

**ACCREDITATION STANDARDS FOR THE BDS  
(BACHELOR OF DENTAL SURGERY)  
PROGRAM-2017**



**NEPAL MEDICAL COUNCIL  
Bansbari, Kathmandu, Nepal**

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## SECTION-A



**NEPAL MEDICAL COUNCIL**  
REGULATIONS FOR UNDER GRADUATE DENTAL EDUCATION  
**(BDS Program)**  
**2017**

In exercise of the powers conferred by Nepal Medical Council Act, Third Amendment-2056 B.S., Article-33, Binium-2, The Full House Meeting of Nepal Medical Council held on 21<sup>st</sup> Mangshir-2072, anonymously recommended to amend the existing "**Accreditation Standards for the BDS (Bachelor of Dental Surgery) Program-2013**" and after several discussions with the concerned subject-specialists, experts, medical educationist, representatives of Universities, Academies, Institutions, Ministry of Health and Ministry of Education of Government of Nepal, recommended to amend the existing Guidelines-2013, which was also anonymously passed from the Full House Meeting of Nepal Medical Council held on Ashwin 26, 2074 and also recommended to forward these recommendations to the Ministry of Health, Government of Nepal for the amendment/approval. As per the same act, article and Binium-1 of Nepal Medical Council third amendment-2056 B.S., the Ministry of Health, Government of Nepal sanctioned/approved the recommendations forwarded by Nepal Medical Council on 12<sup>th</sup> Poush, 2074 and has made the following regulations:

**1. Title:**

The regulations are titled as "**Accreditation Standards for the BDS (Bachelor of Dental Surgery) Program-2017**".

**2. Objective:**

The basic objective of these regulations is to ensure quality assurance in *Under-graduate Dental Education* program in Nepal.

**3. Commencement:**

They shall come into force immediately.



आ.व. ०७४।७५  
च.न.२।४२८

नेपाल सरकार  
**स्वास्थ्य मन्त्रालय**  
(चिकित्सा सेवा प्रशासन)  
स्वास्थ्य मन्त्रालय  
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मिति: २०७४।०९।१२

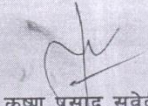
विषय: स्वीकृत कार्यविधि निर्देशिका पठाईएको ।

श्री नेपाल मेडिकल काउन्सिल,  
बसबारी, काठमाण्डौ ।

दाता मिति: २०७४.९.१२  
दस्तावेज नं.: १४२  
विषय: गिरा  
रि: गिरा

नेपाल सरकार (मा. मन्त्रीस्तर)बाट मिति २०७४।९।१२ को निर्णयानुसार स्वीकृत भएको तहाँ काउन्सिलबाट प्राप्त देहाएका कार्यविधि निर्देशिका यसैसाथ पठाईएको व्यहोरा छ ।

१. नेपालका विभिन्न विश्व विद्यालय तथा प्रतिष्ठानहरुमा सञ्चालित MDS कार्यक्रमको नियमनका लागि तर्जुमा गरिएको Regulation for Post Graduate Dental Education (MDS Programs 2017,
२. नेपालका विभिन्न विश्व विद्यालय तथा प्रतिष्ठानहरुमा सञ्चालित BDS (Bachelor of Dental Surgery) कार्यक्रमको नियमनका लागि तर्जुमा गरिएको Accreditation Standards for the BDS (Bachelor of Dental Surgery) Programs 2017,

  
कृष्ण प्रसाद सुवेदी  
शाखा अधिकृत

# Preface

Considering the respect of a Medical/Dental Doctor in the society (from ancient to modern society) and to consolidate, enhance and strengthen this respect, a Doctor must not only be a knowledgeable personal in the field of medical sciences, but also clinically skillful, professionally dedicated, empathic and a continuous research oriented personal.

Moreover, a Medical/Dental Doctor must be a sound scholar, professionally enough competent to analyze medical problems critically, lifelong learner; along with leadership qualities, good communication skills, ability to work in a team and having capacity to mobilize the team whenever necessary, community understandable and oriented, health advocate, collaborative and most importantly, socially and ethically responsible towards the patients and members of the society.

In this Revised "Accreditation Standards for BDS program-2017," emphasis is given to Competency Based Learning, Computer Assisted Learning, Learning in Skill Laboratory and Simulation Based Learning to incorporate all above attributes, to adjust ongoing National, Regional and Global trend in Medical Education and to meet the expectation of patients/people of the society. Likewise, due to the innovations, penetration and utilization of modern technology including information technology in modern medicine, the requirements and criteria which became unrealistic at present time are abolished.

Therefore, the standards which are included herein, we hope, will ensure attainment of satisfactory level of all above attributes, expected from the modern dental graduates and will be easily salable not only within the territory of the Nation but also in the Regional and Global market.

**Prof. Dr. Dharma Kanta Baskota**  
Chairman, Nepal Medical Council  
Bansbari, Kathmandu

## **Section- B:**

### **1. Conceptual framework:**

Dental surgeons are an integral part of the total medical profession involved in the supervision and care of the comprehensive health of the people through oral health management. Nepal has made a significant progress in assuring quality of Dental Education which, in turn, has contributed to enhancing the quality of health care services in Nepal. The Nepal Medical Council (NMC) remains committed to learning and benefiting from the national and international experiences and best practices. The NMC believes that the valuable lessons thus learned should be incorporated in its guiding principles in order to further improve the quality of dental education in Nepal. In light of the continuing mismatch between health system needs and the responses of academic dental/medical institutions and the rising public aspiration for better health care, it is imperative that the NMC keeps on taking appropriate measures to address the emerging challenges in the area of quality assurance in dental education. This is not just an issue of paramount importance but is also the mandate that the NMC is required to fulfill.

