Preface

The Egyptian Fellowship Board and the Family Dentistry scientific council worked collaboratively and closely to make this curriculum available for trainees’ guidance and support.

Postgraduate medical and dental education worldwide are now governed by sets of academic standards that describe the qualities and abilities of graduates. In addition, there are standards for the training processes, trainers’ selection and methods of assessment. Standards ensure transparency and clarify expectations.

The Egyptian fellowship board has already defined and published its standards for the general and professional competencies expected from our graduates in different specialties upon successful completion of training. These expectations are clearly reflected in the family dentistry curriculum.

The curriculum describes what trainees will know and be able to do upon completion of training. In addition, methods of teaching and learning needed to deliver the curriculum are outlined. The curriculum also describes in details, expectations from trainees during their rotations in “The training rules and regulations section”. Methods of assessment and examination regulations are also available in the last section of the curriculum.

All topics covered during practical and theoretical study are outlined. This will help trainees to guide their readings and their choice of learning activities. In addition, all required dental cases and procedures are listed together with expected performance at various stages of training.

To help our trainers, supervisors and maximize benefits, we provided a guide for required lectures at various training stages. Mandatory courses are also mentioned and the Egyptian Fellowship Board will work closely with family dentistry scientific council to ensure proper organization and implementation of courses at appropriate training stages.

We hope that all our trainees, trainers and educational supervisors will follow the guides provided in the curriculum and cooperate with the Egyptian Fellowship Board and Family Dentistry Scientific Council to implement the curriculum in the best ways.

Esmat Ahmed Sheba
Secretary General
Higher Committee of Medical Specialties
المشاركون في وضع المنهج العلمي لطب أسنان الأسرة

تشكر إدارة الزمالة المصرية أعضاء المجلس العلمي لطب أسنان الأسرة وأعضاء لجنة المناهج بالزمالة المصرية للجهد المبذول من أجل وضع المنهج العلمي للتدريب. وتشخص بالذكر المشاركة الفعالة من قبل أعضاء المجلس العلمي الأئمة أسماؤهم والمشاركين في وضع المنهج كخبراء في مجال طب و جراحة الفم والأنسان.

- أ.د. محمود الرفاعي رئيس المجلس العلمي لطب أسنان الأسرة بالزمالة المصرية. أستاذ و رأس قسم طب الفم و جراحة المهبل جامعة القاهرة و عميد كلية طب الأسنان جامعة القاهرة سابقاً
- أ.د. عبيبح كبهل ىبئة رئيس الهسوس العلمي لطب الأسنان و وكيل وزارة الصحة سابقاً
- أ.د. غادة محمد أنور أستاذ مساعد طب الأطفال و الغدد الصماء كلية الطب جامعة القاهرة. خبير التعليم الطبي و عضو لجنة المناهج بالزمالة المصرية
- أ.د. عبد اور أستاذ ه شبعد ظة الأظفبل و الغدد الصهبء كميج الظة سبهعج اللبهرث
- د. غبودث هحهد أىور  أشخبذ هشبعد ظة الأظفبل و الغدد الصهبء كميج الظة سبهعج اللبهرث
- د. شريف البسوسى عضو المجلس العلمي و أستشارى طب الأسنان بوزارة الصحة.

وقد بني المنهج العلمي على المعايير العالمية للتدريب في مجال طب أسنان الأسرة وإرشادات كتابة المناهج العلمي للزمالة و على المنهج السابق لزمالة طب أسنان الأسرة.

وقد شارك الأساتذة الأئمة أسماؤهم في وضع المنهج السابق لطب أسنان الأسرة.

- أ.د. صلاح البجيري عضو المجلس العلمي و الوكيل السابق لكلية طب الفم و الأسنان جامعة القاهرة
- أ.د. عمرو شبكة عضو المجلس العلمي و أستاذ العلاج التحفظي كلية طب الأسنان جامعة القاهرة
- أ.د. منى دروس عضو المجلس العلمي و أستاذ أمراض اللغة كلية طب الأسنان جامعة القاهرة
- أ.د. محمد المعتصم أبو سعدة عضو المجلس العلمي و أستشارى طب الأسنان بهيئة المعاهد التعليمية
- أ.د. طلعت مطاوع عضو المجلس العلمي و أستشارى طب الأسنان بهيئة المعاهد التعليمية
- أ.د. نبيلة صدقي عضو المجلس العلمي- مركز أبحاث طب الأسنان بسمنوحة
- د. شريف البسوسى عضو المجلس العلمي و أستشارى طب الأسنان بوزارة الصحة.

