KMPDC
Enhancing Quality Healthcare

KENYA MEDICAL PRACTITIONERS AND DENTISTS COUNCIL (KMPDC)

THE SCOPE OF PRACTICE FOR GENERAL, SPECIALIST AND SUBSPECIALIST DENTAL PRACTITIONERS

JUNE 2023

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Foreword

The Scope of Practice for Dental Practitioners stands as a foundational cornerstone, embodying the principles, standards, and boundaries that define our roles as custodians of health and healing.

In the ever-evolving landscape of healthcare, the dedication, expertise, and commitment of dental practitioners are key to the delivery of quality healthcare. As we navigate the complexities of modern medicine, the Scope of Practice for Dental Practitioners will serve as a guiding beacon, outlining the responsibilities, boundaries, and ethical considerations that shape the realm of healthcare delivery. This comprehensive document represents a collective effort of collaboration, drawing upon the invaluable insights of seasoned professionals, regulatory bodies, educators, and policymakers. It stands as a testament to our shared commitment to excellence, patient-centred care, and the unwavering pursuit of medical advancement.

The Scope of Practice delineates the boundaries within which we operate, emphasizing the importance of continuous learning, ethical decision-making, and the profound responsibility we bear in safeguarding the welfare of our patients.

This document serves as a dynamic framework, adaptable to new technologies, emerging therapies, and evolving patient needs. It fosters a culture of collaboration, continuous learning, and ethical practice, empowering practitioners to navigate complex scenarios while upholding the principles of patient-centred care.

I extend my deepest gratitude to all those whose expertise, dedication, and unwavering commitment have contributed to the development of this Scope of Practice. May it serve as a compass, guiding us through the ethical, professional, and clinical dimensions of our noble vocation. Together, let us uphold the integrity of our profession, honour the trust bestowed upon us, and continue our journey of healing and service to humanity.

Prof. Stanley O. Khainga
Chairperson
Kenya Medical Practitioners And Dentists Council (KMPDC)

Acknowledgement

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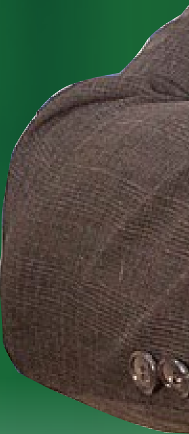
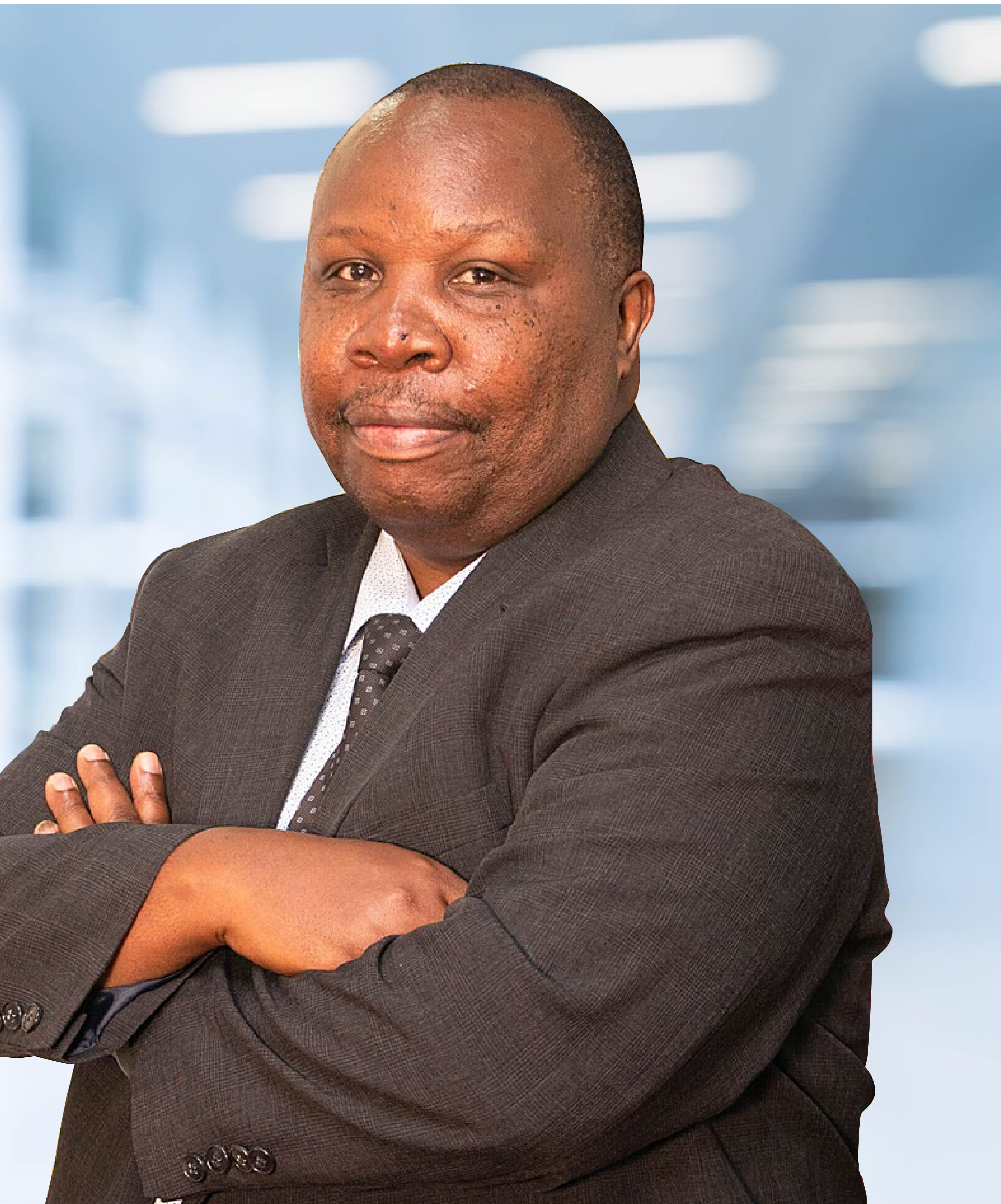
The Council recognises that this document would not have been completed without your individual and collective contribution and support.

Dr David G. Kariuki

Chief Executive Officer/ Registrar
Kenya Medical Practitioners And Dentists Council (KMPDC)





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Abbreviations and Acronyms

BDS/DDS	Bachelor of Dental Surgery
Botox	Botulinum toxin
BRS	Biological reference samples
Cap. 253	The Medical Practitioners and Dentists Act (Chapter 253, Laws of Kenya)
CME	Continuous medical education
CPD	Continuous professional development
CT scan	Computed tomography scan
CUE	Commission for University Education
DIT	Dental identification team
DVI	Disaster victim identification
EAC	East African Community
GA	General anaesthesia
GDP	General Dental Practitioner
GTR	Guided tissue regeneration
IM	Intramuscular
IOPA	Intraoral peripical
IV	Intravenous
KMPDC	Kenya Medical Practitioners and Dentists Council
LA	Local anaesthesia
MMA	Maxillomandibular advancement
MRI	Magnetic resonance imaging
NCDs	Non-communicable diseases
OMFS	Oral and Maxillofacial Surgery
OPG	Orthopantomography
PET	Positron emission tomography
TMJ	Temporomandibular joint

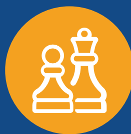
Chapter One
Introduction

1.1. About KMPDC

The Kenya Medical Practitioners and Dentists Council (KMPDC) is a body corporate established under the Medical Practitioners and Dentists Act (Cap. 253 Laws of Kenya). The Council's mandate is to regulate the training, practice and licensing of medicine, dentistry and oral health, and to regulate all health institutions within the Republic of Kenya.

Vision

To be an efficient, effective and accessible world class health regulatory body



Mission

To ensure the provision of quality and ethical healthcare through appropriate regulation of training, registration, licensing, inspections, and professional practice

Core Values

- Integrity and professionalism
- Respect for quality of human life and dignity
- Ethical practice
- Accountability
- Timeliness
- Justice and fairness
- Honesty
- Good governance
- Total commitment to service delivery
- Practice of knowledge led and evidence-based medicine
- Effective communication
- Non-discrimination

1.1.1. Functions of the Council

The functions of the Council as indicated in Section 4 of Cap. 253 are to:

- Establish and maintain uniform norms and standards on the learning of medicine and dentistry in Kenya;
- Approve and register medical and dental schools for training of medical and dental practitioners, and community oral health officers;
- Prescribe the minimum educational entry requirements for persons wishing to be trained as medical and dental practitioners, and community oral health officers;
- Maintain a record of medical, dental and community oral health students;
- Administer internship qualifying examinations, preregistration examinations, and peer reviews as deemed appropriate by the Council;
- Inspect and accredit new and existing institutions for medical, dental and community oral health internship training in Kenya;
- License eligible medical, dental and community oral health interns;
- Determine and set a framework for professional practice of medical and dental practitioners, and community oral health officers;
- Register eligible medical and dental practitioners, and community oral health officers;
- Regulate the conduct of registered medical and dental practitioners and community oral health officers, and take such disciplinary measures for any form of professional misconduct;
- Register and license health institutions;
- Carry out inspection of health institutions;
- Regulate health institutions and take disciplinary action for any form of misconduct by a health institution;
- Accredit continuing professional development providers;
- Issue certificate of status to medical and dental practitioners, community oral health officers and health institutions, and
- Do all such other things necessary for the attainment of all or any part of its functions.
- Ensuring that the CPD activities add everyday value for Practitioners working in the country.

