
- Implant placement in manikins	3
- Implant placement in patients	5

**MINIMUM REQUIREMENT IN PAEDIATRIC DENTISTRY FOR FELLOWSHIP**

I. Caries Preventive Procedures

- . Clinical Application of Topical Fluoride – 20
- . Placement of Pit and Fissure Sealant – 10
- . Preventive Resin Restoration – 10

II. Restorative Procedures

(a) Amalgam – 20

(b) Acid Etch Restorative technique – Resin Based Composite

- . Incisal tip – 20
- . Labial facing – 10
- . Full veneer – 10
- . Posterior – 10

(c) Glass ionomer cement

- . Anterior – 5

- . Posterior – 20

(d) Stainless Steel Crown

- . Anterior – 5
- . Posterior -20

(e) Acrylic Jacket Crown – 5

(f) Porcelain Jacket Crown – 5

III. Pulp Therapy in Primary and Young Permanent Teeth

- . Vital pulpotomy – 20
- . Non-vital pulpotomy – 20
- . Pulpectomy – 20
- . Apexogenesis – 10
- . Apexification – 10
- . Root canal therapy – 10

IV. Management of Traumatized Teeth

- . Fractures – 20
- . Luxation injuries: intrusion, extrusion, lateral displacement, subluxation, concussion – 10
- . Avulsion (Replantation) – 5
- . Soft tissue injuries – 5
- . Alveolar bone injuries – 5

V. Management of Oral Soft Tissue Infection and Periodontal

Diseases

- . Gingivitis – 10
- . Herpetic gingivostomatitis – 10
- . Acute necrotizing gingivostomatitis – 10
- . Aggressive (Juvenile) periodontitis – 10
- . Others – 5

VI. Management of the Anxious Child Patient

- . Non-pharmacologic methods – 20
- . Conscious sedation techniques – 5
- . General anaesthesia – 2

VII. Management of Special Needs and Medically Compromised

Children – 10

VIII. Management of Cleft Lip and Palate: Role of the Paediatric

Dentist – 5

IX. Management of Eruption And Occlusal Disorders

- . Space maintainers – 5
- . Simple removable orthodontic appliances – 5

X. Management of Oral Habits (including oral habits breaking appliances) - 5

**MINIMUM REQUIREMENTS IN ORTHODONTICS FOR PART II (FINAL)  
FELLOWSHIP EXAMINATION**

COURSE CONTENT:

The candidate should be able to:

- a. diagnose anomalies of the dentition, facial structures and functional conditions
- b. detect deviations of the development of the dentition, of facial growth, and occurrence of functional abnormalities
- c. formulate a treatment plan and predict its course
- d. evaluate psychological aspects relevant to orthodontics
- e. conduct interceptive orthodontic measures
- f. execute simple and complex treatment procedures
- g. act as an expert in orthodontics and related matters
- h. collaborate in multidisciplinary teams for treatment of compromised patients, orthodontic-surgical treatment and care of cleft palate patients
- i. evaluate need for orthodontic treatment
- j. practice orthodontics with high professional and ethical standards
- k. use available opportunities for improving professional skills

In addition, emphasis is placed on:

- l. biomedical sciences relevant to orthodontics
- m. development of a scientific attitude in an inquiring mind and stimulation of professional interest
- n. principles of scientific methodology
- o. interpretation of literature
- p. research activities
- q. oral and written presentation of clinical and research findings.

#### **Requirements for the Fellowship examination in Orthodontics**

- A. Dissertation
- B. Log-book which must show clear evidence of treatment of different malocclusions from the beginning to the end using various orthodontic techniques. Transferred cases may be included for the purpose of acquiring clinical experience, but shall not be considered as part of the cases presented for clinical examination. Evidence of all the clinical records must be clearly shown.



- f.** Ten (10) cases of treated malocclusions (out of active treatment) with removable orthodontic appliances.
- g.** Two (2) cases of treated malocclusions with functional orthodontic appliances (out of active treatment)
- h.** Twenty (20) cases of treated malocclusions with fixed orthodontic appliances (out of active treatment).

At the final examination, five (5) of the most interesting cases shall be presented at the oral examination.

Of the five (5) cases presented, at least one case must be multidisciplinary. assessment of candidates will be based on clinical records, complexity of cases, treatment modalities and treatment outcome and presentation.

Full clinical records of the 5 cases must include:

1. Clinical photographs

(extra-oral views)-frontal, lateral and three-quarters views.

