



INSTITUTIONAL PROSPECTUS FOR HOUSE OFFICERS

BACHA KHAN DENTAL COLLEGE (BKDC), MARDAN





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1. Introduction

Bacha Khan Dental College (BKDC), Mardan is accredited by the PMDC and authorized to accept provisionally registered BDS House Officers for their clinical rotations. Completing a 12-month clinical rotation is a requirement for BDS graduates to obtain full/permanent registration and receive a license to practice. This rotation enhances the professional development of dental graduates.

Objectives:

The objectives of this one-year training program are to:

- Equip dental graduates with the skills to manage dental problems competently, skillfully, and empathetically.
- Encourage dental graduates to engage in self-directed learning and pursue continuing professional education.
- Prepare dental graduates to become effective and competent leaders in the dental profession.
- Foster critical thinking abilities in dental graduates to enable them to conduct research in clinical and basic sciences.

Learning Outcomes for House Officers

- Complete specific procedures of each dental specialty to achieve the required competency.
- Observe difficult procedures or perform under supervision.
- Maintain the record in logbooks, which will be officially approved by the respective Head of Department, at the completion of the specific clinical rotation.
- Acquire the core competencies (as specified in section 8).
- Attend learning sessions and workshops to improve skills.
- Participate in research projects in BKDC.



2. Induction criteria

Eligibility criteria

1. BDS degree from a PM&DC recognized institution.

Documents required

1. Application to the principal BKDC for house job in the institution
2. Updated CV
3. Duly executed undertaking/declaration on a judicial stamp paper (available on the college website).
4. Copy of bds mark sheets of all professionals (attested)
5. Copy of transcripts (attested)
6. PMDC provisional registration certificate (attested)
7. Two passport size photographs with white background (one photograph attested on back and one attested on front.)
8. CNIC copy (attested)

General rules

1. The induction of House Officers is a biannual process, aligned with the timeline of final Professional examinations for BDS graduates at BKDC. The availability of mid-year induction slots depends on the continuation status of the House Jobs of regular candidates for that particular year.
2. 50 paid seats for BKDC graduates are available annually, in compliance with PMDC regulations.
3. Preference shall be given to candidates from current batch of graduates of BKDC for regular entry, followed by old graduates of BKDC.
4. Vacancies for foreign graduates or graduates from institutions other than BKCD will depend on the availability of slots after the complete registration of BKCD graduates. Interested candidates must submit a physical application to BKCD along with a PKR 5000/- "Application Processing Fee." Applicants will be shortlisted based on merit criteria and interviewed, with the final selection being determined by their performance in the interview.



3. Professional Development Program

A House Officer is bound to attend the professional development program, comprising of taught sessions (lectures and interactive sessions) and hands-on workshops arranged by the clinical departments and department of medical education.

Portfolio/Logbook

A House Officer shall maintain a portfolio/logbook to record the professional activities and credentials achieved during the one-year duration.

Research Project

In addition to clinical rotations, a BDS House Officer is encouraged to develop and conduct a research project.

Assessment Plan

Continuous formative assessment shall be a part of the one-year training program. During each clinical rotation, work-based assessment will be used and documented in portfolio/logbook.

House job certificate shall only be issued to the House Officer concerned after the submission of complete portfolio/logbooks and passing the assessment.

4. Joining Process:

1. Graduates will have to appear for interview, conducted by the house job committee.
2. There will be an orientation day before the start of house job, during the orientation day ceremony, the Principal of BKDC and the In charge of the House Officers' Program will formally introduce the incoming House Officers to the institutional rules and regulations.
3. At the commencement of the House Job, a House Officer will receive an institutional identity card upon submission of their biometric records to the college authorities. In case of loss, a fee of Rs.500 will be charged for reissuance.
4. The working hours for a House Officer will be from 08:00 am to 04:00 pm, Monday to Friday. Non-compliance with attendance or duty hours will result in disciplinary action.
5. House Officers will report to their respective departments according to the clinical rotation schedule provided.
6. One month's pay will be forfeited by BKCD if a House Officer is terminated due to absence from duty.



