



COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

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Examinations Department

No. F-1/Exam-25/CPS/1601-B

January 16, 2025


NOTIFICATION

FCPS-II Prosthodontics – Revised Short Case Examination Pattern

In partial modification of Notification No. Exam-24/CPS/0507-A dated July 5, 2024, please note the following update regarding the short case examination pattern for FCPS-II Prosthodontics:

1. Candidates whose residency commenced in January 2022 or later will be assessed in the short case segment based on their own submitted cases.
2. All other candidates will continue to be assessed in the short case examination as per the previously established practice.

This change is effective immediately.


Dr Muhammad Sharif
Chief Controller of Examinations

- c.c.
1. P S to The President, CPSP
 2. CPSP Councilors
 3. Secretary CPSP Karachi
 4. Registrar CPSP Karachi
 5. Treasurer, CPSP Karachi
 6. D N R P Karachi
 7. Senior Executive Officer, R & RC Karachi
 8. Director, REU, Karachi
 9. Director, DME Karachi
 10. CPSP Regional Director
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 12. General Manager, Operations
 13. Director Finance, CPSP Karachi
 14. Prof of Pathology, CPSP Karachi
 15. Web Master, CPSP Karachi, with the request to upload this notification



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Exam-24/CPS/0507-A

July 5, 2024

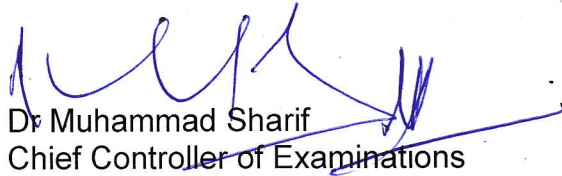
NOTIFICATION

Subject Clinical Examination in FCPS-II Prosthodontics

This is to inform all concerned that the College of Physicians & Surgeons Pakistan has decided to adopt the following requirements, as per the prospectus, for the FCPS-II Prosthodontics clinical examination:

1. In the short case examination, there will be four short cases as usual. Three of these will be the candidate's own fully documented clinical cases, whereas one will be an unseen case.
2. All candidates are advised to consult the Prosthodontics prospectus for further details.

The clinical examination for the February 2025 session will be conducted in accordance with the above policy.


Dr. Muhammad Sharif
Chief Controller of Examinations

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**COLLEGE OF PHYSICIANS AND
SURGEONS PAKISTAN**

FELLOWSHIP PROGRAMME

PROSTHODONTICS

DURATION OF TRAINING 4 YEARS

***NOTE: THE IMM PART OF THE CURRICULUM IS ALREADY IN PRACTICE.
THE POST IMM (FCPS-II) PART WILL BE APPLICABLE TO RESIDENTS WHO ENTER THIRD YEAR
OF TRAINING IN JANUARY 2022 AND ONWARDS.***

2023

THIS IS AN EVOLVING DOCUMENT

The College of Physicians and Surgeons Pakistan would appreciate any criticism, suggestions, advice from the readers and users of this document. Comments may be sent in writing or by e-mail to the CPSP at:

DIRECTORATE OF NATIONAL RESIDENCY PROGRAM (DNRP)

College of Physicians and Surgeons Pakistan (CPSP)
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ABOUT THE COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

A milestone in post-graduate education has been the initiative of CPSP to start membership & fellowship programmes in dentistry. The membership programmes were started in 1992 in 6 disciplines namely Orthodontics, Prosthodontics, Periodontology, Operative Dentistry, Community Dentistry & Epidemiology & Oral Surgery. The fellowship programmes were started a little later in 1996 and consisted of Oral Surgery including oral medicine, Prosthodontics, Operative Dentistry including periodontics, Orthodontics including paediatric dentistry. With the development & progress of dental specialties greater emphasis was laid upon its fellowship programmes.

Since its inception, the College has taken great strides in improving postgraduate medical & dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity & reliability in methods of assessment. The recognition of the standards of College qualifications nationally & internationally, particularly of its Fellowship, has enormously increased the number of residents and consequently the number of training institutions and the supervisors. The rapid increase in knowledge base of medical & dental sciences, and emergence of new sub-specialties have gradually increased the number of CPSP fellowship disciplines to eighty including specialties in dentistry.

The minimum duration of all fellowship programmes was raised to four years and CPSP introduced a mid-level Intermediate Module (IMM) examination after two years of core training; the residents are then allowed to proceed to the advance phase of FCPS training in the specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examination before taking the FCPS-II exit examination.

The work performed by the resident is to be recorded in the e-logbook on daily basis. The purpose of the e-logbook is to ensure that the entries are made timely and on regular basis to avoid belated and fabricated entries. This is likely to promote accuracy, authenticity and vigilance on the part of residents and the supervisors.

The College conducts examinations for FCPS-I (11 groups of disciplines), IMM, FCPS-II (80 disciplines), and MCPS (22 disciplines), including MCPS in Health Professions Education and Health Care Systems Management. The average number of candidates taking CPSP examinations each year is to a minimum of 32,000 and a large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to increase the validity and reliability of its examinations has introduced TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level. CPSP contributes over 85% of the specialist manpower of the country.

To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centres in the country. The training towards Fellowship can be undertaken in more than 306 accredited medical institutions throughout the country and 84 accredited institutions abroad. The total number of residents in these institutions is over 32,659 who are completing residency programs with around 5,245 supervisors. The College strives to make its courses and training programmes 'evidence' and 'needs based.'

Prof. Khalid Masud Gondal

President, College of Physicians and Surgeons Pakistan

FELLOWSHIP DISCIPLINES

The list of fellowship programmes, first and second fellowship, are given below:

Disciplines for First Fellowship

- | | |
|--------------------------------|--|
| 1. Anatomy | 24. Nuclear Medicine |
| 2. Anesthesiology | 25. Obstetrics and Gynaecology |
| 3. Biochemistry | 26. Operative Dentistry & Endodontics |
| 4. Cardiac Surgery | 27. Ophthalmology |
| 5. Cardiology | 28. Oral & Maxillofacial Surgery |
| 6. Cardio Thoracic Anaesthesia | 29. Orthodontics |
| 7. Chemical pathology | 30. Orthopaedic Surgery |
| 8. Clinical Haematology | 31. Otorhinolaryngology (ENT) |
| 9. Community Medicine | 32. Paediatric Surgery |
| 10. Dermatology | 33. Paediatrics |
| 11. Diagnostic Radiology | 34. Periodontology |
| 12. Emergency Medicine | 35. Pharmacology |
| 13. Family Medicine | 36. Physical Medicine & Rehabilitation |
| 14. Forensic Medicine | 37. Physiology |
| 15. Haematology | 38. Plastic Surgery |
| 16. Histopathology | 39. Prosthodontics |
| 17. Immunology | 40. Psychiatry |
| 18. Medicine | 41. Pulmonology |
| 19. Medical Oncology | 42. Radiation Oncology |
| 20. Microbiology | 43. Surgery |
| 21. Nephrology | 44. Thoracic Surgery |
| 22. Neurology | 45. Urology |
| 23. Neurosurgery | 46. Virology |

Disciplines for Second Fellowship

- | | |
|---|--|
| 1. Breast Surgery | 18. Paediatric Endocrinology and Diabetes |
| 2. Child and Adolescent Psychiatry | 19. Paediatric Dermatology |
| 3. Clinical Cardiac Electrophysiology | 20. Paediatric Gastroenterology and Hepatology |
| 4. Community and Preventive Paediatrics | 21. Paediatric Haematology Oncology |
| 5. Critical Care Medicine | 22. Paediatrics Infectious Diseases |
| 6. Developmental and Behavioural Paediatrics | 23. Paediatric Nephrology |
| 7. Endocrinology | 24. Paediatric Neurology |
| 8. Gastroenterology | 25. Paediatric Ophthalmology & Strabismus |
| 9. Gynecological Oncology | 26. Pain Medicine |
| 10. Hepato-Pancreato-Biliary & Liver Transplant Surgery | 27. Palliative Medicine |
| 11. Infectious Diseases | 28. Reproductive Endocrinology and Infertility |
| 12. Interventional Cardiology | 29. Rheumatology |
| 13. Maternal and Fetal Medicine (MFM) | 30. Spine Surgery |
| 14. Neonatal Paediatrics | 31. Surgical Oncology |
| 15. Orbit and Oculoplastics | 32. Urogynaecology |
| 16. Paediatric Cardiology | 33. Vitreo Retinal Ophthalmology |
| 17. Paediatric Critical Care Medicine | 34. Vascular Surgery |

CPSP COMPETENCY MODEL

College of Physicians and Surgeons Pakistan has moved to competency-based medical education and has developed its own competency model shown below. A generic explanation of the model is given below and it is expected that all its residency training programmes follow the components of this model in accordance to the requirements of each specialty.



Patient or population care occupies the pivotal center. Patient care includes all clinical skills such as history taking, physical examination, ordering investigations, making diagnoses and managing the care. The inner leaves of the model represent the five major competencies directly related to patient care, while the three competencies in the outer circle are mega-competencies related to patient care and also incorporate education, professionalism, leadership, advocacy and population health.

By the end of the Residency Programme, residents are expected to acquire these competencies and their constituent learning outcomes, and provide promotive, preventive, curative and rehabilitative patient-centered (or population-centered) care.

Inner Leaves:

1. Knowledge and Critical Thinking
2. Technical Skills
3. Communication Skills
4. Teamwork
5. Research

Outer Leaves:

6. Professionalism
7. Pedagogy
8. Advocacy

1. Knowledge and Critical Thinking

- Demonstrate application of wide and current readings to critical thinking and problem solving
- Relate the alteration of body function to the presenting condition
- Interpret and integrate history and examination findings to arrive at an appropriate provisional and credible differential diagnoses
- Sequentially order, justify and interpret appropriate investigations
- Apply knowledge and reasoning skills to
 - Analyze data for problem identification and to rule in and rule out contending conditions
 - Synthesize and evaluate solutions for decision-making in solving familiar and less familiar problems based on best current evidence
 - Prioritize different problems within a time frame.
 - Select, outline and provide, with evidence-based justifications, appropriate pharmacological and non-pharmacological management strategies
 - Assess new medical knowledge and apply it to resolve patient problems (Evidence-based practice)
 - Apply quality assurance procedures in daily work. (Professionalism)
 - Demonstrate shared-decision-making with the patient or family
 - Provide cost-effective care while ordering investigations and in management
 - Use resources appropriately
 - Demonstrate awareness of bio-psycho-social factors in assessment and management of a patient.

2. Technical Skills

- Demonstrate International Patient Safety Goals (IPSG)
- Demonstrate competent performance of all required technical skills and procedures in the specialty, including:
 - Obtaining informed consent
 - Preoperative planning
 - Pre-interventional care and preparation
 - Intra-Intervention technique including exposure and closure, global and task specific items, and communication and team skills
 - Post-interventional care
 - Follow-up Care.

3. Communication Skills

- Written Communication Skills
 - Maintain clear, concise, accurate and updated medical records
 - Write clear, focused, evidence-based and logical management plans and discharge summaries
 - Write respectful, clear and focused letters and referrals to other colleagues.
- Verbal Communication Skills: Demonstrate
 - Effective interpersonal communication skills: clear, considerate and sensitive towards patients, their relatives, other health professionals and the public, and towards students
 - Non-verbal communication skills:
 - Empathy and respect towards patients and their relatives
 - Effective counseling of the patient and the family with cultural sensitivity: explain options, educate them and promote joint decision-making.
 - Appropriate verbal and body language on the campus and all work situations including seminars, bedside sessions, outpatient sessions and others
 - Respect and tolerance for all health care professionals, including peers, juniors and seniors
 - Clear, focused and logical presentation of cases.

4. Teamwork

- Demonstrate constructive team-communication skills.
- Facilitate collaborative group interaction as a team member to build strong teams demonstrating respect, tolerance and interdependence.
- Support other team members to grow
- Demonstrate willingness to assume responsibility and leadership as needed.

5. Research

- Interpret and use results of various research studies (critical appraisal)
- Conduct a research study individually or in a group by using appropriate
- Selection of research question(s) and objectives
- Research design and statistical methods to answer the research question
- Ethical and R&RC approval of the synopsis
- Demonstrate competence in academic writing by writing an appropriate dissertation and/or publishing research article(s) as a step towards resolving issues or concerns in their specialty
- Guide others in conducting research by advising about research methodology including study designs and statistical methods
- Demonstrate clear, focused and logical presentations of their research.

6. Professionalism

- Demonstrate the highest level of personal integrity: honesty, punctuality, regularity, timely task completion
- Deal with all patients in a non-discriminatory, prejudice-free manner, demonstrating the same level of care for every human being irrespective of gender, age, ethnic background, culture, socioeconomic status and religion
- Establish a trusting relationship with patients, their relatives and care-givers
- Deal with all patients with honesty, empathy and compassion, putting patients' needs first (altruism)

- Facilitate transfer of information important for promotion of health, prevention and management of disease
- Encourage questioning by the patient and be receptive to feedback
- Pursue self-directed and life-long learning. Keep abreast of medical literature and assess new knowledge and apply it to resolve patient problems
- Know one's limitations and ask for help as needed from colleagues, consultations or referrals
- Apply quality assurance procedures for improvement in daily work
- Be a role model for others.

Ethics

- Maintain patient autonomy by demonstrating shared-decision-making with the patient and/or family
- Obtain informed consent, maintain patient confidentiality and do no harm
- Provide cost-effective care while ordering investigations and in management and use resources appropriately.

