



Training Program **Changes for 2013**

Training Program Changes of two types were made during the AVDC Board of Director's meeting in Seattle in November 2012.

Several are of the incremental/clarification type that come up each year, which will be implemented effective **January 1st 2013** and are described below.

The Board also decided on the training program requirements for the Equine Dental Specialty, establishment of which is currently under review by the American Board of Veterinary Specialties. The AVDC Board made a decision that all AVDC training programs, whether for the Equine or the current non-species-specific AVDC Diploma, are to have the same standard requirements; this will result in substantial changes in the AVDC training program requirements. These changes are described in a separate section at the end of this document. They will be implemented effective **January 1st 2014**, to allow AVDC time to revise the training program application and documentation processes. **These January 2014 changes will not affect any AVDC trainees who are currently registered in AVDC training programs, or trainees whose application for registration of their program is approved with a start date prior to January 1st 2014.**

Changes Effective January 1st, 2013

The following reported in this **Changes for 2013** document are effective **January 1st 2013**, and are in effect for the 2013 Examination, the July 2013 Credentials Application cycle and the 2013 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 when it is to their advantage to do so).

Changes in this document are **Minor** unless specifically identified as **Major**.

At the time that this “Changes for 2013” document was released in mid-December 2012, the AVDC on-line documents were undergoing revision to implement these changes – look for the ***Reviewed/Revised December 2012*** notation at the top of the document to be sure that the document is the appropriate one.

Consequences of Failure to Meet Requirements or Directions from a Review Committee

Several items are now required to be submitted by and/or approved by specific timelines during a training program. If the timelines are not met, the status of the trainee's training program registration will be reviewed by the Training Support Committee (TSC). In the absence of an acceptable explanation for missing the deadline and a plan to correct the deficiency, registration of a training program may be suspended, in which case accumulation of Specialty Training Hours, Visitation Hours and Case Logging during the program suspension period will not be permitted – the six year case logging 'clock' will not be stopped during a program suspension as a result of lack of a response to an Action required report. If the deadlines are missed more than once, and in the absence of an acceptable explanation for missing the deadline and a plan to correct the deficiency, a trainee's program registration may be terminated after review by the Training Support Committee and AVDC Board of Directors.

Annual Reports

Reminder: Annual reports are to be submitted by all trainees including those planning to submit a credentials application in the next credentials application cycle.

Procedures in Specific MRCL Categories:

A check box has been added on the TSC Annual Report review form requiring confirmation that trainees have not included only one type of procedure in OM, PE3, PE4, EN3, RE, OS3, OS4, OS5, OR1, or OR3 categories. Maximum percentage of one type of case permitted in any of these MRCL categories is 67%.

This change has caused some comment and confusion as to how the 67% will be calculated, particularly for OM cases.

To make it more obvious which categories this policy applies to, the word '*Examples*' and the sentence *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved* are now in bright blue italic font in these category descriptions.

The following clarifications have been added to the online Case Log document:

On page 14, under the heading Case Log Categories and Required Case Load in Each Category:

Several case log categories (OM, PE3, PE4, EN3, RE, OS3, OS4, OS5, OR1, OR3) include the statement: *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved*, and examples of different procedures that fit that case log category are included in the Category description. In these categories, no more than 67% of cases can be from one type of procedure. To ensure that the procedures that qualify as different types of procedure in a particular category are clearly indicated, include the

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specifics of the procedure before the // separator (see page 8), so that it is highlighted upon review by the Training Support Committee or Credentials Committee.

Now included under OM *Clarifications* as item 3 on page 14:

Many OM cases will include biopsy. Cases that also include other 'involved diagnostic tests' in addition to biopsy will be eligible for consideration as non-biopsy OM examples to meet the '67%' rule; for these cases, be sure to include the non-biopsy test prior to the // separator in the case log entry (see page 8).

Progress in Specific Training Program Categories:

Fields have been added to the Annual Report Form so that trainees can report the current status of their accumulation of CREP points, Specialty Training Hours, Radiograph Sets, Equipment List and Dental Chart approvals.

Response to Request for Corrections

When the TSC reviewer and chair see the need for correction or clarification of items in an Annual Report, an Action Required note is sent to the trainee.

