



## **Changes for 2012**

The changes reported in this **Changes for 2012** document are effective January 1st 2012, and are in effect for the 2012 Examination, the July 2012 Credentials Application cycle and the 2012 Annual Report year. There is no requirement to make changes in case log entries retroactively. “Minor” changes relate to format of AVDC requirements, and apply to all trainees. “Major” changes are changes in content of credentialing requirements and apply only to trainees whose programs were registered after the date on which the change became effective. (Trainees in pre-existing programs can elect to abide by the changed requirement if they wish to do so). Changes in this document are Minor unless specifically identified as **Major**.

At the time that this Changes for 2012 document was released in December 2011, the AVDC on-line documents are undergoing revision to implement these changes – look for the **Version current for 2012** statement at the top of the document to be sure that the document is the appropriate one.

### **Training Program and Credentials Requirements**

#### **Annual Reports:**

##### **Response to Requests for Clarification:**

When the TSC reviewer and chair see the need for correction or clarification of items in an Annual Report, a Request for Clarification is sent to the trainee. To date, there has been no requirement for a trainee to respond to the Request for Clarification. Starting with the 2011 Annual Reports (due February 14, 2012), when a Request for Clarification is received, the trainee shall be required to respond within 60 days. The response can consist of either a revised Annual Report or a letter explaining the reason for and resolution of items for which clarification has been requested. An Annual Report for the subsequent year will not be reviewed if no response to the items identified as requiring clarification has been received. The original Annual Report will not be classified as Review Completed until the items requiring clarification are resolved.

#### **Anesthesia, Radiology and Surgery Specialist Training Hours:**

A requirement that the form must be completed legibly has been added.

##### **Surgery Specialist Hours:**

1. Cadaver practice under the supervision of a Surgery diplomate has been added as an option to the Surgery Hours requirement.
2. The “on office stationary” requirement for reporting Surgery hours has been eliminated.

The relevant section of the Surgery Hours requirement now reads:

For Forum Specialist-in-Training hours or AVDC-sponsored ACVS Forum or Oquendo hours or AVDC-approved course hours, an attendance certificate is required. For Surgery Specialist Hours completed as clinical surgical observation or cadaver practice under the supervision of a Surgery diplomate, the AVDC Specialist Hours Form, completed legibly by the attending board-certified surgeon or human oral surgeon, is required; multiple forms can be used.

## Case Logs

### Tooth Numbering in Case Logs:

To decrease the clutter in the Case Log Diagnosis and Procedure columns, the modified Triadan tooth numbering system is to be used in all species. *There is no requirement to make changes in case log entries retroactively.*

Reference: *Floyd MR. The modified Triadan system: nomenclature for veterinary dentistry. J Vet Dent 1991; 8:18-19.* This reference will be available on the AVDC web site.

**Examples of correctly logged cases** will be added to the on-line Case Log document shortly.

### Correcting MRCL forms

Reviews of past Annual Reports from TSC may include mention of logged MRCL cases for which the uploaded MRCL form has been ‘flagged’ by the TSC reviewer as ‘Not OK’. This usually is because an error was noted in Section 1 (the part containing the patient information and diagnostic and treatment summary that is completed by the trainee). Correction of these errors in the past required preparation of a new MRCL form, which required the diplomate to re-write Section 2 on the new form. Uploading a corrected form to the DMS case log often resulted in the corrected MRCL form violating the ‘one year rule’ (the time between the date of the procedure and the date of the diplomate signature on the form is to be no more than 12 months), which resulted in the corrected MRCL form being flagged by TSC.

A simple method of correcting data in section 1 of the MRCL form has now been developed. No action by the diplomate is required, and the diplomate signature date on the original form remains the diplomate signature date of record.

To correct data in Section I of an MRCL form, follow these steps:

#### **A. For MRCL forms that were generated via DMS:**

1. Identify DMS-generated MRCL forms that the TSC reviewer has indicated require correction - look for the ‘TSC Not OK’ notation in the Committee column in MRCL View mode or see the list in the 2010 Annual Report review.
2. If the problem indicated by the TSC reviewer is an error in the Section 1 data, first make the necessary corrections in the fields in the Edit Case Log Entry screen. To access this screen, click on the blue underlined case log # in the Case Log MRCL View mode.
3. Then scroll to the MRCL Form section at the bottom of the Edit Case Log Entry screen. The original MRCL form will be indicated as a blue, underlined file name. On the same line and to the right of the file name, there is now an ‘[attach corrected info](#)’ command. Click this command. A ‘Save changes and attach corrected data page to this form?’ question appears in a window. Click Yes. A new blue underlined MRCL form name appears as the top item in the MRCL Case Review Forms section in the Edit Case Log Entry screen. If you click on this link, you will see that the new form is displayed as a

## AVDC Training Program Changes for 2012

.pdf file, consisting of the corrected Section 1 on the first page and the original Section 1 and Section 2 on the second page – this allows you and the TSC or Credentials Committee reviewer to check that the corrections have been made.