Leadership

- Demonstrate accountability for their decisions and actions, and that of their team
- Demonstrate willingness to assume leadership role(s) when needed in given situations or events (rush call/code).
- Change and bring about change as necessary, as a leader or supportive leader.

7. Pedagogy

Should be able to demonstrate competence in teaching skills:

- Effective clinical/community-based teaching
- Some evidence of acquisition of theory regarding learning and education
- Practice some of the best teaching methods.

8. Advocacy

Advocacy is needed at multiple levels

- Advocacy for the Patient
 - Doctors and nurses are the advocates of the patients, otherwise patients are likely to be lost in the system. All care should be timely, putting patients first.
- Advocacy for the Practice
 - Working in a service or practice, doctors must highlight limitations and issues
 - They must identify solutions for the problems, and recommend and implement improvements for the practice(s) and institutional system(s).
- Advocacy for the Health System and Society
 - Know one's role in the Health System(s) and build strong referral systems
 - Keep patient and community interests paramount, above one's own personal or professional interest
 - Demonstrate advocacy for elimination of the social determinants of health
 - Demonstrate advocacy for prevention of serious illnesses of their specialty/sub-specialty.
- For the Profession
 - Strive for building trust in the public for your profession
 - Demonstrate improvement and enhancement of profession, specialty and sub-specialty
 - Be conscientious gate-keepers of their profession, specialty and subspecialty.

GENERAL REGULATIONS

Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/ divorce/ deed.

ELIGIBILITY REQUIREMENT FOR ENTERING FELLOWSHIP PROGRAM IN PROSTHODONTICS

- Passed FCPS-I in Dentistry or granted exemption.

DURATION OF TRAINING

Total duration of the training is 4 years divided into following two phases:

- Intermediate Module in Prosthodontics, consists of first two years of training after which the resident becomes eligible to appear in the Intermediate Module Examination
- Post Intermediate module consists of Last two years advanced training in prosthodontics
- All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II

ROTATIONS

Mandatory rotations are prescribed in each phase of training (IMM and FCPS-II). The details are given in subsequent sections.

APPROVED TRAINING CENTERS

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centers as well as on the College website: www.cpsp.edu.pk

REGISTRATION AND SUPERVISION

All training must be supervised and residents are required to register with the Registration and Research Cell (R&RC), and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College.

RESEARCH (Dissertation/Two Papers)

One of the training requirements is writing of a dissertation or two research papers on topic(s) related to the field of Prosthodontics. Synopsis of the dissertation or title of research papers must be approved from the Research and Evaluation Unit (REU) of CPSP before starting the research work. The dissertation must be submitted for approval to the REU during first year of IMM of training program.

MANDATORY WORKSHOPS / COURSE

It is mandatory for all residents to attend CPSP certified workshops/course in the first two years of training (IMM), details of which are given in the relevant section.

E-LOGBOOK

The CPSP council has made e-logbook system mandatory for all Residency program trainees inducted from July 2011. Upon registration with R&RC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on a daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and the vigilance of the supervisors.

AWARD OF FELLOWSHIP

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who have:

- a recognized degree in dentistry (BDS)
- completed one year house job in a recognized institution
- passed the relevant FCPS Part I Examination
- registered with the Registration & Research Cell (R&RC)
- undergone specified years of supervised accredited training on whole time basis
- passed IMM examination in Dentistry
- declared successful in final fellowship examinations carried out by the Examination Department of the CPSP; and
- submitted approval of dissertation/evidence of acceptance /publication of two research articles (related to the specialty) in CPSP approved journal(s)
- elected by the College Council
- It is important to note that all applicants must undergo a formal examination before being offered Fellowship of the relevant specialty, except in case of fellowship without examination.

TRAINING ENQUIRES AND REGISTRATION

All residents should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc.) as soon as possible.

ROLES AND RESPONSIBILITIES SUPERVISOR

Supervision of a resident is a multifaceted job. Arbitrarily the task is divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance to this abstract and versatile role.

EXPERT TRAINER

- This is the most fundamental role of a supervisor. S/he has to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training
- This would entail observing the resident's performance and rapport with all the people within his/her work environment
- S/he should teach the residents and help them overcome the hurdles during the learning process
- It is the job of the supervisor to make the residents develop the ability to interpret findings in their patients and act suitably in response
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training)
- Every supervisor is required to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/skills in the training. It is his/her basic duty to keep abreast of the innovations in the field of expertise and ensure that this information percolates to residents of all years under him/her

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of resident
- S/he must be able to coordinate with the administration of his/her institution/organization in order to ensure that his/her residents do not have administrative problems hampering their training

PROFICIENT ADMINISTRATOR

- The supervisor must ensure that the residents regularly fill their e-logbook
- S/he must provide quarterly feedback regarding each resident through e-log system
- S/he might be required to submit confidential reports on resident's progress to the College
- The supervisor should notify the College of any change in the proposed approved training program
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period

ROLES AND RESPONSIBILITIES RESIDENT

Given the provision of adequate resources by the institution, residents should

- Accept responsibility for their own learning and ensure that it is in accord with the requirements of the particular discipline
- Play an informed role in the selection of the supervisor
- Seek reasonable infrastructure support from their institution and supervisor, and use this support effectively
- Ensure that all outlined aspects of training are covered during the defined training period
- Work with their supervisors in writing the synopsis/research proposal and submit the synopsis/research proposal by the end of first year of their registration with the R&RC
- Accept responsibility for the dissertation and plan to execute the research within the time limits defined
- Be responsible for arranging regular meetings with the supervisor to discuss and document progress. If the supervisor is not able/willing to meet with the resident on a regular basis, he/she must notify the College
- Provide the supervisor with word processed updated synopsis and dissertation drafts (ensure it has been checked for spelling, grammar and typographical errors, prior to submission) and provide the raw data to the supervisor if required
- Submit completed dissertation to R&RC or evidence of publication/acceptance for publication of two research papers in CPSP approved journal(s) or JCPSP six months before the completion of (last year of) training. The resident should be the first or second author of both papers and the synopsis of both papers must have a prior approval of R&RC
- Follow the College complaint procedure if serious problem arises
- Complete all requirements for sitting an examination

CURRICULUM: AIM, COMPETENCIES & OUTCOMES

The aim of the fellowship in Prosthodontics is to produce specialists and academicians who have attained the required competencies.

CORE COMPETENCIES

Training of fellowship in Prosthodontics is organized on the CPSP competency model described earlier, which integrates all the three domains of learning. The central competency is Patient care, whereas the competencies of knowledge and critical thinking, technical skills, communication skills, teamwork and research are the competencies that directly enable to acquire an effective and efficient patient care. The three additional competencies included in the model namely pedagogy, professionalism and advocacy help in teaching and learning (pedagogy) necessary knowledge, skills and attitudes needed for optimum and professional (professionalism) patient care as well as to educate people on prevention of disease and promotion of health through advocacy.

OUTCOMES

Upon completion of the program an FCPS resident shall be able to demonstrate:

- Knowledge and Understanding of:
 - Anatomy & physiology of the oral and peri-oral tissues
 - Aetiology pathobiology and clinical presentation of diseases of the oral & peri-oral tissues
 - General and clinical epidemiology of oral diseases
 - Biomaterial science relevant to prosthodontics
 - Impact of systemic diseases on oral tissues and of oral disease on systemic health
- Behavioural, clinical and technical procedures involved in the treatment of patients requiring prosthodontic care

- Skills to communicate individually with patients and other professionals and in general educational and professional settings
- Evidence of the ability to assess research
- Intellectual Skills:
 - Understand evidence base in Prosthodontics
 - Show professional judgement to implement clinical solutions in response to clinical problems by developing an evidence-based treatment plan and taking an holistic approach to solving problems and designing treatment plans
 - Critically assess scientific papers and available evidence such as guidelines using a variety of information sources
 - Evaluate critically the scope and limitations of the various techniques used in Prosthodontics balancing the risks and cost benefits of treatment demonstrating self-direction and autonomy
 - Develop an integrated insight into how the development and impact of their knowledge and skills is of value and relevance to the workplace
 - Appraise systematically current evidence in Prosthodontics and appreciate how research activity can inform practice
 - Sustain a critical argument in writing and through oral presentations
 - Understand of the importance of hypothesis-setting and the design of suitable projects to address questions relating to the practice of Prosthodontics
- Practical Skills:
 - Perform all appropriate clinical examinations proficiently, collecting biological, psychological and social information needed to evaluate the oral and related medical conditions for all patients
 - Provide clinical care to the highest ethical and technical standards in line with current knowledge and with the full and valid consent of patients

- Demonstrate clinical proficiency in the delivery of preventive and interventional care as part of a holistic, comprehensive treatment plan
- Recognise and manage behavioural and related social factors which affect oral health
- Use clinical information to implement strategies that facilitate the delivery of oral health
- Co-ordinate overall treatment and care of patients and appreciate when it is appropriate to refer to a specialist in another area or a dental care professional
- Demonstrate the communication skills necessary to support patients and to translate changes in clinical practice informed by clinical audit and research to the commissioners of oral healthcare through critical analyses of published data from clinical and laboratory-based studies in Prosthodontics

- Transferable Skills:
 - Become an effective and efficient leader of a multi professional team practicing Prosthodontics
 - Undertake audit, peer review & continuing professional development guiding the learning of others
 - Learn independently in familiar and unfamiliar situations with open-mindedness and in a spirit of critical enquiry
 - Teach junior colleagues

INTERMEDIATE MODULE

(IMM)

INTERMEDIATE MODULE

To ensure better training, the CPSP introduced an Intermediate Module (IMM) examination in several disciplines in 2001. The mid-training assessment strengthens the monitoring and in-training assessment systems by providing trainees with an estimate achievement of mid-training competence. It also serves as a diagnostic tool for trainees and supervisors, provides a curricular link between basic and advanced training, and an opportunity for sampling a wider domain of knowledge and skills. Candidates are required to complete two years training in Prosthodontics, attend all mandatory workshops and take the intermediate Module examination. In case of failure in the Intermediate Module examination, the trainees are permitted to continue their further training in the chosen specialty but must pass the intermediate Module examination prior to appearing in the final FCPS-II examination.

ROTATIONS

- Operative Dentistry and Endodontics: For 2 Months after 6 months of the training at R2 stage

RESEARCH

One of the training requirements for fellowship residents is a dissertation or two research papers on a topic related to the field of specialization. For residents of Prosthodontics the synopsis of dissertation or research papers must be submitted to Research and Evaluation Unit (REU) in the first year of the Intermediate Module.

MANDATORY WORKSHOPS / COURSE

it is mandatory for all intermediate Module trainees to attend following CPSP certified workshops in the two years of training:

1. Introduction to Computer and internet
2. Research Methodology and dissertation Writing
3. Communication skills
4. BLS (Basic Life Support)

All mandatory workshops should be attended during the first two years of training. Therefore, no workshop is mandatory during the 3rd & 4th year of training. However, the trainee will be required to take any additional workshop as may be introduced by the CPSP.

SYLLABUS

PRELIMINARY TOPICS

Cognitive foundation for patient's assessment, examination, diagnosis and treatment planning

- History taking
- Examination of dentition, orofacial soft & hard tissues
- Periodontal review and assessment
- Occlusal examination
- Various diagnostic tests & investigations pertinent to Prosthodontics
- Treatment plan sequencing
- Interdisciplinary considerations in treatment planning
- Principles of esthetics

Management of medically compromised patients

- Differential diagnosis and treatment options.
- Referal to or confer with other specialists.
- Ability to undertake therapy in a safe manner
- Recognition and dealing with complications
- General illness behavior and relation to diseases relevant to Prosthodontics practice and patient management.
- Interpretation of investigations for management of patients with complex medical histories and/or how to obtain relevant advice.
- Patient appointments, appropriate instructions and arrangements for follow-up visits.

Inter disciplinary interface and mouth preparation

- Implications of the inter- relationship between prosthodontics and other clinical disciplines like periodontology and endodontics.
- Assessment of the endodontic, periodontal status of teeth relevant to their potential use in support of prosthesis.

GENERAL TOPICS AND THEIR RATIONALE

Universal topics are high-value interdisciplinary topics of the utmost importance to the trainee. The reason for delivering these topics is to ensure that all trainees receive high-quality teaching and develop essential core knowledge.

Safe Drug Prescribing

- Importance of safe drug prescribing in health care
- Various adverse reactions, with examples of commonly prescribed drugs that can cause such reactions
- Principles of drug-drug interactions, drug-disease interactions & drug-food interactions in common situations
- Principles of drugs prescribing in special situations, such as renal failure and liver failure
- Principles of drugs prescribing in the elderly, children, and women who are pregnant or lactating

Side Effects of Chemotherapy and Radiation Therapy

- Important side effects (e.g., frequent, life- threatening, or organ threatening) of drugs commonly used in chemotherapy
- Principles of monitoring for side effects in a patient undergoing chemotherapy
- Pharmacological and non-pharmacological measures available to ameliorate the side effects of commonly prescribed chemotherapeutic agents
- Side effects of radiation therapy and their management pertinent to prosthodontics

Recognition and Management of Diabetic Emergencies

- Pathogenesis of the common diabetic emergencies, including their complications
- Risk factors for & patients vulnerable to such emergencies
- Recognition of patients presenting with a diabetic emergency
- Immediate management of diabetic patients and their referral to the next level care
- Counselling of patient and families on how to avoid such emergencies

Management of Hypotension and Hypertension

- Triage and categorization of patients
- Identify patients who need prompt medical or surgical attention
- Generate preliminary diagnoses based on history and physical examination

- Order and interpret urgent investigations
- Provide immediate and appropriate patient management and referrals to the next level care

Care of Elderly

- Factors affecting planning care for the elderly
- The needs and well-being of caregivers
- Identify the local and community care resources available for the elderly
- Develop an individualized care plan for an elderly patient with inputs from other health care professionals

Occupation Hazards of Health Care Workers (HCW)

- Common sources of occupational hazards among health care workers and associated risk factors
- Common occupational hazards in the workplace

Patient Advocacy

- Patient advocacy
- Patient advocacy as a core value governing medical practice
- Role of patient advocates in patient care

Ethical Issues: Treatment Refusal; Patient Autonomy

- Ethical, moral & regulatory dilemmas in refusal of treatment
- Patient autonomy in the decision- making process
- Counseling

Science of Dental Materials and Laboratory Techniques

- Nature & general properties of polymers, metallic materials and ceramics.
- Mechanical, physical and chemical properties of dental biomaterials used in prosthodontics.
- General composition, structure and properties of all materials used in prosthodontics.
- Mechanisms of adhesion, and their applicability to prosthodontics procedures.
- Principles of material reinforcement, with specific reference to composite materials & composite structures.
- literature & evidence-based principles in material selection.

