

SPECIALIST ACCREDITATION IN ENDODONTICS

Aims of the accreditation process

The purpose of this accreditation process is to recommend suitable candidates to enter the dental specialist register maintained by the Singapore Dental Council.

Suitable candidates would need to demonstrate clinical expertise and quality of care consistent with that expected of an Endodontist practising in Singapore.

Pre-requisites

The candidate applying for accreditation in the specialty of Endodontics shall fulfil the following criteria:

- Successful completion of a formal basic specialist training (BST) programme of at least 36 months and attained a basic specialist qualification, e.g. MDS (Endodontics) (NUS) or its equivalent, which is recognised by the Dental Specialists Accreditation Board (DSAB).
- Completion of advanced specialty training (AST) shall be considered after at least two years of clinical practice in Endodontics following completion of basic specialty training (BST).
- Fulfilment of the core component in Continuing Professional Education (CPE) for specialists.
- Presentation of 12 cases as specified in Annex A and completion of a log of cases as specified in Annex B.
- Declaration that all cases used for this accreditation are managed and treated by the candidate.

The assessment of the candidate by the Endodontics Dental Specialist Accreditation Committee (DSAC) shall consist of two (2) sequential components:

- 1) Eligibility to sit for the Exit Interview through:
 - i. Fulfilment of the criteria as listed above
 - ii. Assessment of the Case Presentation (Annex A) and the Log Book (Annex B)
- 2) Exit interview of the eligible candidate (Annex C)

Advanced Speciality Training (AST) in Endodontics

It is recommended, although not compulsory, that the candidate works with a mentor during the AST. A mentor should provide guidance and timely feedback on the candidate's professional development.

Re-Supplication

Re-supplication of Part 1: Assessment of Logbook and Case Presentations

Candidates who fail the assessment of logbook and/or case presentations will not proceed to **Part 2: Exit Interview**.

For re-supplication, the candidates will have to make good any shortcomings identified by DSAC (Endodontics) and re-submit the logbook and /or case presentations with the necessary amendments.

Re-supplication of Part 2: Exit Interview

Candidates who passed **Part 1: Assessment of log book and case presentations** but unsuccessful at **Part 2: Exit Interview** will need to retake the full exit interview.

Candidates re-supplicating for specialist accreditation in Endodontics **Part 2: Exit Interview** will need to present 3 fresh cases and cannot reuse the cases that have been presented or discussed in the previous diet(s). 3 fresh cases are required to replace the 3 cases presented in the previous diet(s). The 3 fresh cases will be assessed by the DSAC (Endodontics) if they fulfil the criteria and if so, be added to the remaining 9 cases from the previous submission to make up 12 cases again. The DSAC (Endo) will then select 3 cases for presentation in the Exit Interview from either the 12 cases or from the logbook.

Candidate may choose to resubmit an updated logbook with new completed cases for consideration. New cases need to be highlighted during submission of the updated logbook.

ANNEX A

Case Presentation

The candidate shall present documentation for 12 completed cases. Cases must be started *after* the date of conferment of a DSAB recognised basic specialist qualification in Endodontics.

The candidate is advised to present the cases as a suitable proxy for evaluation of clinical expertise and quality of care provided. The prescribed format in Appendix 1 provides the framework for content. The candidate is strongly advised to write each case in good English and in a style consistent with a case report.

The candidate shall present 12 cases with a minimum of one-year recall, using the following categories. The cases presented must include all case-types as described under Categories A and B (numbers 1 – 8) and any 2 cases from each of Categories C and D. A patient may have more than one case-type but no tooth should be used to present more than one case-type.

A. Endodontic Emergencies (*all case-types must be presented*)

- 1) Endodontic emergency such as severe pain, abscess (**the candidate must be the primary operator*)
- 2) Dental trauma (**the candidate must be the operator who treatment plans and executes the **endodontic** treatment.*)

B. Non-Surgical Endodontic Therapy (*all case-types must be presented*)

- 3) Conventional root canal treatment; maxillary molar (excludes cases already categorised in this Annex)
- 4) Conventional root canal treatment; mandibular molar (excludes cases already categorised in this Annex)
- 5) Re-treatment
- 6) Complex dental anatomy
- 7) Endodontic complication (separated instruments, perforations)
- 8) Resorption (internal / external)

C. Surgical Endodontic Therapy (*choose any 2 case-types*)

- 9) Apicoectomy of Maxillary or Mandibular Anterior tooth (including premolars)
- 10) Apicoectomy of Maxillary or Mandibular Posterior tooth
- 11) Other surgical procedure: root resection, exploration, surgical repair of resorption / perforation

D. Other Categories (*choose any 2 case-types*)

- 12) Management of medically compromised patient
- 13) Multi-disciplinary (perio-endo, ortho-endo, prosthodontics)
- 14) Vital pulp therapy
- 15) Root end closure

The DSAC requires one (1) hard copy and one (1) soft copy of the case presentation.