(intra-oral views) – lower arch, upper arch, right and left lateral and frontal views in occlusion.

2. Orthodontic casts

Well trimmed casts before and after active treatment. In-between treatment may be included.

3. Radiographs

(a) Pre- and post treatment cephalograms including tracings should be provided. in-between treatment cephalograms may be included.

(b) Pre- and post treatment panoramic radiographs must be provided. in-between treatment panoramic radiographs may be included.

(c) Pre- and post treatment upper anterior occlusal radiographs should be provided. In-between treatment of upper anterior occlusal views may be included.

C. Specialty viva-voce

**MINIMUM REQUIREMENT IN PERIODONTOLOGY FOR PART FELLOWSHIP**

**FELLOWSHIP IN PERIODONTOLOGY**

(a)	Gingivectomy/gingivoplasty	-	25
(b)	Periodontal flap operations		
	e.g. replaced flap (modified widman)	-	20
	Periodontal splinting techniques	-	50
(d)	Mucogingival surgical techniques		
	- coronally repositioned flap	}	
	- double papilla flap	}	
	- free graft	}	
	- frenectomy/frenotomy	}	- 20
	- lateral repositioned flap	}	
	- pedicle grafts	}	
(e)	Guided tissue regeneration techniques using barrier membranes	-	10
(d)	Management of bone defects and furcation involvement	-	5
(f)	Case reports	-	2
(g)	Implant supported overdenture	-	1

- \* Endodontic surgery:  
root amputations, resections (for perio-endo lesions) - 3

### **MINIMUM REQUIREMENT IN ORAL PATHOLOGY FOR FELLOWSHIP EXAMINATION**

A candidate wishing to present himself or herself for Part II Examination in Oral Pathology shall meet the following requirements:

1. Specifically, candidate must have written up and signed up at least **100** biopsy reports under supervision of a consultant Oral Pathologist.
2. Satisfactory rotations in the following specialties:
  - a. Three months posting in Morbid Anatomy, during which candidate must have performed 10 autopsies and participate actively in routine histopathological diagnoses
  - b. Two weeks posting in Clinical Pathology during which candidate shall learn basic principles of laboratory techniques and clinical implications of serum chemistry values.
  - c. Two weeks posting in Haematology and Blood Transfusion, during which candidate shall learn basic principles of laboratory techniques and clinical implications of haematological values.
  - d. Two weeks posting in Medical Microbiology and Parasitology, during which candidate shall learn basic principles of laboratory techniques and also learn about microorganisms that are commonly encountered in our environment, with emphasis on oral microorganisms that are implicated in oral maxillofacial infections.
  - e. One month posting in Dermatology, during which candidate shall be exposed to diagnosis and management of common dermatological lesions encountered in the environment, especially those that have oral manifestations.  
Candidate shall also learn, during this posting, basic principle of management of a medical patient.
  - f. Two weeks posting in Otorhinolaryngology, during which candidate shall be exposed to pathological conditions commonly encountered in the specialty practice.
  - g. The Post Membership/ Part I examination posting in Oral Pathology shall be 2-3 years.

## **MINIMUM REQUIREMENT IN COMMUNITY DENTISTRY FOR FELLOWSHIP**

### **REQUIREMENTS FOR FELLOWSHIP IN COMMUNITY DENTISTRY.**

Residents must be proficient in the following areas

1. Preventive Strategies In Oral Health Care
2. Philosophy Of Public Health And Dental Public Health
3. Research Methodology
4. Health Education And Media Methods
5. School Health
6. Management And Evaluation Of Health Services
7. Nutrition And Oral Health
8. Basic Statistics In Oral Health
9. Computing Skills And Health Information Systems-SPSS, EPI INFO, STATA, EXCEL
10. Evidence-Based Dentistry.