Occlusion

- Features of the 'ideal occlusion
- Concepts of envelopes of function
- Role and features of articulators in Prosthodontics
- Face bow features, transfer and its importance in clinical practice
- Conformative & re-organize approaches in clinical practice
- Clinical stages in reorganizing the occlusion in clinical practice
- Methods available to register centric relation in clinical practice
- Role of the long-term deprogrammer as the basis for centric relation registration in clinical practice
- Occlusal analysis/equilibrium in clinical practice
- Communication and consent issues in clinical practice
- Role of splints in clinical practice
- Occlusal philosophies and their inherent limitations in clinical practice
- Role of the aesthetic and functional diagnostic wax-up
- Principles of successful occlusion in the provision of the implant prosthesis
- Functional anatomy of the masticatory system
- Principles of successful occlusion
- Role of Occlusal adjustment, its limitations, indications, contraindications, planning, consent issues and clinical application
- Different methods for recording centric relation in clinical practice

Removable Prosthodontics

- Diagnostic process and treatment planning
- Components & classification of removable partial dentures
- Principles of stress control
- Surveying a diagnostic cast & the design of the framework
- Mouth preparation
- Impressions, theories, techniques, and materials
- laboratory procedures for fabrication of the framework
- Adjustment and try-in of the framework
- Altered cast technique
- Processing of removable partial dentures

- Integration of fixed and removable prosthodontics (e.g., surveyed crowns and attachment-retained removable partial dentures)
- Relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such prostheses
- Current and seminal literature on indications for, success / failure criteria and biomechanical implications of such restorations
- Dental materials, equipment and techniques to provide relevant treatment and the response of the dental tissues to this treatment
- Complete denture failures
- Anatomy and physiology of the edentulous mouth
- Impressions, theories, techniques and materials
- Jaw relations
- Try-in of complete dentures
- Insertion of complete dentures and post-insertion care
- Complete denture occlusion used against natural dentition
- Complete denture occlusion used against fixed dental prosthesis
- Complete denture occlusion used against a combination of natural dentition and a removable partial denture
- Immediate dentures
- Overdentures
- Processing of complete dentures
- Tissue conditioners
- Relining, rebase
- Repairs and additions
- Clinical and laboratory remounts

Fixed Prosthodontics

- Diagnostic process and treatment planning
- Periodontal considerations in fixed prosthodontics
- Principles of occlusion
- Biomechanical and esthetical considerations in fixed prosthodontics
- Preparation of teeth for fixed dental prostheses
- Provisional restorations
- Fluid control and tissue management

- Impression materials and impression techniques
- Interocclusal records
- Cements and cementation
- Restoration of endodontically treated teeth
- Esthetics and color
- Esthetic restorations
- Partial coverage restorations
- Resin bonded prostheses
- Guideline to determine the appropriate restoration for endodontically treated teeth
- Techniques for fabricating different types of post and core restorations
- Relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of such prostheses
- Current and seminal literature on indications for, success / failure criteria and biomechanical implications of Fixed restorations
- Dental materials, equipment and techniques to provide relevant treatment and the response of the dental tissues to this treatment
- Laboratory procedures/techniques in fixed prosthodontics

Gerodontology

- The principal demographic characteristics and trends in the aged population.
- Physiological and pathological age-related changes
- Age-related changes in special senses (sight, hearing, smell and taste).
- Common medical conditions in the elderly population
- Relevance and incidence of co-morbidity.
- The principal socio-economic status of the elderly relevant to oral care.
- Major neurological and psychological disturbances in the aged (memory impairment, pain perception, changes in anxiety, self-esteem and disorientation).
- The effect of loss of status, health, family, employment, income and companions on the behavior and attitude of the aged.

- Laboratory diagnostic tests for the most common geriatric diseases and the interpretation of the results
- The oral manifestations of systemic diseases.
- The principles of pharmaco-dynamics & pharmaco-kinetics in the elderly patient.
- Drug interactions and relevance of polypharmacy.
- Side effects of drugs and their impact on oral health.
- The oral health-care management of people with cognitive impairment.
- Procedures in managing patients with reduced ability to consent.
- The organization of a safe and friendly treatment environment for the older patient for easy access to dental care.

Clinical Imaging

- The relevant biology and anatomy of the Oro- facial region necessary for the interpretation of radiographic images.
- The principles of radiographic quality assurance and the practice of applied quality control.
- Radiation physics and radiation biology.
- Radiation hazards and protection.
- Diagnostic imaging techniques used in oral radiology.

CORE COMPETENCIES

The procedural competencies, a specialist must have, are varied and complex. A list of core procedural competencies is given below. The level of competencies to be achieved each year is specified according to the given key:

Key to Competency Levels in Clinical Skills:

1. Observer Status
2. Assistant Status
3. Performed Under Supervision
4. Performed Independently

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
SCIENCE OF DENTAL MATERIALS AND LABORATORY TECHNIQUES											
EVALUATE IMPRESSIONS	2-4	10	-	-	-	-	-	-	-	-	10
PREPARING AND EVALUATE CASTS	2-4	5	-	-	-	-	-	-	-	-	5
FABRICATE CUSTOM IMPRESSION TRAYS	1-4	10	-	-	-	-	-	-	-	-	10
ARTICULATING CASTS, USING NON-ADJUSTABLE AND SEMI-ADJUSTABLE ARTICULATORS	2-4	5	-	-	-	-	-	-	-	-	5
PERFORM DIAGNOSTIC WAX UPS FOR DIFFERENT PROSTHODONTIC NEEDS	1-4	5	-	-	-	-	-	-	-	-	5
PERFORM VARIOUS STEPS FOR MANUFACTURING METHODS IN REMOVABLE PROSTHODONTICS	1-4	5	-	-	-	-	-	-	-	-	5
PERFORM VARIOUS STEPS FOR MANUFACTURING METHODS IN FIXED PROSTHODONTICS	1-4	5	-	-	-	-	-	-	-	-	5

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	OCCCLUSION										
EXAMINE THE OCCCLUSION OF A PATIENT & UNDERTAKE AN OCCLUSAL ANALYSIS IN CLINICAL PRACTICE	2-3	5	3	5	4	5	4	5	4	5	20
IDENTIFY THE RESTRICTED ENVELOPE, ITS RESTORATIVE CONSEQUENCES AND TREATMENT OPTIONS	2-3	5	3	5	4	5	4	5	4	5	20
UNDERTAKE AN ACCURATE FACE BOW RECORD AND MOUNT MODELS ON THE ARTICULATOR IN CLINICAL PRACTICE	2-3	5	3	5	4	5	4	5	4	5	20
PLAN, DESIGN, FABRICATE & PLACE SHORT, MEDIUM & LONG-TIME DEPROGRAMMERS ACCORDING TO SPECIFIC NEEDS DURING THE PROSTHODONTIC TREATMENT	2-3	5	3	5	4	5	4	5	4	5	20
UNDERTAKE DIFFERENT TECHNIQUES FOR RECORDING OF THE CENTRIC RELATION	2-3	5	3	5	4	5	4	5	4	5	20
MANAGE PROBLEMS REQUIRING OCCLUSAL EQUILIBRATION	2-3	1	-	-	-	-	-	-	4	1	2
MOUNTING OF THE STUDY MODELS ON THE ARTICULATOR	4	4	-	-	-	-	-	-	-	-	4

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	REMOVABLE PROSTHODONTICS										
OBTAIN PERTINENT HISTORY AND COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES & HEALTH TEAM	2-4	5	4	5	4	5	4	5	4	5	20
COMPLETE A THOROUGH EXAMINATION OF THE PATIENT'S REQUIRING REMOVABLE PROSTHESES	1-4	5	4	5	4	5	4	5	4	5	20
COMPLETE A THOROUGH EXAMINATION OF ANY EXISTING PROSTHESIS AND RELATED TISSUES AND STRUCTURES & BE ABLE TO EVALUATE THE BIOLOGICAL AND AESTHETIC QUALITY OF THE PROSTHESIS	2-4	5	4	5	4	5	4	5	4	5	20
RECOMMEND AND INTERPRET ALL APPROPRIATE INVESTIGATIONS (E.G., RADIOGRAPHIC, SENSITIVITY AND VITALITY TESTS, HEMATOLOGICAL AND MICROBIOLOGICAL TESTS AND APPROPRIATELY ARTICULATED STUDY CASTS) TO DIAGNOSE ORAL PROBLEMS	1-2	5	3-4	5	4	5	4	5	4	5	20
CO-ORDINATE MANAGEMENT OF PATIENTS REQUIRING ENDODONTIC AND/OR PERIODONTAL TREATMENT BEFORE, DURING AND AFTER PROSTHODONTIC TREATMENT	1-3	5	4	5	4	5	4	5	4	5	20
PLAN OF REMOVABLE PARTIAL DENTAL PROSTHESIS	1-2	5	3-4	5	4	5	4	5	4	5	20
PLAN OF REMOVABLE COMPLETE DENTAL PROSTHESIS	1-2	5	3-4	5	4	5	4	5	4	5	20

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
REMOVABLE PROSTHODONTICS											
CARRY OUT APPROPRIATE TOOTH PREPARATIONS OR PRE-PROSTHETIC TISSUE MANAGEMENT TO OBTAIN ACCURATE IMPRESSIONS	1-2	5	3-4	5	4	5	4	5	4	5	20
RECORD ACCURATELY THE APPROPRIATE OCCLUSAL RELATIONSHIP, INCLUDING THE USE OF FACEBOWS OR EQUIVALENT TECHNOLOGIES WHERE APPROPRIATE	1-2	5	3-4	5	4	5	4	5	4	5	20
SELECT THE APPROPRIATE ARMAMENTARIUM FOR CLINICAL AND LABORATORY PROCEDURES	2-4	5	-	-	-	-	-	-	-	-	5
DEMONSTRATE COMPETENCY IN MAKING PRELIMINARY AND FINAL IMPRESSIONS OF THE MAXILLARY AND MANDIBULAR EDENTULOUS ARCH	2-4	5	4	5	4	10	4	10	4	10	30
DEMONSTRATE COMPETENCY IN BOXING AND POURING IMPRESSIONS WITH DENTAL STONE AND PROPERLY TRIMMING THE RESULTANT CAST	2-4	5	-	-	-	-	-	-	-	-	5
DEMONSTRATE COMPETENCY IN THE FABRICATION OF CUSTOM TRAYS, RECORD BASE AND WAX RIMS	2-4	5	4	5	-	-	-	-	-	-	10
DEMONSTRATE COMPETENCY IN MAKING MAXILLOMANDIBULAR RECORDS FROM A CLINICAL PATIENT AND TRANSFER THIS RECORD TO THE SEMI-ADJUSTABLE ARTICULATOR	2-4	5	4	5	4	10	4	10	4	10	30

COMPETENCIES

	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
REMOVABLE PROSTHODONTICS											
DEMONSTRATE COMPETENCY IN THE ARRANGEMENT OF ANTERIOR AND POSTERIOR ARTIFICIAL DENTURE TEETH AND THE FINAL WAX CONTOURING AND CHARACTERIZATION OF DENTURE BASES DEMONSTRATE COMPETENCY IN THE FINISHING, POLISHING, REMOUNT, AND SELECTIVE GRINDING OF A PROCESSED SET OF COMPLETE DENTURES DEMONSTRATE COMPETENCY IN THE UTILIZATION OF THE SEMI-ADJUSTABLE ARTICULATOR AND MOUNTING OF EDENTULOUS MASTER CASTS PROVIDE FROM THE FOLLOWING PROSTHODONTIC SERVICES AT THE SPECIALIST LEVEL SKILL,	1-3	5	4	5	-	-	-	-	-	-	10
	1-3	5	4	5	-	-	-	-	-	-	10
	1-3	5	4	5	-	-	-	-	-	-	10
	1-3	5	4	5	4	10	4	10	4	10	30
<ul style="list-style-type: none"> • NATURAL TOOTH-SUPPORTED OVER DENTURE • REMOVABLE PARTIAL DENTURE (BOUNDED SADDLE) • REMOVABLE PARTIAL DENTURE (DISTAL EXTENSIONS) • REMOVABLE PARTIAL DENTURE WITH SURVEYED CROWN • REMOVABLE PARTIAL DENTURE WITH CASTABLE ATTACHMENT • ROTATIONAL PATH REMOVABLE PARTIAL DENTURE 											