In this revision also NMC has taken into consideration the revised 2012 World Federation of Medical Education (WFME) and Global Standards Guideline for quality improvement. The second Long Term Health Plan-2017(SLTHP-2017) of the Government of Nepal, global policy recommendations of World Health Organization (WHO) for increasing access to health workers in remote and rural areas through improved retention, Global Consensus for Social Accountability in Dental Education and other innovations taking place in Dental Education.

In line with the SLTHP-2017, focus on disparities in healthcare, assuring gender sensitivity and equitable community access to quality healthcare services NMC will facilitate and encourage the medical institutions to fulfill these objectives of SLTHP-2017.

In line with this imperative, the NMC has prepared document to make the underlying principles of the accreditation of undergraduate dental education as objective, coherent, explicit and transparent as possible. The remaining part of this document is devoted to that very end.

The fundamental purpose of dental education is to produce high quality dental practitioners who are willing and able to meet the existing and emerging challenges of the national health care system.

In order to meet this goal all the institutions running dental programme in Nepal should adopt the contemporary global trends and implement innovative approaches in dental/medical education such as SPICES<sup>1</sup>, PBL<sup>2</sup>, CPC<sup>3</sup> etc. The BDS curriculum should reflect the core principles advocated by the World Dental Federation (FDI), Asia Pacific Dental Federation (APDF) and the Dental/Medical Councils of SAARC Countries including Nepal Medical Council.

<sup>1</sup>SPICES: *S = Student Centered; P = Problem Based; I = Integrated;*  
*C = Community based; E = Electives; S = Systematic;*

<sup>2</sup>PBL = *Problem Based Learning*

<sup>3</sup>CPC = *Clinical Presentation Curriculum*

## **2. The competencies of the BDS Graduate :**

Upon completion of the BDS program including one year of compulsory rotating internship the Dental Graduate, who is to be registered by the NMC as Dental Practitioner should have acquired a set of competences which are the abilities essential to begin independent, unsupervised dental practice. The competences that follow are the basic level of attitudes, behavior, knowledge and skills necessary for a graduate student to respond to the full range of circumstances encountered in general dental practice.

This level of performance requires some degree of speed and accuracy consistent with patient well-being but not performance at the highest level possible. It also requires an awareness of what constitutes acceptable performance under the changing circumstances and a desire for self improvement.

### **2.1 Professionalism**

#### **2.1.1 Professional behavior**

On graduation, a dental surgeon must have contemporary knowledge and understanding of the broader issues of dental practice, be competent in a wide range of skills, including research, investigative, analytical, problem-solving, planning, communication, presentation and team skills and understand their relevance in dental practice. Specifically, a dental surgeon must:

- 2.1.1.1 Be competent to display appropriate caring behavior towards patients and show willingness to help.
- 2.1.1.2 Be competent to display appropriate professional behavior towards all members of the dental team.
- 2.1.1.3 Have knowledge of social and psychological issues relevant to the care of the patient



- 2.1.1.4 Be competent to seek continuing professional development allied to the process of continuing education on a regular basis, in order to ensure that high levels of clinical competence and evidence-based knowledge are maintained.
- 2.1.1.5 Be competent to manage and maintain a safe working environment with special reference and to all aspects of cross-infection control.
- 2.1.1.6 Have knowledge and awareness of the importance of his/her own health and its impact on the ability to practice as a dental surgeon.
- 2.1.1.7 Be competent in practice management, patient communication and be able to oversee the financial aspects of the practice.
- 2.1.1.8 Be able to perform as an effective employer and leader of his team.

### **2.1.2 Ethics and Jurisprudence**

The graduating dental surgeon should have an understanding of the moral and ethical responsibilities involved in the provision of care to individual patients and to populations, and has knowledge of current laws applicable to the practice of dentistry. In particular, he or she should

- 2.1.2.1 Be competent at providing humane and compassionate care to all patients.
- 2.1.2.2 Have knowledge of the ethical principles relevant to dentistry and be competent at practicing with personal and professional integrity and honesty.
- 2.1.2.3 Have knowledge and understanding of patients' rights, particularly with regard to confidentiality and informed consent, and of patient's obligations.
- 2.1.2.4 Be competent at selecting and prioritizing treatment options that are sensitive to each patient's individual needs, goals and values, compatible with contemporary therapy, and congruent with a comprehensive oral health care philosophy.
- 2.1.2.5 Be competent in respecting patients and colleagues without prejudice concerning gender, diversity of background and opportunity, language and culture.
- 2.1.2.6 Be competent at recognizing their own limitations and take appropriate action to help the incompetent, impaired or unethical colleague.
- 2.1.2.7 Have knowledge of the judicial, legislative and administrative processes and policy that impact all aspects of dentistry.
- 2.1.2.8 Be competent in understanding audit and good clinical governance.

## **2.2 Communication and interpersonal skills**

The graduating dental surgeon must be competent in communicating effectively with patients, their families and associates, and with other health professionals involved in their care. In particular, he or she must:

- 2.2.1 Establish a patient- dental surgeon relationship that allows the effective delivery of dental treatment.
- 2.2.2 Have knowledge of behavioral sciences and communication including behavioral factors like gender, ethnicity that facilitate the delivery of dental care.
- 2.2.3 Be able to identify patient expectations and goals for dental treatment.
- 2.2.4 Be able to identify the psychological and social factors that initiate and/or perpetuate dental, oral and facial disease and dysfunction and diagnose, treat or refer, as appropriate.
- 2.2.5 Be able to share information and professional knowledge with the patient.
- 2.2.6 Be competent at communicating with other doctors and health professionals, verbally and in writing, including being able to give and receive constructive criticism.
- 2.2.7 Be competent at applying principles of stress management to oneself, to patients and to the dental team as appropriate.
- 2.2.8 Be competent at working with other members of the dental team.

