الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Saudi Dental Licensure Examination (SDLE)

EXAMINATION CONTENT GUIDELINE

Note: Read this guide before submitting an application to test. At the time of application, you will be required to acknowledge that you have read and understood this guide and the policies and procedures contained within.

Contents

Licensure Exam Overview

Licensure examinations are standardized tests that candidates must pass to obtain a license to practice health professions. The exams are designed to assess the ability to apply knowledge, concepts, and principles that constitute the basis of safe and effective health care.

Exam Structure

The SDLE is conducted using computer-based testing. It is divided into two parts of 100 questions, each with a time allocation of 120 minutes for each part. It may include up to 10% of pilot questions. There is a scheduled 30-minute break between the two parts. The questions have four options from which the candidate will choose one best answer. The examination shall contain recall questions that test knowledge and questions with scenarios that test other skills (interpretation, analysis, decision-making, reasoning, and problem-solving).

Test	# of Test Block(s)	Duration of Each Block
SDLE	2	120 min

Scoring System

The SCFHS conducted a rigorous standard-setting exercise with a diverse panel of Saudi dental experts. Following the standard-setting exercise, the passing score was determined as 542 on the reporting scale of 200-800. This passing score was reviewed and approved by the Central Assessment Committee (CAC).

Results and Reports

Results are not provided instantly. During the window-closing period, psychometric analysis is conducted, and results are announced within 2-6 weeks of the end of a test window. Two reports will be provided to every candidate, a statement of results and a feedback report on performance compared to other test takers.

Application and Eligibility

To apply for the SDLE, you must have a recognized primary degree (BDS or equivalent) from an accredited health science program or commenced training during the internship year or a student who is one year away from graduation.

Applying for the SDLE

When applying for the examination, you must apply through the e-application. Once your application is processed, a scheduling permit with your eligibility period will be issued. You will receive an email with instructions for accessing your permit.

After obtaining the scheduling permit, you may visit the specified website to schedule a test date (Prometric). Scheduling may not be available for more than three months in advance. Refer to SCFHS for testing windows availability.

SDLE Practice Examination

To experience a test that resembles the actual test blueprint and sampled from the SDLE item bank, you can apply for SDLE practice test from the SCFHS website. For more information, please visit the SCFHS website.

Important Instructions

What to Expect on Test Day?

- All test centers follow the same procedures and rules, which you should get familiar with before test day.
- Testing sessions for the Saudi Licensing Examinations are monitored by test center administrators (TCA) in person and through audio and visual recording. Staff are required to report any violations of assessment bylaws or test center rules.
- You must follow instructions from TCA throughout the examinations; failure to do so may result in a finding of irregular behavior.
- TCAs are not authorized to answer questions regarding registration, examination content or format, testing software, scoring, or retesting.

Registration on Test Day

SCFHS test centers open at 7:30 a.m. If you are late more than 30 minutes from the time noted on your admission ticket or absent on test day, you will not be allowed to sit for the test, and this will be considered an attempt unless an acceptable reason with required documentation is presented and accepted by the committee supervising the test as per the assessment rules and regulations.

- When you arrive at the test center, you must present your scheduling permit and the required identification. Acceptable forms of unexpired identification include:
    - Passport
    - National/Residence Identity Card (KSA Only)
- Your name, as it appears on your scheduling permit, must match the name on your form(s) of identification exactly.
- If you do not bring your scheduling permit on paper or electronically (e.g., via smartphone) and acceptable identification, you will not be admitted to the test and will be required to pay a fee to reschedule your test. Your rescheduled test date(s) must fall within your eligibility period.
- During check-in, test center staff will conduct the appropriate security check before entering the testing room to confirm that you have no prohibited items.
- You will be asked to repeat this process each time you return to the testing room after a break. Additionally, your photo ID and fingerprint may be scanned electronically, and you must sign the test center log.
- Before you enter the test room, TCA will give you laminated writing surfaces, erasers, and markers to use for making notes and/or calculations during the testing session. They should be used only at your assigned testing station.
- You must return laminated writing surfaces\e-tablets to test center staff at the end of the testing session. Do NOT write on anything other than the laminated writing surface\e-tablets (e.g., your hand, other body parts, tissue, etc.). Failure to comply may result in a finding of irregular behavior.
- TCA will escort you to your assigned testing station and provide brief instructions on using the computer equipment. A brief tutorial is available before each examination.
- Your test session is scheduled for a fixed amount of time, and the computer keeps track of the time allocated for each block and break.
- Once you begin a testing block, the block time continues to run even if you leave the testing room (e.g., for a personal emergency).
- If you leave during the block without permission from the test proctor, the test center will file a report of the incident. Additionally, the unauthorized break screen, described in the examination tutorial, will appear on the monitor after a defined period of inactivity.

