



**POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO, SRI LANKA**

PROSPECTUS

**DOCTOR OF MEDICINE (MD)
AND
BOARD CERTIFICATION**

IN

RESTORATIVE DENTISTRY

(To be effective from the year 2017)

**SPECIALTY BOARD IN RESTORATIVE DENTISTRY
BOARD OF STUDY IN DENTAL SURGERY**

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This prospectus is made under the provisions of the Universities Act, The Postgraduate Institute of Medicine Ordinance, and the General By-Laws No. 1 of 2016 and By-Laws No. 2 of 2016 for Degree of Doctor of Medicine (MD) and Board Certification as a Specialist.

1. Background

Restorative Dentistry is the study, diagnosis and integrated management of diseases and conditions in the oral cavity where teeth, tooth-supporting structures and related oral tissues are revitalized for a healthy, functional dentition and for psychological and aesthetic satisfaction of the individual patient.

Course outcomes

The aim of the MD in Restorative Dentistry programme is to provide comprehensive, structured and balanced specialist training, enabling the trainees to complete the prescribed programme satisfactorily which will eventually facilitate them to undertake independent clinical specialist practice in the fields of Conservative Dentistry, Prosthetic Dentistry, Periodontology and Paediatric Dentistry.

2. Eligibility for Selection Examination

To be eligible to sit for the Selection Examination and to be selected for admission, a candidate must fulfil the following criteria:

- Hold a dental degree and registered with the Sri Lanka Medical Council (SLMC), to practice as a dental surgeon.
- Completed at least 01 year in dental practice in the government, university, armed forces or private sector at the time of closure of applications for the selection examination.

3. Number to be admitted

The number to be admitted from the candidates who shall pass the Selection Examination will depend on the requirements of the Ministry of Health and the training facilities available, as determined by the BOS. The number to be admitted each year shall be indicated in the circular/web or news paper advertisement calling for applications. The number may vary from year to year.

4. Selection Examination

To enter the training programme a candidate is required to pass the Selection Examination. The permitted number of attempts is unlimited.

The examination aims to test the knowledge of a candidate in General and Applied Anatomy, Oral & Dental Anatomy and Oral Physiology, Applied Physiology and Biochemistry, General Pathology including Microbiology. The emphasis shall be on aspects related to the above subjects, which are of importance in clinical and practical applications in the practice of the specialty of Restorative Dentistry.

4.1. Syllabus of the Selection Examination

The examination questions shall be based on the syllabus outlined below:

A. Applied Anatomy:

- Anatomy and histology of the human body
- Regional, applied and radiological anatomy of the head and neck including the brain and thorax.

B. Oral and Dental Anatomy:

- Composition, gross and minute structures of teeth and jaws
- Radiological anatomy of dental tissues and supporting structures (enamel, dentine, pulp, periodontal ligament, cementum and bone)
- Development and function of teeth and jaws, salivary glands, maxillary antrum, temporomandibular joint and other related tissues
- Aspects of embryology which are of particular importance in the practice of Dentistry.

C. Applied physiology, Oral Physiology and Biochemistry:

- Physiology of the main systems of the body
- Thorough knowledge in oral functions, composition and properties of saliva and regulation of salivary secretion including salivary reflexes
- Physiological basis of pain, with special emphasis on oro-facial pain
- Principles of nutrition and metabolism including the mechanisms of normal growth of the human body
- Body fluids
- Biochemical techniques which are commonly employed in clinical investigations aiding diagnosis of common diseases.

D. Principles of Pathology including Microbiology:

- Inflammation, degeneration, repair, hypertrophy, atrophy, hyperplasia, thrombosis, embolism, infarction, ischemia, oedema and neoplasia
- Aetiology, pathogenesis and sequelae of dental caries, periodontal disease and tooth resorption
- Principles of blood transfusion
- Common disease causing organisms, with a detailed knowledge in microorganisms and their pathogenic processes in causing diseases which are important in the practice of Dentistry
- Wound infection and cross infection
- Toxins, immunity, immune reactions
- Actions and uses of antimicrobials in infection control.

4.2. Components and Format of the Selection Examination

This shall consist of four components, namely the MCQ Paper, Theory Paper I, Theory Paper II and

Structured Oral Assessment (SOA) under the subject groups given below.

I. MCQ Paper: Duration - 3 hours/Marks 150

The MCQ shall consist of 80 questions of three (03) hours duration covering the subject groups given below. Out of these eighty (80) questions, sixty (60) shall be of 'Single Best Answer' (SBA) type and twenty (20) questions of True/False (T/F) type.

- General and Applied Anatomy (22 questions: 17 questions in SBA type + 5 questions, T/F type)
- Oral and Dental Anatomy (22 questions: 17 questions in SBA type + 5 questions, T/F type)
- Applied Physiology, Oral Physiology and Biochemistry (18 questions: 13 questions in SBA type + 5 questions, T/F type)
- Pathology including Microbiology (18 questions: 13 questions in SBA type + 5 questions, T/F type)

A candidate shall have to sit for the MCQ paper first. Only candidates who obtain a minimum mark of 50% or more shall be permitted to sit the rest of the components of the selection examination which shall be held not less than three (03) weeks after the date of release of results of the MCQ paper.

**II. Theory Paper I – General and Applied Anatomy, Oral and Dental Anatomy
Duration – 2 hours/Marks 100**

Theory paper I will consist of six (06) structured essay questions (SEQ) in two parts.

Part A – General and Applied Anatomy (three questions)

Part B – Oral and Dental Anatomy (three questions)

A candidate shall have the option of selecting **only two (02) questions** out of three given in each part. Thus, a candidate shall need to answer four (04) questions in Theory Paper I. The examiners appointed for each part shall be one content-specialist and one clinician in the relevant field.

**III. Theory Paper II – Applied Physiology, Oral Physiology and Biochemistry,
Pathology including Microbiology**

Duration – 2 hours/Marks 100

Theory paper II will consist of six (06) SEQ in two parts.

Part A – Applied Physiology, Oral Physiology and Biochemistry (three questions)

Part B – Pathology including Microbiology (three questions)

A candidate shall have the option of selecting **only two (02) questions** out of three given in each part. Thus, the candidate shall need to answer four (04) questions in Theory Paper II.

The examiners appointed for each part shall be one content-specialist and one clinician in the relevant field.

Each question of the theory papers shall be marked independently by the two relevant examiners.

IV. Structured Oral Assessment (SOA) – Duration 40 minutes/Marks 50

There shall be four (04) SOA Boards for the four subject groups. A candidate shall have to face 10-minutes SOA at each Board as given below. SOA in Anatomy and Dental Anatomy may include histology slides. In Anatomy, a candidate shall be asked to identify structures in dissected cadavers and other specimens including bones.

- **SOA Board 1: Anatomy including General Histology** – The candidate shall be given five (05) minutes to study the histology slide/s first before facing the 10-minutes SOA. The oral assessment shall be on the given slide/s as well as in Anatomy including identification of structures in the dissected cadavers, specimens and bones.

[Examiners shall be one content-specialist and one clinician]

- **SOA Board 2: Dental Anatomy** candidates shall be given five (05) minutes to study the dental histology slides/specimens first before facing the 10-minutes oral assessment. The oral assessment shall be on the given slides/specimens as well as in other areas in Dental Anatomy.

[Examiners shall be one content-specialist and one clinician]

- **SOA Board 3: Applied Physiology, Oral Physiology and Biochemistry** – The candidate shall face 10-minutes SOA in the above subjects

[Examiners shall be one content-specialist and one clinician]

- **SOA Board 4: Pathology including Microbiology** – The Candidate shall face 10-minutes SOA in the above subjects.

[Examiners shall be one content-specialist and one clinician]

4.3. Marking Scheme of the Selection Examination

MCQ Paper:

Award of marks: Out of the eighty (80) questions in the MCQ paper, sixty (60) shall be of 'Single Best Answer' (SBA) type and twenty (20) questions of True/False (T/F) type, to be answered within three (03) hours.

Each SBA question shall consist of five responses. The correct answer shall be awarded with three (3) marks; incorrect responses and no responses will be marked zero (0). (Total for SBA questions: 60x3=180)

As per T/F type, each question shall consist of five responses and the mark for correct selection of a response shall be one (+1), and any incorrect selection of a response will carry a negative mark (-1). If no response is marked, it will be awarded zero (0). Therefore, the positive marks obtained for a question will be cancelled out by any negative marks gained within the question. Thus in reality, the final mark for a T/F type question would range between 5 to -5. However, in the event of obtaining any negative mark for a question, the same question shall only be awarded with zero (0), and the negative effect will not be carried on to the other questions. (Total for T/F type: 20x5=100)

The total marks for the MCQ paper = 280.

The “Pass Mark” of the MCQ paper shall be **50%**.

Theory Paper I

This shall consist of four questions in two parts; parts A and B. Each question in the paper shall be marked out of 25 and the total marks for the paper shall be 100.

A candidate needs to obtain a minimum of 50% to pass this component, provided s/he obtains a minimum of **40% in each part**

Theory Paper II

This shall consist of four questions in two parts; parts A and B. Each question in the paper shall be marked out of 25 and the total marks for the paper shall be 100.

A candidate needs to obtain a minimum of 50% to pass this component, provided s/he obtains a minimum of **40% in each part**

SOA

A total of 50 marks shall be allocated for this component, with equal weightage of marks for each of the four SOA Boards. A candidate needs to obtain a minimum of 50% to pass the SOA component, provided s/he obtains a minimum of **40% in each of the four (04) SOA Boards.**

4.4. Requirements to pass the Selection Examination

Final Pass Mark: A minimum of **50%** of the total marks shall be the final pass mark, PROVIDED, the candidate has obtained a minimum of 50% in all components (MCQ Paper, Theory Paper I, Theory Paper II and SOA) and a minimum of 40% for the relevant sub-components within components, as mentioned above.