5. Rules and Regulations

1. According to the clinical rotation schedule, House Officers are permitted to begin clinical work under the close supervision of faculty members from the respective departments.
2. House Officers must adhere to cross-infection protocols in the clinics and display valid security cards issued by BKDC.
3. Each House Officer must maintain a portfolio/logbook of their clinical activities and performance during the House Job.
4. Attendance at the Professional Development Program for continuing dental education is mandatory for House Officers. One day's salary will be deducted for three consecutive absences from professional development sessions.
5. House Officers are encouraged to conduct a research project under the supervision of a faculty member during their House Job, with the aim of publishing in a PMDC-recognized journal.
6. BKDC may involve House Officers in health-related community service and administrative activities as part of their Professional Development.
7. House Officers are responsible for the proper maintenance, functioning, and safety of the instruments and equipment they use. If found guilty of misuse, they may be held liable for the resulting damages as assessed by the competent authority.
8. BKDC reserves the right to terminate a House Officer's contract at any time without notice on the following grounds:
 - a. Recommendation by the Principal BKCD based on performance.
 - b. Disciplinary issues, moral turpitude, irresponsible behavior, involvement in political activities, inefficiency, objectionable behavior, or major misconduct as decided by the disciplinary committee.
9. Upon completion of the House Job or resignation, House Officers must submit a clearance certificate to the administration department within 30 days. Failure to do so will result in forfeiture of dues and non-issuance of an experience certificate/letter.
10. The House Job Certificate will be issued by BKDC to the House Officer after the submission of the portfolio/logbooks detailing their performance, assesment and attendance. The certificate will not be issued if the training period is less than six months.
11. According to institutional policy, House Officers must not disclose any information related to the institution's affairs during or after their service. All files, records, documents, drawings, specifications, and other items related to the institution's affairs, prepared by or coming into the possession of the House Officer, remain the exclusive property of BKDC and must not be removed from the premises or communicated to any person.
12. House officers should avoid unnecessary use of mobile phones during duty hours.



13. All house officers must attend the orientation session on the first day of rotation in respective departments.

Social media policy

The display of scientific content/ clinical work on social media shall be subjected to ethical approval of the supervisor concerned.

Any content related to patient should only be uploaded after the patient's consent and all necessary measures to ensure patient's privacy followed by the approval from the head of department of that respective ward. Failure to do so will result in strict disciplinary action.

Leave Policy

1. House Officers are entitled to a maximum of 2 days' leave per month without deduction, which can only be granted by the recommendation of the head of department concerned.

2. Fourteen days of unpaid leave for ex-Pakistan/marriage purposes will be permitted during the one-year House Job Training and will be counted as casual leave.

3. Leave will only be considered in case of written application with relevant replacement, and approval from the head of department. Failure to do so will be considered leave without absence and the resultant pay deduction and necessary disciplinary action.

4. In case of sickness, House Officers must provide a medical certificate from a PMDC-registered consultant for verification and validation by the college authorities.

5. Any leave exceeding the above-mentioned limits will result in an extension of the House Job duration, at the discretion of the Principal BKDC/clinical director.

6. According to institutional policy, biometric and departmental leave records will be maintained and considered for salary disbursement. Non-compliance will result in salary reductions based on the following grounds:

- a. Absence from duty without prior permission and application.
- b. Three late arrivals in the morning or three early departures in the afternoon, whichever occurs first, will result in the deduction of a single day's leave.
- c. Any misconduct, poor patient management, breach of cross-infection control, or disciplinary action as recommended by the Principal BKDC/clinical director will result in salary deduction.

**Dress Code**

All House Officers should:

- Wear a clean white coat/scrubs
- Display BKDC ID card
- Use appropriate PPE.
- Maintain a neat, professional appearance.

Ethics and Patient Rights

All house officers should:

- Obtain informed consent before procedures from all patients.
- Respect patient dignity and privacy.
- Maintain patient confidentiality.
- Communicate treatment plans clearly.
- Maintain accurate and honest records.
- Report adverse events immediately to the supervisor.



