



CHANGES FOR 2023

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AVDC General Policies Regarding Changes in Training Program Requirements

1. Changes are either **Major** or **Minor**.
 - a. A **Major** change affects the **substance** of a training program or credentials requirement, for example reducing or increasing the number of cases required in a particular MRCL category, changing the number of required publications, etc.
 - b. **Minor** changes affect the **format** of a training program or credential's requirement, such as requiring that only AVDC-approved abbreviations are used in AVDC Case Log Diagnosis and Procedure fields in the online case log. For **Minor** changes, trainees and residents are **not** required to change AVDC case log records that already exist, though they are encouraged to do so if the changes are made to facilitate review of case log records by the Training Support or Credentials Committees. Additional **Minor** changes can include different formatting of radiograph sets, submission documentation of publication requirement, etc.
2. **Major** changes are not retroactive – i.e., they do not apply to residents whose AVDC-approved residency program registered start date is earlier than the date on which a change was implemented. However, a resident can elect to follow the changed requirements if s/he decides to do so, as some **Major** changes are to the advantage of both new and current residents. *Major changes within this document apply only to residents registered with AVDC on January 1st, 2023 or later; residents registered prior to that date can elect to make use of any Major change if they would like to do so.*
3. **Minor** changes are to be instituted by *all residents* starting January 1 of the year of the change.
4. Changes/deadlines/items noted below apply to Equine, Dual, and Small Animal diploma programs unless specifically stated otherwise. **Items that apply only to the small animal program are in red type.** **Items that apply only to the equine program are in blue type and/or listed under the Equine Program changes section.** **Items that apply only to the dual diploma program are in green type.** Dual diploma residents will need to apply case log/MRCL changes to the respective portion of their case log (SA or EQ related).
5. The AVDC takes seriously reporting, fee payment requirements, and maintenance of approved residency sites, such as response to Action Required notifications associated with Annual Report reviews, submission/approval of Radiograph Sets, payment of Annual Fees, and recertification of residency sites. The status of residents and/or residency sites not in compliance will be reviewed by the TSC and/or Residency Program Administrative Committee (RPAC) chair(s); registration as a resident or approved residency site may be terminated for non-compliance with AVDC requirements.

Changes in Training Support, Case Logging, and Annual Report

Items

MAJOR Changes:

Part-time residencies are now defined as being of 30-months duration to mirror full-time residencies.

48 weeks of direct supervision are required for all residents, with the first four weeks of a part-time residency being under the direct supervision of a Residency Director or Residency Supervisor.

For all residents, >50% of direct supervision time must be under the Residency Supervisor or Residency Director.

MINOR Changes: There are no minor changes.

Specialist-In-Training hours

A portion of the **Specialist-In-Training (SIT) hours** can be acquired via in person or online/virtual formats. Time can include e-learning opportunities, online/virtual rounds, case discussions via an online platform, and online RACE approved CE hours. Hours must be provided by Diplomates of the respective specialty college, with the exception that time spent with OMFS Fellows (not OMFS candidates) can count towards radiology and surgery hours.

Anesthesia: Taken from the 2022 Changes Document, up to **8 of 40 hours** can be fulfilled by SIT content at the Forum, CE lectures and/or virtual content.

Surgery: Up to **20 hours** spent with an **OMFS Fellow** can count toward SIT surgery specialty hours. Taken from the 2022 Changes Document, up to **8 of 40 hours** can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content. The surgery SIT module at the VDF must include a hands-on wet-lab portion. Residents must attend the whole module.

Radiology: Up to **4 hours** of Advanced Imaging (cone beam CT, CT, MRI, etc) can be satisfied with CE content provided by an **OMFS Fellow**. Taken from the 2022 Changes Document, up to **16 of 40 hours** can be fulfilled by SIT content at the Forum, CE lectures, and/or virtual content.

Residency Completion Form: Form CRED 512 must be completed and uploaded in DMS following satisfactory completion of 30 months of a full-time residency training program, for those residents whose credentials were provisionally accepted. This form must be completed for residents whose credentials packages were provisionally accepted, to permit sitting for the Phase 2 examination. The annual deadline to complete this form is February 28th of the year following provisional acceptance of credentials.

Diplomate Direct Supervision is defined as the Residency Director/Supervisor or any Diplomate acting as a temporary mentor, and the resident are participating in clinical practice together and in which both the Diplomate and the resident are on duty interactively and concurrently managing cases. **Direct supervision** means a **Board-Certified Veterinary Dentist™** or **Board-Certified Equine Veterinary Dentist™** (depending on residency program) is readily available **on the premises** where the patient is being treated and has assumed responsibility for the veterinary care given to the patient by a person working under his or her direction.