Breaks between Test Blocks

- Each time you leave the testing room, you are required to sign out and sign in when you return. You must present your identification each time you sign in.
- If you take too much break time and exceed the allocated break time, the next test block will start automatically, and the excess time will be deducted from your testing time.
- Ensure you arrive 10-15 minutes before the start of your next block to allow time for sign-in as the signing process may take around 10 minutes based on testing capacity.
- Repeated or lengthy departures from the test room for unscheduled breaks will be reported by the TCA.

End of Test

- The test session ends when you have started and exited all blocks or the total test time expires. You will receive a notice during checkout that you have appeared for the test.
- After you start taking an examination, you cannot cancel or reschedule that examination. If you experience a computer issue during the test, notify the test center staff immediately. The testing software is designed to restart the test at the point that it was interrupted.
- You will maintain the confidentiality of the materials, including, but not limited to, the multiple-choice items. You will not reproduce or attempt to reproduce examination materials through recording, memorization, or by any other means.

Instructions for examination day

- Any clothing or jewelry items allowed to be worn in the test room must remain on your person at all times. Removed clothing or jewelry items must be stored in your locker.
- You must conduct yourself in a civil manner at all times when on the premises of the testing center.
- To protect the privacy of all testers, the TCA can neither confirm nor deny if any particular individual is present or scheduled at the test center.
- You must return all materials issued to you by the TCA at the end of your test.
- Persons not scheduled to take a test are not permitted to wait in the test center.

Notes

- Saudi university/college students can sit for SDLE during the final year of undergraduate

studies.

- Scheduling the allowed test attempts during the year is the sole responsibility of the candidate.
- SCFHS is not responsible for delaying the test attempts until the end of the year and not finding a test spot.
- Candidates can test in any SCFHS approved Prometric testing center locally and internationally as locations appear upon scheduling.
- A candidate is not allowed to sit for the test twice in the same testing window. In this instance, the result of the first dated test will be announced, and the second will be considered an attempt and result invalid.
- All candidates must review the applicant guide before taking the test.
- All eligible candidates may take SDLE up to four times a year, starting from the first attempt to obtain a pass score.
- SCFHS classification and registration rules and regulations apply to candidates who fail the SDLE for two years after the graduation date.
- After obtaining a passing score in the SDLE each candidate is eligible for two further attempts to improve their mark for the purpose of attaining a better opportunity for residency selection.

Prohibitions

Before the examination

- Seeking, providing, and/or obtaining unauthorized access to examination materials.
- Providing false information or making false statements on or in connection with application forms, scheduling permits, or other exam-related documents.
- Applying for an examination for which you are not eligible.

During the examination

- Taking an examination for someone or engaging someone to take an examination for you.
- Giving, receiving, or obtaining unauthorized assistance during the examination or attempting to do so.
- Making notes of any kind while in the secure areas of the test center, except on the writing materials provided at the test center for this purpose.
- Failing to adhere to any exam policy, procedure, or rule, including instructions of TCA.

- Verbal or physical harassment of test center staff or other examination staff or other disruptive or unprofessional behavior during the registration, scheduling, or examination process.
- Possessing any unauthorized materials, including photographic equipment, communication or recording devices, and cell phones, in the secure testing areas.
- Any other electronic communication device, not herein mentioned, are prohibited in the examination hall irrespective if they are turned off, and no provision will be made to store them.

After the examination

- Altering or misrepresenting examination scores.
- Any reproduction by any means, including, but not limited to, reconstruction through memorization and/or dissemination of copyrighted examination materials by any means, including the internet.
- Communicating or attempting to communicate about specific test items, cases, and/or answers with another examinee, potential examinee, or formal or informal test preparation group at any time before, during, or after an examination.
- Failure to cooperate fully in any investigation of a violation of the SCFHS rules.

SDLE Blueprint

A test blueprint is a document that reflects the content of a specialty licensure examination and is the plan used for "building" the exam. The purpose of the blueprint is to ensure that questions related to what is expected to be known are included.