Hard copies shall include high quality duplicated radiographs or digital printouts of radiographs plus supporting clinical pictures as appropriate. Please do not submit original copies.

The soft copy shall contain digitised images or digital radiographs and clinical pictures in high resolution JPEGs of not less than 600kb in a USB thumbdrive.

APPENDIX 1

The first page for each case will be a Cover Page showing which category the case falls under as describe in Annex A stating the tooth/teeth involved; for example:

Case 2

A. Endodontic Emergencies; Dental Trauma Management
of teeth #12, #11 & 21

another example:

Case 5

B. Non-surgical Endodontic Therapy; Re-treatment
of tooth #36

CASE PRESENTATION

Case Number : **Log Book Serial Number** :
Patient Age : **Date Started** :
Patient Sex* : Male / Female **Date Finished** :
Procedure Category* :

(The prescribed format provides the framework for content only. The candidate is strongly advised to write each case in good English and in a style consistent with a case report.)

A. Tooth # (FDI notation):

B. CHIEF COMPLAINT:

C. MEDICAL HISTORY:

D. DENTAL HISTORY:

E. CLINICAL EVALUATION

1. EXAMINATION

2. DIAGNOSTIC TESTS

3. RADIOGRAPHIC FINDINGS

F. PRE-TREATMENT DIAGNOSIS

Pulpal:

Periradicular:

Others:

G. TREATMENT PLAN:

Recommended: Emergency:

Definitive:

Alternative:

Other Treatment Needs:

H. PROGNOSIS

I. CLINICAL PROCEDURES: Treatment Record

CANAL (M, D, B, L etc)	WORKING LENGTH	MASTER APICAL FILE SIZE (MAF)	OBTURATION MATERIALS	TECHNIQUES

J. POST-TREATMENT DIAGNOSIS (if different)

Pulpal:

Periradicular:

K. HISTOPATHOLOGIC DIAGNOSIS (if biopsied)

L. RECALLS (Last recall recorded must be a minimum of 1 year)

Date:

Date:

Date:

M. DISCUSSION

ANNEX B**The Log Book**

The candidate shall compile and submit a log of cases demonstrating the spectrum of clinical experience as described below.

A minimum of 200 cases with the appropriate recalls, inclusive of the following categories:

A. Endodontic Emergencies and Acute Dental Trauma Management (*at least 3 cases*)

- Endodontic emergency (severe pain, abscess)
- Dental trauma

B. Non-Surgical Endodontic Therapy

- Re-treatment (*at least 3 cases*)
- Regenerative Endodontics (*at least 3 cases*)
 - vital pulp therapy
 - root end closure (apexogenesis /apexification / revascularization)
- Complex dental anatomy (*at least 3 cases*)
- Endodontic complications (*at least 3 cases*)
 - separated instrument
 - perforation
 - resorption (internal / external)

C. Surgical Endodontic Therapy (*at least 3 cases*)

- Apicoectomy
- Other surgical procedure: root resection, exploration, surgical repair of resorption / perforation

The Log Book shall represent a true and accurate record of all the patients seen and treated by the candidate after the date of conferment of DSAB-recognised basic specialist qualification in Endodontics.

The prescribed template in Appendix 2 provides the structure on which the candidate should build his/her Log Book.

The DSAC requires one (1) encrypted soft copy of the Log Book. The soft copy shall be in a spreadsheet format e.g. Microsoft Excel in a USB thumbdrive.

APPENDIX 2

LOG BOOK

Serial No	Patient's clinic Reg No	Tooth #	Diagnosis & management	Date of Obturation (where applicable)	Type & Date of final restoration	Date of Recalls			
						Less than 6 months	6 months	1 year	More than 1 year

ANNEX C

Exit Interview

The candidate shall present for an Exit Interview at a date and time stipulated by the DSAC.

The scope of the Exit Interview may include, but is not limited to:

- 1) Discussion of the various aspects of endodontic treatment and relevant literature
- 2) A PowerPoint presentation and discussion of up to 3 cases from the Case Presentations and/or Log Book. Study models are usually not required. The candidate will be informed of the selected cases at least 2 weeks before the Interview.

For audit purposes, the candidate may be required to produce the original patient treatment notes radiographs and any relevant photographs with a 48 hours' notice.