Summarized Grid for Marking

Component	Total marks weighted for each component	Minimum % mark to pass the component	Minimum % mark to pass the sub-component	Total marks from all components	Final pass mark (% Total)
MCQ Paper	150	50%	N/A	400	50%
Theory Paper I	100	50%	Part A: 40% Part B: 40%		
Theory Paper II	100	50%	Part A: 40% Part B: 40%		
SOA	50	50%	SOA 1: 40% SOA 2: 40% SOA 3: 40% SOA 4: 40%		

5. MD Training Programme:

5.1. Training Outcomes

At the end of the training programme, the trainee in MDRD should be able to:

- Explain aetiology, pathobiology and clinical presentations of diseases of the oral and peri-oral tissues by comparing with their knowledge in normal anatomy and physiology.
- Demonstrate knowledge enabling them to explain the link between systemic diseases and oral diseases, and the importance in maintaining oral health as a part of general health in an individual.
- Demonstrate knowledge acquired in material science and technology in relation to the practice of Restorative Dentistry.
- Demonstrate knowledge of overall and clinical epidemiology of oral diseases.
- Demonstrate knowledge related to behavioural, psychological and social factors involved when managing patients with oral diseases and conditions.
- Carryout appropriate assessments / examinations which enable collection of biological, psychological and social information necessary for the evaluation of oral and related medical conditions in patients.
- Determine the differential and tentative diagnoses as well as definitive diagnosis by interpreting and correlating findings from the history, clinical examination, radiographic evaluations and other diagnostic tests.
- Use relevant information to implement strategies that facilitate the delivery of oral health care for the individual patient and to manage behavioural and related social factors which affect oral health.
- Make decisions on appropriate referral to other specialists and professionals.
- Deliver treatment to the highest ethical and technical standards being in par with the current knowledge after obtaining informed consent of the patient.
- Communicate effectively with patients and other professionals in educational, professional / clinical settings.
- Comprehend research methodology including protocol write-up, preparation of manuscripts and to produce sufficient publishable material out of quality scientific research.

5.2. Duration

The total duration of the training programme shall be 5 years, which includes three (03) years of pre-MD training in approved centres in Sri Lanka and one (01) year local training as a Senior Registrar followed by one (01) year overseas training in approved training centres. At the end of the first three years of local training, the MD examination in Restorative Dentistry shall be held.

5.3. Structure of the Pre-MD Training Programme and Training Requirements

It is mandatory that a trainee undergoes a systematic, uniform training programme, the details of which shall be provided to him/her at the time of the 'Training Allocation Meeting' arranged by the PGIM. However, the PGIM would pay attention to any special difficulties the individual trainees may have during their training programme, though an amicable solution is not always guaranteed. All

communications and correspondence with the PGIM shall be through the Course Coordinator appointed by the PGIM.

5.4. Pre-MD Training (36 months)

First year (1st -12th month)

A trainee shall commence training under a supervising consultant at the main training centre assigned by the PGIM. For the entire duration of the first year, the trainee shall need to undergo training in Conservative Dentistry, Prosthetic Dentistry, Periodontology and Paediatric Dentistry which are considered as Group 1 subjects.

Second year – 1st quarter (13th -15th month)

During the first 3 months of the 2nd year of training, the trainee shall undergo training in Dental Laboratory Technology (DLT), Orthodontics, Dental Radiology, Oral Medicine, Oral Pathology and Community Dentistry considered as Group II subjects. This training will be conducted at the Faculty of Dental Sciences, University of Peradeniya. The duration of each training component is given below.

- DLT – 4 weeks
- Orthodontics - 3 weeks
- Dental Radiology – 1 week
- Oral Medicine and Oral Pathology – 3 weeks
- Community Dentistry (including research methodology, statistics & IT) - 1 week

The above training shall be arranged in a rotation made internally. The trainers shall certify for completion of the above training (Annex 8).

Second year – 2nd, 3rd and 4th quarters (16th – 24th month):

The trainee shall continue training in Group I subjects at the main training centre during these nine months.

Third year – 1st quarter (25th - 27th month)

The trainee shall undergo training in medical specialties and Oral & Maxillofacial (OMF) Surgery in approved training centers. The duration of each training component is given below.

- Medicine – 4 weeks
- Paediatrics – 2 weeks
- Radiology – 2 weeks
- Plastic Surgery – 1 week
- OMF Surgery (including on-call, ward & theatre exposure) – 3 weeks

Third year – 2nd, 3rd and 4th quarters (28th - 36th month):

During the last 9 months of the 3rd year, the trainee shall continue training in Group I subjects at the main training centre until he/she sits for the MD Examination in Restorative Dentistry.

5.5. Syllabus of the Pre-MD Training programme

The details of the syllabus are given in **Annex 9**. The overall objective is to ensure that the trainee gains adequate knowledge, clinical acumen, procedural skills, teaching skills, communication skills and attitudes which shall enable him/her to practice as a specialist.

The syllabus shall consist of 18 modules listed below:

- 1) Examination, Diagnosis including Diagnostic Sciences
- 2) Development of treatment strategies and plans
- 3) Health promotion and prevention of diseases, including infection control
- 4) Operative Dentistry and Endodontics
- 5) Paedodontics
- 6) Periodontics
- 7) Fixed prosthodontics
- 8) Removable prosthodontics
- 9) Maxillofacial Prosthodontics
- 10) Oral and dental implantology
- 11) Management of temporomandibular disorders
- 12) Interdisciplinary dental management approaches
- 13) Pain control, analgesia, sedation and anaesthesia
- 14) Medical Emergencies & In-ward patient care
- 15) Management & Administration
- 16) Clinical Governance
- 17) Teaching & Communication
- 18) Research

5.6. Case Book

This shall consist of five (05) case records of patients managed by the trainee under supervision during the pre-MD training. It is mandatory that the cases be managed through a multi-disciplinary approach. Two (02) temporarily bound hard copies of the casebook and the electronic copy in PDF/Word format, along with the endorsement by the supervising consultant/s shall be submitted to the PGIM, two months prior to the MD Examination.

Consultant's Endorsement Sheet – Annex 1.

Guidelines in the preparation of casebook are given in Annex 2.

6. Research Project

The objective of the research project is to develop knowledge and skills of the trainee to plan and conduct a research project using scientific methods, analyse data using basic statistical methods, derive appropriate conclusions and recommendations and to be able to publish the research work in a peer review scientific journal.

Trainees, with an endorsement of the supervisor/s of the research project shall submit the research proposal to the Board of Study in PGIM for approval, following

which the trainee shall submit the proposal to an 'Ethics Review Committee' of a recognized institute for ethical approval. The above approval process should be obtained within the first year of the MD training. A supervisor as much as possible shall be one of the trainers. The instructions to the supervisor are given in Annex 3. The supervisors shall send half-yearly research progress reports to the PGIM in the format given in annex 4. It is mandatory that the completed research work is published in a scientific peer review journal, and the trainee as the first author of the publication. Evidence of publication shall be mandatory to apply for PBCA.

7. Training Records (Portfolio)

The trainee shall maintain portfolios indicating all the treatment/laboratory procedures, competency assessments (given in section 8.3), other academic activities and the training followed throughout the pre-MD and post-MD training period. Relevant sheets for these records are given in annexes 5, 6 and 7. The portfolios should be regularly reviewed and signed by the supervisor / trainer for the individual training component. A photocopy or a duplicate of the original copy of the portfolio up to the time of completion of pre-MD training should be submitted to the PGIM, along with the application for MDRD Examination.

The trainee should also maintain a record of all post-MD training activities in the post-MD portfolio (Annex 15), which shall be submitted to the PGIM, to be eligible for Pre Board Certification Assessment.

8. Evaluation Process/Progress Reports

8.1. Progress reports

Annual progress reports in the relevant format (Annex 10) indicating the overall performance of the trainee shall be submitted to the PGIM directly by the Pre-MD trainers in group I subjects. Supervising Consultants of post-MD training (both local and overseas) shall also send annual progress reports of the trainees to the PGIM. Relevant sheets for these reports are given in annexes 11 and 15.

Note: Progress Reports should only be completed by the supervising consultant/s of the trainee, and shall not be handed over to the trainee.

8.2. Peer Team Rating Reports

The Peer Team Rating forms (Annex 13) shall be submitted by the raters once in six months. The trainer shall supervise this activity and ensure that the forms are sent to the Monitoring Unit of the PGIM.

In the event of negative reports with adverse comments, the BoS shall take prompt action according to the General Rules and Regulations and initiate a preliminary investigation if necessary.

8.3. Competency Assessments (Formative Assessment)

After 18 months from the commencement of pre-MD training, the trainee is required to successfully complete each of the following practical assessments. Two examiners appointed by the PGIM, on the recommendation of the relevant Boards of Study shall conduct these assessments. The competency level for each of the six components shall be graded as 'Good Pass', 'Pass' or '*Fail' with a feedback given to the trainee for further improvement.

Grades obtained at the competency assessments shall not be considered for the MDRD examination.

There shall be six practical assessments:

- 1) Endodontic treatment on a molar tooth in an adult patient.
(Duration: 2 hours)
- 2) Preparation, impression taking and temporization for a porcelain-fused to metal (PFM) complete crown on an anterior tooth.
(Duration: 2 hours)
- 3) Impression-taking with a custom tray for an edentulous patient.
(Duration: 2 hours)
- 4) Cast surveying and designing of a removable partial denture for a given patient. (Duration: 2 hours)
- 5) Perform a periodontal flap procedure.
(Duration: 2 hours)
- 6) Perform a pulpotomy or a pulpectomy on a child patient.
(Duration: 2 hours)

**A trainee who fails in any of the competency assessments shall be given repeat attempts (maximum of 02 repeat attempts) within a suitable time interval to complete these before the first eligible MDRD examination. A trainee who, even after repeat attempts is unsuccessful in the competency assessments shall not be permitted to sit for the MDRD examination until he/she completes the competency assessments.*

9. MDRD Examination

9.1. Eligibility Criteria

The candidate needs to fulfil the following criteria before the date of closing applications for the MD Examination.

- Satisfactory completion of 3-year pre-MD local training programme with a minimum of 80% attendance certified by the trainers
- Completed pre-MD progress reports given in annex 10 (3 reports) acceptable to the PGIM
- Completed PTR reports
- A copy of the completed Training Portfolio of pre-MD training, acceptable to the Board of Study, PGIM
- Passed all Competency Assessments held during the pre-MD training programme

9.2. Format of the Examination

The examination shall consist of 9 components.

1. Theory paper I
2. Theory paper II
3. Conservative Dentistry Long Case
4. Prosthetic Dentistry Long Case
5. Clinical Examination I
6. Clinical Examination II
7. Structured Oral Assessment I
8. Structured Oral Assessment II
9. Case book

Each component shall be marked out of 100. In order to pass the examination, the candidate should obtain a **Final Mark of 60%** as the minimum, provided s/he obtains a minimum of **50%** for **each of the nine components**.

The details of the components are as follows.

1. Theory Paper I - Duration: 3 hours.

This shall consist of six (06) Structured Essay Questions (SEQs) of which two (02) shall be on Conservative Dentistry and four (04) shall be on Prosthetic Dentistry. The candidate shall answer all six (06) questions.

The examiners for this component shall be a minimum of four (04) internal examiners and the external examiner. Each question shall be marked independently by the relevant examiner.

2. Theory Paper II - Duration: 3 hours.

This shall consist of six (06) SEQ questions; Periodontology - 02, Paediatric Dentistry - 02, Oral & Maxillofacial Surgery - 01 and Orthodontics -01.

The candidate shall answer all six (06) questions.