## **2.3 Knowledge Base, Information Handling and Critical Thinking**

### **2.3.1 Basic biomedical, technical and clinical sciences**

A graduating dental surgeon must have sufficient knowledge and understanding of the basic biomedical and clinical sciences to understand the normal and pathological conditions relevant to dentistry and be competent to apply this information to clinical situations. Specifically, he or she must:

- 2.3.1.1 Be able to access information and literature through libraries or in virtual environment.
- 2.3.1.2 Be competent in the use of information technology and remain aware of the changes in this field which increase his or her access to information and treatment modalities.
- 2.3.1.3 Have knowledge and understanding of the scientific basis of dentistry, including relevant basic and biomedical sciences, the mechanism of knowledge acquisition, scientific method and evaluation of evidence.

- 2.3.1.4 Have knowledge of the risks in the dental therapeutic environment and the ability to eliminate or reduce such risks.
- 2.3.1.5 Have knowledge of the scientific principles of sterilization, disinfection and antisepsis to prevent cross-infection in clinical practice.
- 2.3.1.6 Have knowledge of waste management and disposal.
- 2.3.1.7 Have basic knowledge of dental instruments and equipments used and the ability to maintain such equipment and troubleshoot minor problems.
- 2.3.1.8 Have knowledge of the science of dental biomaterials and their limitations and be aware of environmental issues relevant to their use.
- 2.3.1.9 Have knowledge of the hazards of ionizing radiations and their effects on biological tissues, together with the regulations relating to their use, including radiation, protection and dose reduction.
- 2.3.1.10 Be familiar with the pathological features and dental relevance of common disorders of the major organ systems, and have knowledge of the oral manifestations of systemic diseases.
- 2.3.1.11 Have knowledge of the etiology and pathological processes of oral diseases in individuals and their ramifications in the community in order to facilitate their prevention, diagnosis and management.

### **2.3.2 Acquiring and using information**

The graduating dental surgeon must be competent at acquiring and using information and in a critical, scientific and effective manner. In particular, he or she must:

- 2.3.2.1 Be competent in the use of contemporary information technology for documentation, continuing education, communication, management of information and applications related to health care.
- 2.3.2.2 Be competent in protecting confidential patient data.
- 2.3.2.3 Be competent in regularly assessing personal knowledge base and in seeking additional information to correct deficiencies.
- 2.3.2.4 Be competent in evaluating the validity of claims related to the benefits-risks ratio of products and techniques.
- 2.3.2.5 Be competent in evaluating published clinical and basic science research and integrate this information to improve the oral health of the patient.

### **2.3.3 Clinical Information Gathering**

On graduation, a dental surgeon must be competent in obtaining and recording a comprehensive medical and dental history. This will include biological, medical psychological and social information in order to evaluate the oral condition in patients of all ages. The dental surgeon will, furthermore be competent in performing an appropriate physical examination; interpreting the findings and organizing further investigations. Specifically, he or she must:

- 2.3.3.1 Be competent to identify the chief complaint of the patient and obtain a history of present illness as part of a comprehensive history.
- 2.3.3.2 Be competent at keeping patient records.
- 2.3.3.3 Be competent at identifying abnormal patient behavior.
- 2.3.3.3 Be competent at performing a dietary analysis.
- 2.3.3.5 Be competent at initiating an appropriate written medical consultation or referral in order to clarify a question related to the patient's systemic health.
- 2.3.3.6 Be competent at performing an extra-oral and intra-oral examination appropriate for the patient, including assessment of vital signs, and record those findings.
- 2.3.3.7 Be competent at completing and charting a comprehensive dental, periodontal and mucosal examination.
- 2.3.3.8 Be competent at taking radiographs of relevance to dental practice, interpreting the results and have knowledge of other forms of medical imaging that are of relevance to dentist
- 2.3.3.9 Be familiar with the principles that underlie dental radiographic techniques.
- 2.3.3.10 Have knowledge of appropriate clinical laboratory and other diagnostic procedures and tests, understand their diagnostic reliability and validity and interpret results.
- 2.3.3.11 Be competent at producing diagnostic casts, mounted and with interocclusal records.
- 2.3.3.12 Be competent at assessing sensory and motor function of the mouth and jaws.
- 2.3.3.13 Be competent at assessing salivary function.
- 2.3.3.14 Be competent at assessing oro-facial pain.
- 2.3.3.15 Be competent at assessing facial form and deviations from the normal.
- 2.3.3.16 Be competent at recognizing signs of patient abuse and neglect and know how to report as required to the appropriate legal authorities.

## 2.4 Diagnosis and Treatment Planning

On graduation a dental surgeon must be competent in decision making, clinical reasoning and judgment in order to develop a differential, provisional or definitive diagnosis by interpreting and correlating findings from the history, clinical and radiographic examination and other diagnostic tests taking into account the social and cultural background of the individual. A dental surgeon must be capable of forming a diagnosis and treatment plan for the patient, understanding their needs and demands, and should recognize those treatments that are beyond his/her skills and need to be referred to a specialist. He or She must:

- 2.4.1 Have the ability to think in a logical manner and to use critical thinking and a rational approach towards knowledge and information so as to be guided towards good decision making.
- 2.4.2 Be able to obtain informed consent especially for operative procedures.
- 2.4.3 Be able to recognize the presence of systemic disease and know how the disease and its treatment affect the delivery of dental care.
- 2.4.4 Be competent at identifying the location, extent and degree of activity of dental caries and tooth wear.
- 2.4.5 Be able to diagnose abnormalities in dental or periodontal anatomic form that compromise periodontal health, function of aesthetics and identify conditions, which require management.
- 2.4.6 Be competent at distinguishing the difference between pulpal health and disease and identify conditions that require management.
- 2.4.7 Be able to recognize the clinical features of oral mucosal diseases or disorders, including oral neoplasia and identify conditions that require management.
- 2.4.8 Be able to recognize maxillofacial problems, the clinical characteristics of acute and chronic craniofacial pain of somatic, neurogenic and psychogenic origin, and identify and diagnose conditions that require management.
- 2.4.9 Be able to recognize patient behavior contributing to oro-facial problems, and identify conditions that require diagnosis, prevention and management.
- 2.4.10 Be able to determine a patient's aesthetic requirements and determine the degree to which those requirements can be met.
- 2.4.11 Be able to carry out an orthodontic assessment.
- 2.4.12 Be familiar with common Temporo-mandibular joint disorders.
- 2.4.13 Be competent at diagnosing medical emergencies.