و قد وافق المجلس العلمي لطب أسنان الأسرة على المنهج المحدث في مارس عام 2008.
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The Egyptian Fellowship Board requires three years of supervised training that must be conducted in accredited hospitals and centers before sitting for the final examination. The Board will announce a list of accredited dental training centers yearly. **Entry to the family dental training program** has the following requirements for trainees who are affiliated to MOHP:

1. The candidate should be a holder of Beh.D. or D.D.S. or its equivalent from recognized dental school of any Arab country or from a dental school in any foreign country accredited by its country of origin and affirmed by the supreme Council of Egyptian Universities and scientific council of family dentistry.

2. The candidate should have **completed a 12-month** period as a house officer.

3. The candidate should be licensed to practice dentistry by the appropriate licensing authorities.

4. The candidate should have **completed the 2-year** of obligatory internship in the Ministry of Health and Population hospitals and dental centers.

5. The maximum age is:
   - 35 year for those having a bachelor degree.
   - 36 year for those having a diploma.
   - 37 year for those having a master degree.

The family dentistry fellowship-training program consists of three years of training. During the entire training program, the candidate must be dedicated full time and must be responsible for dental care of his patients either under supervision or independently according to the stage of training.
The trainee will spend 5 days/week in oral and dental surgery unit in a recognized hospital or dental center and one day/week in a recognized family medicine centre.

**First year of training**

**Second year of training**

The trainee should have successfully passed the first part exam of Egyptian Board. The trainee will be required to ascertain the completion of the logbook. In addition, he/she will be required to complete a clinical research project under the supervision of his trainer or supervisor. The trainee will spend 4 days/week in a recognized hospital or dental center and 2 days/week in a recognized family medicine centre. Trainees will have rotations in different clinics and subspecialty departments during the second and third years of training, according to the following guide:

1. Restorative dentistry (operative, endodontics, and fixed restoration).
2. Periodontics and orthodontics.
4. Oral medicine and periodontology.
5. Oral radiology.
6. Dental clinics of specialized medical institutes (cardiology, hepatology, and diabetes institutes).

**Third year of training**

**Important notice**

Trainees must pass successfully all the seven foundation courses before being promoted to the second year of training. Full information about foundation courses is available at the EF website and administration office.
Trainees Duties and Obligations

1. Trainees must **attend** at least 75% of lectures of the family dentistry. They should **pass** successfully through the first part Fellowship Exam before being promoted to the third year of training.

2. They should be **actively involved** and fully responsible for patient care including sharing in making decisions about diagnosis and management under supervision of the consultants.

3. Their performance will be **monitored and evaluated** by trainers and a report made of their performance on monthly basis to The Egyptian Fellowship Board.

4. All trainees will **work** as residents in The training specialty and they must fulfill all residents jobs defined by supervisors and trainers.

5. They should be **responsible** under supervision for patients' routine work and the workflow of general dental clinics.

Specific Requirements and Obligations

**Obligations towards the Dental Patients**

A. The trainees will be **responsible** for the dental patients at the outpatient clinic or emergency.

B. They will **share** in the completion of the following documents under supervision.

   a. Complete dental history and dental examination form.
   b. Investigation requests, (laboratory, radiology, pathology, etc.).
   c. Reporting results of the investigations.
   d. Discussion of The case with the trainer and consultants.
   e. The plan of management after consultation and approval from supervisors.
   f. Orders and medication sheets.
   g. Sick leaves and medical reports.
C. The Trainee should **inform** the senior staff of any high-risk patient.

D. The trainees should **diagnose and manage** either under supervision or independently all cases, conditions and procedures mentioned in the curriculum. The level of trainee participation will be determined by trainers and educational supervisors and guided by the curriculum.

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**Mandatory Clinical and Academic Activities:**

The trainees will be required to **attend and participate** in the mandatory academic and clinical activities of the department. Attendance and participation should **not be less than 75%** of the total number of activities within any training location / period including:

* Journal club meeting, case presentations and seminars.