The examiners for this component shall be a minimum of four (04) internal examiners and the external examiner. Each question shall be marked independently by the relevant examiner.

3. Conservative Dentistry Long Case - Duration: 1 hour and 30 minutes.

The examiners for this component shall be two (02) internal examiners and the external examiner.

4. Prosthetic Dentistry Long Case - Duration: 1 hour and 30 minutes.

The examiners for this component shall be two (02) internal examiners and the external examiner.

5. Clinical Examination I

This shall consist of two components; Part A and Part B. Each part shall consist of a long case and short cases.

5.1 Clinical Examination I; Part A

This shall include both (a) and (b) given below.

5.1 (a) Long Case in 'comprehensive patient management' of an adult patient - Duration: 1 hour and 30 minutes.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner.

5.1 (b) Short Cases (2 or 3 cases) in 'comprehensive patient management' of an adult patient - Duration: 1 hour.

The examiners for this sub-component shall be one (01) internal examiner and the external examiner.

'Comprehensive patient management' shall involve the disciplines of Conservative Dentistry, Prosthetic Dentistry and Periodontology.

5.2 Clinical Examination I: Part B

This shall include a), b) and C) below.

5.2 (a) Long Case in Periodontology - Duration: 1 hour and 30 minutes.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner.

5.2 (b) Short Cases (**2 or 3 cases**) in Conservative Dentistry – Duration 1 hour.

The examiners for this sub-component shall be one (01) internal examiner and the external examiner.

5.2 (c) Short Cases (**2 or 3 cases**) in Prosthetic Dentistry – Duration 1 hour.

The examiners for this sub-component shall be one (01) internal examiner and the external examiner.

6. Clinical Examination II:

This shall consist of two components; Part A and Part B.

6.1 Clinical examination II: Part A – This shall include both (a) and (b) given below.

6.1 (a) Long Case in Paediatric Dentistry - Duration: 1 hour and 30 minutes.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner

6.1 (b) Short Cases (**2 or 3 cases**) in Paediatric Dentistry - Duration: 1 hour.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner.

6.2 Clinical Examination II: Part B – This shall include both (a) and (b) given below.

6.2 (a) Short Cases (2 or 3 cases) in Oral Medicine & Oral Pathology - Duration: 1 hour.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner.

6.2 (b) Short Cases (2 or 3 cases) in Oral & Maxillofacial Surgery and Orthodontics – Duration: 1 hour.

The examiners for this sub-component shall be two (02) internal examiners and the external examiner.

Clinical examinations shall include history taking, examination, investigations and treatment planning and discussion of one or more patients or case records from

different disciplines. Timing shall depend on the circumstances such as number of cases given, tasks to be performed with their magnitude etc.

7. Structured Oral Assessment (SOA) I: Conservative Dentistry and Prosthetic Dentistry –

Duration: 30 minutes.

The SOA board shall consist of two (02) internal examiners and the external examiner. Each examiner shall question the candidate for 10 minutes.

8. Structured Oral Assessment (SOA) II: Periodontology and Paediatric Dentistry-

Duration: 30 minutes.

The SOA board shall consist of two (02) internal examiners and the external examiner. Each examiner shall question the candidate for 10 minutes.

9. Case book – Duration 1 hour

There shall be a one-hour discussion on the casebook, submitted by the candidate conducted by one internal examiner and the external examiner.

9.3 Marking Scheme of the MDRD Examination

Each component shall be marked out of 100

Component		Marks allocated	Total % for the component		Weightage for the final mark
1) Paper I		100 marks for 06 questions with equal weighting.	100% (Pass mark 50%)		10%
2) Paper II		100 marks for 06 questions with equal weighting.	100% (Pass mark 50%)		10%
3) Conservative Dentistry Long Case		Each examiner to mark out of 100% and the average to be taken.	100% (Pass mark 50%)		10%
4) Prosthetic Dentistry Long Case		Each examiner to mark out of 100% and the average to be taken.	100% (Pass mark 50%)		10%
5) Clinical Examination I	5.1) Clin I Part A	5.1.a) Long case in comprehensive adult patient management [20%]	Average % mark	100% (Pass	
		5.1.b) Short cases in comprehensive adult patient management [20%]	Average % mark		

	5.2) Clin I Part B	5.2.a) Long case in Periodontology [20%]	Average % mark	mark 50%)	20%
		5.2.b) Short cases in Conservative Dentistry [20%]	Average % mark		
		5.2.C) Short cases in Prosthetic Dentistry [20%]	Average % mark		
6) Clinical Examination II	6.1) Clin II Part A	6.1.a) Long case in Paediatric Dentistry [25%]	Average % mark	100% (Pass mark 50%)	15%
		6.1.b) Short cases in Paediatric Dentistry [25%]	Average % mark		
	6.2) Clin II Part B	6.2.a) Short cases in Oral Medicine & Pathology [25%]	Average % mark		
		6.2.b) Short cases in Oral & Maxillofacial Surgery and Orthodontics [25%]	Average % mark		
7) SOA I		Average % mark	100% (Pass mark 50%)		5%
8) SOA II		Average % mark	100% (Pass mark 50%)		5%
9) Case book		Average % mark	100% (Pass mark 50%)		15%
Final mark			900		100% (Pass mark 60%)

9.4 Requirements to Pass the MD Examination

The minimum overall aggregate of **60%**

AND

A minimum mark of 50% in each of the 9 components of the examination

9.5 Repeat Candidates

If a candidate fails the MD examination either due to failure to obtain an overall aggregate of 60% or the minimum mark in one or more of the components but has

obtained **60%** or more for the case book, the candidate shall be exempted from the case book component at two (02) subsequent attempts of the examination, provided the candidate submits a permanently-bound copy to the PGIM, after carrying out the recommended revisions by the examiners.

In an event of exemption, the marks that will be taken for the case book component for computation of the aggregate mark at a subsequent examination shall be **only 60%**, even if the candidate may have obtained a mark above 60% for the case book at the previous examination.

10. Post-MD Training

10.1. Duration

Upon successful completion of the MD Examination in Restorative Dentistry, the trainee is required to undergo a further period of one year training as a Senior Registrar at his/her main pre-MD training centre.

After the post-MD local training of one year, the trainee shall need to undergo further training for one year in an overseas centre approved by the Board of Study in Dental Surgery of the PGIM. The overseas training position should provide adequate clinical exposure to the trainee at least at the level of an observer.

10.2. Progress Reports

During the Post-MD training period, annual/half-yearly progress reports (as prescribed in the relevant forms in Annex 15) shall have to be submitted to the PGIM by the supervisor/s.

10.3. Guidelines for maintenance of Training Portfolio

During the post-MD training period of 24 months, the trainee will need to document the progress of his/her training and maintain a comprehensive record in the Training Portfolio. Contents of post-MD portfolio is mostly divided into sections according to the outcomes (stated under PBCA guidelines), followed by a final section that contains evidence of reflective practice. In addition to this, submission of progress reports from the supervisors will be mandatory (Annex 15 in the prospectus). The portfolio should be reviewed at least every 6 months by the supervisor(s), with regular feedback to the trainee on how the portfolio may be improved. This shall enable the trainee to reflect on his/her training experience and identify and correct any weaknesses in the competencies expected of him/her, and also recognize and analyze any significant clinical events experienced, so that appropriate changes in management could be adopted in order to reduce the risks arising from such situations in the future. The post-MD Training Portfolio will be used at the Pre Board Certification Assessment, to evaluate the trainee's competence to practice independently as a Specialist in Restorative Dentistry.

11. Pre-Board Certification Assessment (PBCA)

11.1. PBCA Guidelines (Extracted from AAAEDC 21st May 2014)

In 2009, the PGIM decided that prior to Board Certification as a Specialist all trainees should go through a PBCA, which would be equivalent to the Specialty Certification

Examinations in UK and other countries. This requirement was implemented in 2011 through PGIM Director's Memo No: AC/03/2011 dated 16.06.2011.

Accordingly, the following outcomes should be spelt out in the post-MD portfolio of the MDRD trainee.

- A.** Subject expertise: Refer to Annex 9 (details of the course syllabus) and Annex 15 ('Detailed Case Records' with instructions).
- B.** Teaching: Teaching and communication skills could be acquired through undergraduate, postgraduate and ancillary health staff training activities. These may be in the form of power-point presentations, group discussions, case presentations, clinical / laboratory demonstrations, seminars, role play etc. Also refer to the subsection ii) of Annex 15 (Communications and engagement in teaching). The above teaching activities shall take place under supervision, and appraisals with feedback will be given to the trainee by the supervisor/s.
- C.** Research and audit: Trainees should maintain records of all research activities such as copies of published articles/abstracts, oral presentations (in power-point presentations), and manuscripts accepted for publication etc. Refer to the subsection iii) of Annex 15. Trainees are expected to submit the documents of proof of above research activities to be eligible to appear at the PBCA.
- D.** Ethics and medico-legal issues: Trainees should have completed Professionalism Observation Forms (from integrated learning component of PGIM Professionalism Strand). Other evidences of participation in workshop/s on "professionalism, ethics and medico-legal issues" shall be submitted by the trainees. The evidence for example shall be a certificate of attendance.
- E.** Information Technology (IT): Trainees are expected to participate in training programmes and workshops related to the development of IT abilities which would benefit them to search for information and to apply the findings in their practice.
- F.** Life-long learning: This will include participation in conferences and meetings etc. as continuing professional development (CPD). Refer to the subsection i) of Annex 15.
- G.** Reflective practice: Narration of at least one learning event experienced by the trainee, in relation to each of the above outcomes (A-F), with reflection on what and how the trainee learned from this experience. Refer to the relevant subsections in Annex 15.

11.2. Eligibility Criteria for PBCA

To be eligible to be called for PBCA, the PGIM should have received the following documents within three (03) months from the time of completion of the post-MD training of a trainee.

- 3 Copies of the completed post-MD portfolio (for local & overseas training) submitted by the trainee to the PGIM
- Evidence of **mandatory research publication** in a peer review journal, evidence for other research activities/audit etc submitted by the trainee to the PGIM
- Satisfactory progress reports of local and overseas training – (should have been received from the relevant supervisors of the trainee)

11.3. PBCA Assessment tool

The PBCA will be based on assessment of the portfolio maintained by the trainee during the period of post-MD training. The contents of the portfolio should encompass all of the above learning outcomes and contain evidence of achievement of these outcomes by the trainee. Although some of these may have been evaluated before the MD examination, the portfolio assessed at the PBCA should mainly contain evidence of achievements during post-MD training, either locally or overseas. All sections need not be of equal weight – for example, the section on Subject Expertise may be much more detailed than the others.