1.2. Rationale for the Scope of Practice

The development of the Scope of Practice for General, Specialist and Subspecialist Dental Practitioners registered and licensed under the Medical Practitioners and Dentists Act aims at fulfilling the Council's mandate of regulating the practice of medicine, dentistry and oral health in the country and its overall objective of ensuring quality healthcare in the country.

Good dental practice encourages practitioners to ensure that they have adequate knowledge and skill to provide safe clinical care, and to recognise and work within the limits of their scope of practice. The scope of practice delineates the extent of the practitioner's practice and describes their roles, responsibilities, functions and activities. This is based on the individual practitioner's credentials, competence, performance and professional suitability.

The application of the scope of practice highlights the need for the health facilities or organisations in which they practice to have the capability to support each practitioner's practice to the highest level.

1.3. Minimum Requirements for Practicing as a Dental Practitioner in Kenya

At the minimum, persons wishing to be registered and licensed as Medical Practitioners in the country should:

- Hold a Bachelor of Dental Surgery (BDS/DDS) or its equivalent from institutions recognised by the Kenya Medical Practitioners and Dentists Council (KMPDC) and accredited by the Commission for University Education (CUE) OR Be eligible for reciprocal recognition as prescribed within the East African Community (EAC) partner states
- Have evidence of successful completion of the mandatory internship training
- Be registered as a Dental Practitioner by the KMPDC
- Hold a recognised postgraduate qualification in a recognised field of specialty or subspecialty
- Be duly recognised in their field of specialty or subspecialty practice by the KMPDC
- Hold a professional indemnity cover that appropriately covers their practice for the practice year (as stipulated in Section 15A of Cap. 253)
- Hold a valid practice licence for the year and their field of practice
- Hold valid certification to provide basic and advanced life support, with appropriate recertification every three years

1.4. Responsibilities of Dental Practitioners

At the minimum, every Dental Practitioner shall at all times:

- Keep his/her professional knowledge and skills up to date
- Observe the Laws of the land, especially in relation to his/her professional practice
- Abide by The Code of Professional Conduct and Discipline
- Maintain the highest standards of personal conduct and integrity
- Take care of their own health, safety and wellness, and encourage their colleagues to do the same
- Act in the best interests of his/her patients
- Respect patient confidentiality, privacy, choices and dignity, including the rights to a second opinion and to refuse treatment
- Provide adequate information about the patient's diagnosis, treatment options and alternatives, costs associated with each such alternative and any other pertinent information to enable the patient to exercise a choice in terms of treatment and informed decision-making pertaining to his or her health and that of others
- Maintain proper and effective communication with his or her patients and other health professionals
- Obtain informed consent from a patient or, in the event that the patient is unable to provide consent for treatment himself or herself, from his or her next of kin/ guardian/ medical proxy
- When needed, provide or arrange for suitable advice and prompt referral to another practitioner who has the skill or competence required by the patient
- Keep accurate and up-to-date patient records
- Participate in activities that contribute to the improvement of the community and the betterment of public health
- Expose without fear or favour, any incompetent, corrupt, dishonest or unethical conduct by members of the profession
- Safeguard the profession against admission to it of persons who are deficient in moral character, education or skill, and
- Not permit unqualified, unlisted or unregistered persons to attend to, treat or perform procedures on patients whenever professional skill or discretion is required

Further, all Dental Practitioners should:

- Be competent in all aspects of their work, including management, research and teaching
- Keep their professional knowledge and skills up to date
- Practice in accordance with national or international guidelines and evidence-based medicine
- Regularly participate in activities that maintain and develop their skills and performance e.g. continuous medical education (CME) or continuous professional development (CPD) activities
- Find and participate in structured support opportunities (e.g. mentorship) where available
- Be familiar with guidelines and developments in their line of work
- Keep up to date with and follow laws, guidelines and regulations that are relevant to their work
- Regularly reflect on their practice and its effectiveness, and their relationships with patients and other health practitioners; and learn from what has worked and what has not
- Routinely engage in processes to monitor, evaluate and appraise their performance
- Participate in activities that improve the quality of their work
- Continue to study, apply, and advance scientific knowledge
- Maintain a commitment to medical education, and
- Make relevant information available to patients, colleagues, regulatory authorities and the public

1.5. Rights of Dental Practitioners

All Dental Practitioners and other healthcare professionals have the right to:

- Life and not to be placed in disproportionately life-threatening situations
- Freedom and security of the person, including the right to be free from violence
- Enjoy equal treatment and equal benefit in the eyes of the Law
- Not be discriminated against or treated unfairly by any person or institution on the basis of their nationality, race, ethnicity, gender, sexual orientation, disability status, party politics or social standing
- Not to be threatened, harassed, bullied or exploited in any manner by any person or institution

- Be involved in the continuous improvement of their knowledge, skills and competence through training, CPD/CME and access to information, in order to perform the tasks required of them
- Freedom of trade, occupation and profession, including choices in relation to specialisation where positions exist. This includes the rights of doctors to take part in economic endeavours
- Be paid a fair remuneration for services rendered in a timely manner and not to have any unlawful interference with these and other property rights. This includes the right not to be taxed more or targeted exclusively based on their assumed financial status
- Fair labour practices including fair dispensations of working hours, overtime, leave, working conditions and other benefits, and the right to have their grievances taken up at appropriate forums
- A safe working environment that is not harmful to their health and well-being including the provision of personal protective equipment, post-exposure prophylaxis, medical management to prevent or control their own illness, protection from violence, and appropriate psychosocial support to manage stressful situations
- Clinical independence, including the right to make decisions about their professional practice and the right not to be compelled to offer or perform any unnecessary, unscientific, unproven, harmful, cruel, inhumane, demeaning, derogatory and/or humiliating examinations, tests or treatments
- Have access to appropriate physical facilities and equipment and receive adequate and appropriate supplies and materials in order to provide services at an acceptable level of quality
- Be assured that whatever the level of care at which they are working, they will receive supportive supervision and back up from other individuals or units
- Reasonable accommodation of their personal religion, beliefs and opinions, provided that they respect the religions, beliefs and opinions of others, and do not cause undue distress to others
- Freedom of movement and residence, which includes not to be subjected to unreasonable limitations in terms of where practitioners must live and work
- Privacy and the protection of private information, communication, family and property
- Freedom of association, which includes the right to voluntarily form, join and participate in any association or to disassociate. This includes the unfettered right to choose life partners, business associates and friends
- Freedom of assembly, demonstration, picketing and to present petitions, without victimisation
- Make political choices and participate in political activities without any victimisation

Chapter Two

General Scope of Practice

Within their field of practice, all Dental Practitioners are expected to:

- Take adequate and appropriate clinical history
- Undertake appropriate physical examination
- Recommend appropriate diagnostic investigations, including performing basic point-of-care investigations where appropriate
- Institute timely consultation, including remote consultation
- Initiate timely referral, be it upward, downward or lateral, as appropriate
- Ensure accurate and up-to-date documentation in a manner that facilitates continued and safe patient care
- Provide basic and advanced life support
- Provide or recommend preventive, promotive, curative and rehabilitative health care as appropriate, giving adequate consideration to physical, mental and psychosocial aspects of health and disease
- Cooperate fully with any legitimate inquiries, complaints procedures, reviews and investigations, including mandatory reporting requirements and inquiries by regulatory authorities, and promptly disclose all relevant information Reasonable accommodation of their personal religion, beliefs and opinions, provided that they respect the religions, beliefs and opinions of others, and do not cause undue distress to others

In addition to their clinical roles, all General Dental Practitioners are also expected to:

- Train, supervise and mentor students, interns and colleagues
- Participate in interdisciplinary teams
- Undertake in leadership and administrative roles
- Advocate effectively for patients
- Engage in research and scholarly work including innovative and technological pursuits

In addition to their clinical roles in their fields of expertise, all Specialist and Subspecialist Dental Practitioners are also expected to:

- Train, supervise and mentor students, interns and colleagues
- Llead and participate in interdisciplinary teams
- Pprovide expert opinion within their area of specialisation
- Uundertake leadership, management and governance roles
- Aadvocate effectively for patients
- Engage in research and scholarly work, and
- Promote innovation and the use of technology

Chapter Three

General Dental Practitioners

This section prescribes the conditions which a General Dental Practitioner (GDP) should be able to manage and activities that they may undertake and is subdivided by field of specialty.

