

SPECIALIST ACCREDITATION IN *PERIODONTICS*

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 a *Dental Specialist in Periodontics* practising in Singapore.

Pre-requisites

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

1. Successfully attained MDS (*Periodontology*), NUS, the formal basic specialist training (BST) programme or completed an equivalent basic specialist qualification of at least 36 months that is recognised by the Dental Specialists Accreditation Board (DSAB).¹
2. Be in *Periodontics* practice for a minimum period of *five* years; this period includes the duration of basic specialist training (BST) mentioned above.
3. An applicant would be required to have a valid practising certificate with the Singapore Dental Council.
4. Submit a curriculum vitae.
5. Signed a declaration that all cases used for this accreditation are managed, co-managed for the complex inter-disciplinary cases; and treated by the candidate.
6. Upon successful completion of the above, present for an assessment by the *Periodontics* Dental Specialist Accreditation Committee (DSAC). The assessment shall consist of three components:
 - Submission of a prescribed logbook of best 18 completed patient cases (Annex A)
 - Case presentation (Annex B)
 - Exit Interview (Annex C)

Candidates re-supplicating for specialist accreditation in Periodontics can apply for reassessment at the next diet for Dental Specialist Assessments (i.e. 6 months later). Should candidates fulfil the logbook assessment at a previous sitting, they may choose not to resubmit a new set of 18 cases at subsequent assessments. The submitted and accepted cases are allowed to be only used three times. Therefore in the event that the candidate should be re-supplicating for multiple times, a new logbook of 18 new cases may have to be resubmitted.

‘Candidates whose BST fall short of the requisite 36 months may be assessed on a case by case basis at the discretion of the DSAB in consultation with the respective Dental Specialist Accreditation Committee (DSAC). Additional requirements may also be imposed on these candidates.

Submission of a Prescribed Logbook of Best 18 Completed Patient Cases

The candidate shall submit a logbook of their “best” 18 completed *patient cases*.

Cases must be started after the date of conferment of a DSAB recognised basic specialist qualification in *Periodontics* (*i.e. cases started during the formal basic specialist training (BST) programme cannot be used*).

These eighteen patients, taken together should demonstrate the candidate’s experience, expertise and proficiency to successfully manage **at least ALL** the listed variations of periodontal patient scenarios and procedures in the table below. Please take careful note of the further requirements spelt out in the “Remarks” column of the table.

Scenarios & Procedures	Remarks
A) Multi-disciplinary dental treatment.	Joint management of cases with other dental specialties.
B) Medically compromised patient.	
C) Conventional periodontal surgery.	At least 3 patients with either Open Flap Debridement +/- osteoplasty; or root amputation.
D) Periodontal plastic surgery.	At least 2 patients with sub-epithelial connective tissue graft, and at least 1 patient with Free Gingival Graft.
E) Periodontal regenerative surgery.	At least 3 patients with Guided Tissue Regeneration (or Emdogain) around teeth. Treatment of peri-implantitis with GBR may be included under this category.
F) Periodontitis Stage III/IV Grade C.	Previously classified as Aggressive Periodontitis (Armitage GC Ann Periodontol.1999 Dec;4(1):1-6)
) Placement of single or multiple endosseous implant/s in the aesthetic zone (upper anterior segment) for purpose of retaining or supporting dental prosthesis.	At least 3 patient cases in this category.
A) Management of a deficient ridge in conjunction with implant placement.	At least 3 patients in this category. Lateral window sinus augmentations can be included under this category.
G) Sinus Augmentation.	Either lateral window or transalveolar.
B) Non-surgical management of a periodontal patient.	These cases should have a 1 year post initial periodontal therapy results and at least one periodontal maintenance follow up.
C) Management of peri-implant complications.	Excluding peri-implant mucositis and explantation cases

Prescribed Logbook Format

1. Logbook Summary Page (first page)
2. Summary of Treatment Performed (separate page/s)

Logbook Summary Page

SN	Name ID No Gender	Age	Date of First Visit	Date of Completion (with respect to surgery cases – refer to min time frame below and with respect to non-surgical cases min 1 year post IPT + periodontal maintenance visit)	Primary Diagnosis	(A) Multi- discipli- nary treatm- ent	(B) Medicall y Compro- mised Patient	(C) Conven- tional Periodo- ntal Surger- y	(D) Period- ontal Plastic Surger- y	(E) Periodo- ntal Regene- rative Surger- y	(F) Period- ontitis Stage III/IV Grade C	(G) Aest- hetic Zone Impla- nt	(H) Manage- ment of Deficie- nt Ridge in conjunc- tion with implant placem- ent	(I) Sinus augmen- tation	(J) Non- surgica- l manag- ement of periodo- ntal patient	(K) Manage- ment of peri- implant complic- ations
1	ABC, SXXXX 567A, Male/Fe male	xx	xx- xx- xxxx	xx-xx-xxxx	xxx	√	√						√		√	

Summary of Treatment Performed

These cases shall be submitted in the prescribed template below.