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
REMOVABLE PROSTHODONTICS											
<ul style="list-style-type: none"> • TRANSITIONAL REMOVABLE PARTIAL DENTURE (ACRYLIC) • TRANSITIONAL REMOVABLE PARTIAL DENTURE (POLYAMIDE) • RADIOGRAPHIC/SURGICAL TEMPLATE (GUIDE) • OCCLUSAL GUARDS • REMOVABLE PROSTHESIS RELINE/REBASE • TISSUE CONDITIONING • REPAIR OF REMOVABLE PROSTHESIS • CONVENTIONAL COMPLETE DENTURE • IMMEDIATE COMPLETE DENTURE • COPY DENTURE • SINGLE COMPLETE DENTURE 	2-4	5	4	5	4	4	10	4	10	30	
EFFECTIVE COMMUNICATION WITH THE LABORATORY TECHNICIANS THROUGH DESIGN PRESCRIPTIONS AND PROSTHODONTIC LABORATORY JOB CARDS											

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
FIXED PROSTHODONTICS											
OBTAIN PERTINENT HISTORY AND COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES & HEALTH TEAM	2-4	5	4	5	4	5	4	5	4	5	20
COMPLETE A THOROUGH EXAMINATION OF THE PATIENT'S REQUIRING FIXED DENTAL PROSTHESES	1-4	5	4	5	4	5	4	5	4	5	20
COMPLETE A THOROUGH EXAMINATION OF ANY EXISTING PROSTHESIS AND RELATED TISSUES AND STRUCTURES AND BE ABLE TO EVALUATE THE BIOLOGICAL AND AESTHETIC QUALITY OF THE PROSTHESIS	2-4	5	4	5	4	5	4	5	4	5	20
RECOMMEND AND INTERPRET ALL APPROPRIATE INVESTIGATIONS (E.G., RADIOGRAPHIC, SENSITIVITY AND VITALITY TESTS, HEMATOLOGICAL AND MICROBIOLOGICAL TESTS AND APPROPRIATELY ARTICULATED STUDY CASTS) TO DIAGNOSE ORAL PROBLEMS	1-2	5	3-4	5	4	5	4	5	4	5	20
CO-ORDINATE MANAGEMENT OF PATIENTS REQUIRING ENDODONTIC AND/OR PERIODONTAL TREATMENT BEFORE, DURING AND AFTER PROSTHODONTIC TREATMENT	1-3	5	4	5	4	5	4	5	4	5	20

COMPETENCIES	R-1										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	FIXED PROSTHODONTICS										
SHOW SPECIALIST LEVEL SKILL IN THE PLANNING OF FIXED DENTAL PROSTHESES	1-2	5	3-4	5	4	5	4	5	4	5	20
FABRICATE CUSTOM TRAY ACCORDING TO THE SPECIFIC FIXED PROSTHODONTIC PROCEDURE	3	3	3-4	3	4	2	4	2	4	2	10
PERFORM TISSUE MANAGEMENT AND FLUID CONTROL FOR ACCURATE AND A-TRAUMATIC IMPRESSION	2-3	5	4	5	4	10	4	10	4	10	30
OBTAIN ACCURATE IMPRESSIONS FOR MANUFACTURE OF ALL TYPES OF LABORATORY RESTORATIONS AND PROSTHESES	2-3	5	4	5	4	10	4	10	4	10	30
ACCURATELY RECORD THE OCCLUSION INCLUDING COMPETENCY IN USING FACEBOW AND ARTICULATION AND UNDERSTAND WHEN THESE TECHNIQUES ARE APPLICABLE	1-3	5	4	5	4	5	4	5	4	5	20
PROVISION OF APPROPRIATE PROVISIONAL RESTORATIONS BY DIRECT AND INDIRECT TECHNIQUES FOR INTERMEDIATE STAGES OF FIXED PROSTHODONTIC TREATMENT	2-3	5	4	10	4	10	4	10	4	10	35

COMPETENCIES

		R-1						TOTAL NO. OF CASES		
		03 MONTHS		06 MONTHS		09 MONTHS			12 MONTHS	
LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
FIXED PROSTHODONTICS										
2-3	10	4	10	4	20	4	20	4	20	60
PREPARE THE TOOTH/TEETH FOR DIFFERENT TYPES OF FIXED DENTAL PROSTHESES AT CLINICALLY ACCEPTABLE STANDARDS FROM THE FOLLOWING: <ul style="list-style-type: none"> • COMPLETE METAL CROWN • PORCELAIN FUSED-TO-METAL CROWN • ALL CERAMIC CROWNS • PARTIAL COVERAGE CROWNS • INLAYS AND ONLAY RESTORATIONS INDIVIDUAL AS WELL AS PART OF A HYBRID PROSTHESES 										
2	5	4	5	4	-	4	5	4	5	15
PREPARE THE TEETH AND PROVISION OF DIFFERENT TYPES OF MINIMAL PREPARATION FIXED PARTIAL DENTAL PROSTHESES AT CLINICALLY ACCEPTABLE STANDARDS										
2-3	10	4	10	4	10	4	10	4	10	40
PREPARE THE TOOTH/TEETH AND PROVISION OF ALL TYPES OF CONVENTIONAL FIXED PARTIAL DENTAL PROSTHESES AT CLINICALLY ACCEPTABLE STANDARDS										
2-3	5	3-4	5	4	5	4	5	4	10	25
SELECTION OF PREFABRICATED POSTS & PLACEMENT OF POSTS WITH CORE BUILD UPS BY DIRECT TECHNIQUE										
1-3	2	3-4	4	-	-	4	2	4	2	8
FABRICATION, PREPARATION AND INSERTION OF RESTORATIONS MADE THROUGH DIRECT PATTERNS FOR POST AND CORE										

COMPETENCIES	R-1										TOTAL NO. OF CASES	
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS					
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES		
	FIXED PROSTHODONTICS											
CEMENTATION OF FIXED DENTAL PROSTHESES USING APPROPRIATE CEMENTS ENSURING THAT APPEARANCE, OCCLUSION AND FUNCTION ARE IN HARMONY WITH THE REMAINING DENTITION	2-4	5	4	10	4	10	4	4	10	4	10	35
PROVIDE CAST POST/SPLIT CAST POST AND CORE RESTORATIONS	1	2	2-3	5		5	3-4		5	4	10	22
COMMUNICATE EFFECTIVELY WITH THE LABORATORY TECHNICIANS THROUGH DESIGN PRESCRIPTIONS AND PROSTHODONTIC LABORATORY JOB CARDS	2	5	4	10		10	4		10	4	10	35

COMPETENCIES	R-2										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	GERODONTOLOGY										
IDENTIFY THE CHIEF COMPLAINT AND THE NEEDS AND DEMANDS OF THE OLDER PATIENT AND OBTAINING A THOROUGH GENERAL, MEDICAL, DENTAL AND SOCIAL HISTORY	3	5	4	5	4	5	4	5	4	10	25
PERFORM AN INTRA & EXTRA-ORAL EXAMINATION	3	5	4	5	4	5	4	5	4	10	25
RECOGNIZE ORAL MUCOSAL DISORDERS & REFERRING ACCORDINGLY AND PERFORMING A WRITTEN REFERRAL TO CLARIFY THE PATIENT'S GENERAL CONDITION	3	5	3	5	3	5	3	5	4	5	20
RECOGNIZE THE PRESENCE OF THE MAJOR SYSTEMIC DISEASES IN OLD AGE AND HOW THEY AFFECT THE DELIVERY OF ORAL CARE	2-3	5	3	5	3	5	4	5	4	5	20
IDENTIFY THE AGE-RELATED CHANGES IN THE ORAL STRUCTURES AND NUTRITIONAL DEFICIENCIES, PERFORMING DIETARY ANALYSIS AND PROVIDING NUTRITIONAL ADVICE	2	5	3	5	3	5	4	5	4	5	20
PROVIDE ORAL EDUCATION AND ORAL HYGIENE INSTRUCTIONS TO THE OLDER PATIENT AND PARTICULARLY TO PATIENTS WITH DIMINISHED MANUAL DEXTERITY	3	5	4	5	4	5	4	5	4	5	20

COMPETENCIES	R-2										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	GERODONTOLOGY										
TRAINING AUXILIARIES IN BASIC SKILLS OF ORAL HYGIENE FOR THE FRAIL AND DEPENDENT AGE	3	5	4	5	4	5	4	5	4	5	20
SELECTING INDIVIDUALIZED PATIENT-CENTERED TREATMENT OPTIONS	-	-	-	-	-	-	-	-	4	5	5
DIAGNOSING XEROSTOMIA, ITS ETIOLOGICAL FACTORS AND MANAGING THE CONDITION	-	-	-	-	-	-	3-4	5	4	5	10
COMPLETING A WIDE RANGE OF DENTAL PROCEDURES (E.G., SIMPLE EXTRACTIONS, MANAGEMENT OF ROOT CARIES, SECONDARY CARRIES, TOOTH WEAR, PERIODONTAL TREATMENT, ENDODONTIC THERAPY, FIXED AND REMOVABLE PROSTHESES & MANAGEMENT OF DRY MOUTH WHICH ARE COMMON IN THE ELDERLY PATIENTS)	-	-	4	5	4	5	4	5	4	5	15
RECOGNIZING & MANAGING THE SPECIAL DIFFICULTIES IN REMOVABLE PROSTHESES IN THE ELDERLY	4	5	4	5	4	5	4	5	4	5	20
MANAGING DENTURE-RELATED CONDITIONS	3-4	5	4	5	4	5	4	5	4	5	20
MANAGING AGED PATIENTS WITH COMPROMISED GENERAL HEALTH AND VARIOUS LEVELS OF DEPENDENCY AND KNOWING WHEN TO REFER	-	-	-	-	-	-	-	-	-	3-4	5
PROVIDING ADEQUATE TREATMENT IN PATIENTS' HOMES AND LONG-TERM CARE SETTINGS USING APPROPRIATE DENTAL EQUIPMENT	-	-	-	-	-	-	-	-	4	1	1

COMPETENCIES	R-2										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	CLINICAL IMAGING										
IDENTIFY RADIOGRAPHIC IMAGES OF ANATOMIC STRUCTURES RECORDED IN INTRAORAL AND EXTRA ORAL RADIOGRAPHS, INCLUDING CBCT AND MRI	2-3	10	3-4	10	4	10	4	10	4	10	40
RECOGNIZE RADIOGRAPHIC EVIDENCE OF DEVIATIONS FROM NORMAL IN ODONTOGENIC STRUCTURES, BONE, MAXILLARY SINUS, TEMPOROMANDIBULAR JOINT AND SALIVARY GLANDS	2-3	10	3-4	10	4	10	4	10	4	10	40
IDENTIFY AND DESCRIBE THE NATURE OF ANOMALIES AS RECORDED IN RADIOGRAPHS	1-3	10	3-4	10	4	10	4	10	4	10	40
CORRELATE THE RADIOGRAPHIC EVIDENCE WITH OTHER DIAGNOSTIC PROCEDURES FOR THE PURPOSE OF ARRIVING AT A TENTATIVE OR FINAL DIAGNOSIS	1-3	10	3-4	10	4	10	4	10	4	10	40
IDENTIFY RADIOLOGIC MANIFESTATIONS OF DENTO-MAXILLOFACIAL TRAUMA	1-3	5	3-4	5	3-4	5	3-4	5	4	5	20
APPLY THE PRINCIPLES OF IMPLANT IMAGING	2	5	3	5	4	5	4	5	4	5	20
FORM A DIFFERENTIAL DIAGNOSIS BASED ON VARIOUS RADIOGRAPHIC APPEARANCES OF LOCAL AND SYSTEMIC DISEASES MANIFESTED IN THE MAXILLOFACIAL REGION	2	5	3-4	5	4	5	4	5	4	5	20

OPERATIVE DENTISTRY/ENDODONTICS ROTATION (R2)

	LEVEL	CASES
PATIENT EVALUATION, EXAMINATION, DIAGNOSIS AND PROBLEM-ORIENTED TREATMENT PLANNING	2-4	10
PREPARING AND RESTORING CARIOUS LESIONS	2-4	10
EVALUATION OF ENDODONTICALLY TREATED ANTERIOR TEETH	2-4	10
EVALUATION OF ENDODONTICALLY TREATED POSTERIOR TEETH	2-4	10
CARIES EVALUATION FOR RESTORATIVE PROCEDURES	2-4	10
MANAGEMENT OF TRAUMATIC INJURIES OF TEETH	2-3	5
ENDODONTIC PROCEDURES IN ANTERIOR TEETH	3-4	5
ENDODONTIC PROCEDURE IN POSTERIOR TEETH	3-4	5
EVALUATION OF ENDO PERIO-LESIONS	2-3	10
RADIOGRAPHIC INTERPRETATION OF PERIAPICAL LESIONS AND NON-ENDODONTIC LESIONS	2-3	10

ASSESSMENT

FORMATIVE ASSESSMENT (*Mandatory from July 2023 & onwards*)

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

Mini Clinical Evaluation Exercise (Mini-CEX)

During training in Prosthodontics, at least one Mini- CEX in each quarter is to be conducted from the list given below, focusing each time on a different area/topic:

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics List for Mini-CEX

- **Pain and Pain Control** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling, reassurance)
- **Traumatic Injuries of Teeth** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Prosthodontic Management of Endodontically Treated Teeth** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Occlusion** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Partial Edentulism** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)