3.1. Community and Preventive Dentistry

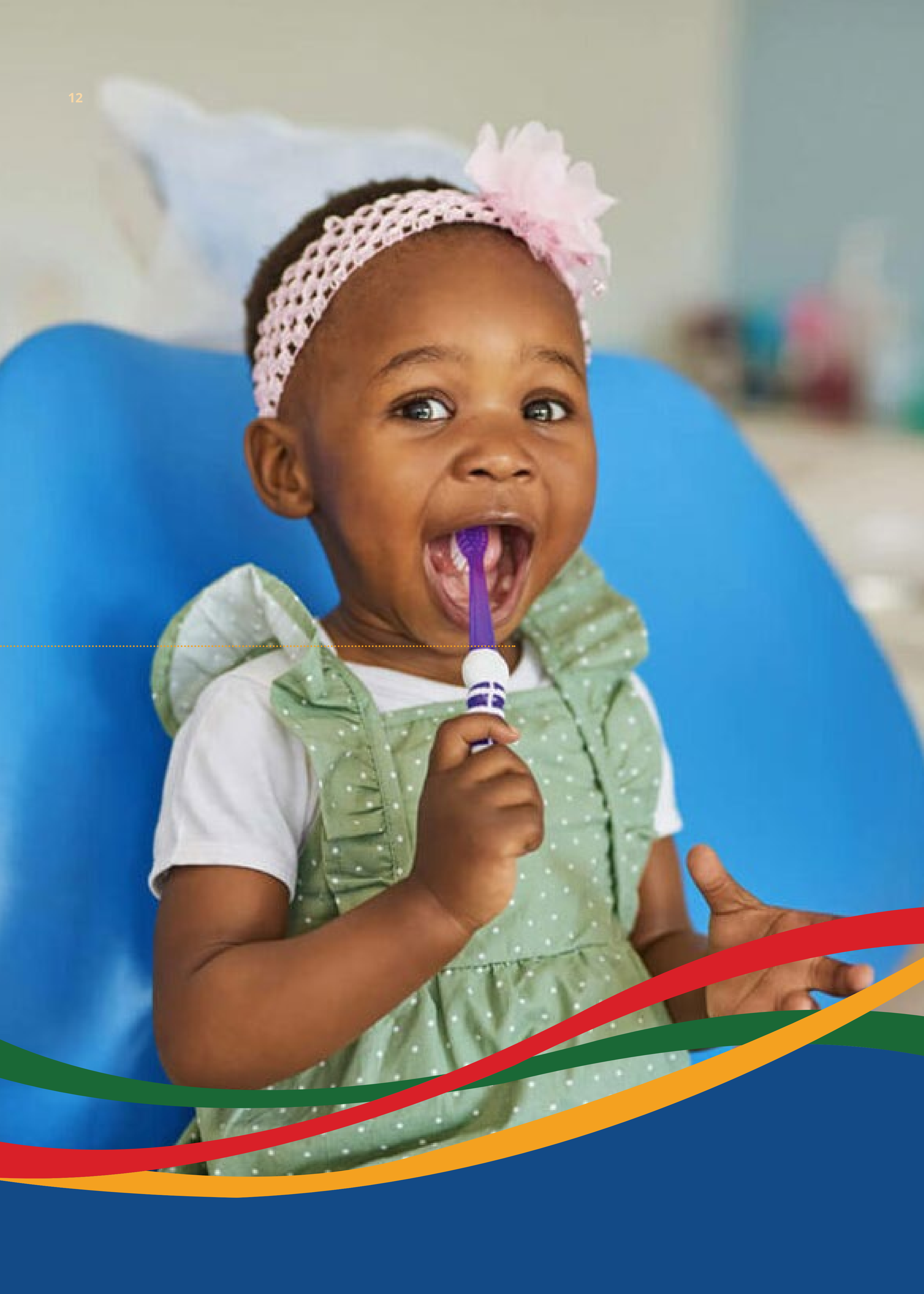
A GDP should be able to advise on disease prevention and health promotion including but not limited to:

- Nutritional/Diet counselling
- Oral hygiene instructions
- First aid measures
- Preventing oral facial injuries
- Screening for developmental milestones
- Application of fissure sealants and other atraumatic restorative therapies (e.g. application of silver diamine fluoride)
- Fluoride application
- Behaviour management
- Counselling on harmful oral habits prevention (e.g. culture-based dental mutilations, finger sucking, etc.)
- Guidance on defluoridation/ defluorination of water
- Conduct community survey

3.2. Paediatrics Dentistry

A GDP stationed in Paediatric Dentistry should be able to:

- Undertake an age-appropriate clinical history
- Perform an age-appropriate physical examination
- Take appropriate clinical photographs
- Take appropriate oral and dental impressions
- Recognize signs of child abuse and neglect
- Distinguish between normal and abnormal development
- Recognize disability
- Consult and refer appropriatelydocument all findings and recommendations appropriately



3.2.1. Neonatal Conditions

A GDP should be able to recognize, request appropriate investigations, initiate appropriate treatment, and or institute appropriate referral for common neonatal dental conditions:

- Neonatal oral and dental conditions (e.g. neonatal teeth, ankyloglossia)
- Cleft lip and palate

3.2.2. Acute Conditions

A GDP should be able to recognize, request appropriate investigations, initiate appropriate treatment and or institute appropriate referral for common acute conditions including but not limited to:

- Dental abscesses
- Periodontal abscesses
- Acute gingival conditions

3.2.3. Non-acute Conditions

A GDP shall recognize, request appropriate investigations, initiate appropriate treatment, and or institute appropriate referral for common non-acute conditions including but not limited to:

- Dental caries
- Oral habits
- Periodontal & peri-implant diseases and conditions
- Dental malocclusion
- Oral ulceration
- Dental fluorosis
- Tooth discoloration
- Pre-malignant lesions
- Oral and Maxillofacial tumors
- Consultation and referral

3.3. Dental and Maxillofacial Radiology

A GDP should be able to:

- → Take and interpret point-of-care dental imaging e.g. OPG, IOPA, dental ultrasound
- → Interpret oral and maxillofacial radiographs and other images
- → Consult and refer appropriately

3.4. Endodontics

A GDP should be able to perform the following:

- → Diagnose dental pulp diseases and conditionsEndodontic therapy
- → Direct pulp capping
- → Consult and refer appropriately

3.5. Periodontology

A GDP should be able to:

- → Diagnose common periodontal and peri-implant diseases and conditions
- → Management of the common periodontal diseases and conditions within level 1 and 2 complexity based on periodontal treatment assessment through scaling and polishing.
- → Disclosing of plaque and calculus
- → Manage dentine hypersensitivity
- → Frenectomy (Buccal, Labial and Lingual)
- → Splint mobile teeth

3.6. Orthodontics

A GDP should be able to:

- → Diagnose dentofacial anomalies and tooth-arch discrepancies
- → Manage simple dentofacial anomalies and tooth-arch discrepancies
- → Prescribe and provide removable and non-skeletal fixed orthodontic treatment

3.7. Prosthetics/ Prosthodontics

A GDP should be able to:

- Diagnose and manage edentulism
- Take conventional and digital intraoral impressions
- Perform reductive occlusal adjustment
- Prescribe and provide removable and fixed prostheses

3.8. Forensic Odontology

A GDP should be able to:

- Provide forensic dental assessment
- Age assessment

3.9. Restorative Dentistry

A GDP should be able to prescribe and provide restorative and aesthetic treatment, as follows:

3.9.1. Preventive and Promotive Health

A GDP should be able to advise on disease prevention and health promotion including but not limited to occlusal splints.

3.9.2. Acute Conditions

A GDP shall recognize, request appropriate investigations, initiate appropriate treatment, and institute appropriate referral for common acute conditions including such as pulpitis and dental trauma through:

- Direct pulp capping
- Dental restorations

3.9.3. Non-acute Conditions

A GDP shall recognize, request appropriate investigations, initiate appropriate treatment, and institute appropriate and or early referral for common non-acute conditions including but not limited to:

- Dental caries
- Ental discoloration
- Non-carious tooth substance loss
- Dental structure/form anomalies, etc

Proficiency in procedures:

- Dental restorations
- Dental crowns
- Dental veneers
- Post and core restorations
- Dental bridge up to a maximum of 4 units (on natural dentition or implant)
- Indirect pulp capping
- Dental masking (direct & indirect)
- Application of dental desensitizing agents

3.10. Oral and Maxillofacial Surgery

A GDP should be able to perform the following:

- Non-surgical exodontia
- Surgical exodontia with minimal risk to vital structures
- Maxillo-mandibular fixation for simple non-displaced fractures
- Non-surgical TMJ reduction
- Re-implantation of avulsed teeth
- Incisional biopsies
- Excisional biopsies of benign lesions with minimal risk to vital structures
- Fine needle aspiration biopsies
- Incision and drainage of oral and maxillofacial abscesses
- Removal of intra-orally accessible sialoliths after appropriate investigations

3.11. Skills Requiring Additional Training or Certification

The GDP will be required to undertake additional CPD/ Council-accredited training and assessment in order to perform the following procedures:

- Implantology
- Conscious sedation

These are required more frequently nowadays, and are part of undergraduate training in some jurisdictions.

Chapter Four

Specialist and Subspecialist Dental Practitioners

The scope of practice for the Dental Specialist and Sub-Specialist shall include the full scope of the General Dental Practitioner in addition to those competencies specific to the specialty. This chapter describes the scope of practice for each recognised dental specialty and the recognised subspecialties under it.