Diplomate Indirect Supervision is defined as a Residency Director/Supervisor or any Diplomate acting as a temporary mentor that is a **Board-Certified Veterinary Dentist™** or **Board-Certified Equine Veterinary Dentist™** (depending on residency program) that *may or may not* be on the premises with the resident and who has provided either written or oral instructions for treatment of the patient. The Residency Director/Supervisor or any Diplomate acting as a temporary mentor is to be readily available by telephone or other forms of immediate communication.

Changes in Credentials Package Items

MAJOR Changes:

Up to **30 TOTAL cadaver cases** (including pandemic cadaver cases) are permitted to fill gaps in an MRCL log at the time of submission for credentials review. A complete list of cadaver regulations can be found on the revised cadaver form. Below is a brief list of salient requirements regarding the use of cadaver cases.

- 1) A maximum of no more than 50% cadaver procedures can be performed in any category. The only exception to this is in the OM category. NO cadaver cases can be used to fulfill the OM MRCL requirement.
- 2) This means a maximum of 5 cadaver cases can be used to meet the PR MRCL category requirement of 10 **complete** PR cases (preparation and cementation).
 - a) If used in the PR category, the procedures must each be performed on different teeth, e.g. one maxillary 4th premolar; one mandibular molar, one mandibular canine tooth and one maxillary canine tooth. The 5th cadaver case can be a repeat of any of the previous 4 teeth.
 - b) If used in the PR category, one full mouth impression must be performed for each cadaver in addition to appropriate area specific impressions and bite registrations.
 - c) Crowns **must** be fabricated by a lab (providing a prescription) or by using lab-grade equipment on-site (temporary crowns are not acceptable). All crowns **MUST** be cemented onto the prepared tooth with photo and radiographic documentation.
- 3) Multiple procedures (>3) can be performed on one cadaver specimen, so long as the working sites of cases do not impede performance or evaluation of each logged case.

- 4) In order to allow Diplomate's to provide optimal feedback on the cadaver procedure, the MRCL cadaver form needs to be completed **in toto** and attached to the MRCL log entry. **ALL steps in a procedure need to be documented.** Example for PR case: the preparation, regional impressions, all materials sent to the lab (including crown prescription), and crown cementation must be included. Example for OS3 cases: steps in the fracture repair, the final repair, the final occlusion, and appliance removal must be included.
- 5) In the MRCL entry, name, age, breed, sex, and diagnosis can be fabricated (the diagnosis needs to provide a valid reason for the procedure), but the date, species, and procedure must be accurate. For the role, chose C – cadaver; the C role is automatically entered/counted as a **primary** role. The total count of C cases will be visible at the top of each category to make keeping track of pandemic cadaver case numbers easier for everyone.

MINOR Changes: There are no minor changes.

Changes in Certifying Examination Items

There are no MAJOR and MINOR changes for the Certifying Examination.

PLEASE NOTE: There has been a significant change to the “possible procedure list” for Small Animal candidates. Please review the “Information Document for Exam Candidates” published this October 2022.

Changes in Appeals Items

There are no MAJOR or MINOR changes to the Appeals Items.

Changes in Maintenance of Certification (MOC) Items

There are no MAJOR and MINOR changes for the Maintenance of Certification.

REMINDER: For Diplomates certified 2014 and beyond, the time is drawing near to get all your information loaded into the DMS.

2014 Diplomates – Get your information loaded. Review will commence January 2024!

Changes in Items related to the Residency Program Administrative Committee (RPAC)

There are no MAJOR and MINOR changes for the RPAC.

Changes in Equine Program ONLY

MAJOR Changes:

- 1) The following tasks are **removed** from exams and MRCL:
 - **OR4 - Orthodontics: Management of clinical malocclusion requiring use of an active force orthodontic device....1 case**
 - **PR—Prosthodontics: Crown and/or bridge preparation and cementation; abutment/crown placement on an implant. 5 cases**

- 2) **OS4** Involved oral surgical procedures. Examples: Sinus surgery involving access through a flap or trephination, TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved **21 cases**
One case must be a maxillectomy or mandibulectomy. This case can also be performed on an Equine cadaver. **A minimum of 5 cases must include a surgical sinus access (sinusotomy). A maximum of two of the required sinusotomy cases can be performed on an equine cadaver. Five other types of procedures in this category can be performed on an equine cadaver.**

MINOR Changes: There are no minor changes specific to the Equine Program