* Interdepartmental Meetings.

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**The Log Book:**

The trainees must **keep and update** The Log Book where they record all activities and skills performed and learned during the training program. The activities should be **dated and categorized** to whether been performed by the trainee him/herself or as an assistant or observer. Each activity registered in the Logbook should be **counter signed** by the trainer and finally the educational supervisor. The Trainer and educational supervisor shall sign the completed Log Book.

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**The Research project**

The trainees shall **undertake at least one** research project or audit during the training program under the guidance and supervision of their trainers. Such project should be **completed** before the trainee is accepted for admission to the final certifying examination.

Before the completion of the training program, the trainee should have completed satisfactorily the logbook, performed him/herself, and assisted in the various requested procedures.
General Rules and Regulation

1. Holidays and on call duties:

2. Evaluation Procedures:
   a. Performance of the trainee will be evaluated on regular and continuous basis; the evaluation process will involve all aspects of the training including theoretical, clinical, and investigative and procedures skills as well as the attendance and participation.
   b. The trainers will be responsible to write confidential reports of the performance of each trainee periodically. The trainee will not be allowed to proceed in the training program and move from one year to another unless he/she attains a satisfactory level of performance acceptable to the responsible trainer and educational supervisor.
   c. The trainee will not proceed to year 3 before successfully passing the first part Exam.

Interruption of Training

It is not permissible to interrupt such a structural training program except in major unavoidable circumstances. Such circumstances should be convincing and approved by the secretary general. The Interruption once approved should not be for more than one year. Interruption of the training program for more than one year will result in dismissal from the program and cancellation of the preceding training period.
Curriculum of the Family Dentistry

Rationale Statement

The purpose of this curriculum is to describe the knowledge, skills and attitudes that must be gained by the trainees in family dentistry in order to practice independently and safely. It addresses national needs for family dentistry practice and at the same time, it is up to the international accepted standards of practice in family dentistry education. It provides the trainees with:

- A core of scientific knowledge and skills essential for practicing family dentistry.
- Diagnostic, problem solving and decision making skills necessary for proper evaluation and management of cases.
- Appropriate ethical and professional education necessary for communication with patients and colleagues.
- Awareness of community needs for dental health care.
- Research education necessary for family dentistry practice.
- Lifelong learning competencies necessary for continuous professional education.

Intended Learning Outcomes

Knowledge

By the end of the program, the family dentistry trainees will gain knowledge and systematic understanding of:

1. Normal and abnormal structure and function of oral, dental and jaw tissue in particular and of human body and mind in general.
2. Normal and abnormal developmental changes related to dental, oral and jaw tissues.
3. The etiology, pathogenesis, clinical manifestations, diagnosis, differential diagnosis, and complications of common and important dental and oral health problems.
4. The scientific basis and interpretation of common diagnostic tests.
6. The role of genetics in oral and dental health.
7. Principles of management for common oral and dental diseases including pharmacological basis of drugs, non-invasive and invasive interventions, basic pre- and post-operative care, restorations and pain relief.
10. Basic principles of preventive orthodontics.
11. Theoretical basis of the required practical skills.
12. Basic issues for promoting oral and dental health and preventing dental diseases.
13. Basic principles of statistics and research methods.
14. The basics of ethics and medico-legal aspects in dentistry.

**Intellectual and Professional Skills**

By the end of the program, the family dentistry trainees should be able to:

15. **Gather** essential and accurate medical, social, behavioral and dental information about the patient through medical interviewing, dental and physical examination.
16. **Interpret** a diet analysis sheet or diary to assist in treatment planning.
17. **Interpret** the results of the dental radiological imaging and common diagnostic tests.
18. **Make** diagnostic and therapeutic decisions based on patient information, current scientific evidence, clinical judgment and patients’ values.
19. **Make** differential diagnoses according to the patient clinical condition and results of the diagnostic tests.
20. **Request** investigations according to patient condition and clinical judgment.
21. **Develop** and carry out patient management plan and refer patients for further management when needed.
22. **Communicate** effectively and in appropriate manner with patients, their families and other health professionals.
23. **Encourage** patients to participate actively in the process of dental and oral health care.
24. **Write** clear and informative medical, dental and medico-legal records.
25. **Plan** and implement programs for infection control, patient dental health education, prevention of caries and other oral, gingival and dental health problems.