Trainees with significant case logging errors or other problems with their Annual Reports are required to make corrections and submit a response to the TSC within 60 days of receipt of the TSC review (this policy was introduced January 1, 2012). The response can consist of corrections to the case log and either a revised Annual Report or a letter explaining the reason for and resolution of items for which action is required is required. See also **Consequences of Failure to Meet Requirements or Directions from a Review Committee**, above.

Case Log Review Soon After the Start of the Training Program:

There continues to be considerable variation in the compliance with AVDC case logging requirements. The following changes are designed to provide feed-back early in the training program.

1. All registered trainees who have not yet submitted an annual report will be required to attend a case log training session at the Veterinary Dental Forum. **Major Change**
2. The case logs of all trainees with a program registration date of January 1st through June 30th will be reviewed by a TSC member in the Fall of that year and recommendations will be made for correction of errors.

Case Report and CREP – General Requirements

Clarification: One full CREP point is needed to meet the 'three of the required dental disciplines' requirement. Two 0.5 CREP items in the same dental discipline meet the one full CREP point requirement,; however, a 0.5 point CREP article will not by itself meet the dental discipline requirement.

Clarification: When a Request for Clarification is made on a case report or CREP item by the Credentials Committee review team, **the trainee is notified that s/he has 14 days to respond**. If a response from the trainee is not received in a timely fashion, the trainee risks termination of further consideration of that item.

CREP Articles

Approved Journals:

Veterinary Surgery and **Veterinary Pathology** have been added to the ‘approved journal’ list for CREP articles.

Book Chapters:

No more than one CREP point per trainee can be counted towards the four CREP point requirement by submission of a book chapter.

Book chapters will only be considered for CREP item review if the trainee is the sole author or first author of the chapter. **Major change.**

A separate **Book Chapter Supervisor Form** is now available, and a separate review form will be used by the Credentials Committee when reviewing book chapters, to ensure standard review of content, references etc.

Book chapters may only be submitted in final form, either as a publisher’s proof copy or as a scanned copy of the chapter in the published book.

Format for Submission of All CREP Articles:

For CREP journal articles that have not yet been accepted by the journal Editor: Unpublished CREP articles are to be submitted as a single Word file or Adobe .pdf file. Maximum file size is 50MB (DMS will not accept any file size larger than 50MB). All references, footnotes and figures with numbers and legends are to be included in the file. If you use Acrobat .pdf format, check the appearance of any radiographs, as pixilation may make them unreadable in standard print quality – use the Adobe ‘High Print Quality’ setting when ‘printing’ the article if necessary.

For book chapters and for accepted or published CREP articles: A single .pdf format file of the publisher’s copy-edited proof or scanned copy of the published item in .pdf format is to be submitted. Maximum file size is 50MB (DMS will not accept any file size larger than 50MB). Check the appearance of any radiographs in the .pdf version, as pixilation may make them unreadable in standard print quality – use the Adobe ‘High Print Quality’ setting when ‘printing’ the article if necessary.

Delayed Submission of CREP Articles

If a trainee has completed all other training program requirements, submission of an item to complete the CREP requirement after the credentials application deadline is permitted, with the following stipulations:

1. Delayed submission is available only for articles submitted to a peer-reviewed journal describing original work.

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2. Standard format case reports and review articles, book chapters, JAVMA-DIVDP articles or JVD Step-by-Step or Veterinary Dentist at Work articles are not eligible for delayed submission.
3. A request for delayed submission must accompany a credentials application, briefly describing why delayed submission is requested, such as ‘*A research project is underway that will not be completed and available for submission as an article for journal review until after the credentials application deadline*’. An anticipated submission date is to be included in the request. The request will be reviewed blindly by the Credentials Committee chair, so no material identifying the author can be included in the request. Submit the Delayed Submission Request in DMS Miscellaneous document named *Delayed CREP Submission Request*.
4. Maximum time for submission of ‘delayed review’ of a CREP article is two years from the July 15 Credentials Application deadline of the original credentials application.
5. Delayed submission articles will be reviewed as for any other Pre-Approval system item; they will not be identified as a delayed submission article.
6. This constitutes a Major Change, however, because it may be advantageous to currently registered trainees, those trainees can make use of this change.