6. Clinical Responsibilities

1. Achieve the PMDC competencies.
2. Comprehensive care provision to patients under supervision of senior faculty.
3. Consult the faculty regarding complex cases presented to the department.
4. Maintain written records of patient notes/ procedural details/ cost of the performed procedure, receipt and registration number on patient's file as well as departmental register.
5. House Officers shall take the patient's history and write the summary in SOAP format.
6. House Officers are not permitted to discharge any patient or conclude any treatment without consulting a senior faculty member.
7. House Officers must always stay in the department with their patients and must not leave their post without informing the authority concerned.
8. No relief or replacement is permitted without prior permission from the concerned HOD.
9. House Officers must strictly follow cross-infection protocols during clinical procedures.
10. House Officers are responsible for appropriately referring patients to various departments.
11. House Officers are not permitted to refer any patient to private practice.

ACADEMIC RESPONSIBILITIES

- Weekly Journal club
- Weekly case presentations
- Biweekly participation in CPCs
- Logbook maintenance
- Attendance maintenance

General Responsibilities:

1. Maintain clinical portfolios/logbooks.
2. Learn and conduct a research project during the house job.
3. Regularly attend professional development activities.
4. Participate in seminars, workshops & conferences.



5. Attain professional and courteous relationships with faculty and dental auxiliaries. Promptly reports any irregularity in the department working to concerned faculty.
6. Participate in institutional health-related community services.
7. Actively participate in extracurricular activities.

7. Clinical Rotation

BKCD has following departments for clinical training of BDS House Officers with the given timelines.

Specialties:

1. Operative Dentistry and Endodontics - 2 Months
2. Prosthodontics - 2 Months
3. Periodontics - 2 Months
4. Oral and Maxillofacial Surgery - 2 Months
5. Orthodontics - 2 Months
6. Pediatric Dentistry/ Oral Medicine and Radiology - 2 Months

Total = 1 year

Department of implantology rotation will be linked to Prosthodontics.

Department of orthognathic surgery rotation will be linked to Orthodontics.

8. Domain of Competencies

COMPETENCIES REQUIRED FROM A DENTAL SURGEON UPON GRADUATION AND BY THE END OF THE HOUSE JOB

Each competency in this section has been classified into three levels of competence expected from the dental surgeon:

Competency Level 1: Has observed/assisted and is familiar with the steps.

Competency Level 2: Can perform under supervision.

Competency Level 3: Can perform independently.

Competencies that a Dental Graduate / House Surgeon should demonstrate include, but are not limited to, the following:



A. PATIENT ASSESSMENT

NO	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
1.	Elicit, and record patient history	2	3
2.	Perform, and record intra and extra oral examination for diagnosis of problems presenting to all specialties of dentistry, including: caries, periodontal disease, malocclusion & dentofacial deformity, common oral cysts and benign lesions, oral cancer and potentially malignant lesions, odontogenic and facial infections, mucosal disorders, dentoalveolar & maxillofacial trauma, TMJ and facial pain/neurological disorders.	2	3
3.	Perform the following examinations as part of dental patient assessment: Neck, cranial nerves V and VII, TMJ and muscles of mastication, dentofacial deformity.	2	3
4.	Perform, and record results of diagnostic investigations: transillumination test, pulp vitality test (heat, cold, electrical).	2	3
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON	EXPECTED COMPETENCE LEVEL BY THE END OF



		GRADUATION	HOUSE JOB
5.	Select, and safely take the following intraoral radiographs using PNRA safety guidelines, for adults, children, and pregnant patients: periapical, bitewing, occlusal.	2	3
6.	Select, order, and interpret extra oral imaging: OPG, lateral ceph, PA jaws, occipitontal (PNS), lateral oblique views mandible, CBCT.	1	2
7.	Select, perform/obtain, and interpret diagnostic investigations: haematological (CBC, coagulation profile, HbA1c, FBG, RBG), FNA, biopsy (excisional, incisional, trephine, brush), glucometer use.	1	2

B. PROFESSIONAL & MULTIDISCIPLINARY SKILLS

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
8.	Apply ethical standards in the provision of dental care.	2	3
9.	Practice within one's scope of competence and consult with or refer to professional colleagues when indicated.	2	3



10.	Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients	2	3
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NO	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
11.	Take and record informed consent for common procedures in dentistry.	2	3
12.	Apply appropriate interpersonal and communication skills	1	2
13.	Apply psychosocial and behavioural principles in patient-centred health care.	1	2
14.	Communicate effectively with individuals from diverse populations	1	2
15.	Provide prevention, intervention, and educational strategies	2	3
16.	Counsel patients on physiological and biochemical principles of growth and healing to promote, maintain, and restore oral soft and hard tissues, in health and disease	1	2
17.	Take extra and intra-oral clinical photographs for dental patient record		1



