



Changes for 2017

This document describes changes made by the American Veterinary Dental College in training program, credentials and examination requirements. Several changes have been made since the Changes for 2016 document was released in December 2015. All of the Changes for..... documents are available via links at the top of the [Information for Registered Residents/Trainees](#) web page.

AVDC Credentials Publication Requirements and Case Report Equivalent Points (CREP) system

There has been considerable discussion recently about the AVDC credentials Publications requirement, and its predecessor, the Case Report Equivalent Points (CREP) system. From these discussions, it appears that there is not always a good understanding of the present system by those directly involved (Residents, Supervisors and Credentials Committee members).

It is strongly recommended that all supervisors and all residents (and in particular Alternate Pathway and Part-time Residents) read the relevant AVDC documents, which are available via links from this note or by browsing to the [Information for Registered Residents](#) web page.

In summary, any resident (Alternate Pathway or Full-time) whose training program registration date is **prior to January 1st, 2014**, can elect to use **either** the CREP system or the 2014 Publications system to meet the AVDC credentials case report/publications requirement. The CREP requirement does not require a publication – it can be met by submitting four case reports in the AVDC format, which is detailed in the [CREP document](#). One or more publications can be used to meet part of the CREP requirement, though there must be one approved AVDC-format case report in a credentials application from an applicant registered with AVDC on or prior to December 31st, 2013 who has not elected to use the 2014 Publications requirement.

The publication requirements were significantly revised effective January 1st, 2014, and all residents whose training program was registered **on or after January 1st, 2014** are required to meet the revised [Publications Requirement](#). There have been concerns expressed that the 2014 Publications Requirement may be difficult for some residents to meet, particularly those that are in Part-time Residency Programs (who will normally be busy working in their home practice when not at the Supervisor's facility) or Full-time residents who wish to take advantage of the 'early application' option by submitting their application after 24 months of a residency program rather than at the end of the full 30 months.

Under the 2014 Publications requirement, two 'articles' are required, as described in detail in the website [Publications Requirement](#) document. Please be sure to read the description of the requirements for First Article (bottom of page 2 and top of page 3 of the web document); neither of the articles is required to be based on an original research project or a case series of a specified

minimum number of cases. AVDC certainly wishes to encourage publications based on original research projects, but recognizes that articles resulting from original research projects may take more time to complete than is available in a 30-month residency program; the AVDC Delayed Submission policy (page 4 of the Publications document) is available to allow publications resulting from time-consuming projects to be counted as meeting the Publications requirement. The resident submits a Request for Delayed Submission of an Article as part of the Credentials application package; the request is reviewed by the chair of the Credentials Committee, and if approved and if the rest of the credentials application is also approved, the applicant is allowed up to two years from the time of submission of the credentials application to submit the article for consideration by a journal and by the AVDC Credentials Committee. Note that the article does not have to be **accepted** by the journal within the two-year window. If the Delayed Submission system is used, and the candidate takes and passes both parts of the examination before the article is submitted and either approved by a Credentials Committee review team or accepted by the journal, the candidate will NOT receive the AVDC diploma until the publication requirement has been met.

The 'Second Article' can be a case report written in the AVDC Case Report format described in detail in the [CREP document](#); although it must be submitted to a journal, acceptance by the journal is not required – the Credentials Committee will review that case report as they would any other case report.

Carefully read the [CREP document](#) (if that applies to you based on your program registration date) or the [Publications Requirement](#) document. Both documents were carefully crafted to ensure that AVDC's standard for training will be met, and to be fair to AVDC residents.

Examination Policy and Procedure Changes

Timelines for Phase I and Phase II:

Phase I portion of the AVDC examination will be given in January.

Phase II portion will be given in June. Specific future dates are to be determined and will be announced well in advance of any registration deadlines.

Examination Fees:

The Examination fee is separate from the Credentials Application Fee.

Examination Fees for the 2017 Examinations are:

Phase I Examination (Multiple choice examination): \$1,500, whether being taken for the first or a subsequent time.

The signed Phase I Examination Security Form and the examination fee (paid by new candidates and re-examination candidates) are to be submitted by October 31st **of the year preceding the examination**. This form is available in the Examination section of the [Information for Registered Trainees](#) web page. *The AVDC Phase I examination fee does NOT include the Comira examination center fee – you will be asked to pay this fee by credit card when you call to make your Comira exam center reservation.*

Phase II Examination (Practical). Only candidates who have passed the Phase I examination are eligible for entry to the Phase II, Practical Examination (with the exception of individuals who became candidates in 2013 or earlier). The Phase II examination fee for all candidates taking the examination in 2017 will be \$3,000.

The signed Phase II Examination Security Form and the examination fee (paid by new candidates and re-examination candidates) are to be submitted by **March 15th**. This form is available in the Examination section of the [Information for Registered Trainees](#) .