Section	Subsections	Competencies The practitioner is expected to be able to do the following
Endodontics 17%	Endodontic Emergencies	Be able to manage emergencies whether pre, inter, or post operatively in the clinic pharmacologically or by providing the necessary emergency treatment.
	Endodontic Instruments	Be aware of different endodontic armamentarium and the use of each instrument.
	Endodontic Treatment Planning	Properly construct a treatment plan based on signs and symptoms of the patient and the definitive diagnosis.
	Endodontics Mishaps	Be able to recognize and partly manage endodontic mishaps and refer the case when needed.
	Endo-Perio Lesions	Be familiar with endo-perio lesions and refer the case when needed.
	Pulpal & Periapical Pathosis	Be able to properly diagnose pulpal and periapical pathosis to reach a deep diagnosis in order to properly create a treatment plan.
	Root Canal Anatomy	Be able to assess the difficulty of the case based on the root canal anatomy and refer challenging cases when needed.
	Trauma to Permanent Teeth	Be able to recognize and initially manage trauma to permanent teeth and refer accordingly Vertical Root Fracture.
	Vertical Root Fracture	Be able to recognize and diagnose vertical root fracture and treat the patient accordingly.
Orthodontics/Pediatric Dentistry 10%	Adult Orthodontics	Understanding Adjunctive orthodontic treatment, particularly the simpler procedures carried out within the context of general dental practice.
	Behaviour Guidance	Understands the basic principles of behavior guidance techniques (such as Tell, Show, Do) and the suitable use for each one of them. Able to differentiate between different child behaviors in the clinic and the appropriate behavior guidance for each individual. So the basic behavior guidance can be applied in the clinic to perform quality oral health care safely and efficiently while children with extremely uncooperative behavior can be referred for pediatric dentist to use the advanced behavior guidance. Ability to explain to parents all behavior guidance techniques either that can be done by a general dentists or pediatric dentist, (Pharmacological and Nonpharmacological) so the behavior of the child is not a barrier to provide preventive and therapeutic dental treatment.
	Biology of tooth movement	Illustrating the underlying biomechanical and biological mechanisms of orthodontic tooth movement for efficient and safe orthodontic treatment.
	Canines	An overview knowledge of the incidence, diagnosis, surgical, periodontal, and orthodontic considerations in the management of impacted canines.

	Cephalometric analysis	Ability to perform analysis of the dental and skeletal relationships of a human skull as a treatment planning tool.
	Child Abuse and Neglect	Ability to identify and recognize any orofacial signs and symptoms of child abuse and neglect. During the course of the evaluation for signs of oral trauma, caries, gingivitis, and other oral health problems, dentist must be able to carefully examine all suspected victims of abuse or neglect, and recognize the accurate process for reporting child abuse and neglect. Aware of and consult with appropriate specialists in his or her area for specialized forensic interviews and specimen collection in case of suspected physical and sexual abuse.
	Class I	General dentists play a crucial role in orthodontic care by conducting early evaluations, identifying orthodontic issues, providing basic orthodontic treatments and collaborating with orthodontic specialists to ensure comprehensive patient care.
	Class II	General dentists play a crucial role in orthodontic care by conducting early evaluations, identifying orthodontic issues, providing basic orthodontic treatments and collaborating with orthodontic specialists to ensure comprehensive patient care.
	Class III	General dentists play a crucial role in orthodontic care by conducting early evaluations, identifying orthodontic issues, providing basic orthodontic treatments and collaborating with orthodontic specialists to ensure comprehensive patient care.
	Classification of malocclusion	A good knowledge of classifications of malocclusion for proper diagnosis and effective treatment planning.
	Dental Caries & Prevention	Performing caries risk assessment (CRA) for every child patient at their first dental visit to identify the patients at risk for developing early childhood caries (ECC). Capability of providing essential preventive measurements for each individual according to his/her caries risk assessment including oral hygiene instructions, diet recommendations, fluoride application, fissure sealant and conservative adhesive restorations. Providing parents with practical and developmentally-appropriate information about children's oral health including dental caries, periodontal disease, trauma prevention, teeth eruption and malocclusion. Competency for different restorative treatment for carious teeth, either primary or permanent teeth.
	Dentoalveolar Traumatology	Obtain the essential information from caregiver regarding medical and dental history, and the history of dento-alveolar trauma (When, Where, How). Obtain and interpret the appropriate diagnostic tools including clinical and radiographic examinations to identify the type of trauma, and to deliver the emergency treatment and to do referral for specialist in case for need of further management. Educate child and caregiver regarding the prognosis for each type of trauma, the interval of follow up visits as well as the importance for following the post-treatment instructions.
	Development & Teeth Morphology	Educate caregiver about the normal time and normal variation time for eruption of primary and permanent teeth. Illustrate the systemic and local factors affecting teeth eruption. Know the main morphological differences between primary and permanent dentition. Interpret the types of dental anomalies (number, size, shape, etc.) the proper management of simple cases and the referral for complicated dental anomalies cases.
	Etiology of malocclusion	To know the etiological factors for malocclusion under three major headings: specific causes, hereditary influences and environmental influences
	Examination of the Child	Collect appropriate information regarding chief complaint, medical history, dental history and take the required diagnostic tools to obtain the diagnosis and the treatment plant for the patient. Complete extra-oral and intra-oral (soft tissue and hard tissue) to detect any abnormalities could affect the child oral health. Assessment of child caries risk assessment (CRA) to provide the patient as well as caregiver with the needed dental preventive program.
	Fixed orthodontic appliances	Provide them with the knowledge necessary to properly select and manipulate various orthodontic appliances.
	Interceptive treatment	Acquire competence and knowledge in treatment of interceptive care of patients.