2.4.14 Have knowledge of the role of sedation in the management of adult and young patients and be able to know when, how and where to refer a patient for sedation and general anesthesia and at making other appropriate referrals based on clinical assessment.

2.4.15 Be able to manage patients from different social and ethnic backgrounds.

## **2.5 Establishment and Maintenance of Oral Health**

### **2.5.1 Patient Education and Management of Comprehensive primary care**

A graduating dental surgeon should be able to educate patients and manage comprehensive primary care for patients of all ages; that emphasizes current concepts of prevention and treatment of oral disease; and supports the maintenance of systemic and oral health. Specifically, the graduating surgeon must:

2.5.1 Have knowledge of the concepts of minimal intervention and of providing a comprehensive approach to oral care.

2.5.2 Be competent in applying evidence-based treatment

2.5.3 Be able to give oral hygiene instruction, topical fluoride therapy and fissure sealing.

2.5.4 Be able to educate patients concerning the etiology and prevention of oral disease and encourage them to assume responsibility for their oral health.

2.5.5 Be able to prescribe and monitor the effects of appropriate pharmaceutical agents including the chemical control of dental plaque.

2.5.6 Be competent to provide dietary counseling and nutritional education relevant to oral health.

2.5.7 Be competent to develop strategies to predict, prevent and correct deficiencies in patient's oral hygiene regimens and provide patients with strategies to control adverse oral habits.

2.5.8 Be competent to evaluate all treatment results and provide or recommend additional action and maintenance.

2.5.9 Be competent at performing preventive and restorative procedures that preserve tooth structure, prevent hard tissue disease and promote soft tissue health.

## **2.6 Clinical Information Gathering**

On graduation, a dental surgeon must be competent in obtaining and recording a comprehensive medical and history. This will include biological, medical psychological and

social information in order to evaluate the oral condition in patients of all ages. The dental surgeon will, furthermore be competent in performing an appropriate physical examination; interpreting the findings and organizing further investigations. Specifically, he or she must:

- 2.6.1 Be competent to identify the chief complaint of the patient and obtain a history of present illness as part of a comprehensive history.
- 2.6.2 Be competent at keeping patient records.
- 2.6.3 Be competent at identifying abnormal patient behaviour.
- 2.6.4 Be competent at performing a dietary analysis.
- 2.6.5 Be competent at initiating an appropriate written medical consultation or referral in order to clarify a question related to the patient's systemic health.
- 2.6.6 Be competent at performing an extra-oral and intra-oral examination appropriate for the patient, including assessment of vital signs, and records those findings.
- 2.6.7 Be competent at completing and charting a comprehensive dental, periodontal and mucosal examination.
- 2.6.8 Be competent at taking radiographs of relevance to dental practice, interpreting the results and have knowledge of other forms of medical imaging that are of relevance to dentist.
- 2.6.9 Be familiar with the principles that underline dental radiographic techniques.
- 2.6.10 Have knowledge of appropriate clinical laboratory and other diagnostic procedure and tests, understand their diagnostic reliability and validity and interpret results.
- 2.6.11 Be competent at producing diagnostic casts, mounted and with interocclusal records.
- 2.6.12 Be Competent at assessing sensory and motor function of the mouth and jaws.
- 2.6.13 Be competent at assessing salivary function.
- 2.6.14 Be competent at assessing oro-facial plan.
- 2.6.15 Be competent at assessing facial form and deviations from the normal.
- 2.6.16 Be competent at recognizing signs of patient abuse and neglect and know how to report as required to the appropriate legal authorities.

## **2.7 Oral Medicine and Maxillofacial Radiology**

### **Major competence:**

On graduation, the dentist must be competent to diagnose and manage common oral mucosal diseases and disorders in patients of all ages. On particular, he or she must:

### **Supporting Competences:**

- 2.7.1 Be competent at counseling patients regarding the nature and severity of non-life threatening oral mucosal diseases and disorders, providing the patient with realistic options and expectations of management.
- 2.7.2 Be competent at performing limited soft tissue diagnostic procedures.
- 2.7.3 Be able to identify and understand oral manifestations of systemic diseases.
- 2.7.4 Be competent to participate in the diagnosis and proper referral of the patient with life threatening oral mucosal diseases.
- 2.7.5 Be competent at managing acute oral infections, including patient referral and prescription of appropriate drugs.
- 2.7.6 Be familiar with the treatment of common oral lesions/disorders, both medical and surgical.
- 2.7.7 Have knowledge concerning the effects of tobacco on the oral mucosa and ways in which to help patients who wish to stop using tobacco.

## **2.8 Periodontal Management**

### **Major competence:**

The new graduate in dentistry must be competent to manage periodontal diseases in patients of all ages. Specifically, he or she must:

### **Supporting Competences:**

- 2.8.1 Understand Occlusion and be able to identify the multidisciplinary approach in the treatment of occlusion related disorder.
- 2.8.2 Be competent at evaluating the periodontium, establishing a diagnosis and prognosis and formulating a treatment plan.
- 2.8.3 Be competent at educating patients concerning the etiology of periodontal disease and encourage them to assume responsibility for their oral health.
- 2.8.4 Be competent at instructing patients in appropriate oral hygiene methods compatible with periodontal health.