18.	Communicate responsibly and professionally when using media, including but not limited to television, print, advertisements, and electronic social media	1	1
19.	Communicate verbally and in writing (face to face, electronically and phone) with patients (special or aggressive, children and teenagers, geriatric, mentally challenged, visually and auditory challenged), their relatives, colleagues, dental technicians, laboratory personnel, and wider health care professionals, including referral.	1	2

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
20.	Communicate professionally with a pathologist to discuss lab and biopsy samples and results	1	2
21.	Explain diagnosis, investigation and evidence-based treatment/management plan to patient/attendant involved in decision making.	2	3



22.	Give post-procedure instructions and counsel patient on home care after common procedures in dentistry, and on the safe use of prescribed medication.	2	3
23.	Safely prescribe drugs for common dental indications, including pain and anxiety management, infectious diseases (bacterial, viral & fungal), periodontal and mucosal diseases including ulcers and Lichen Planus, dentin hypersensitivity, oral trauma & abrasions.	2	3
24.	Practice antibiotic stewardship	2	3
25.	Deliver oral hygiene instructions i.e. instruct patients in appropriate oral hygiene methods compatible with oral health.	3	3
26.	Apply counselling skills in dentistry: advice patients on lifestyle and risk factors: habit breaking, dietary, oral hygiene, oral health, caries prevention, smoking cessation, health promotion.	2	3

	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
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27.	Apply principles of dispute resolution during a conflict i.e. apply principles of conflict management in all aspects of dental practice	1	1
28.	Break bad news	1	2
29.	Manage a dental practice		1
30.	Recognize and manage/refer patient abuse and/or neglect		1
31.	Identify and manage/refer substance abuse		1
32.	Demonstrate different operator positions, instrument grips, and patient positions required to perform common procedures in dentistry.	3	3

C. INFECTION CONTROL

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
33.	Demonstrate hand hygiene, respiratory etiquette, and donning and doffing of PPE for non-aerosol generating, and for aerosol generating procedures.	3	3



34.	Aseptically set up an instrument tray and equipment for a general dental procedure. Including sterile set up of handpiece and suction, and application of sterile barriers.	3	3
35.	Follow standard precautions for infection control for handling of equipment, instruments and materials during dental procedures, including: material dispensing & manipulation & transfer to dentist, curing light use, oral radiology, dental unit water lines purging and treatment, use of intra oral cameras.	3	3
36.	Disinfect impressions and prosthetic/orthodontic appliances and devices before delivery, and before sending to the laboratory	3	3
37.	Segregate and dispose contaminated waste and sharp items generated in a dental procedure.	3	3
38.	Perform dental unit disinfection after procedures, and at the start of the day.	2	3
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB



39.	Run, monitor and record an autoclave cycle.	2	3
40.	Remove and store sterile packs from an autoclave	2	3
41.	Demonstrate cleaning and disinfection of blood or saliva spillage	2	3
42.	Demonstrate initial management of a needle prick injury.	2	3
43.	Disinfect, wash/clean, & package contaminated dental instruments for autoclaving	2	3

D. MEDICAL & DENTAL EMERGENCIES

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
44.	Prevent, recognize, and manage dental emergencies, including: uncontrolled bleeding, abscess (local swelling/pain), cellulitis, severe dental pain from pulpal inflammation, acute periodontitis, pericoronitis, alveolar osteitis, tooth fracture, tooth avulsion/luxation, caries/defective restorations causing pain, denture/ortho appliance adjustment if impeding function/painful, acute myofascial pain dysfunction with trismus,	1	2



	endodontic hypochlorite accident.		
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
45.	Prevent, recognize, and manage dental emergencies in a dental clinic, including impairment or loss of consciousness, chest pain, and respiratory obstruction/distress, panic/anxiety. The dentist should be competent in recording blood pressure, Pulse & Respiratory rate, basic life support (BLS, including cardiopulmonary resuscitation), blood glucose testing by glucometer.	2	3
46.	The dentist should be competent in administering oxygen therapy, giving injections (I/M, I/V, S/C), managing infusion lines, and use of automated external defibrillator.	1	2