- **Complete Edentulism** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Developmental Disorders of Teeth** (History, clinical examination, diagnosis, problem formulation, counseling)
- **Temporomandibular Disorders** (History, clinical examination, application of clinical knowledge, diagnosis, counseling)
- **Acquired, Developmental and Congenital Maxillofacial Defects** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)
- **Tooth Surface Loss** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Gerodontology** (History, clinical examination, diagnosis, problem formulation, counseling, application of clinical knowledge, reassurance)
- **Clinical Imaging** (problem formulation, interpretation, diagnosis, application of clinical knowledge)
- **Esthetic Dentistry** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)
- **Implant Prosthodontics** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)



MINI CLINICAL EVALUATION EXERCISE (CEX)

SPECIALTY: PROSTHODONTICS

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: Ward Outdoor (Hospital/Community) Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Focus of Clinical Encounters: History taking Physical Examination Management

Communication Skills Other: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature _____

Direct Observation of Procedural Skills (DOPS)

During training in Prosthodontics, at least one DOPS in each quarter is to be conducted from the list given below, focusing each time on a different procedure/topic:

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics List for DOPS

- Fluid control and tissue management techniques
- Impression techniques (Conventional Techniques and Digital Impression Techniques)
- Occlusal analysis techniques
- Interocclusal records
- Programming of the articulators
- Facebow transfers
- Occlusal equilibration
- Anterior programming techniques
- Maxillomandibular relationships
- Occlusal devices designing and fabrication techniques
- Tooth Preparation techniques for fixed dental prostheses, tooth preparation techniques for partial coverage restorations and tooth preparation techniques for full coverage restorations
- Restoration of endodontically treated teeth (Direct and indirect techniques of post fabrication using pattern resins, direct and indirect techniques of core buildups, pre-fabricated post selection and placement techniques)
- Cementation techniques for partial and full coverage restorations
- Resin bonded fixed dental prostheses
- Impression techniques for Implant related fixed prostheses

- Impression techniques for implant related removable prostheses
- Relining techniques in removable complete prosthodontics and partial removable prosthodontics
- Rebasement techniques in removable complete dental prostheses
- Repairs and additions in fixed dental prostheses and removable dental prostheses
- Surveying of the cast
- Investing techniques in removable and fixed prosthodontics
- Arrangement of teeth in removable complete and partial prosthodontics
- Characterization in fixed and removable prosthodontics
- Wax up techniques in removable and fixed prosthodontics
- Finishing and polishing of removable complete and partial dental prostheses
- Surgical templates (computer guided and conventional techniques)
- Transitional prostheses designing & fabrication techniques
- Precision attachments, selection & placement techniques
- Die and Cast preparation techniques
- Diagnostic wax ups
- Cast verification techniques in Implant prosthodontics
- Esthetics and color
- Digital Dentistry (creation of single, multiple implant and implant supported prostheses treatment planning and renderings with STL file generations, Creation of Provisionals for Immediate implant placement cases of Removable partial and complete dental prosthesis designing with Exocad software,
- Esthetic Dentistry (smile designing, veneer preparations, direct composites in esthetic zone utilizing step by step procedures)



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

SPECIALTY: PROSTHODONTICS

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: O.T. Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments/materials						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

SUMMATIVE ASSESSMENT

Eligibility requirements for appearing in Intermediate Module examination a candidate should have:

- Passed FCPS-I in Dentistry or granted exemption by CPSP.
- Completed two years of R&RC Registered training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- Completion of entries in e-logbook along with validation by the supervisor.
- Completed CPSP mandated Mini-CEX & DOPS in e-logbook
- Submitted certificates of attendance of mandatory workshops.
- Submitted synopsis for dissertation or abstracts of research papers.

EXAMINATION SCHEDULE

- CPSP theory examinations may be held once or twice a year depending upon the number of candidates.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahwalpur, Fasisalabad, Hyderabad, Islamabad, Rawalpindi, Karachi, Nawabshah, Larkana, Lahore, Multan, Peshawar and Quetta centres. The College shall decide where to hold TOACS examinations depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of all examinations for theory and TOACS.
- The College will notify of any change in the centres, the dates and format of the examination.
- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that the candidate has indulged in unfair practices in College examination, misconduct or because of any other disciplinary reason.

EXAMINATION FEE

- Applications along with the prescribed examination fee and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee and fee for change of centre, subject, etc shall be notified before each examination.
- Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal, absence or exclusion.

REFUND OF FEES

If after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications for refund.

If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATION

Intermediate Module examination consists of the following two components:

- **Theory examination:**
It consists of:
Paper-I 100 Single Best Answer type of (MCQs)
Paper-II 100 Single Best Answer type of (MCQs)
Only those candidates who qualify in the theory will be eligible to take the TOACS examination.
- **Clinical examination:**
To test basic clinical skill, the clinical examination consists of: TOACS (Task Oriented Assessment of Clinical Skills).

TOACS

TOACS will comprise of 15 interactive stations of six minutes each duration; with a change time of one minute for the candidate to move from one station to the other. Structured clinical tasks will be set at each station. As all of the stations are interactive the candidate will have to perform a task, for example, perform a procedure, take history, perform clinical examination, counseling, assembling an instrument and or using an instrument or any other clinical task. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

***POST
INTERMEDIATE
MODULE***

(FCPS-II)

ROTATION

- Periodontology: For 2 Months after 6 months of the training at R3 stage
- Oral and Maxillofacial Surgery: For 2 Months at R4 stage

SYLLABUS

Temporomandibular Disorders

- Function of the Temporomandibular joint
- Disorders of the Temporomandibular joint and their causes
- Signs and symptoms of Temporomandibular dysfunction
- Diagnosing Temporomandibular dysfunction
- Management of Temporomandibular dysfunction
- Relevant biology, anatomy, physiology, pathology and radiology in provision of care and advice for Temporomandibular disorders
- Current evidence-based concepts in the treatment of TMJ disorders
- Current and seminal literature on diagnosis & management of TMJ disorders

Tooth Surface Loss

- Relevant anatomy, physiology, pathology, microbiology & technical requirements in the management of tooth wear
- Current and seminal literature on the etiology & preventive management of tooth wear
- Different Philosophies regarding Full Mouth Rehabilitation
- Dental materials, equipment and techniques to provide relevant treatment and the response of the dental tissues to this treatment
- Digital Dentistry

INTRODUCTION & UNDERSTANDING DIGITAL DENTAL ANATOMY

- Basics of digital dentistry
- Digital technologies for prosthodontic assessment, diagnosis and treatment planning.
- Dental terminology and morphological characteristics of the permanent dentition as displayed in the digital image.
- Digital scanner and scanning techniques

DIGITAL FIXED PROSTHODONTICS

- Fundamentals, advantages and disadvantages of digital technology.
- Evaluation, selection, and identification of indications and contraindications of digital technologies & dental materials.
- Principles of preparation and design for digital restorations.
- Steps of complete digital workflow for patient care in the clinic.
- Cementation process for dental materials available for digitally fabricated restorations.
- Differences between conventional and digital workflows for fabrication of fixed single-unit, tooth-supported restorations.
- Advantages and disadvantages of conventional and digital workflows for fabrication of fixed single-unit, tooth supported restorations.
- Evaluation, selection, identification, indications and contraindications of restorative materials for the selected digital workflow of fixed single unit, tooth-supported restorations.
- Transfer of electronic files from device to device for the fabrication of fixed single-unit, tooth-supported restorations (e.g., transfer of an STL file from an optical scanner to a CAD software).
- Subtractive and additive techniques.
- Combining conventional and digital workflows for the design of fixed single unit, tooth-supported restorations. (e.g., conventional impressions scan the cast design and mill restoration)
- Steps of complete digital workflow for the fabrication of fixed single-unit, tooth supported restorations. (e.g., digital impression digital model design and mill restoration)

- Self-assessment and adjustments to the digital workflows of fixed single unit, tooth-supported restorations.

DIGITAL COMPLETE DENTURES

- Fundamentals of fabrication of conventional complete dentures in terms of support, retention, and stability.
- Concepts of obtaining maxillomandibular relationship record in terms of centric relation and vertical dimension occlusal.
- Concept of esthetics and phonetics in relationship to placement of denture teeth.
- The advantages and disadvantages of fabrication of digital dentures.
- Diagnosing patients requiring preprosthetic surgery and limitations of digital dentures (such as immediate dentures).
- Steps of the digital workflow for fabrication of digital dentures.
- The insertion process for digitally fabricated dentures.

DIGITAL REMOVABLE PARTIAL DENTURES

- Fundamentals of RPD design and properties of clasp designs in relationship to abutment teeth.
- Assessment of height of contour of abutment teeth and soft tissue undercuts both conventionally on casts and virtually.
- Concept of tooth modification and block out of undercuts.
- Virtual designing of an RPD.
- Advantages and disadvantages of using digital dentistry for removable partial dentures.
- Digital printing versus conventionally cast frameworks.
- Software and tools for digital dentistry in removable partial dentures.
- Basic fundamentals and concepts of digital workflow.

RADIOGRAPHIC INTERPRETATION OF CONE BEAM COMPUTED TOMOGRAPHY (CBCT)

- Normal dental anatomical landmarks on the CBCT scans.
- CBCT file format and implant planning software.
- Assessment of bone using the CBCT.
- Planning restoratively driven implants on the CBCT planning software.
- CBCT surgical guides for implant placement.

DIGITAL DENTISTRY AND IMPLANTS

- Concepts of the digital workflow and the sequencing of digital technology in implant dentistry.
- The advantages and disadvantages of using digital technology in Implant Dentistry.
- Preliminary assessment of the bone volume and restorative space.
- The virtual diagnostic wax-up.
- Software and tools for digital technology in Implant Dentistry (e.g., intraoral camera, scanner).

PROSTHODONTIC DRIVEN IMPLANT GUIDED SURGERY

Implant placement using CBCT (Single implant crown and implant-retained overdenture)

- Basic fundamentals and concepts of dental implant surgery and CBCT.
- The advantages and disadvantages of computer-guided and conventional implant surgery for single-unit, implant-supported restorations and implant-retained overdentures.
- Indications, contraindications, and limitations of computer-guided implant surgery for single unit, implant supported restorations and implant-retained overdentures.
- Differences between STL files and DICOM files, and how they can be used.
- Classification of guided surgical template based on support (teeth-supported, teeth-mucosa-supported, mucosa supported and bone-supported).
- Protocols or steps involved in fabrication of guided surgical template for single-unit, implant-supported restorations and implant-retained overdentures.

DIGITAL SINGLE-UNIT IMPLANT RESTORATIONS

- Differences between conventional and digital workflows for fabrication of single-unit, implant-supported restorations.
- Advantages and disadvantages of conventional and digital workflows for fabrication of single-unit, implant-supported restorations.
- Evaluation, selection, and identification of indications and contraindications of restorative materials for the selected digital workflow of single-unit, implant supported restorations.
- Transfer of electronic files from device to device in order to fabricate single unit, implant-supported restorations (e.g., transfer of an STL file from an optical scanner to CAD software).
- Subtractive and additive technique.
- Combining conventional and digital workflows for the design of single-unit, implant-supported restorations. (e.g., conventional implant impression scans the cast custom abutment design and milling design and milling of implant crown)
- Steps of complete digital workflow for the fabrication of single-unit, implant supported restorations. (e.g., digital impression digital model custom abutment design and milling design and milling of implant crown)
- Assessment and adjustments to the digital workflows of single-unit, implant-supported restorations.

FULL ARCH TOOTH-SUPPORTED AND IMPLANT-SUPPORTED PROSTHESES

- Application of digital technologies for assessment, diagnosis, and treatment planning of full arch implant-supported prostheses (e.g., optical impressions, CBCT, digital photos).
- Indications and limitations of digitally planned, designed, and fabricated full arch implant-supported prostheses.
- Digital workflows for planning, design, and manufacture of full arch implant-supported prostheses.
- Intraoral and extra oral scanning for implant-supported restorations.

- Application of digital technology to plan and design the various types of surgical templates.
- The use of digital technology for planning, designing, and fabrication of provisional implant-supported restorations utilizing various loading protocols.
- Evaluation of digital models and proposed digital designs for full arch implant-supported prostheses.
- Material for digitally designed and fabricated full arch implant supported prostheses.
- Laboratory prescriptions for digitally designed full arch implant-supported prostheses
- Assessment and modification of esthetic and functional outcomes of the full arch implant supported prostheses.
- Insertion of the prosthesis.

DIGITAL ESTHETIC DENTISTRY

- Relevant dental anatomy and tooth proportion involved in Digital smile design
- Digital impressions (intra and extraoral)
- Dental esthetic soft wares
- Digital smile design
- Basics of Dental Photography

Esthetic Dentistry

- Relevant dental anatomy and tooth proportion involved in smile design
- Smile design
- Tooth whitening techniques for vital and non-vital teeth
- Use of micro- and macro abrasion
- Use of gingival masks to manage gingival recession
- Direct composite layering techniques for managing alterations in tooth color and morphology
- Veneers for managing alterations in tooth color and morphology

Implant Prosthodontics

- Basic anatomy of the maxilla and mandible
- Relevant biology, anatomy, physiology, pathology, microbiology and technical requirements in provision of dental implants

- The diagnostic process and treatment planning
- Radiographic and surgical guides (templates)
- Interpretation of computed tomography scan images
- The types of dental implants
- Various Prosthetic parts and techniques used for dental implants
- Implant-supported fixed and removable prostheses
- Current and seminal literature on indications for, success / failure criteria and biological implications of provision of dental implants
- Surgical techniques for implant placement, healing and exposure
- Biological benefits of and indications for their use
- Principles and practice of prevention of diseases relating to implant structure
- Choice and execution of appropriate techniques for all stages of the planned treatment in conjunction with other specialists/ dental care professionals as a multidisciplinary team when managing the patient

Maxillofacial Prosthodontics

- Maxillofacial prosthodontics, glossary of terms
- Types of maxillofacial prostheses
- The clinical & laboratory steps used to create a maxillofacial prosthesis
- Maintenance of a maxillofacial prosthesis
- Applied anatomy and physiology of maxillofacial defects
- Applied Dental materials related to maxillofacial prosthodontics
- Evaluation, diagnosis and treatment planning
- Designing in maxillofacial prosthodontics
- Psychological problems & needs of a maxillofacial prosthodontic patient
- Local and systematic effects of surgical treatment, chemotherapy and radiotherapy
- Post insertion complaints and complications.
- Referral and consultation with other specialists' e.g., plastic and reconstructive surgeons, ENT surgeons, speech therapist, and orthodontist.