	Occlusion & Space Management	Accomplish the knowledge of the occlusion and different orthodontic techniques frequently used in space management.
	Orthodontic diagnosis	The ability to make judgments in diagnosis.
	Orthodontic treatment planning	The ability to make judgments in treatment planning and assessment of treatment outcomes.
	Pain Management	Familiar with the appropriate recommended dose and maximum recommended dose for the commonly used medications (local anesthesia, analgesics, antibiotics, antifungal, antiviral, antimicrobial and topical corticosteroids). Use Acetaminophen as well as Non-Steroids Anti-inflammatory Drugs (NSAIDs) as first-line pharmacologic therapy for pain management. Understand the important landmarks and anatomical variation to achieve profound anesthesia prior to invasive treatment. Manage odontogenic and non-odontogenic pain with combined nonpharmacologic (e.g., distraction) and pharmacologic pain management.
	Pediatric Oral Surgery	Being aware regarding the preoperative assessment before starting oral surgery including informed consent, medical, dental and radiographic evaluation, the growth and development and the child level of cooperation. Understand the causes, signs and symptoms, and the management of odontogenic infections and to educate parents regarding the possible complications of such infections. Before starting surgery, must recognize the nerves intend to be anesthetized, the main concepts for topical and local anesthesia, and the important variations in pediatric patients' local anesthesia techniques. Anatomical variations between primary and permanent teeth, the appropriate way to use elevators and forceps, kind and direction of movement during extraction and possible complications such as root fracture and injury of permanent successors.
	Pulp Therapy	All relevant diagnostic tools should be performed before starting pulp therapy, the accurate diagnosis before starting pulp therapy treatment is key factor in the success of treatment. Treatment plan and alternatives treatment and the need for referral in difficult cases must be explained to parents. Objectives, indications, and contraindications for all pulp therapy types, including protective liner, indirect pulp therapy, direct pulp therapy, pulpotomy, pulpectomy, and lesion sterilization and tissue repair (LSTR) shall be illustrated. The appropriate restorative treatment after primary teeth pulp therapy must be applied.
	Restorative Dentistry	Recognize the contemporary concept of caries management in pediatric patients including caries risk assessment, disease process, and essential management either by biological or surgical methods. Biological methods including atraumatic restorative technique (ART), interim therapeutic restoration (ITR), and silver diamine fluoride (SDF) should be considered before starting surgical restorative methods. Objectives, indications, and contraindications for all restorative treatment, including glass incomer cement (GIC), resin modified glass incomer cement (RMGIC), resin infiltrate, compomer and stainless-steel crowns (SSC) shall be reviewed and explained to parents. Providing SSC as the Hall technique (HT) by cementation of an SSC over a caries-affected primary molar without local anesthetic, caries removal, or tooth preparation should be assessed in selective cases after evaluating the risks and benefits. In advanced cases of esthetic restorations, cases could be referred for pediatric dentists to perform strip crowns, preveneered SSC, preformed SSC, and zirconia crowns as treatment options for full coronal coverage restorations in primary anterior teeth.

