



THE COLLEGE OF DENTAL SURGEONS OF HONG KONG

Guidelines for Accreditation and Training in Endodontics

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INTRODUCTION

Endodontics is that discipline of Dentistry which covers the study of the form, function and health, injuries to, and diseases of the dental pulp and periradicular tissues, their prevention and treatment. The clinical practice of Endodontics deals with the diagnosis, treatment, and prevention of pathological processes in the dental pulp and of consequent changes in the periradicular tissues originating in the root canal system of the tooth. It includes the aetiology and diagnosis of dental pain and diseases and the restoration or replacement of endodontically treated teeth.

A registered specialist in Endodontics, i.e. Endodontist, should have the following characteristics: he/she has undergone training and assessment in Endodontics; the major part of his/her practice is in the practice of Endodontics; and he/she is currently of good standing in the specialty of Endodontics.

(A description in Chinese is given in Appendix I.)

It is the view of our sub-committee that Endodontics fulfilled **all** nine criteria for recognition as a specialty as laid down by the Academy:

a) that the specialty is needed in Hong Kong

There are currently three private dentists who dedicated their practice to this branch of Dentistry, two of whom have been granted the use of the specialist title of Endodontist by the Dental Council of Hong Kong and the other is a Fellow of the Hong Kong Academy of Medicine. This proves that the specialty of Endodontics is needed and is viable in Hong Kong. Patients suffering from pulp or periradicular diseases and those with failed previous treatment need Endodontists who are expert in managing complex root canal anatomy and lesions in periradicular tissue.

b) that the specialty is new and different to existing specialties

Endodontics is very different from all other existing specialties in dentistry, namely Paediatric Dentistry, Orthodontics, and Oral and Maxillofacial Surgery.

- c) that the knowledge base and practice involved are broad enough to constitute more than a subspecialty within another specialty*

The knowledge base and practice of Endodontics is broad enough for the University of Hong Kong to offer two-year full time postgraduate Master's Degree training programmes and an Advanced Diploma for higher training in the specialty. There is a move to a three-year study in the United States and Australia.

- d) that such specialty exists in another country*

Endodontics exists as a distinct discipline in many dental schools, often in its own department. Endodontics is recognised by the Royal Colleges in the U.K., Canada and Australia to be a special field in Dentistry. The United States has a specialty board for Endodontics.

- e) that the specialty is recognised at the institutional level*

At present, academic appointments in the field of Endodontics within the University of Hong Kong is placed within the teaching area of conservative dentistry. But it is well recognised in the institution that Endodontics is a distinct entity insofar as patients requiring such treatment are referred to an Associate Professor who possesses higher training in the specialty. The University of Hong Kong offers training leading to the degree of MDS (Endodontics). There is an appointment as Honorary Consultant in Endodontics in the Hospital Authority of Hong Kong. In the Government Dental Services, there is one Acting Senior Dental Officer who has higher training and, within the Government Dental Services, provides a referral specialist service.

- f) that sufficient specialists in that specialty already exist in Hong Kong to make the specialty viable*

There are currently 6 specialists who had received formal training in Endodontics, three of whom are Fellows of the Hong Kong Academy of Medicine. There is one professional society for the Specialty of Endodontics. The proposed training centre for Endodontics is currently the Faculty of Dentistry of the University of Hong Kong.

- g) that the specialty is viable in private practice*

As mentioned earlier, there are currently two dentists who devote their practice to the specialty and both have been granted the permission by the Dental Council of Hong Kong the use of title as Endodontist. Internationally, most Endodontists work in private practice limited to the specialty.

- h) that the specialty has the administrative support of one or more constituent Colleges of the Academy*

The specialty of Endodontics has the administrative support of the College of Dental Surgeons.

- i) that the major part of the postgraduate training and assessment required is unique and different to existing specialties*

The specialty of Endodontics has a unique training and assessment programme within the College of Dental Surgeons of Hong Kong. In the United States and Canada, there are the American Board of Endodontics and the Royal College of Dentists of Canada, respectively, providing unique assessment for specialists in the field of Endodontics. The Royal Australasian College of Dental Surgeons also offers an exit Fellowship in Endodontics.

1. INSTITUTIONAL RELATIONSHIPS AND COMMITMENTS

Basic and Higher Specialist Training in Endodontics in Hong Kong should be, at present, a joint endeavour between the Faculty of Dentistry, the University of Hong Kong and the Prince Philip Dental Hospital. Other training centres may be identified, in the Government and Private Sectors, by the Specialty Board in Endodontics.