26. **participate** actively in research and audit projects.

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**Practical Skills**

By the end of the program, the family dentistry trainees should be able to:

27. **Perform** competently general patient examination, head and neck examination including lymph nodes, muscles of mastication and mandibular movement and recognize disease states and abnormalities.

28. **Perform** competent periodontal examination.

29. **Perform** competent dental and oral mucosal examination.

30. **Perform** competent vital signs assessment (blood pressure, heart rate, respiratory rate, and temperature).

31. **Practice** different methods of drug administration (e.g. intramuscular and intravenous injection).

32. **Perform** competently and according to stage of training all procedures mentioned in the curriculum.

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**First Part Syllabus**

The following topics in different disciplines must be studied by trainees during the first year of training and they are subjects for first part examination and at the final written examination.

**A. Anatomy:**

1. Aspects of regional anatomy relevant to the clinical and operative oral dental and jaw surgery.

2. Anatomy of the head and neck and their nerves, blood supply and lymph nodes.

3. Anatomy of the venous access: the ante-cubital fossa.


5. Anatomy of the thorax relevant to resuscitation.

**B. Dental Embryology (Craniofacial development and growth):**

1. Embryology as it relates to developmental anomalies of the oral cavity.

2. Development of the face and palate.


4. Common craniofacial malformations (e.g. cleft lip and palate).

5. Development of the teeth.
7. Developmental disorders of the teeth and dental soft tissues.
8. Physiological and pathological mechanisms of tooth movement (bone formation, resorption, and turnover).

C. Physiology and Biochemistry (basic concepts and general outline):
1. Physiology of the alimentary tract.
   - Deglutition.
   - Digestion.
   - Motility and absorption activities.
   - Function of the liver and pancreas.
2. Basic Physiology of the cardiovascular system, the respiratory system, the renal system, the nervous system and locomotor system.
3. Basic principles of the functions of exocrine and endocrine glands.
4. The outlines of hematopoietic, lymphatic and reticulo-endothelial functions.
5. The general outlines of carbohydrates, fats, proteins, vitamins and minerals metabolism.
6. Principles of body regulatory mechanisms (e.g. fluid balance, acid-base balance, temperature, etc.).
7. Commonly used biochemical and physiological investigational tests related to the practice of dentistry.

D. Oral Pathology, Microbiology, and Immunology:
1. Inflammation, degeneration and regeneration.
2. Special pathology of oral neoplastic diseases.
3. Thrombo-embolism and coagulation.
4. Diseases of the oral mucosa (e.g. swelling, benign and malignant neoplasms, and precancerous lesions).
6. Diseases of the jaw including infectious, neoplasm, and fibro-osseous lesions.
7. Xerostomia and lithiasis.
8. Body defense mechanisms and basic applied immunology.
11. Oral micro-organisms; principles of identification and their role in dental and oral diseases.
12. Parasitic infestations of oral and jaw surgical importance.
**E. Principles of General medicine and Surgery:**
1. Management of wounds.
2. Types of shock and lines of management.
3. Cardiopulmonary resuscitation.
5. General post-dental care and preparation.

**F. Oral Biology:**
2. Structure of the supporting tissue of the teeth.
3. Tooth morphology (deciduous and permanent).
4. Structure and function of the oral mucosa including the gingival and dento-gingival junction.
5. Structure and function of the salivary glands.
6. Composition of the saliva and its role in oral health and disease.
7. Histological features of different tissues of oral cavity related to the practice of dentistry.
8. Temporo-mandibular joint including its structure, function and common disturbances.
9. Control of jaw posture and movement.
10. Oral sensory perception, the nature and distribution of sensory receptors in the mouth and face.