4. You can now exit the Edit Case Log Entry screen.

### **B. ‘Old’( Word format) MRCL Forms:**

1. To correct Section 1 data in the ‘old’ MRCL Word format form, navigate to the Information for Registered Trainees web page.
2. Click on the MRCL Form – Correction of Section 1 link in the right-hand column.
3. Follow the directions on the form and upload the corrected form using the Attach Completed MRCL Form command at the top of the Edit Case Log Entry screen. Do **NOT** delete the old MRCL form.

When two forms are present in the Edit Case Log Entry screen (or in the Files column for a case in the MRCL View mode screen), the most recent form is always the form at the top (or on the left if there are two form icons in the same row in the MRCL View mode screen).

In the Case Log MRCL View mode, the MRCL form logo in the Files column for forms that have been corrected is shown with a green highlight. This alerts the Training Support Committee or Credentials Committee that a revised form requiring review is present.

### **Changes in Specific MRCL Categories:**

**EN1:** Cases entered in the case log are to include notation of the type of final restoration in the Procedure column. *There is no requirement to make changes in case log entries retroactively.*

**OR1:** This MRCL designation is to be used for occlusal adjustment in all species. The online case log document has been changed to delete limitation to ‘exotic’ species. The revised text in the relevant section of OR1 now reads: *Malocclusion treatment plan, including detailed consultation and recording of the bite or bite registration, impressions, study models, with or without occlusal adjustment. Anesthesia is not necessary.....*

**OR3:** Add ‘or coronal extender’ following ‘inclined plane’. The revised text now reads: *Management of clinical malocclusion. Examples: Crown amputation; Application of an inclined plane or coronal extender. Excludes cases listed....*

**OS5:** Add commissuroplasty as an example. The revised text now reads: *Miscellaneous soft tissue oral surgery. Examples: Resection of traumatic cheek or sublingual granuloma-hyperplasia; commissuroplasty; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; gingival wedge resection; laser surgery for stomatitis; closed reduction of [TMJ] dislocation). An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*

**Visitation Hours:**

1. Visitation time spent on case discussion and patient consultations that do not result in logged cases or on supervised cadaver practice sessions can be counted towards the visitation time requirement.
2. 50% of all visitation hours are to be with the trainee's registered supervisor or with a supervisor-designated diplomate(s). Motion approved. **Major change.**

**Case Report Equivalent Points (CREP) Items:**

Information item from the Editor of the Journal of Veterinary Dentistry:

**Verification of Submission:**

The Journal deadline for submission of a manuscript for a trainee who wishes to have verification of submission of an article before July 15 shall be June 30.

**Verification of Acceptance:**

To ensure that verification of acceptance of an article is available before July 15, a trainee must submit her or his manuscript to the Journal editorial office by April 15.

**Credentials Application Changes:**

Credentials Application Supervisor Report Form:

Additions:

1. The hours for which I or a diplomate designated by me are shown as the 'visited diplomate' listed by the applicant on the Visitation Form represent 50% or more of the total visitation hours and are correct. (*Note – this does not apply to trainees whose registration date is prior to December 31<sup>st</sup> 2011.*)
2. The applicant has obtained the necessary clinical skills to qualify for the AVDC certifying examination. Supervisor to answer as **Yes, No** or **Uncertain**.

One reference letter is required to be from the trainee's supervisor.

**Examination:**

**Examination Information document changes:**

1. The Reading list has been updated.
2. The practical examination core procedures are now: Periodontics, endodontics, oral surgery, and restorative dentistry/prosthodontics (operative dentistry).
3. Planned sharing of equipment or materials among candidates is no longer permitted, as this has been found to be disruptive to the examination process. The Examination Committee has discretion as to how to manage equipment emergencies that occur on site.
4. Radiology arrangements for the 2012 examination. Dental film will be used. The film is to be provided by the candidate. Radiograph units will be available, and radiographs will be processed by a proctor using an automatic radiograph processor that AVDC will provide. Candidates are welcome to bring a chair-side developer and a hair-dryer to dry their own film. The change to use of digital radiographs in the examination is under consideration for the 2013 examination.

**Appeal Policy:**

The Appeal policy has been revised by inserting:

**Grounds for an Appeal:** The affected party may petition for reconsideration or review of the AVDC's decision on the grounds that the AVDC has ruled erroneously by:

- a. Disregarding the established AVDC criteria for certification or approval.
- b. Failing to follow its stated procedures.
- c. Failing to consider relevant evidence and documentation presented.

**Disability:**

If a trainee has a disability at the start of the training program or a disability develops during the training program to the extent that the trainee's performance during the training program or on the AVDC examination will likely be affected, the trainee is to inform AVDC promptly. Such information shall be held in confidence by AVDC.