Approved training centres should demonstrate a commitment to the programme with appropriate documentary evidence. Respective responsibilities including the provision of teaching staff, the contribution of each institution, the period of assignment and the financial commitment should be identified.

The programme should be recognized within the administrative and clinical structure of the institution and should be consistent with that of other internationally recognized programmes in the specialty of Endodontics.

Hospitals and Centres sponsoring basic and higher specialist training in Endodontics must be accredited by the Education Committee of the College of Dental Surgeons of Hong Kong.

2. CURRICULUM AND TRAINING REQUIREMENTS

The specialty training programme in Endodontics should encompass a minimum duration of 6 years, with an intermediate examination after the equivalent of 4 years full time training, followed by a 2-year higher specialist training programme leading to the Exit Examination.

The programme should comprise of a comprehensive study of applied clinical sciences in a graduated sequence of clinical training appropriate to Endodontics.

2.1 CURRICULUM

Curricula should be constructed on the basis of the existing BDS undergraduate course in Hong Kong and additional requirements based upon the Intermediate Examination, as well as the documented requirements of the Exit Examination.

The above concept is based on the following philosophy:

That the BDS or an approved equivalent is the basic qualification allowing entry into the approved basic training programmes in the specialty of Endodontics.

That admission to the Higher Specialist Training in Endodontics should be based on successful candidature at the Intermediate Examination.

That an integrated education process is essential, and which progresses from the undergraduate BDS level through to graduate level. It must be designed to provide adequate basic then higher specialist level training.

Curricula should be reviewed and revised if these current philosophies or requirements are changed.

2.2 SEQUENCE OF TRAINING

1. A basic dental degree from the University of Hong Kong or an equivalent institution approved by the College will be the entry requirement for the Basic Training in Endodontics.
2. In year 1 of the training programme, the candidate is required to gain appropriate experience in general/hospital dentistry at the University of Hong Kong, Prince Philip Dental Hospital, the Hong Kong Government Dental Services, or other supervised practices.

3. During year 1, the candidate is required to attend lectures, specific or continuing education courses and conferences of no less than 30 CME hours. The candidate must submit evidence of these hours to the Specialty Board in Endodontics before admission to year 2 of the training programme.
4. Year 2 to year 4 should be a full time (or full time equivalent), structured, institute based training programme(s) in Endodontics in approved training institutions.
5. Before entry into the Higher Specialist Training programme, the candidate must have successfully completed the Intermediate Examination in Endodontics of the College of Dental Surgeons of Hong Kong (which may be a conjoint examination with the Membership in Restorative Dentistry, with Endodontics as the selected field of examination, of the Royal College of Surgeons of Edinburgh) or an examination mounted by the College of Dental Surgeons of Hong Kong.
(Appendix II)
6. Year 5 and year 6 of the programme should be a structured advanced training period in an approved programme at a training institute or approved practice in conjunction with a training institute. Candidate must be a registered dentist in Hong Kong prior to joining Years 5 and 6 of the programme.
7. Before accreditation as a trained specialist, the candidate, having fulfilled all other requirements of specialty training as determined by the Specialty Board in Endodontics, must successfully complete an Exit Examination in Endodontics conducted by College of Dental Surgeons of Hong Kong.
8. Final exit examination *(Appendix III)*.

2.3 BASIC TRAINING PROGRAMME IN ENDODONTICS

The basic training must be acquired with institutions and units approved for the purpose. Sound experience in basic Endodontic procedures and in treatment planning must be demonstrated by successful candidature at the Intermediate Examination (*Appendix II*).

Candidature for the Intermediate Examination is dependent on evidence that the candidate will have completed a period of three years full-time training (or its equivalent) in approved training institutions. The total period for Basic Training should not normally exceed six years.

2.4 HIGHER SPECIALIST TRAINING PROGRAMME IN ENDODONTICS

The programme must provide a complete, progressively graduate sequence of experience of advanced Endodontic procedures.

In addition to providing the appropriate teaching and supervision, a sufficient number of patients with a sufficient variety of problems to give trainees exposure to and competence in the full scope of Endodontics must be provided.

Completion of training must be demonstrated by successful candidature at the exit examination (*Appendix III*).