11.4. Portfolio Oral Assessment at PBCA

The trainee will be questioned on the portfolio and the PBCA shall take the form of a final, summative assessment of the trainee's portfolio, carried out by 3 independent examiners appointed by the relevant Board of Study or Specialty Board and approved by the Senate of the University of Colombo. The 3rd examiner shall be from outside the discipline to improve objectivity.

PBCA will be of one hour duration according to the PBCA guidelines. The marking grid in Annex 14 shall be used for this purpose. The trainee may be required to start with a presentation of 15 minutes, on the post-MD training and his/her future vision to improve the quality of treatment/services towards patients in Sri Lanka. The trainee will also be questioned on the research project and the publications submitted for the PBCA.

The overall assessment should be based on each of the main sections, which should be assessed as satisfactory or not on an overall basis by using the rating scale given in annex 14. If the examiners are of the view that the trainee's performance is unsatisfactory, and the trainee should not be given immediate Board Certification, the examiners must provide the trainee with written feedback on how the portfolio should be improved in order to reach the required standard at the next attempt of PBCA.

11.5. Repeat Candidates of PBCA

Repeat candidates should re-submit the portfolio within a period of 3 months, and face another oral examination based on the re-submitted portfolio. If the trainee is successful at this 2nd oral examination, the date of Board Certification shall be backdated as done routinely. If unsuccessful again, the date of Board Certification will be the date of passing the subsequent PBCA following further local training for a minimum period of six months in a unit selected by the Board of Study.

If a candidate fails in the PBCA repeatedly after the 3rd attempt, such a candidate's training records and progress reports on the overall progress during the entire MD-training programme and performance at the MD Examination shall be reviewed by a Committee appointed by the Board of Management on the recommendation of the Board of Study. Based on the report, remedial measures and the future of the trainee shall be determined.

11.6. Granting Board Certification

In order to grant Board Certification, the following criteria should have been fulfilled.

- Completed two years of post-MD training successfully (one year local and one year abroad) in approved Training Centers by the PGIM
- Published MD research work in a peer review scientific journal
- Passed the PBCA with a minimum mark of 50%.

12. Trainers and Training Centres

The existing regulations of the PGIM shall apply.

13. Recommended Books/Journals/Web site

The details are given in Annex 12.

ANNEXURE 1 - SUPERVISING CONSULTANT'S ENDORSEMENT – CASEBOOK

(CASE RECORDS)

**POST GRADUATE INSTITUTE OF MEDICINE - COLOMBO - SRI LANKA
MD IN RESTORATIVE DENTISTRY**

Endorsement by the supervising Consultant/s:

This is to certify that the case number titled

.....

in this Case Record was entirely managed by Dr.

.....

under my/our supervision.

Signature/s of the Supervising Consultant/s:

Name of the Supervising Consultant	Signature & Date	Official Stamp

ANNEXURE 2 - GUIDELINES FOR PREPARATION OF CASE BOOK

- 1) The casebook will consist of five (05) case records of patients managed by the trainee.
- 2) All text pages shall be of 'Times New Roman' or 'Arial' font with a font size of 12, and the text should be 1.5 line-spaced, with one-inch margins left from all sides.
- 3) The sequence of presentation of any case record shall be, the Introduction first followed by the Case Report, Discussion, References and pages containing photographs/legends/attachments.
- 4) **Each case** should be with a maximum of 5000 words (excluding references and legends) segregated under,
 - a) Introduction: 1000 words
 - b) Case Report: 1500 words
 - c) Discussion: 2500 words.
- 5) **Each case** shall be with maximum of **three (03) pages of photographs**, and the number of **photographs per page** shall be **six (06)**.
- 6) The references should have been carefully selected to include the most relevant and updated ones for each case.
- 7) List of References should be given according to the format and examples given below. In any reference, where more than one author is involved, the names of all authors should be given in the reference list.
 - i) **Journals:** Name of the author/s, Title of the paper, Name of the journal, Year of publication, Issue, Page numbers
[E.g. Haffajee AD, Teles RP, Patel MR, Song X, Veiga N, Socransky SS. Factors affecting human supra-gingival biofilm composition. J. Periodontal Res. 2009, 44: 511-519.]
In the relevant text, the above reference should be quoted as **(Haffajee et al, 2009)**,
Since, it falls within the rule of "three or more than three" authors.
If, Haffajee was the only author, this should be quoted in the text as, **(Haffajee, 2009)**. *If*, there were only two authors, this should be given as **(Haffajee & Teles, 2009)**.
 - ii) **Books:** Name of the author/s, Name of the chapter, Name of the textbook, Edition, Page numbers, Publishers, Year of publication
[E.g. Dumitrescu AL, Kawamura M. Aetiology of periodontal disease – dental plaque and calculus. In: Aetiology and pathogenesis of periodontal disease. 1st edn; pp: 1-39. Springer Verlag – Berlin, 2010].
 - iii) **Web:** Name of the website and the date

ANNEXURE 3 - INSTRUCTIONS FOR THE SUPERVISORS OF THE RESEARCH PROJECT

- The Research Project shall be commenced during the pre-MD training programme, once the Research Proposal is approved.
- The Research Project shall be completed and the results should be published in a scientific peer-review journal (international / local) which is a mandatory requirement for PBCA.
- The supervisor/s should guide the student in planning and designing, carrying out the research and in writing up.
- The supervisor should forward 6-monthly Progress Report(s) in the prescribed form.
- The research work must be original and it should contribute to the existing knowledge in the field, applicable to the practice of Dentistry in Sri Lanka.
- General Comments on the contents: The objectives should be clearly stated and should be feasible to achieve within the time frame. Other published work relevant to the research problem (both international and local) should be comprehensively covered and critically evaluated. An appropriate study design and method should be used to achieve the objectives stated. The results should be appropriately analysed, interpreted and presented effectively. The discussion should include comments on the significance of results, how they agree or differ from published work. If they differ, the probable reasons for these differences need to be discussed. Theoretical / practical applications of the results, if any should be given. The conclusions should be valid and be based on the results obtained on the study.
- Ethics: The supervisor should ensure that the Research Proposal has been approved by the PGIM as well as by an Ethics Review Committee of an institution prior to commencing data collection.
- The trainee will be questioned on the Research Project at the PBCA.

ANNEXURE 4 - PROGRESS REPORTS OF RESEARCH PROJECT

To be forwarded by the supervisor to the BOS at least once in SIX months

- 1. Name of the trainee:**
- 2. Training Centre:**
- 3. Supervisor:**
- 4. Title of project:**
- 5. Description of work carried out to date:**

To be filled in by the trainee: briefly describe the progress in lab / clinical/field work

Supervisor's comments

- 6. Is the work on schedule?** Yes / No
- 7. Progress in research write up:** satisfactory / unsatisfactory
- 8. Constraints (if any)**
- 9. Recommendation of the supervisor:**

Signature:

Date:

ANNEXURE 5 - Training Portfolio

Training Records (Detailed Case Record Sheets) for Group 1 Subjects

Please record all clinical / laboratory procedures performed by you in this Case Record Sheet as well as on the Summary Sheets. These records should be maintained legibly and certified by the supervisor/trainer.

Case Record Sheet (to be replicated for each patient); [E.g. If you do 100 patients, you would need 100 sheets]

Patient's name: _____ Age & Date of Birth: _____
Record Number: _____ Gender: (M/F)

i) Brief History (C/O, H/o/C, PMH, PDH etc):

ii) Examination Findings, Investigations etc:

iii) Diagnosis & Treatment Plan/ Care Plan:

iv) Treatment details, follow-up details and other relevant details in the management of the patient:

Training Records (Detailed Case Record Sheets) for Group 1 Subjects

v) REFLECTIVE PRACTICE: (Reflect on your work in relation to the relevant objectives given in your syllabus)

E.g. What was the work undertaken? What were the skills developed? To what extent were you able to achieve the objectives / competencies? How satisfied are you about this particular experience? What would be the action plan for improvement? What were the other alternative methods (e.g. treatment options) to accomplish the same objectives? Why did you choose this approach, was it the best? What were the constraints? What were the identified weaknesses & strengths?

Names and signatures of trainer/s with official stamp

.....

CASE RECORD (SUMMARY) SHEETS

Name of the trainee:

Case No	Details of the Patient & Hospital Record Number:	Diagnosis	Clinical / Laboratory Procedures carried out	Date of completion	Signature of the supervisor
1					
2					
3					
4					
5					

Cont..... (Sheets for 100 cases / as required).

Trainers: Please mention whether the trainee has fulfilled satisfactory attendance during the training programme – Comments Signature & date

***Names and Signatures of trainer/s with official stamp**

.....

***[I certify that the above trainee managed the relevant cases under my supervision during the pre-MD / post-MD training programme]**

ANNEXURE 6 - RECORD OF OTHER ACADEMIC ACTIVITIES

(Please replicate sheets as required)

i) **Participation in Continuing Professional Development (CPD)**

Activities (Attendance in national/ international conferences, Academic Sessions, Workshops, Journal Clubs, Courses and Other Study Programmes)

Date/s of Attendance	CPD Activity & Location	Reflective Practice

ii) **Communications: [Presentations (Oral/ Poster/Invited Lectures) and engagement in teaching or training of undergraduates/ ancillary staff etc]**

Date	Activity with Forum & Location	Reflective Practice

iii) **Conduct of Research and Publications (if any): [Abstracts/ Extended-abstracts/ Journal articles / Chapters in Textbooks]**

Research Activity /Publication details
1.
2.
3.

Signature of the Pre-MD

*supervisor/s.....
 . (*Supervisors: Please certify, only if there is valid proof for above training activities)

ANNEXURE 7 - COMPLETION OF PRE-MD COMPETENCY ASSESSMENTS RECORD

Component	Date of Assessment & attempt (1 st , 2 nd etc)	Grade (GP/P/F)	Examiners' Comments	Names & Signatures of the Examiners
Endodontic treatment on a molar tooth in an adult patient				
Preparation, impression taking and temporization for a PFM complete crown on an anterior tooth.				
Impression-taking with a custom tray for an edentulous patient.				
Cast surveying and designing of a removable partial denture for a given patient.				
Perform a periodontal flap procedure				
Perform a pulpotomy or a pulpectomy on a child patient.				

GP = Good Pass; P = Pass; F = Fail

ANNEXURE 8 - TRAINING ENDORSEMENT SHEET: (SHORT APPOINTMENTS)

Each training component should be certified by the supervising consultant / trainer with comments & certification

Training Component (with duration)	<u>Recommendation:</u> [Recommended / *Not Recommended]	<u>Comments:</u> [*If Not Recommended]	Signature of the supervising consultant
DLT (4 weeks)			
Orthodontics (3 weeks)			
Dental Radiology (1 week)			
Oral Medicine (1 & 1/2 weeks)			
Oral Pathology (1 & 1/2 weeks)			
Comm Dent: (+ Research Meth, Stat & IT (1 week)			
Radiology (2 weeks)			
Medicine (4 weeks)			
Paediatrics (2 weeks)			
Plastic Surgery (1 week)			
OMF Surgery (+ on-call, ward & theatre (3 weeks)			

*If “Not Recommended”, the reasons should be given in the “Comments” column. You may attach other details separately, if the space provided is inadequate.