- 2.8.5 Be competent in the use of local periodontal therapeutic substances, in supragingival and subgingival scaling and root debridement, using both powered and manual instrumentation and in stain removal and prophylaxis.
- 2.8.6 Have knowledge of the secondary periodontal etiological factors.
- 2.8.7 Be competent to diagnose, explain and discuss the need for advanced periodontal surgical procedures and the proper method of referral for specialty care.
- 2.8.8 Be competent at evaluating the results of periodontal treatment and establish and monitor a maintenance programme, including a discussion of risk factors.

## **2.9 Carries and Endodontic management:**

### **Major competence:**

The new dentist must be competent to manage caries, pulpal and peri-radicular disorders in patients of all ages. In particular, he or she must:

### **Supporting Competences:**

- 2.9.1 Be competent at assessing patient risk for caries and implement caries prevention strategies.
- 2.9.2 Be able to correct deficiencies in patient's oral hygiene regimens and develop strategies to control adverse oral habits.
- 2.9.3 Be able to evaluate the diet of communities and individuals and effectively counsel them and those responsible for their wellbeing on the practical diet for good oral health.
- 2.9.4 Apply fluoride containing compounds topically to the teeth of individuals and guide as to the self application of such substances and their use in a community.
- 2.9.5 Be competent at removing or otherwise treating carious tooth tissue using techniques that maintain pulp vitality and restore the tooth to form, function and aesthetics with appropriate materials, preventing hard tissue disease and promoting soft tissue health including the use of fissure sealants.
- 2.9.6 Be competent at performing therapeutic procedures designed to preserve the defense mechanism of the dental pulp.
- 2.9.7 Be competent at performing apexification and endodontic treatment on uncomplicated single and uncomplicated multi-rooted teeth.
- 2.9.8 Be competent at recognizing indications for surgical and complicated non-surgical root canal therapy and take appropriate action.

## **2.10 Oral and Maxillofacial Surgery**

### **Major Competency:**

On graduation, a dentist must be competent to treat and manage conditions requiring simple reparative surgical procedures of the hard and soft tissues in patients of all ages, including the extraction of teeth, the removal of roots when necessary and the performance of minor soft tissue surgery, and to apply appropriate pharmaceutical agents to support treatment. Specifically, he or she must:

### **Supporting Competences:**

- 2.10.1 Be competent to perform uncomplicated extraction of erupted teeth.
- 2.10.2 Have knowledge of the management of trauma in deciduous and permanent dentitions and be familiar with the surgical and non-surgical aspects of the management of maxillofacial trauma.
- 2.10.3 Be competent to perform surgical extraction of an uncomplicated unerupted tooth and the uncomplicated removal of fractured or retained roots.
- 2.10.4 Be competent to perform uncomplicated pre-prosthetic surgical procedures.
- 2.10.5 Be competent to manage and treat common intra-operative and postoperative surgical complications.
- 2.10.6 Be competent to describe the indications and contraindications, principles and techniques of surgical placement of osseointegrated implant fixtures.

## **2.11 Pain and Anxiety Management**

### **Major Competence:**

On graduation, a dentist must be competent to employ appropriate techniques to manage oro-facial pain, discomfort and psychological distress. In particular, he or she must:

### **Supporting Competences:**

- 2.11.1 Be competent at infiltration and block local anesthesia in the oral cavity for restorative and surgical procedures or other treatment, as needed, for oro-facial pain management, including management of potential complications of local anesthesia.
- 2.11.2 Be able to recognize myofacial dysfunction, its etiology and be able to treat such dysfunction recognizing the need of a multidisciplinary approach including psychiatric input in case of stress.

- 2.11.3 Be competent at diagnosing oro-facial pain, treating it as appropriate or referring the patient to relevant specialists.
- 2.11.4 Have knowledge of inhalation and intravenous conscious sedation techniques for dental procedures.
- 2.11.5 Be competent to select and prescribe drugs for the management of pre-operative, operative and postoperative pain and anxiety.
- 2.11.6 Be competent at identifying the origins and continuation of dental fear and anxiety and manage this fear and anxiety with behavioral techniques.

## **2.12 Restorative and Prosthodontic Management**

### **Major Competence:**

The new graduate must be competent to restore defective and/or missing teeth to acceptable form, function and aesthetics in patients of all ages. Particularly, he or she must:

### **Supporting Competences:**

- 2.12.1 Understand the dynamics of occlusion and the need to replicate the same for the restoration of function when prostheses are made, and to be able to treat occlusal dysfunction when it exists.
- 2.12.2 Be competent at designing effective indirect restorations, anterior and posterior crowns, post crowns, simple bridges, complete and partial dentures and bite-rising splints and undertake some of these procedures as is relevant to the country of practice.
- 2.12.3 Have knowledge and experience of the design and laboratory procedure used in the production of crowns, bridges, partial and complete dentures and be able to make appropriate chair-side adjustment to these restorations.
- 2.12.4 Be able to rehabilitate edentulous and partially dentate patients and understand their needs.
- 2.12.5 Be competent at describing for patients the principles and techniques of aesthetic treatments including differences between patient expectations and achievable results.
- 2.12.6 Be familiar with the potential and limitations (risk and benefits) of dental technological procedures and the handling of dental materials in restoring the dentition.

## **2.13 Orthodontics and Dentofacial Orthopedics**

### **Major Competence:**

On graduation, a dentist must be competent at managing limited developmental or acquired dento-alveolar, growth related and functional abnormalities of the primary, mixed and permanent dentition. Specifically, he or she must:

### **Supporting Competences:**

- 2.13.1 Be able to identify and diagnose anomalies of the dentition, facial structures and aberrant functional conditions.
- 2.13.2 Detect deviations of the development of the dentition, of facial growth, and occurrence of functional abnormalities.
- 2.13.3 Be competent to identify pernicious oral habits that may exacerbate malocclusion, and prevent their consequences through patient education and training and appliance therapy, as needed.
- 2.13.4 Conduct interceptive orthodontic measures, be competent to design, insert and adjust space maintainers.
- 2.13.5 Evaluate need for orthodontic treatment.
- 2.13.6 Formulate a treatment plan for simple malocclusions
- 2.13.7 Execute simple treatment procedures insert and adjust active removable appliances to move a single tooth or correct a cross bite.
- 2.13.8 Be competent at managing appropriately all forms of orthodontic emergency including referral when necessary.