3. ACADEMIC DEVELOPMENTS AND RESEARCH

It is essential to maintain a University link within the training programme in Endodontics. This may include the acquisition of a postgraduate master degree and/or advanced diploma in Endodontics as an option within the programme. This degree course should be structured to include the basic and applied clinical science components as well as research methods; as is currently available within the University.

There should also be a significant commitment to research methods and activities including experimental studies, investigative laboratory and clinical research and statistical analyses of clinical materials, whenever possible.

4. PROGRAMME SUPERVISION AND STAFFING

The Supervisor of training must be an Endodontist nominated by the Specialty Board in Endodontics and appointed by the Education Committee of the College of Dental Surgeons of Hong Kong.

The Supervisor must have sufficient authority and time to fulfil administrative and teaching responsibilities in order to achieve the educational goals of the programme. In addition, it is the Supervisor's responsibility to ensure that trainees completing the programme have achieved the standards of performance established for the programme and for practice in the specialty.

The major components of the specialty instruction and supervision may be delegated to accredited trainers. In addition, it is strongly recommended that individuals, who provide instruction and supervision specific to any other specialty area, should be fully qualified in that specialty.

- 4.1** The supervisor must ensure that the following responsibilities are properly carried out:
- a. Selection of trainees.
 - b. Development and implementation of the curriculum.
 - c. Ongoing evaluation of programme content, faculty teaching and trainees' performance.
 - d. Programme administration.
 - e. Planning and operation of facilities used in the educational programme.
 - f. Evaluation of supervision and activity of trainees in affiliated institutions.
 - g. Maintenance of records related to the educational programme.

- h. Responsibility for overall continuity and quality of patient care.

4.2 The number and time commitment of the trainers should be sufficient to ensure:

- a. Continuity of instruction to trainees.
- b. Exposure of trainees to a broad range of diagnostic and treatment modalities.
- c. Participation of trainers in all teaching activities, including conferences and seminars.
- d. Review of patient evaluation, treatment planning, management, complications and outcomes of all cases treated by the trainees.
- e. Adequate supervision of all clinical activities. The degree of supervision should be related to the aptitude and experience of the trainees. In the early years of higher training, trainees should be under the immediate supervision of the trainer on a minimum of a one to two basis.

4.3 Supervisors, as well as appointed trainers, should have a real and demonstrated interest and competence in teaching and practising clinical endodontics. they should also provide the necessary time and effort to the educational process, and set an example by engaging scholarly pursuits such as (1) participation in their own continuing education; (2) participation in national, regional or international professional bodies in Endodontics; (3) presentation and publications of scientific studies; and (4) demonstration of an active interest in research related to Endodontics.

4.4 Instruction and supervision within the Specialty of Endodontics must be conducted by individuals who are fully qualified and accredited.

Those who are appointed as trainers must have adequate experience and demonstrated competence in clinical Endodontics for which the appointment is made. They should normally be Fellows of the Hong Kong Academy of Medicine or persons of comparable calibre and standing in the specialty.

The teaching and supervisory staff should have specific and regularly scheduled sessions and be available for emergency consultation. There should be regular sessions for presentation of cases and participation in peer review.

It is recommended that the performance of trainers be evaluated annually. While the Supervisor and the Specialty Board in Endodontics must be responsible for teaching staff evaluation, it is highly desirable that trainees also participate in this process.

- 4.5** The policy regarding privilege and responsibility for trainees in the Higher Specialist Training programme of Endodontics parallels that enunciated by the other Colleges of the Academy of Medicine, namely:
- a. Each trainee in the higher training programme will normally be supervised in an approved training centre in Endodontics. However, with the recommendation of the Specialty Board in Endodontics and approval by the Education Committee, 2 years of supervised practice is also acceptable.
 - b. In a supervised practice situation, the trainer and trainee need not work in the same practice. There will be regular contacts between the trainer and the trainee to provide training, treatment planning, treatment evaluation and advice on patient care, practice management and professional development. The trainee should be attached to an approved training centre for at least three sessions per week.
 - c. The Supervisor will make regular, not less than once every four months, practice visits to the trainee's practice to assess and then give feedback on the practice profile, record keeping and management.
 - d. Supervision and increasing responsibility of trainees should extend to all areas of Endodontics, including multidisciplinary treatment undertaken in collaboration with colleagues.