ANNEXURE 9 - SYLLABUS

1. Training Aims

MDRD trainee should,

- ✓ Acquire knowledge & skills in the practice of Restorative Dentistry with special emphasis on multi-disciplinary treatment planning, provision of advanced restorative treatment and disease prevention aspects in health care settings in Sri Lanka.
- ✓ Be proficient in skills necessary to design treatment plans specific to the needs and satisfaction of the individual patient within the scope of his/her expertise and communicate effectively with the patient, professional colleagues and other members in the health-care team to deliver/arrange the best possible treatment/care for the patient.
- ✓ To secure and demonstrate attitudes necessary in delivering high standards of Restorative Dentistry practice in relation to oral health needs of the population.

2. Learning Objectives

2.1. Examination, Diagnosis including Diagnostic Sciences

Examination, Diagnosis including Diagnostic Sciences	
Objective	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Carryout a thorough and systematic general assessment of the patient, examine & assess the dental, oral & peri-oral tissues by considering the main complaint/s of the patient, and to undertake appropriate special investigations to arrive at a definitive diagnosis.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe features differentiating normal and abnormal with regard to anatomical, physiological and biological aspects of intra- & extra-oral tissues. • Explain the pathogenesis & clinico-pathological correlation of dental/oral diseases/conditions. • Relate medical, dental & social history to the presenting condition. • Explain the importance of obtaining healthy dental & oral structures / prosthesis when considering functional & aesthetic aspects for improved quality of life of the individual patient. • Demonstrate knowledge in basic radiation physics, radiation safety and different radiographic techniques relevant in the practice of dentistry.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Carryout a thorough examination of the patient and to assess the status of oral mucosae & related structures, periodontium, dental hard tissues to make appropriate diagnoses. • Detect (if any), systemic factors which are likely to have a bearing on the clinical situation and the diagnoses. • Carryout a thorough examination of any existing prosthesis and

	<p>related structures to evaluate their condition pertaining to biological & functional aspects as well as aesthetic quality.</p> <ul style="list-style-type: none"> • Use and interpret all relevant investigations (radiographic, vitality tests, haematological, histo-pathological, microbiological tests, properly-articulated study casts etc) to diagnose dental, oral, head & neck pathological conditions which are of particular importance in the practice of Restorative Dentistry.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Apply a holistic approach without prejudice on any grounds, with appropriate listening, communication and questioning skills. • Recognise urgency of patients requiring immediate assessment & treatment, and differentiate that from non-urgent. • Recognise own limits and choose appropriately, when to request for professional opinion/ help.

2.2. Development of treatment strategies and plans

Development of treatment strategies and plans	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Develop treatment strategies /plans considering the prognosis and outcomes of various treatment options, based on the information derived from patient examination/assessment and investigations. • Consider the most suitable & possible treatment option for the patient after comparing the likely benefit/s of the said treatment option with that to the prognosis without treatment. • Establish a resultant priority & sequence of treatment within the ethical & legal framework. • Design treatment plans which would leave room for future revisions or modifications as preferred/needed by the patient after careful assessment of risk of disease & disease progression.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe medical, dental & social history factors which may have a relevance to the presenting condition as well as in the management of the patient. • Describe the influence of systemic diseases and factors related to aging process on the disease risk and the outcome of care. • Explain the importance of peri-oral structures in maintaining function & stability of restorations and prosthesis in individual patient situations. • Describe important aspects related to dental materials, medications, dental equipment and technical support required to obtain a given treatment goal.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Synchronize the information from clinical assessment, history & investigative findings to design a treatment plan for the individual patient.

	<ul style="list-style-type: none"> • Explain to the patients/their care-givers in simple layman's terms on the influence of the oral status and the proposed treatment plan on their quality of life. • Design plans of care which would encourage the patient to accept the proposed treatment and, enable to maintain health of their oral tissues.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the impact of oral status and the posposed treatment strategy on the patient's quality of life. • Understand the potential for future modifications to treatment plans and to appreciate future needs pertaining to specialized treatment, supportive care, preventive & long-term maintenance care for an individual patient.

2.3. Health promotion and prevention of diseases, including infection control

Health promotion and prevention of diseases, including infection control	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Set out all methods to prevent occurrence and recurrence of dental diseases on each patient by using methods in relation to good oral hygiene (home care methods), smoking cessation advice /help, cessation of other adverse oral health habits and dietary advice. • Understand the concept of Community Dental Health & its relevance in oral health care delivery. • Advise other health-care professionals on methods to facilitate infection control during dental procedures among patients & staff and during transport of materials and prostheses between the laboratory and the clinic. • Understand the importance of scientific research when considering the concept of health promotion.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe the microbiological basis of infection control, methods and measures applied to prevent cross-infection in Dentistry. • Explain the importance of appropriate vaccinations for different members in the clinical team. • Outline the dental equipment, technical requirements, dental material required to achieve health promotion, disease prevention and infection control.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Educate patients on the importance of prevention of dental diseases explaining the outcomes of non-compliance and impact of the oral status towards disease progression affecting quality of life. • Apply methods of infection control during treatment procedures, among patients and staff during transport of materials and prostheses between the laboratory and the clinic. • Carryout scientific research aiding health promotion to carryout clinical audit.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the importance in preventing dental & oral diseases in maintaining overall/general health of an individual.

2.4. Operative Dentistry and Endodontics in the management of dental caries, dento-alveolar trauma and non-carious tooth substance loss (NCTL)

Operative Dentistry and Endodontics....	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Use appropriate diagnostic & clinical techniques and material available when practicing all forms of operative dentistry and endodontics including management of acute dental trauma in child and adult patients. • Apply preventive strategies to maintain proper shape, structure & appearance of teeth with special reference to prevention of dental caries and NCTL in children and adults. • Carryout root canal treatment for vital and non-vital teeth including management of iatrogenic damage/trauma.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe aetiology, pathology and sequelae of dental caries. • Describe structural defects of teeth (both primary and permanent) and to explain the techniques, procedures, dental materials & equipment required to restore such teeth to achieve function and aesthetics. • Explain the techniques & uses of procedures, material, equipment, antimicrobial agents required in managing primary and permanent teeth involved with endodontic pathology.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Restore primary and permanent teeth to proper shape, structure, function and improved appearance with minimum loss to the healthy tooth structure. • Diagnose, assess prognosis and plan treatment for patients requiring complex endodontics. • Use appropriate magnification in non-surgical and surgical endodontic treatment. • Monitor patients to evaluate the effectiveness of all forms of endodontic treatment. • Manage combined periodontal-endodontic lesions.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the importance in applying preventive strategies to maintain natural dentition. • Recognize the relevance of endodontic pathology on the patient's general health and well-being affecting quality of life.

2.5 Paedodontics

Paedodontics	
Objective	<p><i>Able to:</i></p> <p>Manage all diseases and conditions of the dental hard tissues and soft tissues in the oral cavity in child patients including those with special needs, and to apply necessary preventive strategies to minimize oral diseases and conditions in children.</p>
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe development of the primary and permanent dentition and establishment of occlusion with radiographic interpretations. • Describe the morphology of root canals of primary teeth and permanent teeth with open apex. • Explain the psychological aspects particularly relevant in the dental management of children with special reference to anxious children. • Explain the aetiological factors, contributory factors and principles of management of early childhood caries. • Describe the strategies in the prevention of dental caries and periodontal diseases in children. • Explain the developmental anomalies of teeth in children. • List different types of dental trauma in Primary and permanent teeth in children. • Explain the common medical conditions which lead to physical and mental disabilities in children.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Obtain the cooperation of a child patient during dental treatment by applying appropriate behaviour management approaches and pharmacological approaches. • Prevent and treat early childhood caries. • Manage traumatized primary and permanent teeth in children. • Manage development anomalies of teeth in children. • Carry out endodontic treatment in primary and permanent teeth in children. • Carryout advanced restorative treatment in children. • Provide comprehensive oral health care for children including those with Special Needs • Provide total dental care for needy children under sedation and general anesthesia
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the value of preventive strategies to maintain dental health in children. • Recognize the child patient as a special patient during dental treatment.

Additionally the relevant objectives are also covered under module numbers, 2.3, 2.4, 2.12, 2.13 and 2.14 regarding dental management of a child patient.

2.6. Periodontics

Periodontics	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Diagnose different types of periodontal diseases with varying severities and different types by using appropriate techniques. • Execute all non-surgical and surgical techniques to manage periodontal diseases which include management of iatrogenic/traumatic damage to the periodontium.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe methods and relevance of clinical periodontal assessments and periodontal charting in the practice of periodontics. • Explain aetiology, aetio-pathogenesis and contributory factors of plaque-related and non-plaque-related periodontal diseases based on classifications of periodontal diseases. • Explain the bidirectional influence of periodontal diseases and systemic diseases / conditions on the outcome of periodontal disease presentation & treatment. • List the situations & relevant investigative procedures which aid periodontal diagnosis, prognosis assessment and to explain the limitations of the same when designing treatment plans. • Explain the concepts in patient motivation & education, and details of different plaque control methods to be recommended to individual patients. • Describe the rationale behind mechanical and chemical (antimicrobial) methods of non-surgical periodontal treatment. • Explain the basis of different surgical approaches employed in carrying out anti-infective periodontal therapy and regenerative periodontal therapy. • Describe the concepts of periodontal healing and tissue regeneration. • Explain the benefits of periodontal maintenance care.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Prevent and treat periodontal diseases, both plaque-related and non-plaque-related in a clinical setting. • Diagnose periodontal diseases and conditions including less common & acute conditions. • Effectively communicate with patients to motivate them to follow preventive strategies, and to explain treatment options & possible outcome of different treatment modalities during periodontal follow-up care. • Carryout all periodontal procedures pertaining to non-surgical periodontal care and to monitor and evaluate effectiveness of such treatment. • Select patients for surgical periodontal therapy and carryout appropriate surgical, corrective treatment and regenerative periodontal treatment on such patients.

Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none">• Appreciate the ethical duty of a Specialist in the dental team towards provision of total periodontal care, as part of overall oral rehabilitation for effective function, aesthetics of the individual, while considering periodontal / oral health as part of general health.• Appreciate their role in the prevention and control of periodontal diseases, both in a clinical setting and at community level.
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2.7. Fixed Prosthodontics

Fixed Prosthodontics	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Plan and provide different types of plastic dental restorations and fixed dental prostheses for varying clinical situations. • Select and apply the relevant techniques, materials for all types of fixed dental prosthesis which include implant supported prostheses. • Effectively communicate / liaise with dental technicians to obtain required laboratory support. • Assess and monitor the success / effectiveness of fixed prosthodontic treatment.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe the status of the existing occlusion and its effect on fixed prostheses. • Explain the advantages and disadvantages of fixed prostheses in a given patient situation. • Describe the properties of dental materials used in the construction of fixed prostheses and to identify & elaborate on the equipment, techniques and technical facilities when providing such prostheses. • Explain the aesthetic problems on the final outcome of the future prostheses. • Describe the condition of the remaining teeth and the required preparation of teeth for the fixed prostheses.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate skills in the choice and accomplishment of appropriate operative techniques for all stages of the planned treatment. • Recognize and apply the relevant techniques and procedures when constructing fixed prostheses. • Consider biological and mechanical factors affecting selection and performance of different treatment modalities. • Carry out necessary tooth preparations to receive the fixed prostheses. • Provide direct restorations using appropriate materials. • Manage soft tissues to make accurate impressions which help in the provision of good quality restorations. • Make accurate impressions necessary to construct all types of laboratory restorations and prostheses. • Record occlusal relationship accurately by using face bows or similar devices and to transfer it to an adjustable articulator. • Provide appropriate provisional restorations for intermediate stages of treatment. • Fit restorations with suitable adhesive material / cements to obtain best appearance, proper occlusion and function which should provide patient satisfaction.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the need to prevent & rehabilitate edentulousness

	<p>functionally & aesthetically by planning treatment conservatively and cost-effectively giving maximum benefit to the patient.</p> <ul style="list-style-type: none"> • Recognize the inter-relationship of fixed prosthetic treatment in overall restorative care and long-term maintenance and function. • Understand the relevance of fixed prosthodontic treatment on pulpal and periodontal health as well as patient well-being & self-esteem.
--	--

2.8. Removable Prosthodontics

Removable Prosthodontics	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Plan and provide removable immediate, copy or replacement partial or complete dentures (including overdentures, obturators, sectional, precision attachment- / implant-retained appliances, with relevant clinical and technical procedures, while ensuring overall health of the remaining teeth and oral structures. • Select and apply the relevant techniques & use materials for all types of removable dental prostheses. • Communicate / liaise appropriately with dental technicians to obtain required laboratory support. • Undertake procedures to repair or modify complete and partial dentures to extend lifespan of the prostheses and avoid damage to the supporting structures. • Assess and monitor the success / effectiveness of removable prosthodontic treatment
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe the status of the existing occlusion and its effect on removable prostheses. • Explain the advantages and disadvantages of removable prostheses in a given patient situation. • Describe the properties of dental materials used in the construction of removable prostheses and to identify & elaborate on the equipment, techniques and technical facilities when providing such prostheses. • Explain the aesthetic problems on the final outcome of the future prostheses. • Describe the condition of the remaining teeth and the required preparation of teeth for the removable prostheses.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate skills in the choice and accomplishment of appropriate operative techniques for all stages of the planned treatment. • Recognize and apply the relevant techniques and procedure when constructing a removable prostheses. • Consider biological and mechanical factors affecting selection and performance of different treatment modalities.

	<ul style="list-style-type: none"> • Carry out necessary tooth preparations or pre-prosthetic tissue management to obtain accurate impressions or to assist in excellent restorations. • Fit restorations ensuring occlusion & function, as well as to harmonize with the remaining dentition, facial tissues & patient's expectations.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize the relevance and inter-relationship of removable prosthodontic treatment on overall restorative care and long-term maintenance and function. • Recognize the relevance of removable prosthodontic treatment on mucosal and periodontal health in patient well-being and self-esteem.

2.9. Maxillofacial Prosthodontics

Maxillofacial Prosthodontics	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Carryout an appropriate assessment of a patient prior to any planned treatment for cancer, to evaluate patients with congenital or acquired maxillo-facial defects or other neuromuscular handicaps, and to apply measures for subsequent rehabilitation. • Plan and provide intra- and extra- oral prostheses including obturators, precision attachment or implant-retained appliances considering anatomical, medical and psychological limitations utilizing relevant clinical and technical procedures for different clinical circumstances to ensure maintenance of health of the remaining teeth, oral and peri-oral structures. • Liaise with members in the multi-disciplinary team, including dental laboratory technicians for appropriate preventive advice, dental/oral health maintenance, restoration of function and aesthetics following treatment of cancer. • Assess and monitor the success / effectiveness of preventive and restorative treatment.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe biology, anatomy and pathology of conditions related to maxillofacial defects. • Explain the currently available literature on indications to provide preventive and restorative treatment for patients who require maxillo-facial prostheses. • Describe required material, equipment, medicaments and techniques to provide relevant treatment.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate good skills in choosing and carrying out appropriate operative techniques for all stages of the planned treatment, in concurrence with other specialists in treating the patient and technicians fabricating appliances. • Carryout appropriate tooth preparations or required preprosthetic tissue management in order to obtain accurate impressions or to assist in providing excellent restorations. • Properly record the occlusal relationship, including the use of face bow or equivalent technology as necessary and to transfer it to an adjustable articulator. • Fit restorations ensuring that appearance, occlusion and function are in harmony with the remaining dentition, oral health, facial tissues and patient's acceptance.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize the relevance and inter-relationship between restorative dental treatment and team planning in order to deliver overall patient care for long term maintenance & function for the well-being & self esteem of the patient. • Understand the needs for empathy as part of patient counselling.

2.10. Oral and Dental Implantology

Oral and Dental Implantology	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Complete the clinical stages necessary to construct surgical and radiographic guides to aid planning of number, position and angulation of fixtures. • Complete the clinical stages necessary to construct and deliver satisfactory provisional and definitive implant-retained or implant-supported prostheses. • Devise multidisciplinary treatment plans for implant-retained fixed or removable prostheses, liaising effectively with colleagues in planning and management including the use of appropriate radiographic images. • Use precision attachments in implant dentistry, such as bar and clip, studs and magnets. • Monitor and evaluate the effectiveness implant rehabilitation.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe anatomy, pathobiology and microbiology related to dental implants. • Explain the technical requirements in the provision of dental implants with a range of implant systems. • Explain currently available literature on indications, success & failure criteria and biological implications in the provision of dental implants. • Describe the surgical techniques of implant placement, exposure and healing following implant placement. • Explain the biological benefits of implants and indications for their use. • Explain the principles to be practiced in the prevention of diseases relating to implant structures.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate good skills in the choice and execution of appropriate techniques in all stages of the planned implant treatment in conjunction with other specialists / dental care professionals managing the patient. • Demonstrate good skills in placement of implants and to use guided tissue regeneration techniques during implant placement. • Identify the limitations in their training & experience in relation to implant placement particularly involving surgery to the maxillary sinus and harvesting bone for grafting, and to get the involvement of a trained specialist colleague in such an event.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize the relevance and inter-relationship of dental implant treatment on overall patient care and long-term maintenance & function towards the well-being and self-esteem. • Recognize the cost implications of treatments involving implants and guidelines applicable to provision of such treatment.

2.11 Management of temporomandibular disorders (TMD)

Management of temporomandibular disorders	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Diagnose parafunctions in the oral cavity and factors in the development of dysfunction of mandibular movements and the temporomandibular joints (TMJs). • Construct appropriate occlusal appliances in treating the diagnosed conditions / factors, and to provide behavioural advice in the management of these conditions. • Monitor and evaluate the effectiveness of treatment regimes provided to individual patients.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe relevant anatomy, patho-physiology and radiology in provision of care and advice for temporomandibular disorders. • Explain different methods of treatment available for TMD, including the currently accepted concepts in the diagnosis and management of TMD, identifying their limitations (jaw exercises, inter-occlusal appliances, jaw registration techniques, occlusal adjustment, other recognized approaches to oral reconstruction and psychological approaches).
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Empathically communicate with patients to identify potential aetiological factors leading towards signs and symptoms of TMD. • Demonstrate good skills in the choice and execution of appropriate treatment techniques in conjunction with other specialists/dental care professionals managing the patient.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the need for empathy, patient reassuring & counseling skills. • Recognize the relevance of treatment of TMDs on overall patient care and long-term function & well-being of the patient.

2.12. Interdisciplinary dental management approaches

Interdisciplinary dental management approaches	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Achieve an overall understanding of the aetiology & classification of malocclusions. • Be involved in orthodontic treatment planning where joint management by the restorative dentist and orthodontist would be required. • Manage patients with developmental anomalies of teeth with/without related syndromes. • Manage oro-facial pain.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Explain the aetiology and classification of malocclusions. • Explain the methods by which the smile aesthetics can be improved by joint management approaches between restorative dentist & orthodontist. • Outline the common restorative treatment needs and restorative problems in orthodontic patients. • Explain the aetiopathogenesis of common mucosal & bone pathologies, and development anomalies of teeth & related syndromes.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Examine face & dentition. • Classify malocclusions. • Plan and carryout treatment with the Orthodontist to improve smile aesthetics. • Carryout restorative treatment on patients who are jointly managed with the help of the Orthodontist (e.g. cleft lip & palate, compromised periodontal support, missing teeth, heavily restored teeth etc). • Provide restorative treatment for patients with developmental anomalies of the teeth and oral structures. • Treat / arrange treatment for patients with conditions giving oro-facial pain.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the role played by the other dental specialists in providing overall restorative care when inter-disciplinary dental management approaches are applied. • Appreciate the importance of pathological basis of diseases of the head & neck region, particularly related to the branch of Restorative Dentistry. • Keep abreast with the updating concepts of interdisciplinary dental management approaches, including management of oro-facial pain.

2.13. Pain control, analgesia, sedation and anaesthesia

Pain control, analgesia, sedation and anaesthesia	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Provide suitable analgesics to control pain pre- & post-operatively. • Obtain sufficient local analgesia during all treatment procedures with special consideration given to the patient's medical status and the treatment needs. • Safely use local anaesthesia and to manage any associated / inevitable complications of local analgesia. • Use conscious sedation techniques (in conjunction with appropriate specialists) and develop treatment and preventive strategies for patients who require such management so that prolonged and repeated use of analgesia is avoided. • Plan & deliver appropriate restorative care for patients who can be treated only under general anaesthesia, and develop treatment & preventive strategies for patients who require such management so that prolonged and repeated use is avoided. • Liaise with professionals who are responsible in administering general anaesthesia as well as in delivering immediate post-operative care towards the patient. • Monitor and evaluate the effectiveness of treatment provided under any of the pain control modalities.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe the anatomical, physiological and pathological relevance when using analgesia for dental treatment. • Explain the technical requirements when using analgesia on patients during dental treatment. • List indications, advantages and disadvantages in the provision of local and/or general anaesthesia or conscious sedation techniques during dental treatment. • Describe the properties & action of anaesthetic agents, medicaments and techniques in providing relevant dental treatment.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate skills in the choice and, in carrying out appropriate anaesthetic or sedation techniques for all stages of the planned treatment, in conjunction with other specialists /professionals in managing the

	<p>patient.</p> <ul style="list-style-type: none"> • Carryout appropriate preparatory procedures for safe and effective administration of anaesthesia or conscious sedation by working closely with the professionals responsible in giving general anesthesia.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize the relevance and inter-relationship of restorative dental treatment under local/general anaesthesia or conscious sedation on overall patient care and long-term maintenance, function and self-esteem of the patient.