### **CLINICAL REQUIREMENTS**

- a. The use of Atraumatic Restorative Technique-10 patients
- b. Application of Topical Fluoride-10 patients
- c. Dietary counseling-10 patients
- d. Plaque control instruction and motivation: 10 patients
- e. Practical participation in calibration in any of the common oral diseases.
- f. Outpost/Outreach clinic: Extractions, scaling and polishing, dietary and oral hygiene counselling, fluoride therapy.
- g. Journal reviews- 24

- h. Seminars- Five seminars in relevant field of dentistry

### **FIELD REQUIREMENTS**

1. School Health Visits/Market/Antenatal clinic/Geriatric centre- The activity includes the followings:
  - a. Oral hygiene and Health education to school pupils.
  - b. Oral Health Examination of pupils for common oral diseases
  - c. Tooth cleaning/brushing technique
  - d. Nutrition Education-
    2. Focus group discussion-carried out in any known community
    3. Situation analysis/ Needs assessment in a target village/population
    4. One Epidemiologic study from conception to dissemination of findings

After this posting, the senior resident should be able to:

Collect, process, interpret epidemiological data and apply the findings in community oral health planning

Understand and apply the general principle of epidemiology in relation to oral diseases.

Apply topical fluorides and fissure sealants for the prevention of caries.

Carry out effective clinical plaque control

Plan oral health manpower requirement

Administer public oral health programme

Utilize oral health auxiliaries effectively in the delivery of primary oral health care.

**Evaluation:**

The training institution should assess the trainees in oral and clinical skills prior to the College examinations.

**Eligibility for examination:**

- a. Complete a dissertation on an approved topic.
- b. Attend College update courses.
- c. Present a log book- (Specialty) record of work.
- d. Record of any published papers or abstracts presented at conferences/ workshops.

**FORMAT FOR FELLOWSHIP (PART II) FINAL EXAMINATIONS****SUMMARY OF PRIMARY, MEMBERSHIP/PART I AND FELLOWSHIP EXAMINATIONS****PRIMARY EXAMINATION :**

3 hour-Multiple Choice Questions

**PART I EXAMINATION****1. THEORY:**

3 hour Multiple Choice Questions

3 hour General Essay Paper (Oral Surgery/Oral Pathology/ Oral Medicine/ Oral Radiology/ Applied Medicine & General Surgery).

3 hour General Essay Paper.(Conservative Dentistry/ Prosthodontics/

Paediatric Dentistry/ Orthodontics / Periodontology/ Preventive Dentistry).

**2. CLINICAL / PRACTICAL EXAMINATIONS**

Objective Structures Clinical Examination (OSCE) and Clinical Picture Test

3. **ORAL EXAMINATION ( VIVA-VOCE).**
4. **ASSESSMENT OF LOGBOOKS**

**MEMBERSHIP EXAMINATION:**

1. **Theory**  
3 hour Multiple Choice Questions  
3 hour General Essay Paper  
3 hour Specialty Essay Paper
2. **Clinical /Practical examinations**  
Objective Structures Clinical Examination (OSCE) and  
Clinical Picture Test.
3. **Oral Examinations**
4. **Assessment of Log-books**

**FELLOWSHIP EXAMINATION**

The Candidate shall identify a research topic in his/her chosen specialty and bring up a research proposal **not later than 6 months** of commencing the Part II Fellowship Training programme.

The Fellowship Examination shall consist of three parts :

1. **Dissertation.** There shall be presentation of a dissertation for the examination on the previously approved topic relevant to the specialty of the candidate **not earlier than one year** after the approval of the research proposal. The dissertation shall be presented with the understanding that the work has not been presented to any other body for the purpose of examination or has been submitted elsewhere for publication before satisfying the court of Examiners. However, the work may be presented at academic/clinical meetings prior the final examination. The dissertation shall be evaluated by court of Examiners according to the approved Faculty guidelines.
2. **Log Book Examination:** Quality and quantity shall be graded according to the requirement of each specialty.
3. **Oral Examination (Specialty Examination):** This shall consist of oral examination at an advanced level focused mainly on the candidate's specialty.

**NOTE: Each section of the examination shall be graded 100 marks. The marks of the three sections shall not be additive. Candidate must score a minimum of 50% in each of the**

**sections to pass the entire examination. Failure in any of the sections is failure in the entire examination.**

**A Candidate who had failed the examination shall be required to repeat only the section failed at the next attempt.**

#### **LEARNING METHODS (competency based)**

The residency training programme is a structured based learning achieved using a curriculum based on tested and current principles in post-graduate dental education through didactic lectures, seminars, clinical sessions, research and participation in conferences.

#### **CERTIFICATION**

- a. MEMBERSHIP OF THE WEST AFRICAN COLLEGE OF SURGEONS - MWACS**
- b. FELLOWSHIP OF THE WEST AFRICAN COLLEGE OF SURGEONS - FWACS**

**Formatted:** Font: Times New Roman,  
Font color: Auto