E. PAIN & ANXIETY MANAGEMENT



NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
47.	Select and safely prescribe drugs for the management of preoperative, operative and postoperative pain and anxiety.	2	3
48.	Select and safely administer the following local anaesthesia techniques for the practice of dentistry: infiltration for maxilla and mandible (including intrapulpal, intraligamentary), and the following nerve blocks: inferior alveolar, lingual, long buccal, greater palatine, & nasopalatine.	3	3
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
49.	Administer the following local anaesthesia techniques for the practice of dentistry: mental block, posterior superior alveolar block, Gow Gates block, Infraorbital block, VaziranoAkinosi closed mouth block.	1	1
50.	Manage potential complications of local anaesthesia	1	2



51.	Identify indications for appropriate application of inhalation and intravenous conscious sedation techniques for dental procedures	1	1
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F. DISCIPLINE SPECIFIC COMPETENCIES – PERIODONTICS

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
52.	Educate patients concerning the aetiology of periodontal disease and encourage them to assume responsibility for their oral health.	2	3
53.	Perform periodontal charting and instrumentation techniques for plaque, calculus and stains removal using manual and powered instruments.	2	3

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
54.	Instruct the patients on when and how to use chemical plaque control agents in periodontal disease management.	2	3



55.	Discuss the outcome of periodontal therapy and carry out any further procedures required to maintain (supportive periodontal therapy) or improve the obtained treatment outcome.	2	2
56.	Discuss local, systemic and acquired risk factors of periodontal disease with patients, discuss the role of periosystemic inter-relationship and its influence on periodontal treatment strategies.	2	3
57.	Provide symptomatic relief to patients presenting with painful conditions such as necrotizing ulcerative conditions, periodontal abscess, food impactions, dentine hypersensitivity.	2	3
58.	Use plaque disclosing agents.	2	3
59.	Perform instrument sharpening techniques and identify worn down periodontal instruments.	2	3
60.	Perform functional crown lengthening to achieve biological harmony in direct and indirect restorations.	1	1
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB



61.	Perform gingivectomy procedure and application of periodontal surgical dressing.	1	1
62.	Perform periodontal surgical therapy for periodontal pocket reduction.	1	1

G. DISCIPLINE SPECIFIC COMPETENCIES – OPERATIVE DENTISTRY, ENDODONTICS & PAEDIATRIC DENTISTRY

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
63.	Diagnose Caries Risk and formulate a Treatment Plan accordingly	2	3
64.	Select and use restorative materials based upon location, size and shape of cavity, oral environment, and occlusal load.	2	3
65.	Select and use burs and other materials for tooth preparation, finishing and polishing of restorations.	2	3
66.	Demonstrate knowledge of oral anatomy and morphology in performing intracoronal restorations	3	3
67.	Demonstrate principles of minimal invasive dentistry during tooth preparation.	2	3



NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
68.	Execute vital pulp therapies, and restore endodontically treated primary and permanent teeth.	2	3
69.	Perform different classes of amalgam restorations, including tooth preparation.	3	3
70.	Perform anterior and posterior direct composite/GIC restorations, including tooth preparation for preventive Resin Restoration and other cavity forms.	3	3
71.	Apply rubber dam for performing restorative and endodontic procedures.	2	3
72.	Manipulate and apply adhesives/liners/bases and restorative materials for direct restorations.	3	3
73.	Achieve static and dynamic occlusal harmony for restorations, prostheses and appliances.	2	3



74.	Select and manipulate dental cements for luting and restoration based on biological and mechanical clinical requirements.	2	3
75.	Select and use occlusal relation registration materials.	2	3

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
76.	Select, manipulate, and use materials for endodontic treatment.	2	3
77.	Handle and dispose dental mercury waste.	2	3
78.	Use Stainless steel crowns for restoring deciduous teeth.	1	2
79.	Perform pulpotomy in deciduous and young permanent teeth.	2	3
80.	Perform non-surgical endodontic therapy on teeth with single canal: access opening, chemomechanical preparation, working length estimation, & obturation.	2	3