**G. Systemic Diseases in Relation to Dentistry and Their Oral Manifestations and Dental Management:**
1. Oral manifestation of systemic diseases and their dental management.
2. Blood diseases including red and white cells, coagulation and bleeding disorders.
4. Prophylaxis for patients at risk of infective endocarditis and bacteremia.
5. Important respiratory diseases (e.g. bronchial asthma, and lung abscess).
6. Respiratory failure.
7. Autoimmune and immunodeficiency diseases.
8. Viral influenza, HIV, bird’s flu, and related infections.
9. Nutritional and vitamin deficiency diseases.
10. Endocrinopathies and hormone regulation.
11. Dental management of medically compromised patients including pulp therapy in primary and young permanent teeth.

**H. Medical Emergencies during Dental Practice:**
1. Acute respiratory distress, asthma, and laryngeal obstruction.
2. Types, causes, and lines of management of different types of shock (e.g. anaphylactic shock and acute allergic reaction, and hemorrhagic shock).

3. Cardiovascular emergencies (e.g. angina, myocardial infarction, and cardiac arrest).


5. Diabetic coma.

I. Ethical and Medico-Legal Aspects of Dentistry:

1. The interface between clinical dental practice and the law in Egypt.

2. Communication with patients, relatives and health care colleagues.

3. The law in relation to informed consent.

4. Medical, dental, and medico-legal records: their content, the law regarding disclosure and data protection.

5. Patients’ complaints, negligence, and professional indemnity.

6. The dentist as an employer.

7. Dental practice management.

II. Neurology, Psychology and Psychiatry in Relation to Dentistry:

Principle of patient behavior and it management in clinical dental practice specially the anxious patient and the handicapped one.

M. Dental Pharmacology:

1. Basic pharmacology of commonly used drugs in dental and surgical practices (e.g. anesthetic drugs, analgesics, anticoagulants, hormones and antimicrobial agents) including drug doses, side effects and drug interactions especially in dentistry.

2. Disinfection and sterilization: control of cross infection.

3. Antimicrobial agents: mode of action, toxicity and resistance.


5. Therapeutic agents in the control of caries and periodontal diseases.

6. Prescribing and legal implication; misuse of drugs; abuse and addiction.

N. Radiology, Radiation Hazards, and Imaging:

1. Radiological imaging related to normal and abnormal head and neck structure.

2. Conventional radiographic system, equipment required for dental imaging, indication for use and interpretation of images.

3. Basic principles of alternative imaging systems (CT, MRI, and ultrasound).

4. Radiation protection: principles of protection, monitoring and basic radiation sciences.
Second Part Syllabus

**Dental sciences**

The following topics must be studied by trainees during the whole period of training and they are subjects for the final written examination.

**A. Pediatric Dentistry:**
1. Child psychology related to pediatric dentistry.
2. Behavioral characteristics of the child at each stage of psychological development.
3. Development of the deciduous and mixed dentition occlusion.
4. Oral habits.
5. Dental plaques.
6. Dental caries: definition, types, prevention and control.
7. Operative dentistry in children including morphology of teeth and different techniques of restoration.
8. Preventive orthodontics and space maintainers “problems and management”.

**B. Orthodontics:**
1. Basic principles of orthodontics:
   - Growth and development of craniofacial skeleton.
   - Muscle of the face and jaw.
   - Development of dentition and occlusion.
2. Sequelae of malocclusion.
3. Preventive orthodontics:
   - Maintenance of normal occlusion.
   - Abnormal resorption.
   - Maintenance of partially edentulous space.
   - Occlusion equilibrium.
   - Labial frenum.
   - Control of abnormal habits.


5. Extraction for orthodontics.
   - Reasons for extraction.
   - Choice of teeth for extraction.
   - Criteria for extraction.
   - Serial extraction and its indications.

### Orthodontic Skills

**Dental fellowship trainees must be able to:**

1. Maintain normal occlusion.
2. Prevent abnormal resorption.
3. Achieve occlusion equilibrium.
5. Maintain partially edentulous space.
6. Control abnormal habits.
7. Perform extraction according to plan provided by orthodontics.

### C. Oral medicine and periodontology:

- **Periodontology:**
  1. Criteria of healthy gingiva.
  2. Classification of periodontal diseases.
  3. Pathogenesis of periodontal diseases including role of plaques and local factors.
  5. Gingivectomy and periodontal surgery.