CORE COMPETENCIES

The procedural competencies, a specialist must have, are varied and complex. A list of core procedural competencies is given below. The level of competencies to be achieved each year is specified according to the given key:

Key to Competency Levels in Clinical Skills:

1. Observer Status
2. Assistant Status
3. Performed Under Supervision
4. Performed Independently

COMPETENCIES	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
TEMPOROMANDIBULAR DISORDERS											
OBTAIN PERTINENT HISTORY AND COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES & HEALTH TEAM	2	5	3-4	5	4	5	4	5	4	5	20
COMPLETE A THOROUGH EXAMINATION OF THE PATIENT'S WITH TEMPOROMANDIBULAR DISORDERS	2	5	3	5	4	5	4	5	4	5	20
ASSESS AND DIAGNOSE PATIENTS WITH TEMPOROMANDIBULAR DISORDERS	2	5	3	5	4	5	4	5	4	5	20
SHOW A HIGH DEGREE OF SKILL IN THE CHOICE AND EXECUTION OF APPROPRIATE TECHNIQUES FOR TREATMENT IN CONJUNCTION WITH OTHER SPECIALISTS/ DENTAL CARE PROFESSIONALS IN MANAGING THE PATIENT	2-3	5	3	5	4	5	4	5	4	5	20
DESIGN AND CONSTRUCT THE OCCLUSAL DEVICES FOR THE TREATMENT OF:	1-2	1	2-3	4	4	2	4	3	4	3	10
<ul style="list-style-type: none"> • TEMPOROMANDIBULAR DYSFUNCTION INCLUDING • STABILIZATION SPLINTS • ANTERIOR REPOSITIONING SPLINTS • SOFT BITE GUARDS • LOCALIZED OCCLUSAL INTERFERENCE SPLINTS 											
ASSESSMENT OF PATIENTS WITH TEMPOROMANDIBULAR DISORDERS REQUIRING REFERRAL	1-3	2	-	-	-	-	-	-	4	3	5

COMPETENCIES	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	TOOTH SURFACE LOSS										
TREATMENT PLANNING OF PATIENTS WITH ALL TYPES OF TOOTH WEARS	1-2	5	3-4	5	4	5	4	5	4	5	20
PLAN CASES ACCORDING TO REORGANIZED APPROACH WITH REFERENCE TO FMR (FULL MOUTH REHABILITATION)	1-2	5	3-4	5	4	2	4	3	4	3	15
PLAN TSL CASES ACCORDING TO CONFORMATIVE APPROACH	2	2	3-4	3	4	2	4	3	4	3	10
PLAN CASES WITH REFERENCE TO TABLE TOP DENTISTRY, AND ALSO SELECT THE APPROPRIATE MATERIAL(S) FOR DIRECT & INDIRECT RESTORATIONS FOR FMR	2	3	3	2	3	2	4	3	4	3	10
CARRY OUT COMPLETE CASES FOR FULL MOUTH REHABILITATION (FMR)	2	2	3	1	4	1	4	1	4	1	5
ACCURATELY RECORD THE OCCLUSION UTILIZING DIFFERENT TECHNIQUES FOR RECORDING CENTRIC RELATION AND COMPETENCY IN USING FACEBOW AND ARTICULATION AND UNDERSTAND WHEN THESE TECHNIQUES ARE APPLICABLE BEFORE OR DURING THE FMR	2	2	3	3	4	5	4	5	4	5	15
PROVIDE APPROPRIATE PROVISIONAL RESTORATIONS FOR FMR CASES	2	2	3	3	4	5	4	5	4	5	15
FIT RESTORATIONS USING APPROPRIATE ADHESIVES OR CEMENTS ENSURING THAT APPEARANCE, OCCLUSION AND FUNCTION ARE IN HARMONY WITH THE REMAINING DENTITION	2	2	3	3	4	5	4	5	4	5	15

COMPETENCIES

	R-3										TOTAL NO. OF CASES	
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS					
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES		
DIGITAL DENTISTRY												
INTRODUCTION AND UNDERSTANDING DIGITAL DENTAL ANATOMY												
USE A DIGITAL SCANNER TO SCAN WAX-UPS FROM A TYPDONT	-	-	-	-	2-4	4			-	-		4
PERFORM SELF-ASSESSMENT AND MAKE APPROPRIATE ADJUSTMENTS TO THEIR ANTERIOR & POSTERIOR TOOTH WAX-UP BASED ON FACULTY & DIGITAL FEEDBACK	-	-	-	-	2-4	4			-	-		4
APPLY DIGITAL TECHNOLOGIES FOR IMPROVED COMMUNICATION WITH FACULTY AND PEERS	-	-	-	-	2-4	4			-	-		4
DIGITAL FIXED PROSTHODONTICS												
USE A DIGITAL SCANNER TO SCAN PREPARATIONS FROM A TYPDONT	-	-	-	-	2-3	2			4	2		4
PERFORM APPROPRIATE TOOTH PREPARATION FOR DIGITALLY SCANNED AND DESIGNED RESTORATIONS	-	-	-	-	2-3	2			4	2		4
DESIGN AND CREATE A MILLED RESTORATION	-	-	-	-	2-3	1			3-4	1		2
DEMONSTRATE THE USE OF A DIGITAL SCANNER TO SCAN A TEETH QUADRANT INTRAORALLY	-	-	-	-	2-3	2			4	2		4
IDENTIFY AND SELECT THE APPROPRIATE DIGITAL WORKFLOW FOR THE FABRICATION OF FIXED DENTAL PROSTHESIS	-	-	-	-	2-3	2			4	2		4

COMPETENCIES	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
DIGITAL DENTISTRY											
SELECT APPROPRIATE MATERIALS FOR THE SELECTED DIGITAL WORKFLOWS OF FIXED DENTAL PROSTHESIS	-	-	-	-	2-3	2	4	2	4	2	4
TRANSFER DIGITAL FILES FROM DEVICE TO DEVICE	-	-	-	-	2-3	2	4	2	4	2	4
CREATE LABORATORY PRESCRIPTIONS FOR DIGITALLY DESIGNED FIXED DENTAL PROSTHESIS	-	-	-	-	2-3	2	4	2	4	2	4
DIGITAL COMPLETE DENTURES											
EVALUATE & MAKE IMPRESSIONS IN POLYVINYL SILOXANE FOR SCANNING OR BE ABLE TO SCAN INTRAORALLY	-	-	2	2	2-3	2	4	2	4	2	6
CREATE LABORATORY PRESCRIPTIONS FOR DIGITALLY DESIGNED REMOVABLE PROSTHESES	-	-	2	2	2-3	2	4	2	4	2	6
ASSESS AND MODIFY DIGITAL DESIGNS IF TRIAL DENTURES ARE AVAILABLE	-	-	2	2	2-3	2	4	2	4	2	6
INSERT FINISHED PROSTHESES AND ASSESS CLINICAL OUTCOMES	-	-	2	2	2-3	2	4	2	4	2	6
DIGITAL REMOVABLE PARTIAL DENTURES											
EVALUATE & MAKE IMPRESSIONS IN POLYVINYL SILOXANE TO BE SCANNED OR BE ABLE TO SCAN INTRAORALLY AND DETERMINE THAT ESSENTIAL ANATOMICAL LANDMARKS ARE CAPTURED	-	-	2	2	2-3	2	4	2	4	2	6
DIAGNOSE, TREATMENT PLAN & SEQUENCE REMOVABLE PARTIAL DENTURE TREATMENT USING A DIGITAL WORKFLOW	-	-	2	2	2-3	2	4	2	4	2	6

COMPETENCIES

	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
DIGITAL DENTISTRY											
DESIGN AND PERFORM A VIRTUAL RPD DESIGN	-	-	2	2	2-3	2	4	2	4	2	6
CREATE A LABORATORY PRESCRIPTION FOR A DIGITALLY DESIGNED RPD	-	-	2	2	2-3	2	4	2	4	2	6
NAVIGATE AND UTILIZE THE ASSOCIATED SOFTWARE AND ASSOCIATED TOOLS (E.G., INTRAORAL CAMERA, SCANNER)	-	-	2	2	2-3	2	4	2	4	2	6
RADIOGRAPHIC INTERPRETATION CONE BEAM COMPUTED TOMOGRAPHY (CBCT)											
IDENTIFY DENTAL ANATOMICAL LANDMARKS ON THE CBCT SCANS	2-3	5	3-4	5	4	5	4	5	4	5	20
INTERPRET AND EVALUATE CBCT SCANS FOR DECISION MAKINGS IN THE IMPLANT PLACEMENT & RESTORATIVE PROCESS	2-3	5	3-4	5	4	5	4	5	4	5	20
IDENTIFY AND SELECT APPROPRIATE PATIENTS FOR COMPUTER-GUIDED IMPLANT SURGERY FOR SINGLE UNIT, IMPLANT RELATED RESTORATIONS AND IMPLANT RELATED OVERDENTURES	2-3	5	3-4	5	4	5	4	5	4	5	20
PLAN RESTORATIVELY DRIVEN IMPLANTS ON THE CBCT PLANNING SOFTWARE	2-3	2	3-4	2	4	2	4	2	4	2	8
GENERATE CBCT SURGICAL GUIDES FOR IMPLANT PLACEMENT	-	-	-	-	2-3	2	3-4	2	3-4	2	4

COMPETENCIES	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	DIGITAL DENTISTRY										
DIGITAL SINGLE-UNIT IMPLANT RESTORATIONS											
ASSESSMENT, DIAGNOSIS, AND TREATMENT PLANNING BY USING (E.G., CBCT, DIGITAL PHOTOS)	2-3	2	3-4	2	4	2	4	2	4	2	8
SELECT THE APPROPRIATE DIGITAL WORKFLOW FOR THE FABRICATION OF SINGLE UNIT, IMPLANT-RELATED RESTORATIONS	2-3	2	3-4	2	4	2	4	2	4	2	8
ASSESS, DIAGNOSE, TREATMENT PLAN, AND DELIVER DIGITALLY SCANNED AND DESIGNED SINGLE-UNIT IMPLANT RELATED RESTORATIONS FOR PARTIALLY EDENTULOUS PATIENTS	2	1	-	-	3	1	4	1	4	1	3
PERFORM INTRAORAL AND LAB-BASED SCANNING IMPLANT RELATED RESTORATIONS	2	1	-	-	3	1	4	1	4	1	3
TRANSFER DIGITAL FILES FROM DEVICE TO DEVICE	4	2	-	-	-	-	-	-	-	-	2
EVALUATE DIGITAL MODELS AND PROPOSED DIGITAL DESIGNS FOR SINGLE-UNIT RESTORATIONS	2	1	-	-	3	1	4	1	4	1	3
SELECT AN APPROPRIATE RESTORATIVE MATERIAL FOR DIGITALLY DESIGNED AND FABRICATED RESTORATIONS	2	1	-	-	3	1	4	1	4	1	3
CREATE A LABORATORY PRESCRIPTION FOR DIGITALLY DESIGNED SINGLE-UNIT, IMPLANT RELATED RESTORATIONS	2	1	-	-	3	1	4	1	4	1	3
PLAN AND DESIGN VARIOUS TYPES OF SURGICAL TEMPLATES FOR GUIDED IMPLANT SURGERIES	2	1	-	-	3	1	4	1	4	1	3

COMPETENCIES	R-3										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	DIGITAL DENTISTRY										
DIGITAL FULL ARCH IMPLANT RELATED PROSTHESES											
ASSESSMENT AND DIAGNOSES OF FULL ARCH IMPLANT RELATED PROSTHESES BY USING (E.G., OPTICAL IMPRESSIONS, CBCT SCANS, DIGITAL PHOTOS)	2-3	2	3-4	2	4	2	4	2	4	2	8
DIGITALLY PLAN, DESIGN, AND FABRICATE FULL ARCH IMPLANT-RELATED PROSTHESES	2	1	-	-	3	1	4	1	4	1	3
PERFORM INTRAORAL AND EXTRA ORAL SCANNING FOR FABRICATION OF IMPLANT RELATED PROSTHESIS	2	1	-	-	3	1	4	1	4	1	3
PLAN AND DESIGN VARIOUS TYPES OF SURGICAL TEMPLATES FOR GUIDED IMPLANT SURGERIES	2	1	-	-	3	1	4	1	4	1	3
PLAN, DESIGN, AND FABRICATE PROVISIONAL IMPLANT RELATED PROSTHESES UTILIZING VARIOUS LOADING PROTOCOLS	2	1	-	-	3	1	4	1	4	1	3
CREATE LABORATORY PRESCRIPTIONS FOR DIGITALLY DESIGNED FULL ARCH IMPLANT RELATED PROSTHESES	2	1	-	-	3	1	4	1	4	1	3