## **2.14 Emergency Treatment**

### **Major Competences:**

The graduate dentist must be competent effectively to prevent and manage the majority of medical and dental emergency situations encountered in the general practice of dentistry. In particular, he or she must:

### **Supporting Competences:**

- 2.14.1 Be competent to develop and implement an effective strategy for preventing dental and medical emergencies in the dental surgery and establish policies for the management of such emergencies should they occur.
- 2.14.2 Be competent at carrying out resuscitation techniques and immediate appropriate management of cardiac arrest, anaphylactic reaction, upper respiratory obstruction, collapse, vasovagal attack, epileptic fit, haemorrhage, inhalation or ingestion of foreign bodies, hypoglycemia, and diabetic coma or other medical emergencies that may occur in the course of dental practice.
- 2.14.3 Be competent to identify and manage dental emergencies including those of pulpal, periodontal or traumatic origin.
- 2.14.4 Be competent to identify and promptly refer dental or medical emergencies, which are beyond the scope of management by a general dentist.

## **2.15 Implant Dentistry**

### **Major Competences:**

The graduate dentist must be competent to evaluate patients in need for implants and should be able to carry out simple implant procedures.

### **Supporting Competences:**

- 2.15.1 Be able to do a comprehensive clinical evaluation for implant procedures including understanding medical conditions which may affect implant placement.
- 2.15.2 Be able to provide the patient with accurate information about their implant needs and be competent at describing for patients the principles and techniques involved in the use of osseointegrated implants for restorations.
- 2.15.3 Be able to develop an adequate treatment plan integrated with other aspects of dental care when appropriate.
- 2.15.4 Be able to understand different treatment options and be able to discuss them with patients.
- 2.15.5 Be able to seek and evaluate appropriate diagnostic records.
- 2.15.6 Be able to recognize the need to refer complex cases to the specialist.

## **2.16 Health Promotion and Community Dentistry**

A graduate dental surgeon must be competent at improving the oral health of individuals, families, community and country. He or She must:

- 2.16.1 Be able to apply the principles of health promotion and disease prevention.
- 2.16.2 Be able to understand the need of geriatric patients and the complex relationship of oral and general aging changes and diseases of such patients.
- 2.16.3 Have knowledge of the organization and provision of healthcare in the community and in the hospital service.
- 2.16.4 Be competent in understanding the complex interactions between oral health, nutrition, general health, drugs and diseases that can have an impact on oral health care and oral diseases.
- 2.16.5 Have knowledge of the incidence and prevalence of the common oral diseases in the country of training/practice.
- 2.16.6 Be able to evaluate social and economic trends and their impact on oral health care.
- 2.16.7 Have an understanding of the importance of community-based preventive measures.
- 2.16.8 Be able to carry out oral health promotion and education programs for groups and individuals.
- 2.16.9 Be able to provide health care in the community with full understanding of the social, cultural and environmental factors, which contribute to health or illness.
- 2.16.10 Have knowledge of the social, cultural and environmental factors that contribute to health or illness.
- 2.16.11 Have knowledge of country regulations governing the profession of dentistry.
- 2.16.12 Have knowledge of professional organizations and associations within the country and abroad that work in the field of oral health care prevention and public awareness.
- 2.16.13 Be able to understand resource limitations and country needs to play a role in the wider spectrum of oral disease management and prevention.

### 3. Quality assurance of the BDS Graduate:

Safeguarding the health of the public is a fundamental duty of Nepal Medical Council. Therefore, NMC in order to ensure quality education shall:

- 3.1 Define the criteria for accreditation of undergraduate dental education program (BDS).
- 3.2 Execute periodic on site inspection of the dental/medical colleges to ensure that the defined criteria referred to in 3.1 are adequately met and assess the quality of the program being implemented ; and
- 3.3 Administer the Licensing Examination to all dental graduates from within and outside Nepal.

### 4. Overview of the BDS Program:

- 4.1 The BDS program consists of a minimum of ***four and a half year academic course followed by one year of compulsory rotating internship.***
- 4.2 The core curriculum for the BDS program shall be composed of Basic Medical Sciences (Human Anatomy, Physiology, Biochemistry, Microbiology, Pathology and Pharmacology), General Medicine, General Surgery and Anesthesiology. The Dental Science includes Dental Materials, Oral and Maxillofacial Pathology (comprising Oral Biology/Oral Anatomy and Histology/Dental Anatomy and Histology), Community Dentistry/Dental Public Health, Forensic Odontology, Oral Medicine and Maxillofacial Radiology, Orthodontics & Dentofacial Orthopedics, Pedodontics, Prosthodontics & Maxillofacial Prosthesis, Periodontics, Oral and maxillofacial Surgery, Conservative Dentistry and Endodontics.
- 4.3 The Compulsory Rotating Internship shall be of one calendar year as per the NMC guidelines.

***NB: In the case of foreign students internship can be arranged as per the requirements of their National medical councils.***

## **5. The Core Curriculum:**

The aim of the Core curriculum is to provide a broader framework for universities/dental/medical colleges to develop their own curriculum, defining specific learning objectives together with teaching hours in each discipline. The curriculum should be student-centered, integrated within and between basic dental/medical sciences and clinical subjects preferably with the use of community-based and problem-based learning methods.

The horizontal integration of basic science subjects should be achieved by the concurrent integrated teaching/learning of human anatomy, physiology, biochemistry, pathology, microbiology, pharmacology and community dental health sciences. Vertical integration of basic dental/medical science subjects should be acquired through early clinical exposure.