Case Reports

Format:

1. The case report is to be submitted as a single Word file or Adobe .pdf file containing the following in order: title, text, references, footnotes and figures with numbers and legends. If you use Acrobat .pdf format, check the appearance of any radiographs, as pixilation may make them unreadable in standard print quality – use the Adobe ‘High Print Quality’ setting if necessary.
2. The maximum page number of pages for the text portion of a standard case report has been increased to 12.
3. Left margin line numbers are to be included, so that identification of items during review is facilitated (in a Word document, click Page Layout and then click Line Numbers).

Case Logs

Reminder: Trainees are **not required** to make retroactive changes in their case logs.

MRCL Category Changes.

Categorization of **Gingival Wedge Resection** procedures:

Currently “gingival wedge resection” is considered an OS5 procedure. This is now changed to:

- a. A “gingival wedge resection” in the maxillary diastema to treat linguoversion of mandibular canine teeth is to be included in the OR3 MRCL category.

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- b. A “distal (gingival) wedge resection” used to treat a periodontal pocket distal to a mandibular molar as described by Klima and Goldstein and others is to be included in the PE3 MRCL category.
- c. **Implants** – include the osseointegration procedure (implant placement) under PE4, and include the abutment/crown placement as a separate case under PR. If a separate ridge augmentation procedure is required before the implant is placed, categorize the ridge augmentation procedure as a new PE4 case, with a note in the Procedure column stating ‘Ridge augmentation for future implant’.

MRCL Forms:

The use of DMS auto-generated MRCL form is now required for MRCL cases with a case log date of January 1st, 2013 and beyond (the printed form will no longer be accepted and the link has been removed from the AVDC web site). Reasons: Less effort required by trainee, and this will eliminate one of the most commonly seen errors during TSC Annual Report and Credentials Application review – disparity between the information in the logged case and the MRCL form.

Edit Case Log Entry Screen:

A link to the Triadan Tooth Numbering chart will shortly be added to the Edit Case Log screen (the chart is currently available via a link in the Case Log section of the Information for Registered Trainees web page). There is already a link to the Abbreviations page.

Other items are under consideration for inclusion as links on the Edit Case Log Entry screen – Please send a note to ExecSec@AVDC.org if you have a suggestion to enhance the functionality of this screen by including additional links or other changes.

Other Case Log Changes:

Down-grading cases: Trainees are now required to indicate in the case log Procedure field when they have “downgraded” a case to a ‘lower’ MRCL category – insert “Downgraded from (insert case category)”. **Major change - applies only to cases logged from January 1st, 2013 on.**

Example Case Logs: The Joint TSC/CC committee is to work with the Executive Secretary and DMS programmer to make available on DMS examples of properly logged cases for trainee reference.

Cadaver Cases

Clarification and change in format requirement:

1. Limitation: Two cadaver cases total, with a limit of one cadaver case per MRCL category. The limitation to one per MRCL category is a **Major Change**.
2. Format: The cadaver procedure must be performed under the direct supervision of the Supervisor or other AVDC Diplomate. If the cadaver procedure is a crown preparation

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procedure, the trainee must complete the crown preparation-cementation procedure as described in the MRCL Crown Preparation category information, by preparing the crown, including making the appropriate impression(s) and bite registration, and noting on the cadaver procedure form the name and case number of a clinical crown cementation procedure that is not already part of an existing MRCL case – if no such clinical cementation case is available in the trainee’s log, the cadaver procedure must include having a dental lab make the crown from the impression, followed by cementation of the crown under supervision of the diplomate. No cadaver procedures are to be included in the case log. The cadaver procedure(s) must be documented on a Cadaver Substitution Form that is scanned or photographed and included in the DMS Credentials Application document. Name the file: YourLASTNAME,FirstName L. Cadaver {MRCL category} {year}.

3. Procedures requiring multiple steps: For a cadaver procedure that would normally require a second procedure, such as orthodontic procedures that will require appliance adjustment or removal, the second step must be included.
4. Photo documentation of cadaver case procedures is required. No more than 6 images per cadaver case. *Cred Comm – is 6 appropriate/too many/too few?*
5. A description of how you would follow up the case, and post-treatment recommendations to the client, are to be included.