S/N XX	Name, ID No, Gender: ABC, SXXXX567A, Male/Female
Summary of treatment performed	

Teeth	Procedures/ Key stages in treatment progress

All submitted cases shall-

- if initial periodontal therapy (IPT) of non-surgical root debridement had been done, show 1-year post IPT results with at least one periodontal maintenance follow up;
- and if surgery had been done, also show the 6 months follow up results post completion of active periodontal surgical therapy;
- and if an implant had been placed, also show 6 months follow up results post insertion of the implant supported prosthesis.

The candidate is advised to prepare all the 18 submitted Completed Clinical Cases for possible selection as Case Presentation (Annex B) at the Exit Interview.

Three (3) hard copies and one (1) soft copy on CDROM of the logbook shall be submitted to the DSAC at the point of application for the exit assessments.

So long as the above required case mix has been met, the candidate is free to submit procedures of special interest to him/her, (e.g. tooth auto-transplantation), so long as it is related to the field of Periodontics.

Please note that the DSAC is looking at *patient cases*, not number of procedures.

1. Therefore a patient requiring 3 segments of recession coverage procedure is considered as 1 patient. A patient requiring 6 implants is logged as 1 implant patient case just as a patient requiring only 1 implant is.
2. A young medically compromised patient who presented with Periodontitis Stage III/ IV Grade C who received non-surgical root debridement followed by a variety of surgeries, e.g., implants #11 and #12 with thin alveolar ridge requiring GBR and a sub-epithelial CT graft at stage 2; GTR #36, 46; #16 root resection with endodontic therapy and implant #26 with transalveolar sinus lift may be classified under categories A,B,C,D,E,F,G,H,I,J.

Case Presentation

The DSAC shall select *at least* 6 cases (of the 18 in Annex A) for presentation as case reports and at the Exit Interview.

The candidate shall be informed of the selected cases as well as the date and time of the case report submission once the review of the *prescribed logbook of the best 18 patient cases* is completed. The candidate will be given up to thirty-days to hand in the selected case reports.

Each documented case must include a photocopy of the original patient records.

The case report should be clear and concise. At the same time, it shall provide all relevant information, radiographs and photographs that demonstrates the candidate's clinical competence as well as ability to diagnose, prognosticate and treatment plan.

The case documentation should include (but not limited to) the following:

- a. A complete medical, dental, and social history with implications to dental treatment.
- b. Complete examination findings, relevant extra-oral examination, intra-oral assessment of hard and soft tissues, functional occlusions, habits and oral hygiene behaviour.
- c. Radiographs as appropriate.
- d. Treatment plan and key stages in treatment progress demonstrating comprehensive care.
- e. Photographic documentation.
- f. Documentation of future treatment needs if not addressed currently.
- g. Critical appraisal including prognosis and reflection of case management.

Three (3) hard copies and one (1) soft copy on CDROM of the cases shall be submitted to the DSAC.

The hard copies shall be in either high quality duplicated radiographs or digital printouts of radiographs and any other supporting clinical pictures. Please do not send in the originals.

The soft copy shall contain digitised images or digital radiographs and clinical pictures in high resolution JPEGs.

Exit Interview

The candidate shall present for a *ninety (90) minute* interview at a date and time determined by the DSAC.

The interview is conducted in English.

The candidate shall also be prepared to make oral presentation (with the aid of PowerPoint) of the cases selected by the DSAC in annex B.

During the interview, questions on diagnosis and formulation of treatment plan for the management of periodontal patients and other relevant aspects of Periodontics will be posed. The candidate is expected to be familiar and up to date with the relevant literature related to Periodontics.

The exit interview is to enable the Committee to assess that the candidate is capable of providing clinical service and quality of care consistent with that expected of a *Dental Specialist in Periodontics* practising in Singapore.

FLOW CHART - SPECIALIST ACCREDITATION IN PERIODONTICS