- **Oral medicine:**
  1. Oral ulcers.
  2. Different white lesions.
  3. Different red lesions.
  4. Oral pigmentations, and dermatoses.
  5. Infection of oral mucosa (bacterial, viral, and fungal).
8. Bony swellings.
10. Endocrine and metabolism disorders.

Skills related to periodontology and oral medicine

- Diagnose and manage different oral diseases.
- Perform competently gingivectomy.
- Perform competently scaling and root planning.
- Perform competently subgingival curettage.
- Assist in periodontal surgery.

D. Oral surgery:
1. Temporo-mandibular joint: common disturbance.
2. Anatomy and functions of the facial and masticators muscles, and the tongue.
3. Local anesthesia: techniques and their anatomical basis.
5. Mechanism of pain and perception and pain control (pharmacology, physiology and surgical point of view).
7. Simple tooth extraction and management of its complications.
8. Surgical tooth extraction and management of its complications.
9. Spread of infection from the teeth (e.g. dentoalveolar abscess).
10. Acute pericoronitis: causes and management.
11. Impaction.

Clinical cases that must be diagnosed and initially managed by all dental trainees

1. Oral swellings including trauma.
2. Oral bleeding.
3. Badly decayed teeth and remaining roots.
4. Trismus.
5. Limitation of jaw movement and jaw dislocation.
6. Tooth avulsion.
E. Community dental public health and preventive dentistry:

- Epidemiology:
  3. Classic studies of epidemiology (descriptive and analytic studies).
  4. The basics of medical statistics (Introduction, definition, and collection of data, Sampling, Presentation of data in tables and graphs, Measuring central tendency and variations).
  5. Audit programs.
  7. Measuring the indices of periodontal diseases.
  8. Epidemiology of dental caries.
  9. Epidemiology of periodontal diseases.
  10. Infection control procedures in the dental clinic and lab.

- Preventive dentistry:
  1. Techniques of sealants application.
  2. Preventive resin restoration.
  3. A traumatic restorative treatment techniques (ART).
  4. Prevention of dental caries provided in the community.
  5. Prevention of periodontal diseases: control of plaque and calculus formation, and prophylactic scaling (mechanical and chemical).
  6. Dentifrices: composition, function, sensitivity, etc.
7. Fluoride occurrence in environment (fluoride intake, metabolism and toxicity- topical fluoride administration.
   • teaching and learning process.
   • target group, methods and media of health education.
   • barriers to health education.

Skills required in dental public health and epidemiology

**Dental trainees must be able to:**
1. Effectively use the survey charts of dental epidemiological studies.
2. Perform field trip to assess the distribution of oral diseases.
3. Use different indices of caries to measure caries presence.
4. Use different indices to measure the different periodontal diseases.
5. Demonstrate infection control procedures in the dental clinic and lab.
6. Demonstrate the steps for plaque control.
7. Design and implement educational program for dental home care including tooth brush, dental floss, dental and mouth rinse, and dietary advice.
8. Perform patients education program for special conditions (e.g. epilepsy, pregnancy, and nursing).

Skills for preventive dentistry

- Apply Sealants on incipient caries in posterior teeth.
- Perform composite restoration in anterior teeth.
- Perform ART application.
- Demonstrate fluoride application.
F. Endodontics:

1. Differential diagnosis of pulpal and periapical radiolucent lesions
2. Planning endodontic treatment
3. Pain control in endodontics
4. Root canal anatomy and successful endodontics
5. Instrumentation of the fine and curved canal
6. Procedure accidents and their repair
7. Differential diagnosis of endodontic failure
8. The principles of surgical endodontics
9. Restoration of endodontically treated teeth
10. Endodontic therapy in the primary dentition
11. The pre endo differential diagnosis and treatment
12. Endodontic materials (calcium hydroxide, formaldehyde paste and formocresol)
13. Office sterilization and aseptic procedures in Endodontics
14. Antibiotics in endodontics
15. The general dental practitioner and the endodontics
16. Different lines of management of pulp disease (vital, partial vital and non-vital pulp)
17. Tooth bleaching

Clinical and procedural Skills required in endodontics

1. Perform pulpotomy for treatment of primary teeth.
2. Perform steps for pain control in patient suffering from pulpal disease.
3. Assess, diagnose, outline differential diagnosis for patient suffering from pulpal disease.
4. Manage under supervision the pulpal disease (exposed pulp with preserved vitality, partially vital and pulpless teeth).
5. Perform under supervision restoration of endodontically treated teeth.
6. Observe the re-enforcing for the root canal of the tooth with posts.
G. Traumatic injuries to teeth:
1. Causes, incidence, and prevention of trauma to teeth.
2. Evaluation, diagnosis and plan for treatment of the traumatized patient.
3. Legal consideration for treatment following trauma to teeth.