COMPETENCIES		R-3										TOTAL NO. OF CASES
		03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
		LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
ESTHETIC DENTISTRY												
CONVENTIONAL SMILE DESIGNING THROUGH PROSTHODONTIC LABORATORY TECHNIQUES E.G., DIAGNOSTIC WAX UPS AND LABORATORY TEMPLATES		2	2	3	2	-	-	-	-	3-4	2	6
DIGITAL SMILE DESIGNING		2-3	2	-	-	-	-	-	-	-	-	2
EXECUTE DIGITAL WORKFLOW IN DIGITAL SMILE DESIGN SOFTWARE		2-3	2	-	-	-	-	-	-	-	-	2
PREPARATION OF TEETH FOR RECEIVING DIRECT AND INDIRECT ESTHETIC RESTORATIONS IN THE ANTERIOR REGION E.G., DIRECT COMPOSITES OR COMPONEERS AND DIFFERENT TYPES AND VARIATIONS OF VENEERS FOR COLOR AND MORPHOLOGICAL MODIFICATIONS		3	2	4	2	-	-	-	-	4	1	5
PREPARATION OF TEETH FOR RECEIVING DIRECT AND INDIRECT ESTHETIC RESTORATIONS IN THE POSTERIOR REGION		3	2	4	2	-	-	-	-	4	1	5
PROVIDE APPROPRIATE PROVISIONAL RESTORATIONS FOR INTERMEDIATE STAGES OF TREATMENT		3	2	4	2	-	-	-	-	4	1	5
FIT RESTORATIONS USING APPROPRIATE ADHESIVES OR CEMENTS ENSURING THAT APPEARANCE, OCCLUSION AND FUNCTION ARE IN HARMONY WITH THE REMAINING DENTITION AND PATIENT'S WISHES		3	2	4	2	-	-	-	-	4	1	5

COMPETENCIES

	R-4										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
IMPLANT PROSTHODONTICS											
PLANNING AND PLACEMENT OF DENTAL IMPLANTS AND PROVISION OF IMPLANT RELATED PROSTHESES WITH REGARD TO:											
CEMENT-RETAINED CROWN	2	1	-	-	2-3	1	3-4	1	3-4	1	3
SCREW-RETAINED CROWN	2	1	-	-	2-3	1	3-4	1	3-4	1	3
CEMENT-RETAINED FIXED PARTIAL DENTAL PROSTHESIS	2	1	-	-	2-3	1	3-4	1	3-4	1	3
SCREW-RETAINED FIXED PARTIAL DENTAL PROSTHESIS	2	1	-	-	2-3	1	3-4	1	3-4	1	3
IMPLANT SUPPORTED REMOVABLE PARTIAL DENTAL PROSTHESIS	2	1	-	-	2-3	1	3-4	1	3-4	1	3
IMPLANT SUPPORTED REMOVABLE COMPLETE DENTAL PROSTHESIS	2	1	-	-	2-3	1	3-4	1	3-4	1	3
IMPLANT-SUPPORTED COMPREHENSIVE FIXED PROSTHESIS	2	1	-	-	2-3	1	3-4	1	3-4	1	3

COMPETENCIES	R-4										TOTAL NO. OF CASES
	03 MONTHS		06 MONTHS		09 MONTHS		12 MONTHS				
	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	LEVEL	CASES	
	MAXILLOFACIAL PROSTHODONTICS										
OBTAINING PERTINENT HISTORY AND COMMUNICATE EFFECTIVELY WITH PATIENTS, FAMILIES & HEALTH TEAM	2	2	3	2	4	2	4	2	4	2	8
COMPLETE A THOROUGH EXAMINATION OF THE PATIENT'S REQUIRING MAXILLOFACIAL PROSTHESES	2	2	3	2	4	2	4	2	4	2	8
RECOMMEND AND INTERPRET ALL APPROPRIATE INVESTIGATIONS TO DIAGNOSE ORAL PROBLEMS IN PATIENTS REQUIRING MAXILLOFACIAL PROSTHESES	2	2	3	2	4	2	4	2	4	2	8
PLANNING, DESIGNING, SEQUENCING, INSERTION AND FOLLOW-UP OF MAXILLARY OBTURATOR PROSTHESES AT DIFFERENT STAGES OF THE TREATMENT PROCESS	2	2	3	2	4	2	4	2	4	2	8
PLANNING, DESIGNING SURGICAL GUIDE FOR IMPLANT-SUPPORTED OBTURATOR	-	-	3	2	4	2	4	2	4	2	8
PLANNING, DESIGNING & INSERTION OF PRE-SURGICAL NASO-ALVEOLAR MOLDING APPLIANCES	-	-	3	1	-	-	-	-	-	-	1
PLANNING, DESIGNING, INSERTION AND FOLLOW-UP OF PALATAL INSUFFICIENCY PROSTHESIS	3	1	-	-	-	-	-	-	-	-	1
PLANNING, DESIGNING, INSERTION AND FOLLOW-UP OF PALATAL INCOMPETENCY PROSTHESIS	3	1	-	-	-	-	-	-	-	-	1
PLANNING AND DESIGNING OF RADIATION CARRIERS	-	-	3	1	-	-	-	-	-	-	1
PLANNING, DESIGNING, INSERTION AND FOLLOW-UP OF MANDIBULAR RESECTION PROSTHESIS	3	1	-	-	-	-	-	-	-	-	1
MAKING IMPRESSIONS FOR EXTRA ORAL PROSTHESES AND FACIAL MOULAGE TECHNIQUES	3	2	-	-	-	-	-	-	-	-	2

PERIODONTOLOGY ROTATION (R3)

	LEVEL	CASES
HISTORY, EXAMINATION AND DIAGNOSIS OF PERIODONTAL LESIONS	2-4	10
BASIC AND COMPREHENSIVE PERIODONTAL EXAMINATION	2-4	10
PERFORMING SCALING AND ROOT PLANING	2-4	10
EVALUATION OF PERIO-ENDO LESIONS AND ITS MANAGEMENT	2	5
EVALUATION AND MANAGEMENT OF GINGIVAL ENLARGEMENTS	2-3	5
FLAP PROCEDURES FOR POCKET ELIMINATION	2	2
FLAP PROCEDURES FOR RIDGE DEFECTS	2	2
PERFORMING CROWN LENGTHENING PROCEDURES	2-3	2
USE OF GUIDED BONE REGENERATION TECHNIQUES	2-3	2
FORMULATION OF PRF AND PRPS FOR REGENERATIVE TECHNIQUES	2-3	2
IDENTIFICATION AND USE OF PLAQUE CONTROLLING AIDS	2-4	10
IDENTIFICATION OF PERI IMPLANTITIS AND ITS MANAGEMENT	2-3	5

ORAL AND MAXILLOFACIAL SURGERY ROTATION (R4)		LEVEL	CASES
HISTORY, EXAMINATION AND DIAGNOSIS OF ODONTOGENIC INFECTIONS		2-4	10
DIAGNOSIS AND MANAGEMENT OF ORO-FACIAL PAIN		2-4	10
PLAN AND PERFORM PRE PROSTHETIC SURGERY		2-4	5
PERFORM SURGICAL AND NON-SURGICAL EXTRACTION OF TEETH		3-4	10
EVALUATION, TREATMENT PLANNING AND FABRICATION OF SPLINTS/STENTS FOR TRAUMA AND PATHOLOGICAL CASES REQUIRING SURGERY		2-3	5
EVALUATION, TREATMENT PLANNING AND FABRICATION OF SURGICAL OBTURATORS FOR MAXILLECTOMY CASES		3-4	4
EVALUATION, TREATMENT PLANNING AND FABRICATION OF SPLINTS FOR TMDS		3-4	5

ASSESSMENT

FORMATIVE ASSESSMENT (Mandatory from July 2023 & onwards)

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/ departmental assessments. To begin with college is introducing Mini-CEX and DOPS to ensure that the graduates are fully equipped with the clinical competencies.

Mini Clinical Evaluation Exercise (Mini-CEX)

During training in Prosthodontics, at least one Mini- CEX in each quarter is to be conducted from the list given below, focusing each time on a different area/topic:

- Mini-CEX is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics List for Mini-CEX

- **Pain and Pain Control** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling, reassurance)
- **Traumatic Injuries of Teeth** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Prosthodontic Management of Endodontically Treated Teeth** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Occlusion** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Partial Edentulism** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)

- **Complete Edentulism** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Developmental Disorders of Teeth** (History, clinical examination, diagnosis, problem formulation, counseling)
- **Temporomandibular Disorders** (History, clinical examination, application of clinical knowledge, diagnosis, counseling)
- **Acquired, Developmental and Congenital Maxillofacial Defects** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)
- **Tooth Surface Loss** (History, clinical examination, diagnosis, problem formulation, application of clinical knowledge)
- **Gerodontology** (History, clinical examination, diagnosis, problem formulation, counseling, application of clinical knowledge, reassurance)
- **Clinical Imaging** (problem formulation, interpretation, diagnosis, application of clinical knowledge)
- **Esthetic Dentistry** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)
- **Implant Prosthodontics** (History, clinical examination, application of clinical knowledge, diagnosis, problem formulation, counseling)



MINI CLINICAL EVALUATION EXERCISE (CEX)

SPECIALTY: PROSTHODONTICS

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: Ward Outdoor (Hospital/Community) Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Focus of Clinical Encounters: History taking Physical Examination Management

Communication Skills Other: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Informed Consent of patient						
Interviewing Skills						
Systematic Progression						
Presentation of positive & significant negative findings						
Justification of actions						
Professionalism						
Organization/Efficiency						
Overall clinical competence						

Assessor's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

Direct Observation of Procedural Skills (DOPS)

During training in Prosthodontics, at least one DOPS in each quarter is to be conducted from the list given below, focusing each time on a different procedure/topic:

- DOPS is entirely a formative tool of assessment and is to be accompanied with constructive feedback
- Each DOPS encounter extends for about 20 minutes with 05 minutes for feedback and further action plan
- In case of unsatisfactory performance of the resident, a remedial has to be completed within stipulated time frame
- Non-compliance by the resident has to be reported in quarterly feedback.
- The performance is reported online on the prescribed form (sample given below)

Topics List for DOPS

- Fluid control and tissue management techniques
- Impression techniques (Conventional Techniques and Digital Impression Techniques)
- Occlusal analysis techniques
- Interocclusal records
- Programming of the articulators
- Facebow transfers
- Occlusal equilibration
- Anterior programming techniques
- Maxillomandibular relationships
- Occlusal devices designing and fabrication techniques
- Tooth Preparation techniques for fixed dental prostheses, tooth preparation techniques for partial coverage restorations and tooth preparation techniques for full coverage restorations
- Restoration of endodontically treated teeth (Direct and indirect techniques of post fabrication using pattern resins, direct and indirect techniques of core buildups, pre-fabricated post selection and placement techniques)
- Cementation techniques for partial and full coverage restorations
- Resin bonded fixed dental prostheses
- Impression techniques for Implant related fixed prostheses

- Impression techniques for implant related removable prostheses
- Relining techniques in removable complete prosthodontics and partial removable prosthodontics
- Rebasement techniques in removable complete dental prostheses
- Repairs and additions in fixed dental prostheses and removable dental prostheses
- Surveying of the cast
- Investing techniques in removable and fixed prosthodontics
- Arrangement of teeth in removable complete and partial prosthodontics
- Characterization in fixed and removable prosthodontics
- Wax up techniques in removable and fixed prosthodontics
- Finishing and polishing of removable complete and partial dental prostheses
- Surgical templates (computer guided and conventional techniques)
- Transitional prostheses designing & fabrication techniques
- Precision attachments, selection & placement techniques
- Die and Cast preparation techniques
- Diagnostic wax ups
- Cast verification techniques in Implant prosthodontics
- Esthetics and color
- Digital Dentistry (creation of single, multiple implant and implant supported prostheses treatment plannings and renderings with STL file generations, Creation of Provisionals for Immediate implant placement cases of Removable partial and complete dental prosthesis designing with Exocad software,
- Esthetic Dentistry (smile designing, veneer preparations, direct composites in esthetic zone utilizing step by step procedures)



DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

SPECIALTY: PROSTHODONTICS

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: O.T. Procedure Room Other: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Name of Procedure: _____

Complexity of Case/ Procedure: Low/Easy Moderate/Average High/Difficult N/A

Number of times procedure performed by Resident: _____

Please grade the following areas on the given scale:	Not Observed / Applicable	Below Expectations		Satisfactory	Above Expectation	Excellent
		1	2	3	4	5
Indications, anatomy & steps of procedure						
Informed consent, with explanation of procedure and complications						
Preparation for procedure						
Use of Anesthesia, Analgesia or sedation						
Observance of asepsis						
Safe use of instruments/materials						
Use of accepted techniques						
Management of unexpected event (or seeks help)						
Post-procedure instructions to patient and staff						
Professionalism						
Overall ability to perform whole procedure						

Assessor's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with DOPS:
(Low) 1 2 3 4 5 (High)

Strengths	Suggestions for Improvements

Encounter to be repeated YES NO

Signature

SUMMATIVE ASSESSMENT

Eligibility requirements for FCPS-II examination appearing in are:

- Passed FCPS-I in Dentistry or granted exemption from FCSP-I by CPSP as per rules.
- To have undertaken two years of R&RC registered training of Intermediate Module in Prosthodontics after passing FCPS-I, in an institution recognized by CPSP.
- To have undertaken further two years of advanced training in Prosthodontics, in an institution recognized by CPSP.
- To provide certificate of having passed Intermediate Module in Prosthodontics
- Completion of entries in e-logbook along with validation by the supervisor.
- Completed CPSP mandated Mini-CEX & DOPS in e-logbook
- To provide certificate of approval of dissertation or acceptance of two research papers in CPSP approved journal(s).
- To provide certificate of attendance of mandatory workshops.
- To provide certificate signed by the supervisor, of having finished seven fully documented (personally treated) clinical cases as specified in the curriculum and e-logbook.