81.	Perform non-surgical endodontic therapy on teeth with multiple canals: access opening, chemomechanical preparation, working length estimation, & obturation.	2	3
82.	Perform preventive dental procedures independently: pit & fissure sealants	2	3
83.	Apply non-pharmacological behaviour management strategies on paediatric patients.	1	2
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
84.	Perform Atraumatic Restorative Treatment (ART).	2	3
85.	Deliver fluoride & non-fluoride caries preventive therapy and use of desensitizing agents for dentine hypersensitivity.	2	3

H. DISCIPLINE SPECIFIC COMPETENCIES – PROSTHODONTICS

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
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86.	Apply knowledge of oral anatomy and morphology in fabrication of temporary crowns.	2	3
87.	Achieve static and dynamic occlusal harmony for restorations, prostheses and appliances.	2	3
88.	Select and manipulate dental cements for luting and restoration based on biological and mechanical clinical requirements.	2	3
89.	Select and use burs and other materials for tooth preparation, finishing and polishing of prosthesis.	2	3
90.	Perform wire bending into different shapes, and clasps used in removable partial dentures.	2	3

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
91.	Select and manipulate different types of plaster of paris to: pour dental models for study, and prosthesis fabrication; mount casts/models on an articulator.	3	3
92.	Select and manipulate impression materials for recording impressions of dentate, partially dentate and edentulous jaws as well as indirect intra / extra	2	3



	coronal restorations.		
93.	Design, prepare teeth for and deliver indirect extracoronar restorations: anterior and posterior full coverage crowns i.e. perform anterior and posterior crown preparations for full metal, porcelain fused to metal, and all ceramic crowns.	2	3
94.	Fabricate direct temporary crowns.	2	3
95.	Perform post and core buildups	1	2
96.	Design, prepare teeth for and deliver simple 3 unit bridges	1	2
97.	Design, fabricate, and deliver removable partial dentures: impressions, maxilla mandibular relationship, denture trial & insertion.	2	3
98.	Design, fabricate, and deliver conventional complete dentures: Primary and secondary impressions, post dam marking, maxillomandibular relationship, denture trial and insertion.	2	3



NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
99.	Produce diagnostic casts, and mount with inter-occlusal records. Perform the laboratory procedure of pouring, removal and trimming of a gypsum cast from an alginate impression.	3	3
100.	Demonstrate face bow transfer, articulation, and programming of a semi adjustable articulator.	1	2
101.	Perform segmental tooth setup for upper and lower arches, complete or partial, followed by finishing and festooning.	3	3
102.	Manage post-insertion (postdelivery) complaints of the patient using removable prostheses.	2	3
103.	Service removable prostheses when necessary i.e.: relining, rebasing, repair.	2	3
104.	Prepare an abutment for a removal cast partial denture.	1	2
105.	Identify errors in fixed and removable prosthesis delivered from the laboratory and suggest correction.	2	3



106.	Design removable cast partial, and acrylic partial and complete dentures using surveyors.	1	2
NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
107.	Perform shade selection and mapping for aesthetic restorations.	2	3
108.	Select and use occlusal relation registration materials.	2	3
109.	Perform lab procedures in fabrication of partial dentures on models.	2	2
110.	Design, fabricate and deliver occlusal splints appropriate to the patient's needs	2	3
111.	Use instruments and materials for denture fabrication.	2	3
112.	Perform the clinical procedure of impression taking with alginate and elastomeric impression materials	2	3
113.	Perform the steps of occlusal rims fabrication and adjustment	2	3

I. DISCIPLINE SPECIFIC COMPETENCIES – ORAL SURGERY & ORAL MEDICINE



NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
114.	Apply knowledge of primary and secondary facial spaces involved in spread of infections in the treatment of odontogenic infections	2	3

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
115.	Perform simple extraction of erupted deciduous and permanent teeth, under local anaesthesia.	2	3
116.	Perform surgical extraction of an erupted tooth and perform surgical removal of fractured or retained roots, including design and development of mucoperiosteal flaps.	1	2
117.	Give post procedure instructions and counsel patients on care after dental extractions and after minor oral surgery procedures.	2	3
118.	Manage common intra-operative and postoperative minor oral surgery complications.	2	3