4.1. Endodontics

The scope of practice of the Endodontic Subspecialist includes:

- Diagnosis and clinical evaluation of patients with disease, conditions and injury to the dental pulp and peri-radicular regions of teeth
- Retreatment of teeth which had previously undergone root canal therapy
- Conduct endodontic surgery when a tooth cannot respond to conventional treatment or where conventional treatment is not possible
- Carry out vital pulp therapy, pulp revascularization and endodontic regeneration
- Manage perio-endodontic lesions in consultation with the periodontist
- Manage ortho-endodontic lesions
- Carry out the following procedures: apexification, apexogenesis, endodontic implants (stabilizers) and non-vital bleaching

4.2. Forensic Odontology

The scope of practice of the Forensic Odontologist includes:

- The examination and evaluation of injuries to the orofacial structures for medicolegal purposes
- The examination of surface marks with a view to subsequent elimination or possible identification of a suspect as the perpetrator
- The examination of dental remains (whether fragmentary or complete, and including all types of dental restorations) from unknown persons or bodies with a view to the possible identification of the latter
- Work as part of a larger forensic human identification team in forensic medicine primarily with Forensic Pathologists including those working in Forensic Clinical Medicine, Forensic Anthropologists, Forensic Radiologists, Oral Radiologists, Forensic Geneticists, Forensic Entomologists, Forensic Archaeologists and other related disciplines including but not limited to specialists in Anatomy and Bone trauma
- Evaluation of dental evidence for the purposes of forensic dental identification in civil and criminal cases as well as assisting in the Disaster Victim Identification (DVI) in mass fatality situations
- Develop and manage a Dental Identification Team (DIT)

- Establish and manage a database (logistical preparation including equipment and personnel as well as managing data)
- Request ante-mortem dental information as part of an ante-mortem data collection team from relevant practitioners, facilities, institutions' and agencies as part of Disaster Victim Identification (DVI) or in other criminal or civil cases
- Collect both Biological Reference Samples (BRS) and post-mortem samples for DNA analysis by way of oral/skin swabs or teeth for mass fatality situations, civil or criminal cases (specifically related to bite mark cases) respectively
- Conduct dental age estimation in civil and criminal cases for both living and deceased individuals including those of foetal remains
- Assist forensic pathologists, forensic anthropologists, and forensic or oral radiologist in the examination and analysis of Cranio-facial trauma of human remains from fresh bodies to skeletal remains through all stages of decomposition
- Conduct bite-mark analysis on victims, perpetrators', inanimate objects and including perishable items such as food
- Collect and analyse lip prints (Cheiloscopy)
- Analyse rugae patterns (Rugoscopy)
- Examine and establish dental manifestations in child, elder, spouse, sexual abuse or gender violence cases
- Assist investigative or other relevant bodies to conduct investigations into dental malpractice and cases of dental fraud
- Presentation of dental evidence in court or other legally mandated authorities as an expert witness
- Generate forensic dental reports
- Promote actively with relevant institutions' and stakeholders the proper management of dental data

4.3. Oral And Maxillofacial Radiology

The scope of practice of the Oral and Maxillofacial Radiologist includes:

- Prescribe and perform craniofacial imaging procedures
- Interpret and report craniofacial images
- Perform invasive radiological procedures in the craniofacial complex (sialography, angiography etc.)
- Perform interventional radiology in the craniofacial complex (diagnostic and therapeutic procedures)
- Develop, review and implement radiation safety and protection policies

4.4. Oral Medicine/ Maxillofacial Pathology

The scope of practice of the Oral/Maxillofacial Pathologist includes:

- Diagnosis of diseases or disorders affecting the oral and maxillofacial regions
- Collection of pathology specimen from the oromaxillofacial region
- Macroscopic and microscopic evaluation, interpretation and reporting of pathological investigations, and
- Additional techniques for pathological study of specimens

4.5. Orthodontics

The scope of practice of the Orthodontist includes:

- Diagnose and manage all levels of complexities of dento-facial anomalies and tooth/arch discrepancies
- Offer preventive, interceptive procedures to correct disharmonies of growth of dento-facial structures
- Prescribe and place temporary anchorage devices

4.6. Paedodontics/ Paediatric Dentistry

The scope of practice of the Paediatric Dentist includes:

- Advanced behaviour management in paediatric patients including the use of conscious sedation
- Comprehensive treatment for paediatric patients including complex procedures and under GA
- Multidisciplinary oral healthcare for paediatric patients with special needs and comorbidities
- Oral healthcare for neonates

Only one subspecialty is recognised by the Council under Paediatric Dentistry y i.e. Endodontics

4.7. Restorative Dentistry

The scope of practice of Restorative Dentistry includes:

- Management of severe tooth surface loss
- Management of severe intrinsic tooth discoloration

4.8. Periodontology/ Periodontics

Subspecialties recognised under Periodontics include:

- Implantology
- Gerodontology

The scope of practice of the Periodontologist includes:

- Manage patients with severe periodontitis e.g. vertical/angular bone loss, multiple periodontal abscesses, acute periodontal conditions, severe root surface exposure, peri-implant diseases and anatomic gingival deformities.
- Scaling, gingival curettage and root planing/ debridement of pockets deeper than 5mm
- Open flap debridement with or without osseous surgery.
- Crown lengthening procedures.
- Pocket management surgical techniques.
- Bone augmentation and guided tissue regeneration (GTR) procedures.
- Aesthetic and plastic periodontal surgery/ mucogingival surgery
- Implant and Peri-implant surgery procedures.
- Restoration of complex dental implants

4.9. Prosthodontics

Subspecialties recognised by the Council under Prosthodontics include:

- Implantology
- Gerodontology
- Aesthetic dentistry

The scope of practice of Prosthodontics includes:

- Diagnose and treatment of complex oral and maxillofacial conditions requiring prosthodontic intervention
- Do complex occlusal analysis and prosthodontic intervention
- Prescribe and deliver oral and craniofacial prostheses
- (Planning for complex partial or complete denture cases requiring use of endosseous implants, osseosynthetic plates, pterygoid, zygomatic and subperiosteal implants
- Fabrication of:
  - Advanced or complex implant assisted prosthesis
  - Full mouth reconstruction with or without alteration of occlusal vertical dimension
  - Stabilization of strategic teeth as part of prosthodontic rehabilitation
  - Complete occlusal adjustment
- Establishment of Maxillomandibular relationships and movement
- Complete denture fabrication for thin atrophic ridges, long term denture wearers and class II and III skeletal relationships
- Implant supported complete arch fixed or removable implant prosthesis
- Maxillofacial Prosthodontics

4.10. Oral And Maxillofacial Surgery (OMFS)

Subspecialties recognised by the Council under Oral and Maxillofacial Surgery include:

- Implantology
- Craniofacial Surgery
- Facial Cosmetic Surgery
- Cranio-Maxillofacial Surgery
- Dental-Alveolar Surgery
- Paediatric Maxillofacial Surgery

The scope of practice of the Oral and Maxillofacial Surgeon includes:

4.10.1. Dentoalveolar Surgery

Involves management of conditions such as: odontogenic infections; erupted, unerupted and impacted teeth; third molars; periradicular pathology, and the revision, reduction, and excision of deformities and defects of the dentoalveolar complex.

Procedures include:

- Establishment of compromised airway in emergencies including intubation, tracheostomy, cricothyroidotomy
- Elimination of source (removal of tooth, endodontic treatment, periodontal therapy, etc)
- Incision and drainage (intraorally and/or extraorally of the maxillofacial region)
- Aspiration
- Assessment and support of host defences including provision of hyperbaric oxygen treatment
- Surgical endodontic therapy i.e. complex periapical surgery
- Complex hemisection of tooth or root amputation
- Periodontal surgery
  - Mucogingival surgery
  - Alveolar/osseous surgery
  - Grafting procedures (e.g., soft and/or hard tissue, autogenous, alloplastic)
  - Crown lengthening procedures
  - Guided tissue augmentation
- Surgical Dental extraction including Concomitant augmentation with alloplastic or autogenous graft to maintain alveolar form and function
- Surgical exposure with or without placement of orthodontic attachments
- Coronectomy
- Surgical repositioning, reimplantation, or transplantation
- Marsupialization of defects with secondary management of associated impacted teeth
- Removal of associated neoplasms and cysts
- Interdental corticotomy/osteotomy to assist eruption or other orthodontic intervention

- Surgical alteration, repair, graft, excision, reduction, or augmentation of hard and/or soft tissues, including but not limited to:
  - — Reduction of tuberosity fibrous and/or osseous reduction
  - — Reduction or excision of exostosis, mandibular tori, or torus palatinus
  - — Maxillary, mandibular, and lingual frenotomy, frenectomy, or frenoplasty
  - — Corticotomy
  - — Reconstruction, repair and/or revision of hard tissue defects
  - — Distraction osteogenesis
  - — Reconstruction, repair, and/or revision of soft tissue defects
  - — Vestibuloplasty, including extension, soft tissue grafts, muscle reattachment, revision of soft tissue, and management of hypertrophied or hyperplastic soft tissue
  - — Lowering of floor of mouth with or without skin or mucosal grafting
  - — Alveoloplasty and/or alveolectomy
  - — Distraction of lesions of the dentoalveolar structures
  - — Oronasal, oroantral, or orocutaneous fistula closure
  - — Ridge preservation/augmentation

4.10.2. Dental and Craniomaxillofacial Implant Surgery

Involves the management of dental and craniofacial deformity by implantology and includes procedures such as:

- Placement of dental and craniofacial implants
- Bone Augmentation
- Harvesting of vascularised and non-vascularised autogenous grafts from intraoral or extraoral sites, including but not limited to mandibular ramus, ramus body, symphysis, alveolar ridge and retromolar region, maxillary tuberosity, zygomatic buttress ilium, cranium, or tibia
- Irradiated bone using microsurgically revascularized bone grafts

4.10.3. Surgical Correction of Maxillofacial Skeletal Deformities

Involves the management of mandibular prognathism, mandibular retrognathism, mandibular asymmetry, maxillary hyperplasia, skeletal open bite (Apertognathia), and obstructive sleep apnoea, by procedures such as:

- Sagittal split ramus osteotomy
- (Vertical oblique ramus osteotomy (e.g., intraoral, extraoral, endoscopic)
- Inverted “L” osteotomy with bone grafting and rigid fixation
- Le Fort I, II or III osteotomy with or without segmentalisation

- Mandibular symphysis vertical osteotomy
- Mandibular osteotomy
- Segmental maxillary alveolar osteotomies
- Vertical ramus osteotomies in conjunction with mandibular setback procedures
- Subapical or body osteotomy/ostectomy
- Grafting procedures (e.g., autogenous, allogeneic bone, alloplasts, bone morphogenetic protein)
- Genioplasty
- Genial tubercle advancement
- Contour augmentation and/or reduction, including soft tissue augmentation (e.g. fat grafting and soft tissue flaps)
- Coronoidectomy and/or coronoidectomy
- Partial or complete condylectomy
- High condylectomy (in severe cases demonstrating continuous abnormal growth)
- Surgically assisted orthodontic movement (includes skeletal anchorage devices, corticotomies)
- Partial glossectomy
- Speech and swallowing therapy
- Distraction osteogenesis both for mandibular widening and lengthening
- Temporomandibular joint surgery including total joint replacement
- Septorhinoplasty
- Turbinoplasty and/or turbinectomy
- Soft tissue procedures (e.g., V-Y closure, nasal cinch, buccal fat removal)
- Biopsy or debridement and removal of maxillary sinus pathology (e.g., mucous retention cyst, mucocele, polyp)
- Palatal or alveolar cleft repair with/without bone grafting
- Malar osteotomies/augmentation
- Reconstruction (condyle/mandible) including autogenous or alloplastic total joint reconstruction
- Pharmaceutical management to minimize temporomandibular instability
- Maxillomandibular advancement (MMA) to improve form and function of the upper airway

- Specific adjunctive surgical techniques to maximize stability of MMA, minimize neurosensory deficits and promote normal wound healing including:
  - Mandibular advancement
  - Maxillary and/or mandibular expansion
  - Chin advancement
  - Genial advancement
  - Hyoid (suprahyoid muscle complex) advancement
  - Uvulopalatopharyngoplasty (or variant)
  - Tracheostomy
  - Nasal septoplasty/ polypectomy/ turbinectomy
  - 9Tonsillectomy and adenoidectomy
  - Partial glossectomy (or variant)
  - Tongue suspension
  - Orthodontics
  - Prosthetics
  - Oral appliances
  - Diaphragmatic stimulator

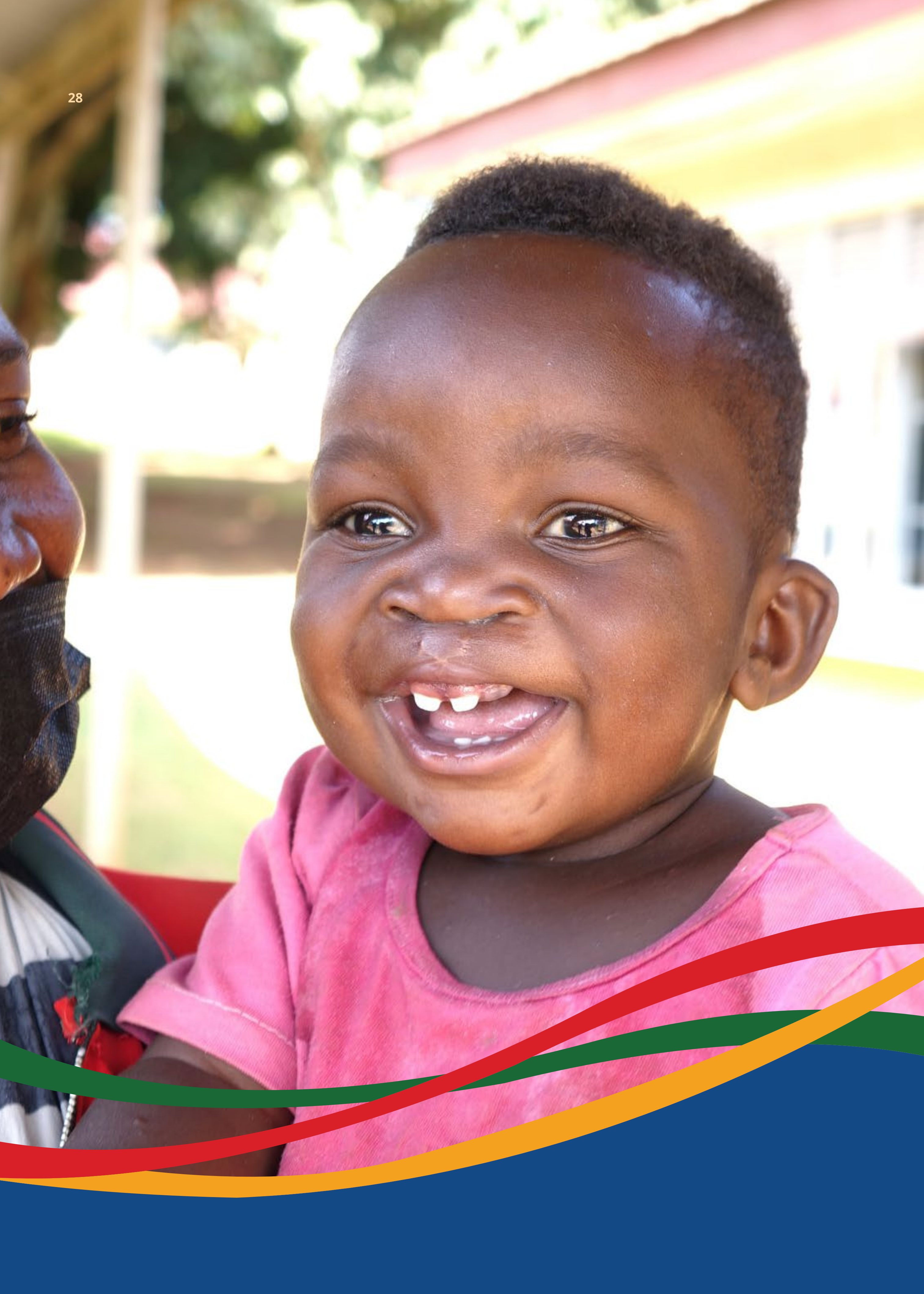
4.10.4. Cleft and Craniofacial Surgery

Cleft lip and palate deformities are divided into the following conditions:

- Primary cleft lip deformities
- Primary cleft palate deformities
- (Velopharyngeal dysfunction
- Residual cleft lip and/or nasal deformities requiring secondary management
- Maxillary alveolar cleft deformities
- Residual maxillofacial skeletal deformities requiring secondary management

The craniofacial surgery section is divided into the following conditions:

- Craniofacial deformities: Those not requiring an intracranial approach for repair
- Craniofacial deformities: Primary cranial deformities requiring treatment through an intracranial approach
- Craniofacial deformities: Secondary cranial deformities requiring treatment through an intracranial approach
- Orbital and/or naso-orbital deformities



Procedures include:

- Unilateral cleft lip/nose
  - Presurgical orthopaedics or nasal alveolar moulding in selected cases
  - Insertion of nasal conformers
  - Lip adhesion in selected cases
  - Lip/nasal repair (Cheiloplasty and Rhinoplasty)
  - Excision of lip pits
- Bilateral cleft lip/nose
  - resurgical orthopaedics or nasal alveolar moulding in selected cases
  - Insertion of nasal conformers
  - Lip adhesion in selected cases
  - Definitive lip/nose repair (Cheiloplasty and Rhinoplasty)
  - Excision of lip pits
- Primary repair of the hard and soft palate utilizing one or two stage procedure
- Velopharyngeal incompetence
  - Pharyngeal flap
  - Pharyngoplasty
  - Pharyngeal wall augmentation
  - Revision palatoplasty
  - Tonsillectomy and/or adenoidectomy may be indicated in combination and sequenced with a pharyngeal flap or other type of pharyngoplasty
  - Speech prosthesis
- Secondary management of residual cleft lip and/or nasal deformities
  - Cheiloplasty
  - Rhinoplasty (primary and revision)
  - Instructions for posttreatment care and follow-up
- Management of maxillary alveolar cleft deformities
  - Maxillary expansion when indicated
  - Closure of oronasal fistula with local or distant tissue
  - Graft to alveolar cleft
  - Stabilization of premaxilla after grafting
  - Inferior turbinate surgery