Such a curriculum should encompass the following components (they are interdisciplinary in orientation) that represent the broad categories or professional activity and concerns that occur in the general practice of dentistry.

### **5.1 Professionalism**

- 5.1.1 Professional Behaviour
- 5.1.2 Ethics and Jurisprudence
- 5.1.3 Communication and interpersonal skills

### **5.2 Communication and interpersonal skills**

### **5.3 Knowledge base, information handling and critical thinking**

- 5.3.1 Basic biomedical, technical and clinical sciences
- 5.3.2 Acquiring and Using Information technologies

### **5.4 Clinical information gathering**

### **5.5 Diagnosis and treatment planning**

### **5.6 Establishment and maintenance of Oral Health**

- Oral Medicine and Maxillofacial Radiology
- Periodontics
- Conservative Dentistry and Endodontics
- Oral and Maxillofacial Surgery
- Prosthodontics and Maxillofacial Prosthesis



- Orthodontics and Dentofacial Orthopaedics
- Pedodontics and Preventive Dentistry
- Community Dentistry/Dental Public Health
- Implant Dentistry
- Patient Education and Management of Primary Care
- Emergency Treatment, Pain and Anxiety Management

## **5.7 Health Promotion**

### **ORAL MEDICINE AND MAXILLOFACIAL RADIOLOGY**

- Able to identify precancerous and cancerous lesions of the oral cavity and refer to the concerned specialty for their management.
- Should have an adequate knowledge about common laboratory investigations and interpretation of their results.
- Should have adequate knowledge about medical complications that can arise while Treating systemically compromised patients and take prior precautions/ consent from the concerned medical specialist.
- Have adequate knowledge about radiation health hazards, radiations safety and protection.
- Competent to take intra-oral radiographs and interpret the radiographic findings
- Gain adequate knowledge of various extra-oral radiographic procedures, TMJ radiography and Sialography.
- Be aware of the importance of intra- and extra-oral radiographs in forensic identification and age estimation.
- Should be familiar with jurisprudence, ethics and understand the significance of dental records with respect to law.

### **ORAL AND MAXILLOFACIAL SURGERY**

- Able to apply the knowledge gained in the basic medical and clinical subjects in the Management of patients with surgical problems.
- Able to diagnose, manage and treat patients with basic oral surgical problems.
- Have a broad knowledge of maxillofacial surgery and oral implantology.

- Should be familiar with legal, ethical and moral issues pertaining to the patient care and communication skills.
- Should have acquired the skill to examine any patient with an oral surgical problem in an orderly manner.
- Understand and practice the basic principles of asepsis and sterilization.
- Should be competent in the extraction of the teeth under both local and general anesthesia.
- Competent to carry out certain minor oral surgical procedure under LA like trans-alveolar extraction, frenectomy, dentoalveolar procedures, simple impaction, biopsy, etc.
- Competent to assess, prevent and manage common complications that arise during and after minor oral surgery.
- Able to provide primary care and manage medical emergencies in the dental office.
- Familiar with the management of major oral surgical problems and principles involved in the in-patient management.

## **PERIODONTICS**

- Diagnose the patients' periodontal problem, plan and perform appropriate periodontal treatment.
- Competent to educate and motivate the patient.
- Competent to perform thorough oral prophylaxis, sub-gingival scaling, root planning and minor periodontal surgical procedures.
- Give proper post treatment instructions and do periodic recall and evaluation.
- Familiar with concepts of osseointegration and basic surgical aspects of Implantology.

## **CONSERVATIVE DENTISTRY AND ENDODONTICS**

- Competent to diagnose all carious, non-carious tooth lesion and Traumatic tooth injuries.
- Competent to perform restorations of tooth with suitable restorative materials including amalgam, cements composite resins, etc.

- Able to diagnose and appropriately treat pulpally involved teeth (eg. pulp capping procedures etc.)
- Able to perform Root Canal treatment.
- Understand the basic principles of aesthetic dentistry.

## **COMMUNITY DENTISTRY/DENTAL PUBLIC HEALTH**

- Apply the principles of health promotion and disease prevention.
- Have knowledge of the organization and provision of health care in community and in the hospital service.
- Have knowledge of the prevalence of common oral health conditions in Nepal.
- Have knowledge of community based preventive measures.
- Have knowledge of the social, cultural and environmental factors which contribute to health or illness.
- Administer Oral -hygiene instructions, topical fluoride therapy and pit & fissure sealing. Perform ART, ACT.
- Educate patients concerning the aetiology and prevention of oral disease and encourage them to assume responsibility for their oral health.
- Understand National Oral Health Policies of Nepal.

## **PROSTHODONTICS AND MAXILLOFACIAL PROSTHESIS**

- Able to understand and use various dental materials.
- Competent to carry out treatment of conventional complete and partial removable dentures and fabricate fixed partial dentures.
- Able to carry out treatment of routine Prosthodontic procedures.
- Familiar with the concept of osseointegration and the value of implant-supported Prosthodontic procedures.
- Understand Oral & Maxillofacial Prosthesis.

## **PEDIATRIC AND PREVENTIVE DENTISTRY**

- Able to instil a positive attitude and behaviour in children towards oral health and understand the principles of prevention and preventive dentistry right from birth to adolescence.
- Able to guide and counsel the parents in regards to various treatment modalities including different facets of preventive dentistry.
- Able to treat dental diseases occurring in child patient.
- Able to manage the physically and mentally challenged disabled children effectively and efficiently, tailored to the needs of individual requirement and conditions.
- Understand development disorder and able to refer to concerned specialist.