	Skeletal problems	The proper knowledge and understanding of the skeletal orthodontic problems
Periodontics **18%**	Diagnosis & Classification of Periodontal Diseases	This subsection encompasses the identification, categorization, and staging of various periodontal diseases. It involves a thorough examination of the oral cavity to assess the condition of the gingiva, teeth, and supporting structures
	Etiology and Risk Factors Analysis	This subsection focuses on understanding the causes and contributing factors associated with periodontal diseases. It involves identifying both the etiologic factors, and potential risk factors that can increase a patient's susceptibility to these conditions
	Applied Pathology of Periodontal Diseases	This subsection explores the biological processes and tissue changes that occur in periodontal diseases. It involves understanding the underlying mechanisms that contribute to the destruction of the supporting structures of the teeth
	Applied Periodontal Anatomy and Histology	This subsection focuses on the detailed structure and composition of the periodontal tissues, including the gingiva, periodontal ligament, and alveolar bone. It provides a foundation for understanding the pathophysiological processes involved in periodontal diseases. This includes: Periodontal anatomy: Understand the normal anatomy of the gingiva, periodontal ligament, and alveolar bone, including their structure, function, and relationships. Histological features: Recognize the microscopic structure of periodontal tissues, including the different cell types, connective tissue components, and blood vessels. Developmental aspects: Understand the developmental stages of the periodontium and how these factors can influence susceptibility to periodontal diseases. Treatment planning: Apply knowledge of periodontal anatomy and histology to inform treatment decisions and evaluate the potential outcomes of periodontal interventions.
	Periodontal Examination	This subsection covers the techniques and procedures used to assess the health of the periodontium. It involves a thorough evaluation of the gingiva, periodontal pockets, tooth mobility, and attachment loss. This includes: Periodontal probing: Accurately measure the depth of periodontal sulcus using a periodontal probe. Gingival assessment: Evaluate the color, texture, and consistency of the gingiva, noting any signs of inflammation, bleeding, or recession. Tooth mobility: Assess the degree of tooth mobility. Attachment loss: Determine and/or calculate the extent of attachment loss Radiographic interpretation: Analyze dental radiographs to assess bone loss and other periodontal changes.
	Nonsurgical Therapy (Cause-Related Therapy)	This subsection focuses on the treatment approaches aimed at addressing the underlying causes of periodontal disease and promoting periodontal health without surgical intervention. This includes: Scaling and root planing: Identifying and correctly using all the different instruments that are used in the non-surgical phase of treatment. Antimicrobial therapy: Prescribe appropriate antibiotics or use topical antimicrobial agents to reduce the bacterial load in periodontal pockets. Periodontal dressings: Apply periodontal dressings to protect the gingiva and promote healing. Patient education: Provide the appropriate oral hygiene instructions and emphasize the importance of regular maintenance care. Monitoring and reevaluation: Regularly monitor the patient's periodontal status and make necessary adjustments to the treatment plan.
	Basic Implant Dentistry and Peri-Implant Diseases	This subsection introduces the principles of implant dentistry and the potential complications associated with dental implants. It covers the basic procedures involved in implant placement and

		the management of peri-implant diseases. This includes: Implant basics: Understand the indications, contraindications, and risks associated with dental implants. Implant placement: Perform basic implant placement procedures in collaboration with a specialist when appropriate. Peri-implant maintenance: Provide routine care and maintenance for patients with dental implants, and monitoring for signs of peri-implant disease. Peri-implant disease recognition: Identify and manage common peri-implant diseases, such as peri-implantitis and peri-implant mucositis. Referral: Refer patients with complex implant cases or peri-implant diseases to a specialist for further evaluation and treatment.
	Surgical Therapy	This subsection covers the surgical procedures that may be necessary to treat periodontal diseases or to support dental implants. It includes procedures such as flap surgery, bone grafting, and guided tissue regeneration. This includes: Surgical indications: Recognize when surgical intervention is necessary to address periodontal disease or to support dental implants. Surgical procedures: Identifying the different surgical procedures that are most appropriate for different periodontal conditions. This includes basic knowledge of the different materials and instruments that are used in those surgeries. Post-surgical care: Provide appropriate post-surgical care, including wound management, pain control, and follow-up appointments. Complications: Recognize potential complications associated with periodontal surgery and take appropriate measures to manage them.
	Multidisciplinary Care & Referral	This subsection emphasizes the importance of collaboration between general dentists and other healthcare professionals in managing periodontal diseases. It also covers the process of referring patients to specialists when necessary. This includes: Collaboration: Work effectively with other dental specialists, such as periodontists, prosthodontists, orthodontists, and endodontists, to provide comprehensive care for patients with periodontal diseases. Referral: Recognize when a patient requires specialized periodontal care and refer them to a periodontist for further evaluation and treatment. Coordination: Coordinate care between different healthcare providers to ensure continuity of treatment and optimal patient outcomes. Communication: Effectively communicate with patients and other healthcare professionals regarding the patient's periodontal condition and treatment plan. Follow-up: Maintain regular communication with specialists to monitor the patient's progress and ensure appropriate follow-up care.
	Iatrogenic Factors	This subsection explores the potential negative impacts of dental procedures and treatments on periodontal health. It includes factors such as substandard restorative dentistry, poorly designed dentures, excessive occlusal forces, and trauma to the periodontium. This includes: Iatrogenic risks: Recognize the potential iatrogenic factors that can contribute to periodontal disease, such as poorly fitting restorations, excessive occlusal forces, and traumatic dental procedures.