- Management of craniofacial deformities not requiring an intracranial approach for repair
  - Diagnostic records, including a panoramic radiograph, cephalometric analysis, photographic documentation, and dental model assessment. In most cases, computed tomography (CT) scans (possibly 3-dimensional CT scans), magnetic resonance imaging, and the use of computer assisted planning may be indicated.
  - Extracranial procedures:
    - Le Fort I, II, or III with or without grafting
    - Rhinoplasty
    - Naso-orbital reconstruction with or without grafting
    - Malar reconstruction
    - Frontal bone reconstruction
    - Otoplasty
    - Temporal fossa reconstruction
    - Implants to the craniomaxillofacial region
    - Mandibular reconstruction with or without grafting
    - Tissue expansion
    - Local or free tissue transfer to correct deformity of the craniomaxillofacial region
    - Midfacial and mandibular distraction osteogenesis
- Management of craniofacial deformities:
  - Craniectomy/suturectomy for craniosynostosis
  - Cranial orthotic in select cases
  - Bifrontal bone flap
  - Recontouring with multiple osteotomies and bone autografts (cranioplasty)
  - Encephaloceles, dermoid cysts, gliomas, or other pathological conditions
  - Endoscopic strip craniectomy with cranial moulding helmet
- Surgical correction of orbital deformity and position
- Surgical correction of naso-orbital deformity

4.10.5. Trauma Surgery

Involves the management of conditions such as: fractured, luxated or avulsed teeth; alveolar process injuries; mandibular angle, body, ramus, and symphysis injuries; mandibular condyle injuries or dislocation; maxillary, zygomatic, orbital or nasal bone injuries; naso-orbital-ethmoid complex injuries; frontal bone and frontal sinus injuries; oral/perioral soft tissues injuries; traumatic injuries to the auricle; scalp injuries; periorbital soft tissue injuries; perinasal soft tissue injuries; facial soft tissue injuries and upper airway obstruction.

Procedures include:

- Closed reduction in cases of: Compound fractures, Stable fractures, Complex fractures, Uncomplicated fractures, displaced or non-displaced, or Medical and/or anaesthetic contraindication to open reduction
- Open reduction of: Unstable fractures, Compound fractures, Patient or surgeon preference for early or immediate function, Inability to perform closed reduction, Injuries associated with soft or other bony tissue, Inadequate dentition (inability to apply dental splinting), Continuity defects, Injuries to associated soft or other bony tissue, Need for vascular or neurologic exploration or repair, Associated midface fractures (LeFort level fractures), Fracture dislocation of a mandibular condyle, Displacement of a mandibular condyle into middle cranial fossa, Avulsion of bony segment and/or overlying soft tissue laceration, Foreign body contamination, Fractures of the floor of the frontal sinus, Displaced supraorbital rim fractures, Grossly comminuted sinus floor injury, Grossly comminuted nasofrontal-ethmoidal injury
- Use of medical modelling, when appropriate, to facilitate the anatomic reduction of fractures involving large continuity defects or severely comminuted fractures with concomitant panfacial fractures
- Resection of condylar head with repositioning and stabilization
- Total joint replacement
- Open treatment (including endoscopically assisted and computed tomography [CT] guided navigation)
- Orbital reconstruction
- Medial and/or lateral canthopexy
- (Nasolacrimal reconstruction
- Drains for management of dead spaces or contaminated wounds
- (Canalicular repair of lacerations with stenting
- Dacryocystotomy for avulsive canalicular injuries
- Dacryocystorhinotomy for extensive soft and hard tissue disruption of the nasolacrimal apparatus
- Reattachment or repair of disrupted canthal ligaments
- Creation of a new frontal sinus outflow tract or drainage pathway in cases of grossly comminuted sinus floor injury
- Sinus obliteration in cases of: Nasofrontal duct injuries that cannot be repaired, Minimally displaced posterior sinus wall injury with questionable nasofrontal duct function, Displaced or avulsed posterior sinus wall injury, Increased risk for sinusitis, Gross neurologic injury
- Cranialization in cases of: Gross neurologic injury requiring decompression, Unrestorable (displaced) frontal sinus posterior table

- Functional endoscopic sinus surgery in cases of: Isolated displaced frontal sinus outflow tract injury, Displaced frontal sinus outflow tract fracture with uncomplicated anterior/posterior wall injury
- Removal of foreign bodies in the oral and perioral tissues
- Management of vascular injuries
- Nerve repair when appropriate (e.g., facial nerve trunks proximal to vertical line from lateral canthus of the eye and when the age of patient is not a factor)
- Repair of salivary gland and/or duct.
- Utilization of stents where indicated
- Reconstruction of bony injuries to provide structural support of soft tissue repairs
- Reconstruction of avulsive wounds
- Local, regional, and distant flaps
- Wound cleansing, debridement, control of haemorrhage, exploration, debridement, and repair
- Hematoma evacuation
- Split-or full-thickness skin grafts in cases of skin avulsion with intact perichondrium
- Wedge resection and primary closure in cases of minor (<2.0cm) partial avulsion of skin, perichondrium, and cartilage
- Composite grafts or chondrocutaneous flaps in cases of major (>2.0cm) partial avulsion of skin, perichondrium, and cartilage
- ocket banking of tissue in cases of large avulsed segments
- Microvascular reanastomosis of large or total avulsion of the auricle when available
- Use of dermal regeneration substitutes
- Repair of partial or total avulsions with local or free tissue transfers
- Placement of tissue expander
- (Canalicular repair of lacerations with stenting
- Reattachment or repair of disrupted canthal ligaments
- Repair of eyebrow avulsion by free graft
- Tarsorrhaphy or Frost Suture to prevent scar retraction
- Local or composite grafts in cases of partial or total avulsion of skin, perichondrium, and cartilage
- Pocket banking of cartilage in cases of large avulsed segments
- Local and/or regional flaps
- Microvascular tissue transfer of large or total avulsion of the nose
- Management of airway obstruction
- Control of haemorrhage

- Debridement of soft tissue wounds
- Removal of foreign bodies
- Management of vascular injuries
- Nerve repair
- Repair of nasolacrimal apparatus
- Repair of salivary gland apparatus
- Surgical repair of soft tissue
- Reconstruction of avulsive wounds, including use of local or regional flaps and/or free tissue transfer of tissue
- Emergency short-term airway management by: Suctioning, Removal of foreign bodies, Repositioning of jaw (e.g., jaw thrust), Nasopharyngeal or oral airway, Intubation, Use of capnography, or Emergency surgical airway management by cricothyroidotomy and/or tracheostomy

4.10.6. Temporomandibular Joint Surgery

Involves the medical, surgical and non-surgical management of conditions such as: Masticatory muscle disorders, Internal derangement, Degenerative joint disease, Rheumatoid arthritis, Infectious arthritis, Ankylosis and restricted jaw motion, Condylar hyperplasia or hypoplasia, Gouty arthritis, etc

Procedures include:

- Nonsurgical management:
  - Patient education
  - Medication
  - Physical therapy
  - Behavioural modification
  - Orthopaedic appliances
  - Management of dental abnormalities
  - Neuromuscular blocking agent
  - Intracapsular diagnostic and therapeutic injections
  - Supportive therapy e.g. hydration,
- Surgical management:
  - Examination and observation under anaesthesia
  - Manipulation
  - Arthrocentesis
  - Aspiration of synovial fluid
  - Arthroscopic surgery

- Arthrotomy or arthroplasty
  - Disc repair procedures
  - Discectomy with or without replacement
  - Articular surface recontouring (condyle/ eminence)
  - Removal of failed or displaced autograft or alloplastic implant
- Condylectomy (partial or total, with or without replacement)
- Orthognathic surgery (the correction of skeletal jaw deformities may be indicated before or after definitive joint treatment as an adjunct to the management of temporomandibular disorders)
- Total alloplastic or autogenous joint replacement
- Partial or total joint reconstruction (e.g., autogenous graft, allogeneic graft, alloplastic implant)
- Temporalis muscle scarification
- Sliding proximal ramus osteotomy
- Mandibular condylotomy may be considered in some situations such as chronic closed lock with or without pain and intra-articular pain secondary to internal derangement
- Appropriate diagnostic records to determine progression of the disease (e.g. serial bite registration and models, imaging studies)
- Biopsy
- Brisement (forceful manipulation of jaw under general anaesthesia)
- Coronoidectomy or coronoidotomy
- Osteotomy of zygoma or zygomatic arch
- Myotomy
- Scar revision (e.g., intraoral and/or extraoral)

→ Posttreatment management

- Wound care
- Pain management
- Diet and oral hygiene management
- Physical therapy
- Occlusal management
- Patient reassessment
- Instructions for posttreatment care and follow-up

4.10.7. Diagnosis and Management of Benign and Malignant Tumours and Lesions

Involves management of conditions affecting the craniofacial region such as: Cysts of bone and soft tissues; Benign and malignant tumours of bone and soft tissues; Osteomyelitis; Non-odontogenic infections of the head and neck; Osteoradionecrosis; Bisphosphonate-related osteonecrosis of the jaws; Metabolic and dystrophic diseases of bone; Craniofacial vascular lesions; Mucosal diseases; Benign and malignant tumours, and miscellaneous diseases of the salivary glands; Salivary gland infections.