- e. Trainees in Endodontics should only be allowed privileges commensurate with their level of training and personal clinical skills.
- f. Trainers must at all times ensure that trainees are not undertaking, at any level of supervision, activities that are beyond their level of competence.
- g. Each trainee in the higher training programme are required to attain a minimum of 30 CME points in Endodontics per year.

Responsibility for the activities of trainees should be recommended by the Supervisor, based on the following criteria:

- 1. Performance in the preceding period of training
- 2. Documented evidence of training to date
- 3. Competence in clinical judgement and techniques
- 4. Personal reliability and responsibility

5. PHYSICAL FACILITIES AND RESOURCES OF AN ACCREDITED TRAINING UNIT

Institutional facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfil the needs of the educational programmes as specified in these guidelines. These include, but are not limited to, facilities and personnel resources for trainees to carry out their patient care and personal educational responsibilities, administrative offices, an adequate library providing access to standard reference texts and current journals, and sufficient space for instruction.

- 5.1 Clinical facilities must be properly equipped for performance of all out-patient procedures relevant to Endodontics. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

5.2 There must be an adequate supply of endodontic patients to ensure adequate exposure of trainees to a range of diagnostic and treatment modalities as prescribed by the Specialty Board in Endodontics.

5.3 Educational Resource

It is a commitment of every accredited training unit to contribute fully to the development of an Educational Resource Data Base. This will include:

- a. Documentation and periodic review of all facilities and resources.
- b. Continued development and ready access to advanced educational material including clinical management and techniques.
- c. Availability of relevant material from special courses and conferences.
- d. Periodic evaluation of the log of clinical experience.
- e. Library.

6. CONTINUING EVALUATION OF TRAINEES

Trainees' performance must be formally evaluated and documented in all aspects of the programme. There must be documentation of continuous evaluation and advancement of trainees. The system should assure, through the supervisor of training, that each programme:

- a. Progressively assesses the accumulated log of activities, maintained by all trainees in a Log Book.
- b. Periodically, but at least biannually, evaluates the knowledge, skills and professional growth of its trainees, using appropriate criteria and procedures.
- c. Provides to trainees an assessment of their performance, at least biannually. More frequent evaluations and documentation of such evaluation should be made if it is

determined a trainee may not be properly motivated or eligible for advancement or retention in the programme.

- d. Higher trainees to undertake more complex cases only on the basis of an evaluation of their readiness.
- e. Maintains a personal record of evaluation for each trainee which is accessible to the trainee and available for periodic review by Specialty Board in Endodontics of the College of Dental Surgeons of Hong Kong.

7. ROTATIONS

The concept of training rotations is encouraged on the basis of :

- a. extending the clinical training and experience of trainees as defined by the minimum clinical requirements, especially where specific strengths or deficiencies are identified within respective programmes,
- b. promoting and developing consistent standards and co-operation between programmes, and
- c. developing international relationship and recognition.

Rotations between accredited programmes, undertaken locally or overseas, are allowable upon prior approval of the Specialty Board in Endodontics. The period of rotation should normally not exceed six months. The trainee must submit a written report on the activities and achievements made at the conclusion of the rotation period.

8. REVIEW

Each programme must regularly evaluate the degree to which its goals are being achieved through internal assessment.

It is also essential that each training centre submits adequate documentation of organisational and training commitments and trainee status and experience to the Specialty Board in Endodontics.

Appendix I

牙髓治療科 (The specialty of Endodontics)

牙髓治療科是專門研究牙髓、牙髓病及根尖周病變，並提供預防、診斷和治療該牙病及其相關的後遺症的口腔治療專科。註冊牙髓治療科專科醫生須接受相關之專業訓練及通過考核，其亦須具備及保有良好的專業聲譽，並以牙髓治療為其主要臨床工作。

Appendix II

Scope of the Intermediate Examination in Endodontics

The aim of the basic specialist training in Endodontics is to provide the candidate with general practice and clinical experience in Endodontics, and exposure to other specialties having a close interaction with the practice of Endodontics. The Intermediate Examination in Endodontics is the major tool to assess the performance and capability of trainees after the basic specialist training programme.

No syllabus can be comprehensive and the outlines which follow are not intended to be prescriptive or exhaustive. The trainees are expected to be aware of recent developments in the field of Endodontics. Familiarity with the published literature pertinent to all aspects of Endodontics is essential.