		Preventive measures: Implement preventive measures to minimize iatrogenic risks, including careful restorative planning, occlusal adjustment, and proper use of dental materials. Early detection: Identify and address iatrogenic factors as early as possible to prevent further damage to the periodontium. Referral: Refer patients with complex iatrogenic factors to a specialist for evaluation and treatment.
Restorative Dentistry **40%**	Basic Implantology	Assess patients for suitability of implants, including medical and dental history, and imaging analysis.; Plan straightforward implant cases, including selection of implant type, size, and positioning based on anatomical considerations; Perform restoration of straightforward implant cases, including impression taking, abutment selection, and prosthetic delivery.; Provide periodic maintenance and follow-up care for straightforward implant-supported restorations.; Diagnose complications related to straightforward implants and manage minor complications effectively.
	Complete Removable Prosthodontics	Appropriately select complete denture cases; Knowledge of dental materials related to complete dentures; Perform comprehensive intraoral and extraoral examinations for edentulous patients.; Design, fabricate, and fit complete dentures with optimal retention, stability, and aesthetics.; Conduct try-in sessions, evaluate occlusion, and make necessary adjustments before final insertion; Identify and manage post-insertion complications or occlusal discrepancies; Provide periodic maintenance, relining, and adjustments for complete dentures.
	Dental Anatomy and Occlusion	Accurately identify and describe tooth morphology; Analyze occlusion patterns and detect occlusal interferences.; Perform occlusal adjustments and wax-ups to simulate functional occlusion in restorative planning; Apply anatomical and occlusal principles during intracoronal and extracoronal restoration fabrication.
	Fixed Prosthodontics	Perform thorough diagnostic evaluations for fixed prosthetic cases.; Select appropriate cases for intracoronal and extracoronal restorations based on comprehensive diagnostic findings.; Perform mock-up try-ins and evaluate aesthetics and function before any irreversible teeth preparation.; Prepare abutment teeth according to the principles of tooth preparation and follow guidlines suitable for different fixed prosthetic materials; Fabricate provisional restorations and perform try-ins to assess fit, occlusion, and aesthetics; Deliver and cement final prostheses ensuring occlusal harmony, function, and long-term stability; Provide follow-up and maintenance for fixed prostheses, including adjustments and repairs.
	Operative Dentistry	Perform thorough diagnostic evaluations including clinical examination, radiographs, and caries detection techniques.; Diagnose and classify carious lesions, and plan appropriate treatment.; Perform cavity preparations using both traditional and minimally invasive approaches tailored to the lesion.; Place and finish direct restorations (composites, glass ionomers) ensuring proper contouring, marginal adaptation, and aesthetics.; Fabricate indirect restorations (inlays, onlays), evaluate their fit and marginal integrity, and cement them appropriately.; Apply rubber dam isolation and other moisture control techniques for optimal restorative outcomes.; Perform finishing, polishing, and occlusal adjustments to achieve functional and aesthetic results.; Provide post-operative instructions and maintenance guidance to enhance restoration longevity. Perform Preventive Measures and Minimally Invasive Restorative Procedures. Apply dental caries prevention techniques and precautions.
	Removable Partial Prosthodontics	Perform selection of appropriate cases and thorough diagnostic evaluations; Knowledge of dental materials related to RPDs; Design removable partial denture frameworks considering biomechanics, aesthetics, and patient-specific needs.; Provide provisional prostheses when indicated to assess function and aesthetics.; Prepare abutment teeth for proper RPD support and retention; Take precise impressions to ensure accurate framework fabrication.; Conduct framework try-in.; Record accurate jaw relations and ensure proper occlusion and articulation; Perform teeth try-in; Deliver RPDs, perform necessary adjustments, and evaluate patient comfort and function.; Provide follow-up maintenance including relining, adjustments, and management

		of complications.
	Ethics and Professionalism	Demonstrate ethical decision-making in clinical and professional contexts; Promote professional commitment to a set of values, behaviours and relationships, which underpin the trust that the public hold in dental care professionals; Demonstrate knowledge of laws and regulations relevant to dental practice, including professional codes of conduct and scope of practice; Exhibit professional conduct in clinical, academic, and community settings; showing responsibility, punctuality, respect, and appropriate demeanor; Protect patient confidentiality in compliance with legal and ethical obligations; Respect patient rights; Maintain honesty and integrity in all academic and clinical interactions, reflecting a commitment to the ethical standards of the dental profession; Commit to lifelong learning and self-reflection to maintain and enhance ethical awareness and professional growth throughout one's career.
	Infection Control and Patient safety	Apply evidence-based infection control protocols in all clinical settings, in accordance with national and international guidelines; Demonstrate proper hand hygiene, use of personal protective equipment (PPE), and sterilization/disinfection procedures; Safely handle and dispose of clinical waste, sharps, and hazardous materials, following regulatory requirements and institutional policies; Maintain aseptic techniques during all clinical procedures to ensure patient and practitioner safety; Conduct risk assessments related to infection transmission and implement preventive measures to mitigate those risks; Recognize and manage exposure incidents, including needlestick injuries, and follow appropriate post-exposure protocols; Demonstrate knowledge of disease transmission pathways, including airborne, droplet, contact, and bloodborne routes; Ensure the safety of the clinical environment and prevent risk of contamination; Promote a culture of safety and infection prevention within the dental team; Educate patients and team members on infection control practices; Monitor and report patient safety incidents, and contribute to incident analysis and improvement strategies.