119.	Perform uncomplicated preprosthetic procedures including implants	1	1
120.	Perform intra-oral incision and drainage for management of odontogenic abscess.	1	1
121.	Safely perform incisional biopsy for oral mucosal lesions.	1	1
122.	Place sutures: simple interrupted sutures for closure of intraoral incisions, and intra or extra-oral lacerations; figure of 8 suture over an extraction socket.	2	3

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
123.	Demonstrate reduction of TMJ dislocation.	1	2
124.	Identify sites of extra oral surgical access (incisions) to the facial skeleton and structures, based on site, skin tension / Langer's lines, and on vital anatomical structures.	1	1



125.	Use principles of bone and soft tissue physiology in treatment planning to promote oral health and healing, including epithelial migration, guided tissue regeneration, bone growth modification	1	1
126.	Identify, on models of maxilla and mandible or of the oral cavity, sites which are suitable for harvesting of soft and hard tissue grafts for reconstruction of oral tissues.	1	1
127.	Evaluate, plan, and place dental implants.	1	1
128.	Perform closed reduction for immediate management of fractures of the maxilla and mandible.	1	1
129.	Splint teeth for management of dentoalveolar trauma - using acid etch splint, arch wire technique, and figure of 8 wiring	1	2
130.	Perform wire bending for dental splinting for dentoalveolar trauma.	1	2

J. DISCIPLINE SPECIFIC COMPETENCIES – ORTHODONTICS

NO.	COMPETENCY	EXPECTED COMPETENCE LEVEL UPON GRADUATION	EXPECTED COMPETENCE LEVEL BY THE END OF HOUSE JOB
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131.	Patient assessment and Cephalometric tracing	3	3
132.	Perform mixed dentition analysis on casts, and perform/measure arch length discrepancy in permanent dentition.	3	3
133.	Diagnosis and treatment planning	1	2
134.	Fabricate and insert a functional appliance	2	3
135.	Perform mixed dentition analysis on casts, and perform/measure arch length discrepancy in permanent dentition.	1	2
136.	Execute simple orthodontic treatment procedures: insert and adjust active removable appliances to move a single tooth or to correct a cross bite, insert/adjust or remove different types of removable retainers, insert, adjust or remove a wire, ligature and separator.	2	3
137.	Adjust space maintainer.	2	3



138.	Demonstrate basic wire bending skills to fabricate removable orthodontic appliances: Retainers, Adam's clasps	2	3
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9. NUMBER OF PROCEDURES IN HOUSE JOB

PROCEDURE LIST ORTHODONTICS

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
1.	History taking	1	1	2
2.	Informed Consent	1	1	2
3.	Clinical examination	2	2	3
4.	Impression taking	1	1	2
5.	Orthodontic photography	3	2	2
6.	Fabrication of cast	1	2	2



7.	Fix appliance adjustment	5	5	0
8.	Removable appliance adjustment	2	2	0
9.	Cephalometric Analysis	2	2	3
S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
10.	Cast Analysis	2	2	3
11.	Fabrication of Appliance	2	2	0
12.	Appliance insertion	1	2	0
13.	Bands cementation	1	2	3
14.	Bracket bonding	1	2	2
15.	Diagnosis and treatment planning	5	2	1
Total 85		30	30	25

PROCEDURE LIST PROSTHODONTICS



S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
1.	History taking and Clinical examination	-	-	15
2.	Alginate Impression taking	-	-	10
3.	Silicon Impression taking	04	03	02



4.	Posterior tooth preparation for crown	04	04	02
5.	Anterior tooth preparation for crown	04	04	01
6.	Single unit FPD	04	02	01
7.	Occlusal splint	04	02	01
8.	Maxillofacial Obturator	02	-	-
9.	Minimal preparation FPD	02	-	-
10.	Management of complete denture complaint	04	04	02
11.	Management of partial denture complaint.	04	04	02
12.	Complete process of full denture		01 (Sharing)	
13.	Crown and bridge cementation	05	05	05
14.	Case presentation	-	01	-
15.	Diagnosis and treatment planning	-	01	
S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently



16.	Impression for implants	02	-	-
17.	Crown/bridge removal	04	02	02
18.	Temporary crown/bridge	02	02	02
Total 125		45	35	45