Skills that must be acquired by dental trainees
1. Manage clinically different cases of crown fractures.
2. Observe for clinical management of transverse root fracture.
3. Manage luxated and avulsed tooth.
4. Manage trauma to primary and developing teeth.
5. Perform under supervision emergency treatment of anterior traumatized teeth.
6. Arrange for periodontal management and root extrusion of traumatized teeth.
7. Arrange for anesthetic management of traumatized anterior teeth.

H. Operative Dentistry:
2. The amalgam restoration (materials, cavity design).
3. Composites (materials, cavity design, anterior composites and posterior composites).
5. Adhesion and bonding to tooth tissues.
6. Insulating and base material.
7. Temporary restoration.
8. Adaptation.
10. Selection of restorative materials.
15. Esthetic guidelines in restoring teeth.
Skills that must be acquired in operative dentistry

1. Assess, examine, diagnose, plan for and manage dental caries.
2. Manage while acknowledging the cosmetic appearance and tooth restoration system in the oral cavity.
3. Prepare cavities.
4. Use the amalgam restorations, composites, and glass ionomer cements.
5. Demonstrate proficient use of the adhesion and bonding to tooth tissues.
6. Demonstrate proficient use of insulating and base materials.
7. Perform adaptation and Select restorative materials.
8. Manage deep carious lesions.
9. Manage badly broken down and endodontically treated teeth.
10. Apply esthetic guidelines in restoring teeth.
List of lectures

1. Basic sciences: the basic science lectures will cover the topics mentioned in the curriculum.

   a. Anatomy of the head and neck.  (6 hrs)
   b. General pathology-inflammation and healing.  (2 hrs)
   c. Oral pathology-soft and hard tissues.  (4 hrs)
   d. Physiology-respiration, circulation, and CNS.  (4 hrs).
   e. Biochemistry.  (4 hrs)
   f. Microbiology and immunology.  (4 hrs)
   g. Pharmacology.  (4 hrs)
   h. Oral biology and embryology.  (6 hrs)

2. Principles of general medicine and surgery  (4hrs)

3. Legal aspects of dental practice and the dental records  (4hrs)

4. Dental medicine:
   a. Systemic diseases in relation to dentistry (medical emergencies during dental practice, oral manifestations of systemic diseases and their dental management).  (6 hrs)
   b. Periodontal diseases.  (2 hrs)
   c. Dental radiology.  (4 hrs)
   d. Conservative orthodontics.  (4 hrs)
   e. Esthetic restorative materials  (4 hrs)
   f. Endodontics including pulp diseases.  (2 hrs)
   g. Peri-endo diseases relationship.  (2 hrs)
   h. WHO dental indices.  (2 hrs)

These courses are to be taken in the first year of training:

1. Infection control in dental practice (clinical and laboratory).  (3-day course)
2. Medical skills for dental practitioners.  (2-day course)
Methods of Assessment

Regulations

The general rules and regulations of assessment approved by the Egyptian fellowship board and published at the training handbook and at the board website applies for the specialty of family dentistry. In addition to the successful completion of the training program, all candidates must successfully pass three exams in order to get the fellowship certificate “Egyptian Fellowship of Family Dentistry”.

- **First part Exam**
  - The first part exam is a written exam.
  - Trainees are allowed to sit for the first part exam after at least six months of training.
  - Each candidate has three chances to pass the exam and one more additional chance may be granted in some special circumstances approved by the secretary general of the higher committee of medical specialties.
  - **It is to be noted that after one year of training each time the candidate will choose not to enter the exam will be calculated as one of his three attempts.**

**Pre-requisites for entering the first part exam**

Trainees should pass the following courses in order to be eligible for the first part exam.