Changes to Format of Phase II Examination:

The Phase II examination will be administered in four sessions (two sessions beginning Wednesday morning and two sessions beginning Thursday morning). The Phase II test examines candidates using procedures from the four core disciplines: periodontics; endodontics; oral surgery; and restorative dentistry/prosthodontics/orthodontics. Two procedures per core discipline will be performed during each session with a minimum of 2.5 hours per session. Only procedures from a single core will be performed in a particular session. Certain core sessions may be allotted additional time at the examination committee's discretion. The exact core testing schedule and time limit for each session will be released after eligible Phase II candidates are confirmed. The format of the examination will be explained further at the exam security meeting and at the beginning of the examination sessions.

Credit for Cores Passed:

New to the 2017 examination, candidates will receive credit for cores passed. In order to receive credit for a core, the overall (total) Phase II examination score of the combined cores taken at that examination visit must be $\geq 70\%$. If a candidate successfully passes an individual core by $\geq 70\%$, and has a combined total score of $\geq 70\%$, but does not pass all four cores, they will only be required to retake the remaining unsuccessful cores at a future Phase II examination. At subsequent examination attempts, the overall (total) score on those core(s) tested during that attempt must be $\geq 70\%$ to receive credit for the passed core(s) with an individual core score of $\geq 70\%$. At each Phase II examination attempt, candidates are required to take ALL unpassed core disciplines. The examination fee for Phase II will be the same for all candidates regardless of which cores, or how many cores, are taken.

Candidates returning to take any remaining cores of the Phase II examination will be required to be present for the entire examination process. All candidates must attend the Examination Security meeting held the evening before the first examination day. Candidates will not be allowed to remove their equipment or pack up until after the final core session is completed on Thursday. The specific day and start time of each core session will be provided to all candidates at the Examination Security meeting.

Penalties for Late Submissions:

If a specimen is not in the plastic box on the floor at the announced end of the examination, proctors will physically collect the specimens and place them in the plastic box. A red tag will be attached to that specimen box (which will be removed before the specimen box is seen by the graders). These red-tag specimens will be penalized 35% of the actual scores given by the graders for procedures performed on those specimens. Physical resistance by the candidate to collection of the specimen by the proctor will cause the proctor to back away with the result that the specimen will not be graded at all. Additional materials such as resected tissues, impressions or extracted teeth not in the plastic box when collected by the proctor will still be submitted for grading, but will receive a 35% penalty for the portion of the grading that the item pertains to. The final five minutes of the Phase II examination will be video recorded for documentation purposes.

New Training Documents:

Documents are now available on the [Information for Registered Residents](#) section of the AVDC website that provide a further overview of the Phase II examination as well as potential grading criteria. These documents are not meant to be comprehensive and should serve only as a supplement to preparing for the examination.

[Education and Training Document](#)

[Exam Overview Document](#)

Complete Phase I and Phase II examination information is contained in the current Examination Information for Candidates document, and is current for 2017.

[Examination Information for Candidates](#)

Equine Program Changes

- 1) For the year 2016 and years prior the equine specialty will accept the use of RA for both live cases and cadaver cases. RA will not be accepted for any cases after 2016.
- 2) The equine specialty will accept up to one primary (P) and one assistant (A) per cadaver MRCL entry in categories EN1, PR, and OR3. In all other categories in which a cadaver case is accepted, only one primary (P) can be logged per cadaver MRCL entry. No assistant (A) cadaver cases can be logged for MRCL categories PE1, PE3, PE4, EN2, EN3, RE, and OR4. Please note that all categories must still meet the 50% Primary rule as stated in the Case log Information document whether cases are in vivo or cadaveric in nature.
- 3) All annual reports MUST be completed by January 31st, 2017 for all residents and Advanced Standing candidates. If not completed by the deadline, Advanced Standing candidates will miss the final opportunity to submit a credentials package July 2017 under this inaugural program, and residencies may be penalized.
- 4) PE4 MRCL case log entries using a guided tissue membrane MUST state the membrane material used in the log entry under the treatment section.
- 5) All new, unreviewed, and TSS Unapproved (EQTSS-Not OK) MRCL case log entries from August 2016 forward , must use the most recent 2016 abbreviation list only for MRCL log entries. The nomenclature and abbreviation list can be found at <http://www.avdc.org/abbreviations.pdf>
- 6) The equine radiograph requirement will allow up to 32 radiographic images to be submitted per complete set.
- 7) Dental Charts submitted for pre-approval or with a credentials package must include a blank dental chart and an example of a completed dental chart for full evaluation by the Credentials Committee.
- 8) The 500 overall case requirements previously stated for individuals within the Advanced Standing program has been removed. Individuals within the Advanced Standing program and residents in standard residency programs will only be required to submit the 240 Minimally Required Case Log (MRCL).
- 9) Bilateral MN/FX cases can be logged as 2 separate OS3 cases because two separate dental quadrants are involved.