Procedures include:

- Diagnosis by aspiration or biopsy
- Primary treatment
  - Observation, including clinical examination and serial radiographs
  - Marsupialization
  - Decompression
  - Enucleation for lesions not prone to recurrence
  - Enucleation and curettage for lesions in which complete removal by enucleation alone is known to be inadequate (curettage can be mechanical, physical, chemical, or a combination)
  - Marginal or segmental resection
  - Composite resection of bone, including surrounding soft tissues and regional lymph nodes for squamous cell carcinoma or similar malignant tumours
  - Embolization and/or vessel ligation for vascular lesions with the possibility of secondary surgical removal
  - Therapeutic injection or systemic therapy (e.g., steroid injection, calcitonin or interferon therapy)
  - Radiation therapy, chemotherapy and/or neoadjuvant chemotherapy in conjunction with oncologist
  - Recontouring and correction of secondary deformities
  - Embolization and/or vessel ligation for vascular lesions
  - Excision or resection of vascular lesions
  - Sialadenectomy with or without excision of associated adjacent tissues
  - Simultaneous or delayed prophylactic or therapeutic lymph node dissection
  - Sialoendoscopy for benign duct blockage
  - Sialography for benign duct blockage and stenosis
  - Sialolithotomy
  - Sialodochotomy
  - Sialodochoplasty

- Adjunctive treatment
  - Fixation to reduce the potential for fracture and/or preserve function (e.g. maxillomandibular, bone plates)
  - Management of bone defect for defects likely to persist or break down (e.g., packing; autogenous, allogeneic, or alloplastic grafting)
  - Primary reconstruction to restore form and/or function using
    - Bone grafts
    - Skin grafts and soft tissue flaps (e.g., local, pedicled, free)
    - Composite grafts
    - Alloplasts (bone plates)
    - Implant reconstruction
    - Secondary reconstruction for cases with potential for infection or recurrence, if primarily reconstructed, or those with systemic or local contraindications
  - Incision and drainage
  - Debridement and sequestrectomy
  - Stabilization of fracture
  - Removal of involved teeth
  - Saucerization
  - Lateral decortication of mandible
  - Marginal or Segmental resection of mandible
  - Partial or complete maxillectomy
  - Irrigation and debridement
  - Fasciotomies
  - Laser
  - Sclerotherapy
- Posttreatment follow-up
  - Baseline imaging in the initial postoperative period
    - Determination of restoration of form and function and absence of recurrence
    - Special imaging studies (CT, MRI, bone scans, PET or PET/CT)
    - Clinical and imaging examination
  - Instructions to return if signs or symptoms recur before regularly scheduled follow-up appointment

4.10.8. Reconstructive Surgery

Involves the surgical reconstruction of defects of the craniofacial bones, nerves and associated soft tissue. Access for reconstruction is obtained through neck, periauricular, oral, lip, transoral, intraoral, transcutaneous, upper/lower eyelid, eyebrow, transorbital, nasal or facial degloving incisions; caruncular, open or closed rhinoplasty, or open sky approaches; coronal flaps, and existing wounds and scars.

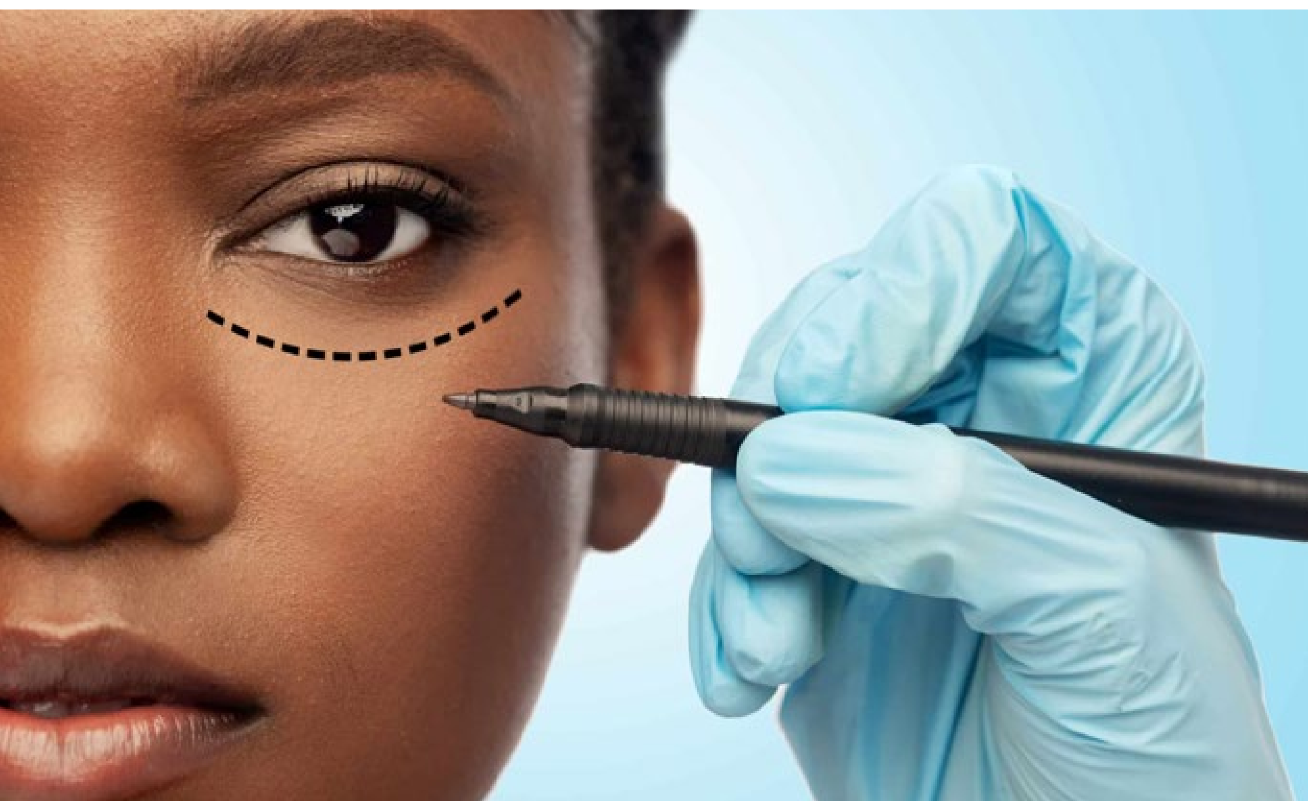
Procedures include:

- Preoperative planning for immediate or delayed reconstruction
- Rreonstruction of hard tissue by:
  - Autogenous bone (e.g., particulate and/or block grafts) including:
    - Free grafts from Ilium, Cranial, tibial, maxillofacial, Rib
    - Osteomyocutaneous pedicle flaps
    - Prepared reinserted autogenous bone (e.g., irradiated, frozen)
    - Microvascular flaps from Fibula, Ilium, Scapula, Radius, Rib
  - Alloplastic materials include Metal plates, screws, and trays; Synthetic bone substitutes; Guided tissue regeneration materials; Polymeric materials (e.g. resorbable and nonresorbable)
  - Allogeneic bone (crushed cortical and/or cancellous, with or without autogenous bone) from Rib, Ilium or Mandible
  - Xenogeneic bone (e.g., bovine bone)
  - Bone morphogenetic protein
  - Implant placement and/or prosthetic rehabilitation
  - Adjunctive therapy using Hyperbaric oxygen and Growth factors (e.g. fibrin adhesive, autologous platelet-rich plasma)
  - Fixation and/or stabilization of skeletal devices such as Rigid internal plates, Intraosseous wires, External skeletal pin fixation including distraction, Maxillomandibular fixation, Intraoral splint
  - Transport distraction osteogenesis for segmental defect reconstruction (includes initial application of device and subsequent removal)
  - Implant placement
- Reconstruction of soft tissue by:
  - Local flaps including Random pattern flaps, Axial pattern flaps, Regional flaps
  - Microvascular flaps (e.g., radial forearm flap, rectus abdominis flap, latissimus dorsi flap)
  - Full- or split-thickness skin and mucosal grafts
  - Adjunctive therapy (e.g., hyperbaric oxygen, wound debridement)
  - Tissue expanders

- Surgical management of neurologic defects:
  - Nerve decompression (external neurolysis)
  - Internal neurolysis
  - Excision of neuroma
  - Direct or indirect nerve repair (neurorrhaphy) using autogenous or allogeneic (cadaveric) nerve grafts or conduit repair (entubulation)
  - Nerve protection (nerve wrap)
  - Epineurial capping
  - Nerve sharing
  - Nerve transfer
  - Nerve transpositioning/lateralization
  - Nerve ablation techniques (e.g., gamma knife therapy, radiofrequency, cryosurgery)

4.10.9. Facial Cosmetic Surgery

This sub-specialty involves the management of conditions such as: Chin deformities, Maxillofacial contour deformities, Maxillofacial adiposity (facial lipomatous), Eyelid deformities, External ear deformities, Nasal deformities, Cervicofacial soft tissue redundancy, Forehead and brow deformities, Craniofacial cutaneous tissue deformities, and Hair pattern deformities



Procedures include:

- → Stabilization method (plates, screws, wires)
- → Autograft and/or alloplast augmentation
- → Soft tissue reduction or augmentation
- → Osseous tissue reduction or augmentation
- → Osteotomy, ostectomy or osteoplasty
- → Injectable autografts, allografts and/or synthetics
- → Closed or open suction-assisted lipectomy
- → Excisional lipectomy
- → Cryolipolysis, thermolypolysis or chemolypolysis
- → Blepharoplasty
- → Brow lift
- → Adjunctive procedures
- → Alteration of the periorbital osseous contour
- → Laser resurfacing of rhytids
- → Otoplasty
- → Open or closed rhinoplasty
- → Septoplasty
- → Inferior turbinate surgery
- → Rhytidectomy which may or may not include specific modification of the subcutaneous musculoaponeurotic system
- → Procedures for the management of forehead and brow deformities including:
  - — Direct
  - — Internal browpexy/browplasty
  - — Midforehead
  - — Trichophyllic
  - — Hairline
  - — Coronal
  - — Endoscopic
  - — Subperiosteal, subgaleal, or subcutaneous
  - — Transblepharoplasty browpexy
  - — Botulinum toxin therapy

- Dermabrasion
- Chemical peel
- Surgical excision of benign lesions (including scar revision)
- Injectable materials
- Topical retinoic acid
- Topical lightening agents (e.g., hydroquinone)
- Topical exfoliants
- Laser destruction and/or resurfacing
- Cosmetic neuromuscular blocking agents
- Radiofrequency skin tightening
- Ultrasonic skin tightening
- Microneedling
- Micrografts
- Minigrafts
- Cylinder grafts or punched grafts
- Free tissue grafts (e.g., donor strips)
- Rotational flaps
- Follicular unit extraction
- Robotic hair restoration

Appendices

Appendix I: List of Dental Specialties and Subspecialties Recognised by KMPDC

This table contains the list of all Dental Specialties and Subspecialties currently recognised by the Council.

RECOGNISED SPECIALTY	RECOGNISED SUBSPECIALTIES
Endodontics	None
Forensic Odontology	None
Oral and Maxillofacial Radiology	None
Oral and Maxillofacial Surgery	Implantology Craniofacial Surgery Facial Cosmetic Surgery Cranio-Maxillofacial Surgery Dental-Alveolar Surgery Paediatric Maxillofacial Surgery
.Oral Medicine/ Maxillofacial Pathology	None
Orthodontics	None
Paedodontics/ Paediatric Dentistry	Endodontics
Periodontology / Periodontics	Implantology. Gerodontology
Prosthodontics	Implantology Gerodontology Aesthetic dentistry
Restorative Dentistry	None

Appendix II: Requirements for Specialist and Subspecialist Recognition

Specialist and Subspecialist Recognition is usually awarded to Medical or Dental Practitioners who have acquired post-graduate qualifications in various disciplines/ specialities that are listed in the List of Approved Specialities and Sub-Specialties above and available from *https://kmpdc.go.ke/specialities/*.

Specialist Recognition is awarded to only those who have undergone postgraduate training equivalent to Master of Medicine or Dental Surgery at a recognised training institution for the minimum prescribed period and have worked for a minimum of two (2) years under the supervision of a recognised Specialist in the same discipline.

Subspecialist Recognition is awarded to only those who have undergone postgraduate training for the minimum prescribed period and have worked for a minimum of one (1) year under the supervision of a recognised Subspecialist in the same discipline.

Application for Recognition

- The Practitioner will fill in and sign the Council's Form VI A
  - Application for Recognition of Specialist/Sub-Specialty form available from: *https://kmpdc.go.ke/resources/Specialist_Recognition_Form.pdf*
  - Note: The Practitioner should ensure that the specialty or subspecialty applied for appears on the List of Approved Specialties and Subspecialties
- The Applicant will attach to the filled form the following:
  - Recent coloured passport size photo
  - Copy of their current Practice Licence
  - Certified copies of postgraduate qualification and official transcripts.
    - The original Certificate and Transcripts must be sighted at acceptance of the application documents
  - Evidence of completion of the prescribed rotation period at a recognised facility and under supervision
    - The duration of the rotation is two (2) years after completion of training programme for Specialist Recognition, and one (1) year after completion of training programme for Subspecialist Recognition.
    - The evidence should be structured giving details of the procedures and activities that the Practitioner undertook during the rotation
- Supportive recommendation letters from two (2) professional Referees;
  - The Referees should be recognised Specialists or Subspecialists in the same discipline
  - Where the specialty/subspecialty is new, at least one of the Referees should be from the institution where the Practitioner trained

- They will fill in and sign the Specialist Referee Request Form available from *https://kmpdc.go.ke/resources/Specialist_Referee_Request_Form.pdf*
- The referees will be advised that they will be responsible for any legal consequence arising from the Council recognising unqualified persons based on their reference.

→ The Practitioner will be required to pay to the Council the non-refundable Application Fee of KSh. 20,000/-.

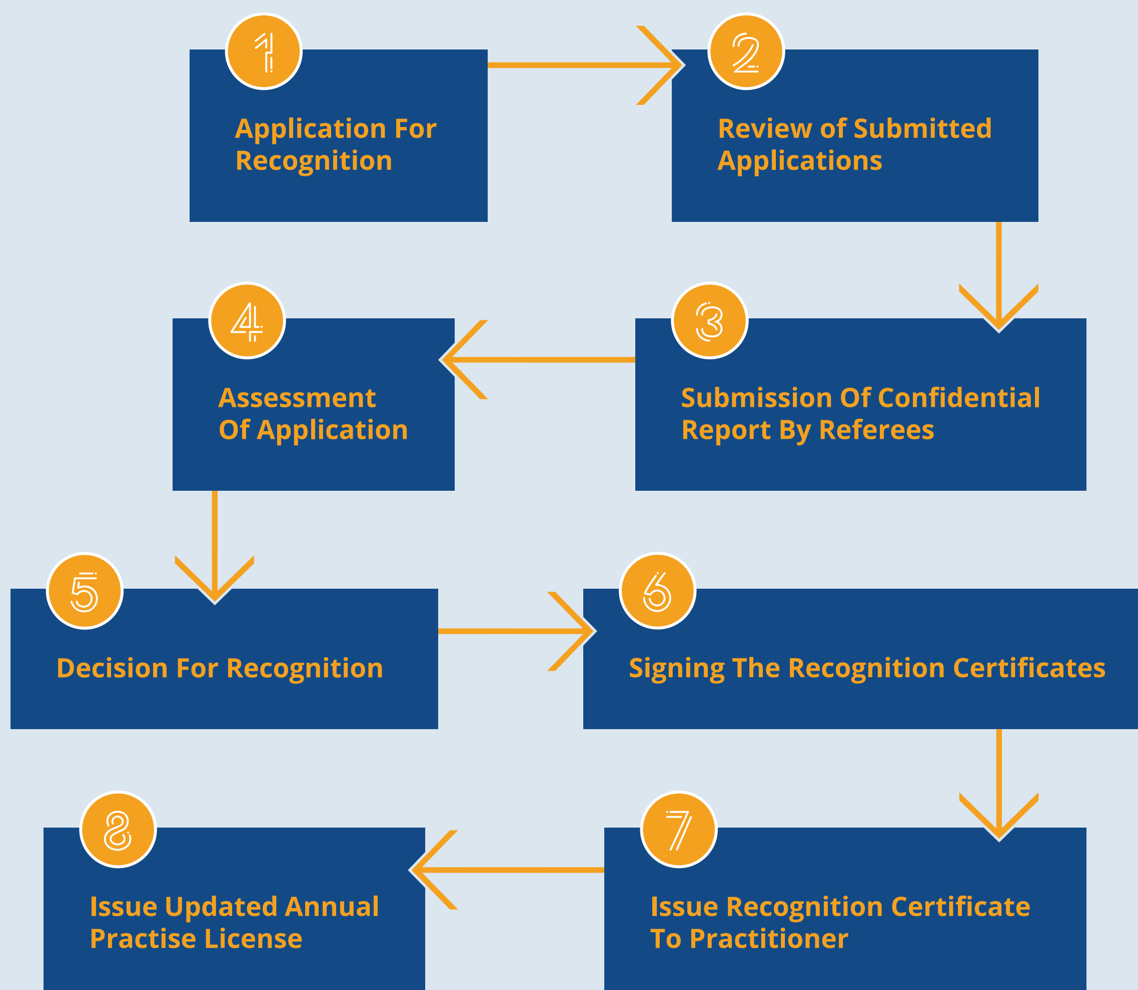
→ The Applicant will submit the application documents and proof of payment to the Council's Professional Assessment Department.

Outcome of the Application

→ The Professional Assessment Department will inform all Applicants of the outcome of the assessment of their application.

→ Successful Applicants will receive their Certificate of Recognition as a Specialist/ Subspecialist and will be advised on the requirements to update their practice license.

Process of Recognition of Specialist and Subspecialist Practitioners



Appendix III: List of Contributors

- Kenya Dental Association (KDA)
- Association of Oral and Maxillofacial Surgeons of Kenya (AOMSK)
- Kenya Society of Periodontology and Implant Dentistry

Appendix IV: List of participants at the Stakeholders Workshop

NAME OF PARTICIPANT	DESIGNATION / ORGANISATION
Dr. Eva W. Njenga, MBS	Chair, KMPDC
Dr. Jacqueline Kitulu	Char, TAR&HRC and Member, KMPDC
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