Oral medicine and surgery **15%**	Abnormalities of teeth	Describe presentation, treatment, and prognosis of teeth alterations and defects.
	Allergies and immunologic diseases	Identify and manage clinically relevant allergic/immunologic conditions in a dental setting. Recognize oral manifestations related to allergic/immunologic conditions. Recognize and manage complications.
	Biopsy techniques	Recognize principles of biopsy techniques. List necessary biopsy armamentarium. Select appropriate biopsy techniques in a clinical setting.
	Bone pathology	Identify and manage bone pathology. Recognize and manage complications.
	Cardiovascular disease	Identify and manage cardiovascular conditions in a dental setting. Recognize oral manifestations related to cardiovascular conditions. Recognize and manage complications
	Developmental defects of the oral	Describe developmental defects, treatment, and prognosis.
	Endocrine / metabolic disease	Identify and manage Endocrine/metabolic disease in a dental setting. Recognize oral manifestations related to Endocrine/metabolic disease. Recognize and manage complications
	Exodontia/LA/impacted teeth	Discuss local anesthetic agents including mode of action, metabolism, excretion, interactions and dose calculation. Identify necessary equipment for LA and extractions. Recall types of indicated surgical extraction techniques and necessary steps. Recognize the appropriate use of specific surgical instruments in removal of erupted and impacted teeth. Identify different indications for tooth extraction and complications.
	Facial pain and neuromuscular diseases	Identify and manage facial pain and neuromuscular diseases. Recognize oral manifestations related to Facial pain and neuromuscular diseases. Recognize and manage complications.
	Gastrointestinal/ liver disease	Identify and manage Gastrointestinal/liver disease in a dental setting. Recognize oral manifestations related to Gastrointestinal/liver disease. Recognize and manage complications.
	Genitourinary disease	Identify and manage Genitourinary disease in a dental setting. Recognize oral manifestations related to Genitourinary disease. Recognize and manage complications.
	Hematologic and oncologic disease	Identify and manage Hematologic and oncologic disease in a dental setting. Recognize oral manifestations related to Hematologic and oncologic disease Recognize and manage complications.
	Immunologic disease	Identify and manage Immunologic disease in a dental setting. Recognize oral manifestations related to Immunologic disease Recognize and manage complications
	Microbiological infections	Identify and manage Microbiological infections in a dental setting. Recognize oral manifestations related to Microbiological infections. Recognize and manage complications.
	MRONJ	Identify and manage MRONJ. Describe stages of MRONJ and management.
	Mucosal lesions and tumors	Identify and manage Mucosal lesions and tumors. Recognize and manage complications.
	Neurologic, behavioural and psychiatric disorders	Identify and manage Neurologic, behavioural and psychiatric disorders in a dental setting. Recognize oral manifestations related to Neurologic, behavioural and psychiatric disorders. Recognize and manage complications.
	Odontogenic cysts and tumors	Identify and manage Odontogenic cysts and tumors. Recognize and manage complications.
	Odontogenic infections	Identify and manage Odontogenic infections. Recognize and manage complications.

	Oral manifestations of systemic diseases	Identify and manage bone pathology. Recognize and manage complications.
	Pathology	Identify and manage bone pathology. Recognize and manage complications.
	Physical and chemical injuries	Identify and manage bone pathology. Recognize and manage complications.
	Principles of surgery	Identify appropriate principles of surgery. Select appropriate armamentarium and technique for surgery.
	Pulmonary disease	Identify and manage pulmonary disease in a dental setting. Recognize oral manifestations related to pulmonary disease. Recognize and manage complications.
	Salivary gland pathology	Identify and manage salivary gland pathology. Recognize oral manifestations related to salivary gland pathology. Recognize and manage complications.
	Trauma	Identify and manage different types of trauma. Recognize and manage complications.
	Dentofacial deformities	Describe presentation, treatment, and prognosis of dentofacial deformities

Exam Sections' Description

Endodontics

The branch of dentistry concerned with the morphology, physiology and pathology of the human dental pulp and periradicular tissues. Its study and practice encompass the basic and clinical sciences including the biology of the normal pulp and the etiology, diagnosis, prevention and treatment of diseases and injuries of the pulp and associated periradicular conditions.

Orthodontics/Pediatric Dentistry

This section focuses on pediatric density and orthodontics specialty. It measures the competency of detection, diagnosis and management of dental problems in children. It also involves measuring the ability of detection and diagnosis of dental and skeletal relationship discrepancies in children as well as adults. Management options for such discrepancies will be evaluated also.