EXAMINATION SCHEDULE

- CPSP theory examinations may be held once or twice a year depending upon the number of candidates.
- Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Multan, Peshawar, Quetta and Rawalpindi, centres. The College shall decide where to hold oral/practical examination depending on the number of candidates in a city and shall inform the candidates accordingly.
- English shall be the medium of examination for the theory/ practical/ clinical and viva examinations.
- The College will notify of any change in the centres, the dates and format of the examination.

- A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.
- Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fees and other dues.

EXAMINATION FEES

- Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/absence/exclusion.
- Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
- The details of examination fee & fees for change of centre, subject, etc. shall be notified before each examination.

REFUND OF FEES

If, after submitting an application for examination, a resident decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fees only. No request for refund will be accepted after the closing date for receipt of applications. If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fees paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

FORMAT OF EXAMINATIONS

Every candidate applying for the fellowship of the College of Physicians and Surgeons Pakistan must pass both parts of the Fellowship examination unless exemption is approved. Since the College is continually seeking to improve its examinations, changes are likely from time to time and candidates will be notified in advance of such changes.

Theory Examination:

Paper-I: 10 Short Answer Questions (SAQs)

Paper-II: 100 Single Best Type (MCQs)

Only those candidates who qualify in the theory will be eligible to take the TOACS examination.

Clinical Examination:

Following new format will be applicable from March 2024 Examination.

The Clinical section comprises of two components:

- First Component: TOACS
- Second Component:
 - One Long Case
 - Four short cases (three cases will be candidate's own fully documented clinical cases whereas one case will be an unseen case)

Only those candidates who pass through TOACS examination will be allowed to appear in the remaining components of clinical examination.

FORMAT OF TOACS

The number of stations will range from 10-15 and each station will be of 10 minutes. All stations are required to be "Interactive". At these stations, the candidates will be required to perform a task like taking history, performing clinical examination, counseling, assembling and or using an instrument or any other clinical task given to the candidate. One examiner will be present at each interactive station and will rate the performance of the candidate and ask questions testing critical thinking and problem-solving skills.

FORMAT OF LONG CASE

Each candidate will be allotted one long case and allowed 30 minutes for history taking and clinical examination. Candidates should take a careful history from the patient (or relative) and after a thorough physical examination identify the problems which the patient presents with. During the period a pair of examiners will observe the candidate. In this section the candidates will be assessed on the following areas:

Interviewing Skills

- Introduces one self. Listens patiently and is polite with the patient.
- Is able to extract relevant information.

Clinical Examination Skills

- Takes informed consent
- Uses correct clinical methods in a systematic manner (including appropriate exposure and re-draping).

Case Presentation / Discussion

- Presents skillfully
- Gives correct findings
- Gives logical interpretations of findings and discusses differential diagnosis.
- Enumerates and justifies relevant investigations.
- Outlines & justifies treatment plan (including rehabilitation).
- Discusses prevention and prognosis.
- Has knowledge of recent advances relevant to the case.
- During case discussion the candidate may ask the examiners for laboratory investigations which shall be provided, if available. Even if they are not available and are relevant, candidates will receive credit for the suggestion.

FORMAT OF SHORT CASES

There will be a structured oral examination of 40 minutes duration (10 minutes for each case) based on one unseen case and the three selected fully documented cases.

Format of Documented Clinical Cases in FCPS Prosthodontics

Oral Examination of the Documented Clinical Cases

- Every candidate must submit personally treated seven documented complex restorative cases at least four weeks before practical portion of FCPS (Prosthodontics) examination. These clinical cases should demonstrate advance multidisciplinary management approach at specialist level.

- The submitted 7 fully documented cases will be reviewed by the examination panel prior to the oral examination. 3 of the 7 cases shall be selected for the oral examination of the clinical case histories.
- There will be a structured oral examination of 30 minutes duration (10 minutes for each case) based on the selected fully documented cases. This examination will be an assessment of the candidates understanding of all aspects of the cases to which the submitted documentation refers.

Criteria of Documented Clinical Cases

- The candidates have to submit 7 fully documented cases from the following 6 types of categories, with minimum one and maximum two cases from the selected category.
 - Management of edentulous case with or without Implant.
 - A partially dentate case managed with Removable Cast partial Denture.
 - Minimum of 8 units fixed Restorative case on natural teeth or Implants.
 - Management of patient in need of Maxillofacial Prosthesis.
 - Management of patient with Temporomandibular disorders.
 - Management of patient in the esthetic zone.
- In each of the Clinical case, treatment portion which is within the candidate's specialty should have been carried out by the candidate him/herself. However, other aspects of the treatment where referral is required, should not necessarily be done by the candidate personally, but candidate should have:
 - Substantial input into the treatment plan and each aspect should be documented briefly.
 - Awareness of the potential outcomes and cost effectiveness of the various options available & applied.

Scale of Marks and Descriptors

- The marks awarded in this section will relate to the
 - Quality of the documented records
 - The variety of the cases treated
 - The various techniques used for the execution of treatment plan.
 - The cost effectiveness of the outcome of treatment plan followed and quality of defending arguments by the candidate.
 - The objective assessment of the prognosis of the case with suitable reflection and reference to the literature.
 - Various treatment options identified and relative awareness of the potential outcomes related to each.
- The following scale of marks and descriptors is used for documented clinical case components of the examination:

GRADE	DESCRIPTION	DETAILED DESCRIPTION
4	EXCELLENT	IMPRESSIVE CANDIDATE. WELL-INFORMED, JUSTLY CRITICAL. GOOD DECISION-MAKING SKILLS. JUSTIFIES APPROACHES WELL.
3	GOOD	REASSURINGLY SOUND, RATHER THAN IMPRESSIVE. ABLE TO JUSTIFY ONLY SOME APPROACHES WELL, BUT MOST APPEAR SENSIBLE ADEQUATE DECISION-MAKING SKILLS.
2	INADEQUATE	EXAMINER IS UNCOMFORTABLE WITH CANDIDATE'S ADEQUACY. NOT MUCH JUSTIFICATION OF APPROACHES. DECISION MAKING AND OTHER SKILLS TESTED ARE UNACCEPTABLE.
1	POOR	QUESTIONABLE APPROACHES, SOMETIMES NEI THER JUSTIFIABLE NOR JUSTIFIED. POOR DECISION MAKING. POTENTIALLY RISKY IN PRACTICE.

All of the documented clinical cases will be examined by two examiners, who will each award a mark independently using the marking scale above. **Examiners are advised not to ask about the supervisor's identity and center for training from the candidates.**

General Criteria/Guidelines for The Documented Clinical Cases

- Each of the 7 fully documented cases should be submitted electronically to the e-log of CPSP Examinations. Department will provide full instructions on how to make these submissions. The cases cannot be amended once submitted. However, the amendments in the quality of records and the critical appraisal can be allowed and resubmitted only once after the failed attempt.
- The candidate's name & training Centre must not be stated on any part of the material submitted, and the patient's address should not be referred to in the personal details.
- Illustrations and Radiographs should be clear and interpretable and inserted at appropriate position relevant to the text. Photographs should not be photo shopped and preferably in JPEG format.
- Guidance on the format for documented clinical cases be accessed on the College website. Candidates shall be strongly advised to comply with those guidelines.
- Candidates primary roll number (The roll number given to the candidate on first application for practical examination) would be considered as the identification code for future examinations in the clinical cases.
- The clinical cases will be reviewed by the Examination Section prior to the examination to ensure that the inclusion criteria are appropriate for each submission. Candidates will require to confirm at the beginning of each case report that they have carried out the treatment stated, adhered to the word count. Failure to follow the requirements will result in rejection of the application for the examination & return of the incomplete documentation.
- Study casts should be brought by the candidate on the day of the examination articulated wherever it is considered appropriate. Each of the fully documented clinical case and associated illustrative material (e.g., radiographs, study casts etc.) should be identifiable Each submitted case should be numbered as follow:
 - Documented Clinical Case 1
 - Documented Clinical Case 2
 - Documented Clinical Case 3
 - Documented Clinical Case 4

- Documented Clinical Case 5
- Documented Clinical Case 6
- Documented Clinical Case 7
- The candidate's name or initials must not be shown on the material. Only the patient's initial, gender and date of birth should be shown. The addresses of the candidate and the patients should not be indicated. Each fully documented clinical case should give a brief description of the relevant history and the results following clinical examination and investigations adopted. The candidate should also give his/her assessment of the diagnostic features and discuss the treatment plan advised. Emphasis should be placed on the careful & complete assessment of the patient's needs in the light of all relevant circumstances. The candidate should refer to any further investigations and/or treatment which may be required and comment on any special difficulties which necessitated a modification of the initial treatment plan. Each case should end with an appraisal of the outcome of the treatment together with a discussion of whether the objectives were fully achieved. Candidates should also indicate if the results provided useful lessons which might influence the management of similar problems in the future.
- There is a word limit of 1500 on each case. Captions accompanying photographs, radiographs will not be included in the word count.
- The clinical case should be accompanied by a signed statement from the supervisor responsible for the direct clinical supervision of the candidate, confirming the candidate's management of the submitted cases. The statement must not be enclosed with the clinical cases, so as not to disclose the supervisor's detail to the examiner panel.
- A Declaration form must be completed for each documented clinical cases presentation and inserted into the patient's folder. This includes the statement 'I confirm that I have personally carried out Prosthodontic treatment for this patient and I have not plagiarized from any source'. Candidates presenting for this examination will be subject to the relevant plagiarism regulations of the College.

- Those candidates who shall pass the clinical cases, shall be exempted to reappear in the clinical cases segment of examination, except from the segments in which he/she is unsuccessful.
- Clinical cases defense shall replace 4 short cases of the existing examination pattern and shall be applied on the candidates from March 2024 examinations.

LEARNING RESOURCES

Suggested Journals:

- Journal of Prosthetic Dentistry
- Journal of Prosthodontics
- Journal of Oral Rehabilitation
- Dental Update
- British Dental Journal
- Journal of Pakistan Prosthodontic Association
- Pakistan Oral and Dental Journal

Suggested Books:

- Removable Prosthodontics
 - Removable Complete Prosthodontics
 - Prosthodontic Treatment for Edentulous Patients: Complete Dentures and Implant supported Protheses by George Zarb
 - Textbook of Complete Dentures by Arthur O Rahn
 - Essentials of Complete Denture Prosthodontics by Sheldon Winkler iv. Designing Complete Dentures by A.R.Macgregor
 - Removable Partial Prosthodontics
 - McCracken's Removable Partial Prosthodontics by Alan B. Carr
 - Stewart's Clinical Removable Partial Prosthodontics by Rodney D. Phoenix iii. Designing Partial Dentures by A.R.Macgregor
- Fixed Prosthodontics
 - Contemporary Fixed Prosthodontics by Stephen Rosenstiel
 - Fundamentals of fixed prosthodontics by Herbert T Shillingburg
- Occlusion
 - Functional Occlusion from TMJ to Smile Design by Peter Dawson
 - Management of Temporomandibular Disorders and Occlusion by Jeffrey Okeson
- Science of Dental Materials
 - Phillips' Science of Dental Materials by Kenneth J. Anusavice
 - Applied Dental Materials by John F. McCabe

- Temporo-Mandibular Disorders
 - Management of Temporomandibular Disorders and Occlusion by Jeffrey Okeson
- Implant Prosthodontics
 - Dental Implant Prosthetics by Carl Misch
 - Misch's Contemporary Implant Dentistry by Randolph R. Resnik
 - Fundamentals of Implant Dentistry: Prosthodontic Principles by John Beumer III
- Maxillofacial Prosthodontics
 - Clinical Maxillofacial Prosthetics by Thomas Taylor
 - Maxillofacial Rehabilitation: Prosthodontic & Surgical Management of Cancer-Related, Acquired & Congenital Defects of the Head and Neck by John Beumer III
- Gerodontology
 - Textbook of Geriatric Dentistry by Poul Holm-Pedersen
 - Prosthodontics for the Elderly by Ejvind Budtz-Jorgensen
- Esthetic Dentistry
 - Ronald E. Goldstein's Esthetics in Dentistry by Ronald E. Goldstein
 - Contemporary Esthetic Dentistry by George Freedman
 - Esthetic Dentistry: A Clinical Approach to Techniques and Materials by Kenneth Aschheim
- Digital Dentistry
 - Fundamentals of CAD/CAM Dentistry by Jonathan L. Ferencz
- Maxillofacial Radiology
 - Maxillofacial Imaging, Larheim, Tore A., Westesson, Per-Lennart A.
 - Andreas Fuhrmann Dental Radiology 1st Edition.

NOTE: The resident is required to fill a self-explanatory 'feedback proforma' at the end of the examination.

THE COLLEGE RESERVES THE RIGHT TO ALTER/AMEND ANY RULES/REGULATIONS

Any decision taken by the College on the interpretation of these regulations will be binding on the applicant.

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