Radiograph Sets

Cadaver: The use of a cadaver for radiograph sets is now required.

Radiograph sets must be submitted in the first year of the training program. Because understanding what an acceptable full-mouth radiograph set looks like and how to obtain it are such fundamental items for a veterinary dental specialist, the canine and feline full-mouth radiograph sets are now required to be submitted within the first year of a training program, and approved by the end of the second year. **Major change.** If a trainee fails to have met either the submission in the first year or approval within two years requirements, the status of their program will be reviewed and the program may be suspended until the requirement is met (i.e. no logging of cases, specialty hours, etc.).

Radiograph sets can be submitted year-round (they are no longer subject to the May 1 – September 15 submission-prohibited cycle).

Equipment Lists

If, as part of the Initial Equipment List, a trainee reports that some specific equipment or instrument items have yet to be obtained but have been ordered, the trainee is to confirm availability of the items by photo documentation within one year or in the next Annual Report, whichever comes first.

The Credentials Equipment list for alternate pathway trainees is to be submitted and approved via the Pre-Approval process before a credentials application is submitted; if the Equipment List has not been approved, the Credentials Application will not be reviewed. **Major Change**

Dental Charts

Dental Charts are to be submitted with a program registration application, and must be approved by the Credentials Committee before the end of the first year of the training program. **Major Change**

Use of abbreviations included in the AVDC Abbreviation List on the dental chart is required; however, if additional abbreviations are included on a blank dental chart, provide definitions of the additional abbreviations on a cover page or as a legend in the chart.

A dental chart is to include a place to record periodontal scoring information for individual teeth. The dental charts currently available on the AVDC web site are under review by the Credentials Committee.

Credentials Application - Letters of Reference

A minimum of two letters of reference are required, one of which must be from the trainee's supervisor.

The second letter is to be from a diplomate with whom the trainee has spent considerable time, or if the trainee has had little or no interaction with another AVDC or EVDC diplomate, the second letter is to be from a veterinarian or dentist who has worked with the trainee and can speak to the clinical abilities and knowledge of the trainee. Do not ask individuals who have little or no direct knowledge of your dental expertise to write letters of reference on your behalf.

Reminder: Letters of reference must meet the requirements outlined in the credentials application document to be deemed acceptable. If a letter does not meet the requirements, the trainee will be asked to arrange for a different but suitably-qualified individual to write and submit the letter.

Reminder: For AP trainees, at least 50% of their visitation hours must be spent with their AVDC program supervisor (mentor) or a supervisor-approved diplomate, who may be more than one individual – the Supervisor should be aware that two letters of reference are required from diplomates who have worked with the trainee.

The Supervisor is to note whether a supervisor-approved diplomate is involved in the training program – the Annual Report Supervisor Form and the Credentials Application Supervisor Form have been revised to include a field to insert the names of the supervisor-approved diplomate.

Future AVDC Training Program Changes Approved in Seattle, November 2012

In November 2012, The AVDC Board of Directors approved training program requirements for the AVDC Equine Dental Specialty, and approved requiring that all AVDC training programs meet these requirements. The revised requirements are stated below. They will be implemented January 1, 2014.

These are **Major Changes**, and as such **will not apply to trainees whose training program was registered with a start date prior to January 1st 2014.**

1. All AVDC training programs will be called residency programs, which may be full-time (minimum 30 months) or part-time (minimum 36 months, maximum 72 months).
2. All AVDC training programs, whether full-time or part-time, will include the same minimum requirements for total clinical service time and diplomate-supervised clinical service time:
 - a. Minimum of 48 weeks of direct diplomate-supervised clinical dental service time.
 - b. Minimum of 78 weeks of total clinical service time (includes the 48 weeks of direct diplomate supervision).
3. The first four weeks of a part-time residency must be spent at the Residency Director's facility.
4. TSC approval of the Residency Director and her/his facility is required for both full-time and part-time residency programs (this means that the Residency Director's [previously known as Supervisor/Mentor] facility, equipment, dental charts etc. will have to be reviewed and approved).
5. Publication requirement (two publications in peer-reviewed journals or other acceptable format plus one standard case report). This replaces the CREP requirement.