The scope of the examination is broadly divided into the following sections:

a. General Dentistry

1. Diagnosis and treatment planning. A detailed knowledge of diagnosis and treatment planning for patients suffering from odontogenic pain or pulpal and periradicular pathosis.
2. A detailed knowledge of and experience with appropriate restorative techniques for endodontically treated teeth.
3. A working knowledge and experience of periodontal therapy, prosthodontics, implant therapy, oral medicine, pathology, minor oral surgery and maxillofacial surgery.
4. A detailed knowledge of dental radiography including a detailed knowledge of potential hazards and appropriate safety measures and legislation.

5. A detailed knowledge of preventive dentistry including the epidemiology and aetiology of dental caries and the prevention and management of periodontal disease. A working knowledge of health education and a detailed knowledge of dental health education and promotion.
6. A working knowledge of dental sedation and anaesthesia.
7. A working knowledge in dental restorative procedures including multidisciplinary cooperation.
8. A working knowledge of research methodology (including epidemiology and biostatistics), audit, quality assurance and quality standards.
9. A working knowledge of current ethics and legislation of relevance to Endodontics and the preparation of an expert witness report.

In conclusion, all candidates should have good knowledge of multidisciplinary relations including orthodontics, prosthodontics, periodontics, oral and maxillofacial surgery and Endodontics. Ability to prepare accurate and well presented reports for dento-legal procedures is also a requisite.

b. Principles and practice of Endodontics

Examinations may include written papers, laboratory, clinical and oral examinations. Candidates will be required to satisfy the examiners in all of the following areas.

1. Pulp biology
2. Diagnosis of pulpal and periradicular conditions, including orofacial pain
3. Root Canal Therapy

Candidates should be familiar with a full range of clinical techniques, materials, and procedures of conventional endodontic treatment.

4. Post-Endodontic Restorations

Candidates should be familiar with a full range of techniques for the restoration of endodontically treated teeth. Knowledge and experience in multi-disciplinary approach is necessary.

5. Management of endodontic failures

Candidates should be familiar with the reasons, aetiology and diagnosis of failed endodontic treatment, and the procedures for its correction. This includes the practice of orthograde retreatment and surgical endodontics. A working knowledge of replacement for teeth extracted because of endodontic failures is also required.

6. Dental trauma

Candidates should be familiar with the pulpal consequences of all types of dental trauma, and the management for each of them. A multi-disciplinary approach is encouraged.

7. Multidisciplinary approach to patient management

Candidates should be familiar with the endodontic therapy incidental to other dental intervention such as management of periodontal-endodontic lesions, interface with orthodontic and prosthodontic treatment, and the installation and restoration of implants as a result of dental extractions.

Appendix III

Specialty Exit Examination in Endodontics

The candidate must demonstrate in-depth knowledge, understanding, experience and competency required at a specialist level. Topics in the following areas are outlined to assist candidate in seeking training, experience and preparation for the examination.

A. Pulp Biology

Pulp anatomy and physiology

Ageing

Neuroanatomy, neurophysiology and pain perception

Revascularisation and regeneration

B. Non-surgical Root Canal Treatment and Retreatment

Pulpal and periradicular diseases

Differential and diagnosis of orofacial pain

Management of odontogenic pain

Root canal therapy and orthograde retreatment

Related dental materials and technology

Diagnosis and management of failures

C. Surgical Endodontics

Principles of surgical procedures

Periradicular surgery

Related dental materials and technology

D. Traumatic Dental Injuries

Dental trauma and its management

Management of cracked tooth

E. Other related therapies

Restoration of endodontically treated teeth

Dental resorption

Implant treatment (installation and restoration)

Related dental materials

Principle of tissue engineering

The exit examination will consist of 4 sections:

1. Log Book
2. Academic Section
3. Clinical Examination
4. Log Diaries (Documented Case Histories)

An oral examination will be held on all of the above sections. Candidates shall not be examined by their respective designated supervisor/trainer. Examiners may be invited from cognate specialty of an Academy or College abroad. All sections of the examination will be conducted in English language.

Candidates will be graded as having passed or failed separately in the section of log book, academic section, clinical examination and log diaries (documented case histories). A candidate who fails 2 or less sections of the examination may repeat that failed section(s) while retaining the passing mark in other section(s) at a subsequent examination scheduled by the Specialty Board and approved by the College Council. If the repeat examination is failed, a new diet of examination has to be taken in whole.