Periodontics

This section focuses on the diagnosis, prevention, and management of diseases affecting the supporting structures of the teeth. It encompasses essential periodontal principles and clinical skills required to promote oral health and preserve dentition. Emphasis is placed on evidence-based approaches, surgical and non-surgical therapies, and the prioritization of patient-centered care to ensure effective treatment outcomes.

Restorative Dentistry

Restorative dentistry is concerned with the study, diagnosis and integrated comprehensive management of diseases of the teeth and their supporting structures and the rehabilitation of the dentition to functional and esthetic requirements. It integrates restorative and prosthodontic dentistry and its foundation is based upon interaction of various dental specialties in the management of complex multifactorial care. Effective practice frequently necessitates collaboration with additional dental specialties, including endodontics, periodontics, orthodontics and special care dentistry, in conjunction with surgical fields such as oral and maxillofacial surgery.

Oral medicine and surgery

Oral Medicine and surgery assessments refer to the evaluations and examinations conducted to measure a resident's knowledge, skills, and competencies in the fields of oral medicine and oral surgery. These assessments typically include written exams, clinical evaluations, case presentations, and practical tests designed to ensure residents are proficient in diagnosing, managing, and treating oral diseases, as well as understanding the surgical management and complications affecting the oral and maxillofacial tissues.

References and Exam Preparation Resources

Section	Textbooks
Oral Medicine/ Oral Surgery	• Brad W. Neville, Douglas D. Damm, Carl M. Allen and Angela C. Chi, . Oral and Maxillofacial Pathology, 4th ed. • Stuart C. White and Michael J. Pharoah, . Oral Radiology: Principles and Interpretation, 7th ed. • James W.Little, Nelson L.Rhodus & Craig S.Miller/ Elsevier Health Science div,.Little and Falace's Dental Management of the Medically Compromised Patient, 9th ed. • James R. Hupp, Myron R. Tucker and Edward Ellis III, . Contemporary Oral and Maxillofacial Surgery, 6th ed.
Periodontics	• Niklaus P. Lang, Jan Lindhe., Clinical Periodontology and Implant Dentistry, 6th ed. • Michael Newman, Henry Takei, Perry Klokkevold, Fermin Carranza, . Carranza'sClinical Periodontology, the latest edition. • Louis F. Rose., Periodontics : Medicine, Surgery and Implants, the latest edition.
Orthodontics/ Pediatric Dentistry	• Jeffrey A.Dean,.McDonald and Avery's Dentistry for the Child and Adolescent, 10thed. • Paul S. Casamassimo, Henry W. Fields, Dennis J. McTigueArthur and Arthur Nowak, . Pediatric Dentistry: Infancy through Adolescence 5th ed. • Laura Mitchell, . An Introduction to Orthodontics, 4th ed. • William R. Proffit, Henry W. Fields, Jr., David M. Sarver,. Contemporary Orthodontics, 5th ed.
Restorative Dentistry (Prosthodontics, Operative Dentistry and Basic Implantology)	• Teodore Robertson, .Sturdevant's Art and Science of Operative Dentistry, 5th ed. • Alan B Carry and David T Brown,. McCracken's Removable Partial Prosthodontics,12th ed. • Stephen F. Rosenstiel, Martin F. Land and Junhei Fujimoto ., Contemporary Fixed Prosthodontics, 4th ed. • Arthur O. Rahn, John R. Ivanhoe and Kevin D. Plummer , . Textbook of Complete Dentures, 6th ed.
Endodontics	• Stephen Cohen and Kenneth Hargreaves / Mosby, . Pathways of the Pulp, 11th ed. • Mahmoud Torabinejad, Ashraf F. Fouad and Richard E. Walton., Endodontics Principles and Practice, 5th ed.
Common to all sections (Local Anesthesia; Professionalism and Bioethics; Infection control and patient safety.)	• Stanley F. Malamed PUBLISHER Elsevier Health Sciences, . Handbook of LocalAnesthesia 6th edition. • CDC, Center for Disease Control (CDC) U.S.A., Basic Guide to Infection Preventionand Control in Dentistry. 2009, • Caroline L. Pankhurst and Wilson A. Coulter, Wiley-Blackwell ,. Guidelines for infection control in dental healthcare settings-2003. • Al kaabba F. Abdulaziz , Hussein MA Ghaiath, and Kasule H. Omar SCFHS-2015,. Professionalism and Ethics, Handbook for Residents, Practical guide. • Stanley F. Malamed., Handbook of Local Anesthesia, the latest edition.

Note: This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken from these sources.

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