PROCEDURE LIST IN OPERATIVE DENTISTRY & ENDODONTICS

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
1.	History taking and informed consent			10
2.	Clinical examination			10
3.	Diagnosis and Treatment planning	2	2	
4.	Placement of dental dam	2	5	
5.	Cavity prep and restoration for amalgam	1	2	12



6.	Cavity prep and restoration for composite	2	2	12
7.	Complex restorations	2	2	5
8.	Post retained build ups	2	2	4
9.	Aesthetic restorations	2	3	10
10.	Non carious cervical lesions	1	2	9
11.	RCT in Single rooted teeth	1	4	9
12.	RCT in Multi rooted teeth	1	4	2
13.	Emergency treatment/ pulpotomy for painful teeth	2	1	4
14.	Application of apex locator	1	1	
	Total 125	45	35	45

PROCEDURE LIST ORAL SURGERY

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently



1.	History taking		5	10
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S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
2.	Informed Consent		5	10
3.	Clinical examination		5	10
4.	Prescription writing	2	5	10
5.	Local Anaesthesia	5 (Including Advanced Block anaesthesia Techniques)	10	30
6.	Simple extractions of deciduous or permanent teeth		10	30
7.	Simple extractions with flap and stitching	5	5	4
8.	Wisdom teeth extraction that are vertically impacted	2	1	



9.	Suturing	1	1	4
10.	Simple incisional biopsies	1	1	2
11.	Pre-Prosthetic Surgery including Dental Implants.	2		
12.	Splinting of teeth for management of dentoalveolar trauma	1		
S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
13.	Reduction of TMJ dislocation	1		
14.	Diagnosis and treatment planning		2	
	Total 160	20	40	100

PROCEDURE LIST PEDIATRIC DENTISTRY

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently



1.	History taking and informed consent		04	05
2.	Clinical examination			10
3.	Radiographic diagnosis of caries (bitewing & OPG)			15
4.	Prescription writing			10
5.	Behaviour management		05	05
6.	Fluoride gel/varnish application			05
7.	Preventive resin restoration		1	05

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
8.	Composite fillings		1	05
9.	Lining application			05
10.	Diagnosis of irreversible		2	05



	pulpitis			
11.	Vital Pulpotomy	02		02
12.	Pulpectomy		03	
13.	EPT		03	
14.	Deciduous teeth extractions			05
15.	Simple teeth extractions	02		05
16.	Space maintainer	01		
17.	Scaling			03
18	GIC Fillings			05
	Total 110	05	15	90

PROCEDURE LIST FOR PERIODONTOLOGY

S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
1.	History taking	2	5	10



2.	Informed Consent	2	5	10
3.	Extra-oral examination	2	5	10
4.	Cross infection practices/ PPE	2	5	10
5.	Intra-oral examination	2	5	10
6.	Basic Periodontal Examination	2	5	10
7.	Diagnosis of periodontal disease, with perio-probing and charting, and treatment by manual and powerdriven instruments for supra and subgingival periodontal disease.	1	1	2
8.	Supra and subgingival root surface debridement in pocked depth of less than 5mm and absence of furcation defects	2	4	10
9.	Assessment of patient radiographs	3	4	5



S.NO	PROCEDURE	COMPETENCY		
		Observe	Perform under supervision	Perform independently
10.	Management of Periodontal Emergencies (Pain)	1	1	1
11.	Comprehensive treatment plan	1	1	2
12.	Prescription writing	4	4	10
13.	Non-surgical periodontal therapy (manual & ultrasonic scaling) in pocket depth of greater than 5mm.	2	4	10
14.	Non-surgical periodontal therapy (Root surface debridement) in pocket depth of greater than 5mm.	2	1	
15.	Crown lengthening surgery.	2		
	Total 180	30	50	100

TOTAL PROCEDURES IN ONE YEAR HOUSE JOB TRAINING



Department	Observe	Perform under supervision	Perform independently	Total
Orthodontics	30	30	25	85
Prosthodontics	45	35	45	125
Operative dentistry	20	30	90	140
Oral surgery	20	40	100	160
Paediatric dentistry	5	15	90	110
Periodontology	30	50	100	180
Total	150	200	450	800