2.14 Medical Emergencies & In-ward patient care

Medical Emergencies & In-ward patient care	
Objective	<p><i>Able to:</i> Demonstrate knowledge & skills in formulating differential diagnoses and plans of management of common general diseases / conditions in adult & child patients with reference to management of medical emergencies in a dental practice.</p>
Knowledge	<p><i>Able to:</i> Demonstrate basic knowledge in following medical conditions.</p> <ul style="list-style-type: none"> - Anaphylactic shock - Cardiac shock - Hypovolemic shock - Septic shock - Cardiac arrest - Cardiac arrhythmias - Acute coronary syndromes - Acute heart failure - Hypertensive emergencies - Acute bronchial asthma - Pneumothorax - Pulmonary embolism - Upper respiratory tract obstruction - Cerebrovascular accident (stroke) - Subarachnoid haemorrhage - Convulsions - Meningitis / encephalitis - Diabetic ketoacidosis - Hypoglycemic coma - Addisonian crisis - Acute renal failure - Hepatic encephalopathy
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Take & record history from patients (including paediatric history taking). • Carryout a general examination of the body, including neonatal examination. • Carryout examinations in systems (respiratory, cardiovascular, abdomen/gastrointestinal, Central Nervous System – higher functions, cranial nerves & limbs). • Evaluate growth and development of a child. • Analyze information from history, clinical data & investigative results when arriving at a diagnosis. • Take precautions to prevent medical emergencies and systemic complications when treating patients in a dental clinic.

	<ul style="list-style-type: none"> • Recognize the occurrence of a medical emergency as early as possible. • Provide basic life support in all medical emergencies to establish a patent airway, to give CPR (Cardio-Pulmonary Resuscitation) to save life to minimize complications. • Take prompt action to seek advice / to transfer the patient immediately to a medical emergency unit, if and when necessary. • Select appropriate basic pharmacological agents & preparations in their correct dosage and to administer them in managing the medical emergency.
Attitudes	<ul style="list-style-type: none"> • <i>Able to:</i> Appreciate the role and the level of involvement of medical specialists / medical emergency team in managing difficult & complicated medical emergencies.

2.15 Management and Administration

Management and Administration	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate skills in working in a health care organizational setting and deal with administrators, managers & other staff effectively. • Plan and discuss management of a dental practice according to the specific organizational setting. • Deal effectively with complaints / injustices brought up by staff and especially from patients. • Adopt strategies for coping with stress with special reference to effective time management. • Demonstrate a working knowledge in employment & health safety regulations.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe national and local organizational and administrative structures relevant to his/her-own field of practice. • Describe appropriate health & safety and cross-infection control regulations. • Demonstrate a working knowledge in IT.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate good communication skills, presentation skills, negotiating & listening skills and counseling/mentoring skills. • Treat patients & their care-givers, colleagues and other team members in the work place fairly with the best interest in promoting equal opportunities

	<p>for all.</p> <ul style="list-style-type: none"> • Act on complaints efficiently, but empathetically. • Manage time and delegate work as appropriate. • Use relevant computer hardware and software to facilitate administration and clinical practice.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize the effective methods in working as a team to deliver a non-discriminatory wholesome approach towards patients/ caregivers, colleagues & other members in the work place.

2.16 Clinical Governance

Clinical Governance	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Understand the principles of clinical effectiveness and clinical audit both locally & nationally, and to contribute where possible. • Demonstrate awareness of epidemiologically-based needs assessments, systematic reviews of research evidence and contribute to peer-review and appraisal process. • Carryout critical/adverse incident reports and demonstrate awareness of the ways in which this process can be used to improve clinical care. • Comprehend awareness of clinician's medico-legal responsibilities, particularly those related to the specialty of Restorative Dentistry.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe evidence-based clinical practice including cost effectiveness. • Describe multi-disciplinary clinical care pathways and appropriate integration of Restorative Dentistry according to the clinical guidelines and standards. • Explain the differences between clinical audit & research and how to apply ethics to clinical audit.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Demonstrate necessary skills of self-reflection and self-appraisal for continuing professional development. • Organize and undertake a clinical audit including implementation of outcomes and re-audit. • Produce and update patient information material.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the importance in maintaining professional and personal standards. • Recognize the need to constantly appraise and evaluate clinical practice and procedures.

2.17. Teaching and Communication

Teaching and Communication	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Communicate effectively both orally and in writing with peers, other practitioners, staff and patients and the public. • Undertake formative assessments for students / trainees. • Differentiate between appraisal and assessment and have a working knowledge of advantages and disadvantages of each. • Manage groups with different training needs effectively in the same session of teaching.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe the advantages and disadvantages of various teaching modalities, circumstances and styles. • Demonstrate awareness of training needs of students under instructions.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Utilize appropriate communication skills and presentation skills in teaching. • Use different and appropriate instruction material in lecturing, small group discussions, clinical/chair-side & practical group teaching.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Recognize personal effectiveness in delivering lectures, tutorials, clinical demonstrations/discussions. • Appreciate the value of course evaluations and reflective practice.

2.18. Research

Research	
Objectives	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Comprehend research methodology including protocol write-up, preparation of manuscripts and writing grant applications. • Produce sufficient published or publishable material out of quality scientific research.
Knowledge	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Describe data collection methods, techniques in analyzing the data including basic methods of statistical analysis.
Skills	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Produce written reports and articles and to correct manuscripts under supervision.

	<ul style="list-style-type: none"> • Critically analyze and comment on research work and case reports taken from available literature. • Present research work to professional colleagues in small groups or at specialists' meetings.
Attitudes	<p><i>Able to:</i></p> <ul style="list-style-type: none"> • Appreciate the importance of critical appraisal from evidence-based learning in order to apply the same to improve current clinical practice.

ANNEXURE 10 - PRE-MD TRAINING: ANNUAL PROGRESS REPORT

(Please indicate whether End of 1st year/End of 2nd year/End of 3rd year)
(Progress Reports should be completed by the Supervising Consultant/s for Group 1 subjects of pre-MD training in Restorative Dentistry)
(Trainees are requested to hand over these forms on time to the supervising consultant/s. (Supervising consultants should directly send this progress report to the Director/PGIM. Please do not hand over this to the trainee).

Name of the trainee:	
Training Centre:	
Period covering the training (with dates):	
Details of routine training (Subject areas/ topics/ clinical activities covered during the training period): Please mention if the trainee has participated in courses related to: Teaching & Communication? Training related to “professionalism and ethics in medical practice strand”?	
Overall performance of the trainee: (Excellent / Good / Satisfactory / *Poor)	
*If rated as ‘Poor’ – What is the suggested action to rectify or improve the performance of the trainee?	
Name & Signature of the supervising consultant:	
Date:	

ANNEXURE 11 - POST-MD TRAINING: ANNUAL PROGRESS REPORT

(Please indicate whether End of 1-year local training/End of overseas training)

(Trainees are requested to hand over these forms on time to the supervising consultant/s. (Supervising consultants should directly send this progress report to the Director/PGIM. Please do not hand over this to the trainee)

Name of the trainee:	
Training Centre:	
Period covering the training (with dates):	
<u>Details of training</u> (Please comment on the following areas) Subject Expertise: Teaching & Communication: Research and Audit: Ethics & medico-legal issues: IT: Participation in continuous professional development activities:	
Overall performance of the trainee: (Excellent / Good / Satisfactory / *Poor)	
*If rated as 'Poor' – What is the suggested action to rectify or improve the performance of the trainee?	
Name & Signature of the supervising consultant:	
Date:	

ANNEXURE 12 - RECOMMENDED JOURNALS AND TEXT BOOKS FOR MDRD TRAINEES

Journals:

- 1) Journal of Clinical Periodontology
- 2) Journal of Periodontology
- 3) Journal of Periodontal Research
- 4) International Journal of Experimental Dental Science
- 5) Journal of Prosthetic Dentistry
- 6) International Journal of Prosthodontics
- 7) Journal of Endodontics
- 8) International Endodontic Journal

Text Books:

Title of the Book	Author	Edition	Publisher	ISBN
Clinical Periodontology and Implant Dentistry	Jan Lindhe	Latest	Munksgaard, Copenhagen	87-16-12060-4
Current Opinion in Periodontology	Ray C Williams, Raymond A Yukna & Michael G Newman	Latest	Current Science, 20, North Third Street, Philadelphia, PA 19106	1065-626X 1-85922-669-8
Periodontology; The Essentials	Hans-Peter Mueller	Latest	Georg Thieme Verlag, Stuttgart – New York	3-13-138371-2 (GTV) 1-58890-355-9 (TNY)
A Clinical guide to Periodontology	R.M. Palmer & P.D. Floyd	Latest	British Dental Association, 64, Wimpole street, London	0 904588 750
Oral Medicine & Pathology - A guide to Diagnosis and Management	Warnakulasuriya and Tilakaratne	1st Edition	Japee Brothers Medical Publishers New Delhi	978-9350252215

Color Atlas of Dental Medicine. Periodontology	Herbert Wolf	1 st (or latest)	Theime	ISBN 10: 0801679788 ISBN 13: 978-0801679780
Fundamentals of fixed Prosthodontics	Shillingburg, Herbert T	3 rd ed or latest	Quintessence Pub	086715201x
Precision milling and partial denture construction	Henning Wulfer	2 nd Ed	Muller DITZEN AG	3-9809111-X
A clinical guide to occlusion	SJ Davis, RMJ Gray	latest	BDA	0904588 688
A clinical guide to removable partial dentures	J Devenport, RM Basker	latest	BDA	0904588 599
A clinical guide to partial denture design	J Devenport, RM Basker	latest	BDA	0904588 637
Planning and making of crowns and bridges	BGN Smith	4 th Ed	Infoma health care	
Prosthodontic treatment for edentulous patient	Zarb-bolender	12th Ed	Mosby	10-023—02296-0
Prosthetic treatment for edentulous patient	RM Basker, JCD Devenport	4 th Ed		
Implant Restoration a step by step guide	Carl Drago	2 nd Ed	Blackwell	