1. Local TOEFL with a score of at least 500.
2. Computer courses in word processing, power point and internet.
Second part exam

- The second part exam is a written exam.
- Trainees are allowed to sit for the second part exam after passing successfully the first part and after completion of the three-year training period.

In addition: Each candidate must submit his research or audit project and log book for final assessment. The logbook requirements must all be completed and signed by the trainer and educational supervisor and the scientific council must accept the research project as satisfactory.

- Each candidate has three chances to pass the exam and one more additional chance may be granted in special approved circumstances.

Clinical Exam (third part)

- The third part exam is a clinical, oral and OSPE exam.
- Candidates who pass successfully the second part are allowed to sit for the third part.
- Again each candidate has three chances to pass the clinical exam and an additional fourth chance may be granted in special approved circumstances.

Holders of the master degree in dentistry are exempted from the first part exam, provided that no more than five years have passed since they got their master degree, otherwise he/she must attend the first part exam after 6 months of training.

The structure of the examination

The first part exam aims to test trainee's knowledge in basic science as it applies to the family dentistry practice. It also aims to test their knowledge in the basics of oral and dental surgery. It will focus on applied anatomy, embryology, physiology, pharmacology, biochemistry and principles of oral and dental surgery. All scientific contents related to the first part exam are mentioned in the first part syllabus (see your curriculum for details).
PART I examination consists of two papers:

1. Paper I (2 hours): Multiple choice questions with a single best answer format. This paper will cover applied basic sciences mentioned in the curriculum.
2. Paper II (2 hours): short answer, MCQ and/or problem solving questions and this paper test trainees' knowledge in the dental topics and problems that must be covered during the first year of training.

The second part exam aims to test trainees' knowledge and skills in family dentistry. It also test the abilities related to problem solving, and appropriate standards of patient care and management.

Part II examination consists of four papers:

1. Two MCQ papers each two hours in duration. They are covering all aspects of family dentistry. You will choose one best answer in each question.
2. Two short assay papers each two hours in duration. They cover all aspects of family dentistry. Questions will assess Trainees' knowledge about various dental diseases and their management. In addition, it will test students' problem solving skills.

It is to be noted that the entire curriculum will be covered during the second part exam. Any changes in the exam format (for example adding MCQ paper or using any other questions format) will be announced by family dentistry scientific council and published by the fellowship board at the website timely and before the exam by sufficient time space.
The structure of the third part exam

It is the final certifying examination in Egyptian fellowship training program in family dentistry. Part III exam is a clinical, oral, and OSPE exam:

1. **Clinical exam**

The clinical exam remains the most important part of the examination as the long case evaluate the potential performance of the candidate in dental practice while short cases assess clinical examination skills in various dental problems. Passing this component of the exam independently is essential for certification. The date and place of the clinical examination will be announced by the Egyptian Fellowship Board.

1.1. **Long Clinical Case**: the candidate is observed in silence for the first part of the examination (40 minutes) by two examiners where he/she is taking the history from the patient and performing a dental and periodontal examination and then the long case discussion will be carried out by two examiners over a period of 20 minutes.

1.2. **Short Clinical Case**: the candidate will be accompanied by two examiners to examine and discuss two dental cases. The duration of this examination session will be 40 minutes; 20 minutes for each case.

1.3. **Operative Dentistry**: the candidate will be requested to manage a case of badly decayed tooth including cavity preparation and filling restoration over 60 minutes. He/she will be observed by two examiners.

1.4. **Oral Surgery**: the candidate will be requested to extract a badly decayed tooth or remaining root including the methods of application of anesthesia over 45 minutes. He/she will be observed by two examiners.

* **OSPE**: is a multiple station examination consists of 10-15 stations including instruments, interpretation of dental radiograph, and photos. The candidate rotates from station to station where he / she are tested on a specific element that measures his data interpretation skills. Each station will be prepared and approved by three examiners.
**Oral Exam:** The oral exam, which tests the candidates’ ability to manage patients and explores his/her knowledge of making an accurate diagnosis and whether he/she understands the essentials of therapeutics. It also assesses his attitudes and interpersonal communication skills. It is based on a set of topics with opening and supplementary questions. The questions cards are prepared in advance together with the expected ideal answer and allocated marks. This allows a good objective basis for marking.