



# THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

## 香港牙科醫學院

*(Incorporated with Limited Liability)*

**A Constituent College of the Hong Kong Academy of Medicine**



### Specialty Exit Examination

in

### Paediatric Dentistry

(Revised version – July 2023)

2023 Version

#### A. General Information

- All sections of the examination will be conducted in the English language.
- Candidates will be graded as having passed or failed separately in the written, case review and logbook sections. A candidate who fails a section of the examination may repeat that failed section at a subsequent examination scheduled by the College.

#### B. Written Section

There will be two, 3 hours written paper. The purpose of this section is to determine the candidate's knowledge and understanding of special topics important to the clinical practice of Paediatric Dentistry, as well as the candidate's recognition and decision-making process in relation to various clinical conditions, diagnosis, treatment planning and patient care.

#### C. Case Review Section

There will be an oral examination of 60 minutes duration based on four fully documented case histories. The purpose of this section is to enable the candidate to demonstrate a high standard of diagnosis, treatment planning, and quality of case in these cases.

The cases must be patients that have been treated by the candidate in the last 3 years of training before the examination. The cases submitted must demonstrate

high quality clinical care and documentation. Each of the case histories must be written in English, typed and separately bound. Duplicate copies of each complete case history are required, one copy being submitted to the College at the time of making the application for entry to the exit examination, the second being retained by the candidate for reference. Radiographs, photographs, transparencies and any other presentation aids should be provided where appropriate and these should be clearly described in the text. Study casts (if required) should be brought by the candidate on the day of the Examination.

The candidate's name or initials must NOT be shown on the material. Only the patient's initial, sex and date of birth should be shown. Each fully documented case history 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 and complete assessment of the patient's needs in the light of all relevant circumstances. The candidate should refer to any special difficulties which necessitated a modification of the initial treatment plan. Each case history 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.

The word limit for each documented case is 3500, with no more than 10 references. There is no limit on the number of figures used.

The case histories should be accompanied by a signed statement from the clinician responsible for the direct clinical supervision of the candidate, confirming the candidate's management of the submitted cases. Any treatment procedures that were performed by another clinician should be indicated. This statement should be separately submitted in a sealed envelope. The clinical case histories will be available for collection following the adjudication and candidates should note that this is their personal responsibility.

The four cases must be selected as follows:

- i) At least one case should be selected from each division.
- ii) At least three of the five categories of patient care should be selected.

## ***Division I***

### **Category 1 – Trauma**

The case should have required treatment of a primary or permanent incisor tooth, with a minimum of 6 month follow-up. The trauma to a primary incisor should be a crown fracture involving the pulp, or a displacement. The treatment of a permanent incisor should involve an avulsion, a crown fracture exposing the pulp, a root fracture or a displacement.

### **Category 2 – Surgical**

The case should involve a minor oral surgery which was performed after the raising of a mucoperiosteal flap under general or local anaesthesia. A minimum of 6 month follow up with proper post-operative records is needed.

### **Category 3 – Interceptive treatment of a malocclusion**

The case should have involved the active treatment of a malocclusion. The minimum follow up period is 3 months after active treatment.

## ***Division II***

### **Category 4 – Restorative therapy under general anaesthesia or sedation**

The case should have required restorations of extensive carious lesions performed under GA or sedation. The preventive regimen for the patient must be included. A minimum of 6 month follow up with proper post-operative records is needed.

### **Category 5 – Restorative therapy for a child with special needs**

The case must document comprehensive restorative care provided for a child who had a significant medical or behavioural problem under local anaesthesia. Post-treatment records are required at least 6 months after completion of all treatment.

## **D. Review of Log Book**

The Log Book must consist of all cases of patients, other than those documented cases used in Section C above, that have been treated by the candidate during the entire higher training period.

All cases should be grouped under one of the following categories:

Category I – Trauma, Surgical and Endodontics

(minimum no. of cases required = 30)

Category II – Behavioral Management

(minimum no. of cases required = 40)

Category III – Interceptive Orthodontics and Occlusion

(minimum no. of cases required = 20)

Category IV – General Anaesthesia and Monitored Anaesthesia Care

(minimum no. of cases required = 15)

Total minimum no. of cases from all 4 categories = 105

Further elaboration of the categories:

Category I – Dental trauma management, surgical management such as surgical removal of supernumerary tooth/teeth, endodontic management of immature permanent teeth such as apexification and apexogenesis

Category II – Behavioural management including the use of nitrous oxide sedation (relative analgesia).

Category III – Interceptive orthodontics and management of occlusion such as ectopic eruption of first molars, infra-occlusion etc.

Category IV – Management of child/special need patient under General Anaesthesia or Monitored Anaesthesia Care

Some cases may be classified under more than one category, but only one category can be chosen. Entry of any case in more than one category would not be accepted. For example, a dental trauma case treated under general anaesthesia may be classified under category I or category IV. The candidate must choose either one or the other category but not both.