Implant Lab procedure A step by step guide	Carl Drago	1 st Ed	Wiley-blackwell	
Maxillofacial Rehabilitation: Prosthetic and Surgical Management of Cancer-Related, Acquired, and Congenital Defects of the Head and Neck	Beumer III John	3 rd Ed	Quintessences	978-0-86715-498-6
Clinical maxillofacial prosthetics	Thomas D Taylor		Quintessence	• 0867153911
Harty's Endodontics in Clinical Practice	Thomas R.P.H. Ford			

ANNEXURE 13 -PEER TEAM RATING FORM

PTR FORM

(Rater Assessment 1-20)

PGIM Roll No.
training

Date of assessment (DD/MM/YY)

Year

PGIM											/											-										
/																																

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☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Name of Rater

(You can remain Anonymous)

Please indicate your profession by filling in one of the following circles

- ☐ Consultant ☐ Registrars ☐ SHO or HO ☐ Other Specify
☐ Allied Health Professional ☐ SR ☐ Clerical or Secretarial Staff

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS

1. Attitude to staff: Respects and values contributions of other members of the team			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
3. Reliability and punctuality			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
4. Communication skills: communicates effectively with patients and families			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
5. Communication skills: communicates effectively with healthcare professionals			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
6. Honesty and Integrity, do you have any concerns? <input type="radio"/> Yes <input type="radio"/> No			
7. Team player skills: Supportive and accepts appropriate responsibility; Approachable			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
8. Leadership skills: Takes responsibility for own actions and actions of the team			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

9. OVERALL PROFESSIONAL COMPETENCE

☐ Don't know

☐ 1 ☐ 2 ☐ 3

UNSATISFACTORY

☐ 4 ☐ 5 ☐ 6

SATISFACTORY

☐ 7 ☐ 8 ☐ 9

ABOVE EXPECTED

Comments about the trainee (BLOCK CAPITALS PLEASE) – Write in English/ Sinhala/ Tamil

Your Name/Signature:

(You can remain Anonymous)

Please place form in the attached self addressed envelope and return to the PGIM (PTMU) named on the envelope. DO NOT return to the Registrar or Senior Registrar.

We are very grateful for your independent and honest rating our all trainees.

ANNEXURE 14 - MARKING GRID FOR ASSESSMENT OF THE PORTFOLIO AT THE PORTFOLIO VIVA

1. Documentation:

E.g. Clarity, Brevity, Correct sequence, Focused presentation

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

2. Surgical/operative skills:

E.g. Number, different types, competency

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

3. CPD Activities

E.g. Workshops, Seminars, Conferences

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

4. Reflective Ability

		Marks/10
Fail	Has not completed reflective cycle	<3 (0-3)
Borderline	Has only described the learning experience	4
Pass	Analyzed the reasons for the experience & the reasons for outcome	5
Good Pass	Evaluated how the outcome could have been different if a different course of action was taken	6
Excellent Pass	Provided high quality evidence for implementing changes	7+ (7-10)

5. Teaching

E.g. Undergraduates/ nurses /technicians / dental surgery assistants etc

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

6. Research and Audit

E.g. copies of published articles/abstracts, oral presentations (E.g. Power-Point), manuscripts accepted for publication etc. *with evidence*.

Note: Evidence of a research paper from the MD research work, published in a peer review journal is mandatory to pass the PBCA.

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

7. Candidate's Oral Presentation (15 minutes)

E.g. Post-MD training experience, future vision etc

	Marks/10
Fail	<3 (0-3)
Borderline	4
Pass	5
Good pass	6
Excellent pass	7+ (7-10)

Marks:

(for seven sections

above)

Total Mark of Examiner 1 (out of 70) =

Total Mark of Examiner 2 (out of 70) =

Total Mark of Examiner 3 (out of 70) =

Combined Aggregate Mark of all three examiners (out of 210) =

Percentage Mark (%) =

[Note: 'Satisfactory' level to consider for granting PBCA = 50%]

Signature of Examiner 1:

Signature of Examiner 2:

Signature of Examiner 3:

Date:/...../.....

ANNEXURE 15 - POST-MD TRAINING PORTFOLIO

Post-MD Training: (Indicate whether local or *overseas training) **Training Records (Detailed Case Record Sheets)**

Please record all clinical / laboratory procedures performed by you in this Case Record Sheet as well as on the Summary Sheets. These records should be maintained legibly and certified by the supervisor/trainer.

Case Record Sheet (to be replicated for each patient); [E.g. If you do 100 patients, you would need 100 sheets]

Patient's name: Age & Date of Birth: Record Number:
Gender: (M/F)
.....

i) Brief History (C/O, H/o/C, PMH, PDH etc):
ii) Examination Findings, Investigations etc:
iii) Diagnosis & Treatment Plan/ Care Plan:
iv) Treatment details, follow-up details and other relevant details in the management of the patient:
v) REFLECTIVE PRACTICE: E.g. What was the work undertaken? What were the skills developed? To what extent were you able to achieve the objectives / competencies? How satisfied are you about this particular experience? What would be the action plan for improvement? What were the other alternative methods (e.g. treatment options) to accomplish the same objectives? Why did you choose this approach, was it the best? What were the constraints? What were the identified weaknesses & strengths? Any other relevant notes?

Names and signatures of trainer/s with official stamp

.....

***Overseas training: shall be a minimum of an 'observer post'**

Post-MD Training (Indicate whether local or overseas training):

Case Record Summary Sheet (to be replicated as required)

Details of the Patient (Hospital Record Number):	Mention the relevant *Discipline/s (modules)	Summary of Clinical / Laboratory Procedures carried out	Dates of start & completion of the case	Signature /s of the supervisor/s

***Disciplines/Modules:**

[E.g. Operative Dentistry/ Endodontics/ Fixed Prosthodontics/ Removable Prosthodontics/ Maxillofacial Prosthodontics/ Periodontics/ Oral and Dental Implantology/ Paedodontics/ Management of Temporomandibular Disorders/ Medical Emergencies & In-ward patient care/ Other interdisciplinary dental management approaches]

Trainers: Please mention whether the trainee has fulfilled satisfactory attendance during the training programme

Comments

.....

Trainer's Name, Signature with official stamp & date

.....

Post-MD Training: (Indicate whether local or overseas training)

Record of other Academic Activities (Please replicate sheets as required)

- i) **Participation in Continuing Professional Development (CPD) Activities**
(Attendance in national/ international conferences, Academic Sessions, Workshops, Journal Clubs, Courses and Other Study Programmes)

Date/s of Attendance	CPD Activity & Location	Reflective Practice

- ii) **Communications: [Presentations (Oral/ Poster/Invited Lectures) and engagement in teaching or training of undergraduates/ ancillary staff etc]**

Date	Activity with Forum & Location	Reflective Practice

- iii) **Conduct of Research and Publications (if any): [Abstracts/ Extended-abstracts/ Journal articles / Chapters in Textbooks]**

Research Activity /Publication details
1.
2.
3.

Signature of the Pre-MD

*supervisor/s.....

. (*Supervisors: Please certify, only if there is valid proof for above academic activities)

Post-MD Training:

Annual Progress Report (Please indicate whether End of 1-year local training/End of overseas training)

(Trainees are requested to hand over these forms on time to the supervising consultant/s. (Supervising consultants should directly send this progress report to the Director/PGIM. Please do not hand over this to the trainee)

Name of the trainee:	
Training Centre:	
Period covering the training (with dates):	
<u>Details of training</u> (Please comment on the following areas) Subject Expertise: Teaching & Communication: Research and Audit: Ethics & medico-legal issues: IT: Participation in continuous professional development activities:	
Overall performance of the trainee: (Excellent / Good / Satisfactory / *Poor)	
*If rated as 'Poor' – What is the suggested action to rectify or improve the performance of the trainee?	
Name & Signature of the supervising consultant:	
Date:	

Post-MD Training:

Progress Reports of Research Project (only required during one-year local training)

Research Progress Reports should be forwarded by the supervisor to the BoS (PGIM) at least once in SIX months

(Please indicate the period covered: (End of 1st six-months /End of 2nd six-months).

Two reports will be required for the one-year local post-MD training.

1. Name of the trainee:

2. Training Centre:

3. Supervisor/s:

4. Title of the project:

5. Description of work carried out to date:

To be filled in by the trainee: briefly describe the progress in lab / field work

Main supervisor's comments

1. **Is the work on schedule?** Yes / No
2. **Progress in research write up:** satisfactory / unsatisfactory
3. **Constraints** (if any)
4. **Recommendation of the main supervisor:**

Signature:

Date:

Post-MD Training:**PEER TEAM RATING FORM***(Rater Assessment 1-20)*

PTR FORM

PGIM Roll No.

Date of assessment (DD/MM/YY)

Year

training

PGIM															
/															

--	--	--

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Name of Rater

(You can remain Anonymous)

Please indicate your profession by filling in one of the following circles☐ Consultant☐ Registrars☐ SHO or HO☐ Other Specify☐ Allied Health Professional ☐ SR☐ Clerical or Secretarial
Staff

.....

Please mark one of the circles for each component of the exercise on a scale of 1 (extremely poor) to 9 (extremely good). A score of 1-3 is considered unsatisfactory, 4-6 satisfactory and 7-9 is considered above that expected, for a trainee at the same stage of training and level of experience. Please note that your scoring should reflect the performance of the trainee against that which you would reasonably expect at their stage of training and level of experience. You must justify each score of 1-3 with at least one explanation/example in the comments box, failure to do will invalidate the assessment. Please feel free to add any other relevant opinions about this doctor's strengths and weaknesses.

THE PTR IS NOT AN ASSESSMENT OF KNOWLEDGE OR PRACTICAL SKILLS

1. Attitude to staff: Respects and values contributions of other members of the team			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
2. Attitude to patients; Respects the rights, choices, beliefs and confidentiality of patients			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
3. Reliability and punctuality			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
4. Communication skills: communicates effectively with patients and families			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
5. Communication skills: communicates effectively with healthcare professionals			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
6. Honesty and Integrity, do you have any concerns? <input type="radio"/> Yes <input type="radio"/> No			
7. Team player skills: Supportive and accepts appropriate responsibility; Approachable			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

8. Leadership skills: Takes responsibility for own actions and actions of the team			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED
9. OVERALL PROFESSIONAL COMPETENCE			
<input type="radio"/> Don't know	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	<input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6	<input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9
	UNSATISFACTORY	SATISFACTORY	ABOVE EXPECTED

Comments about the trainee (BLOCK CAPITALS PLEASE) – Write in English/ Sinhala/ Tamil

Your Name/Signature:

(You can remain Anonymous)

Please place this form in a self-addressed envelope and return to the PGIM (PTMU) named on the envelope. DO NOT return to the Registrar or Senior Registrar.

We are very grateful for your independent and honest rating our all trainees.