1. Log Book

The candidate must submit an endodontic training Log Book (of no less than one hundred cases treated during the candidature as a higher trainee, each with a summary of one to two A4 pages in length, with printed radiographs) four weeks prior to the Oral Examination dates. The purpose of this section is to enable the candidate to demonstrate the varieties of clinical cases that s/he has managed.

The cases should spread and be categorized into one of the following broad categories:

1. Non-surgical Root Canal Treatment
2. Non-surgical Root Canal Retreatment
3. Surgical Endodontics
4. Management of Dental Trauma
5. Multidisciplinary treatment that involves endodontic therapy
6. Miscellaneous (including but not limited to Vital Pulp Therapy, Regeneration, Auto-transplantation)

Candidates shall follow the format of the Log Book provided by the Specialty Board. The candidate will be asked to describe, explain and discuss contents such as (but not limited to) the initial examination, diagnosis, treatment planning, treatment outcome, treatment alternatives and restorative management of cases outlined in the Log Book during oral examination, which will last for 60 minutes.

2. Academic Section

This section is to assess the candidate's knowledge of clinical Endodontics at an advanced level, and related dental disciplines. The candidate is required to submit a written essay (maximum 2500 words in length excluding the list of references), the topic of which would be proposed by candidate about 6 months in advance for approval by the Specialty Board. The essay should include updated dental literature and textbooks.

An oral examination will be held to assess in greater depth the details of the submitted essay. The candidate will be asked to make a 5-minute presentation of the opinion and knowledge associated with the topic, i.e. content of the essay, before the viva voce examination. This oral examination will be 30 minutes in duration, excluding the presentation.

3. Clinical Examination

This section is to evaluate the adequacy and readiness of the candidate to handle “unfamiliar” clinical problems in a systemic and logical manner in Endodontics. This will be in the form of an oral examination of 60 minutes duration (30-minute preparation and

viewing of materials, and a 30-minute oral examination) on unseen clinical cases provided by the Examiners.

4. Log Diaries (Documented Case Histories)

There will be an oral examination of 60 minutes duration based on twenty documented case histories – these 20 cases must differ from those included in the Log Book. These patients must have been treated by the candidate during higher training period. The scope of treatments must be chosen from the categories listed in the next paragraph, demonstrating the breadth of diagnostic and clinical skills and the quality of care of patients in the candidate's practice in the specialty. These cases must not have been presented before in any form as part of any other open examination. Each case must incorporate a post-treatment review of no less than six months.

The twenty (20) case reviews should comprise all, and spread among the following broad categories:

1. Non-surgical Root Canal Treatment
2. Non-surgical Root Canal Retreatment
3. Surgical Endodontics
4. Management of Dental Trauma
5. Multidisciplinary treatment that involves endodontic therapy

The original patient records should be the basis of each Log Diary (Documented Case Histories) submitted. The candidate must be able to produce all original radiographs and, where appropriate, study casts upon request for verification. Neither the candidate's name or initials, nor any patient's particular should be shown on the materials presented. Only the patient's initials, gender and date of birth should be shown.

All written materials – Log Book, Written Essay and Log Diaries – must follow the format provided by the Specialty Board. They must be written in English, typed and saved in PDF format, and submitted to College Secretariat 4 weeks (or any other date announced for that purpose) before Exit Examination. Late submission shall not be entertained.

The candidate must provide the following in the Log Diaries (Documented Case Histories):

- a. Documentation on history, diagnosis and treatment details
- b. Radiographic investigations and, where necessary, study cast analysis
- c. Photographic evidence of pre-treatment, mid-treatment (if indicated) and post-treatment phase
- d. Evaluation and monitoring of the progress and completion of treatment
- e. Clinical/radiographic result no less than 6 months after treatment
- f. Critical appraisal on treatment(s) performed (word limit 500-1000)
- g. List of references, where appropriate

A signed Declaration of Candidate and Patient should be submitted for each case. A signed statement should be sought from the trainer responsible for the direct clinical supervision of the candidate, confirming the candidate's management of the submitted cases and that the printed materials (photographs and radiographs) are a true copy of the originals. Any treatment procedures that were performed by another clinician should be indicated and acknowledged within the text of the respective case(s). The signed statement should be separately addressed to the Board of Examiners in a sealed envelope – it must be enclosed with the Log Diaries (Documented Case Histories).

(Updated Feb 2025)