## **ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS**

- Understand about normal growth and development of facial skeleton and dentition.
- Understand aberrations in growth process both dental and skeletal and plan necessary treatment.
- Diagnose the various malocclusion categories.
- Able to motivate and explain to the patient (and parent) about the necessity of treatment.
- Plan and execute preventive orthodontics (space maintainer or space regains).
- Plan and execute interceptive orthodontics (habit breaking appliances).
- Manage treatment of simple malocclusion such as anterior spacing using removable appliances.
- Handle delivery and activation of removable orthodontic appliances.
- Diagnose and appropriately refer patients with complex malocclusion to the specialist.

## 6. Teaching-Learning Methodology:

While seeking assurance of the quality of dental graduates without interfering with the academic autonomy of the individual university/dental/medical college, the Nepal Medical Council expects the dental/medical colleges to implement innovative teaching methodology including but not limited to:

- 6.1 Self- directed-learning to inculcate the habit of life-long learning;
- 6.2 Problem-Based-Learning;
- 6.3 Structured Interactive Sessions (SIS) or didactic lectures;
- 6.4 Ambulatory teaching in the Outpatients' departments for better exposure and understanding of commonly encountered clinical problems;
- 6.5 Experiential training in communication skills and medical ethics;
- 6.6 Acquiring certain clinical examination and procedural skills in a skill laboratory under supervision;
- 6.7 Maintaining log books to document the competencies acquired during practical, clinical placements and community exposures;
- 6.8 Promoting learning in rural community settings (Community Based Learning);
- 6.9 Organ-System based integrated teaching learning and early clinical and community exposures;
- 6.10 Periodic review of Basic dental/Medical Sciences in relation to relevance to common and important clinical problems.

**NB: @In order to make students learn better, there must be a provision for periodic teacher trainings and monitoring of teaching/learning activities under the guidance of a Dental/Medical Education Unit/Department.**

**@An annual calendar of operation must be developed and followed strictly.**

## 7. Assessment of Students:

- 7.1 The assessment scheme for the BDS program must match with the methods of instruction.
- 7.2 The learning objectives related to the knowledge, skills, attitude, behavior and professional ethics prescribed in the BDS curriculum, need to be assessed using appropriate methods of assessment.
- 7.3 The specific modalities and number of formative and summative assessments including numbers of examiners shall be determined by the concerned universities/ institutions/academies.

#### 7.4 Number of students to be examined:

The maximum number of candidates to be examined in Final Clinical/Practical/Oral examination on any day shall be as per University/Institution/Academy regulation. However, the maximum number of candidates to be examined in clinical/practical/oral, on any day shall not exceed **fifteen** for BDS program.

## 8. Criteria for admission to the BDS Program:

### 8.1 Eligibility Criteria:

To be considered eligible for selection to the BDS program, a candidate:

8.1.1 Must have passed 10+2 or equivalent qualifications recognized by Universities/Boards with Physics, Chemistry, Biology (PCB) and having passed in each subject securing a minimum of 50% in PCB and also in aggregate (**implemented from September 27, 2013. Prior to this date, a minimum 50% aggregate mark in physics, chemistry and biology was also accepted and that was implemented from June 22, 2008**).

Or

Must have passed Bachelor of Science (B.Sc.) degree recognized by the Universities in Nepal with biological sciences and must have passed one of:

- a) Higher Secondary Education (Science);
- b) 10+2 (Science);
- c) Intermediate of Science;
- d) Cambridge University 'A' level with Biology, Physics, and Chemistry securing a minimum of 50% (equivalent) in each subject;
- e) Equivalent Science education with Biology, Physics, and Chemistry.

8.1.2 Must have passed in the specific Medical Entrance Examination (MEE) of the University/Academy/Institution where admission to the BDS program is sought by the candidate and it must be **on the merit basis**.

8.1.3 Criteria should be developed by the Universities/Academies/Institutions for recruitment of students from the rural and marginalized areas as well.

8.1.4 Students going to foreign countries to study medical course must get the eligibility certificate from NMC and must have passed any one of the Medical Entrance

Examinations, conducted by University/Academy/Institution of Nepal as required by the Nepalese students, for admission in Nepal (*Implemented from February 1<sup>st</sup>, 2016*).

## **8.2 Selection of students:**

**8.2.1 For Nepalese students:** Eligible candidates desirous of pursuing BDS program must take and qualify the specific Medical Entrance Examination, conducted by the respective University/Academy/Institution of Nepal or National Common Entrance Test and should qualify by fulfilling University criteria; however, NMC can review the policy if the situation demands in order to maintain quality of medical education.

**8.2.2 For International students:** Eligible candidates desirous of pursuing BDS program must take and pass the specific MEE conducted by the respective University/Academy/Institution of Nepal and should qualify by fulfilling University/Academy/Institution's criteria **or** candidates should present valid document of passing recent National/State Medical Entrance Test of their country of origin **or** passing SAT (Scholastic Aptitude Test) with minimum 1440 score, to get the motivated and academically sound students. However, the candidate must have passed 10+2 or equivalent qualifications recognized by universities/boards with physics, chemistry, and biology (PCB) securing a minimum of 50% in each PCB subject and also in aggregate. The validity of these tests is for two years only. Nepal Medical Council can review the policy, if the situation demands in order to maintain quality of medical education.

## **9. Faculty Requirement for different department**

The role and responsibilities of faculty in running the BDS program is considered to be of utmost importance. The numbers of faculty required in different departments have been determined in a composite way on the basis of the following:

### **9.1 Basis of faculty requirement in Dental specialties:**

- 9.1.1 The total number of teaching hours in each of the subjects contained in the existing BDS curriculum.
- 9.1.2 The total number of student admission annually.
- 9.1.3 In keeping with the conceptual framework of the existing BDS curricula which stress on the integration of basic medical and dental sciences horizontally and vertically

with early clinical exposure, a dental hospital along with a 100 bedded general hospital is mandatory at the time of starting the BDS program for correlating basic medical sciences with clinical experiences.

9.1.4 The number of dental chairs and beds in each clinical department will depend on the need of academic programs and hospital services. However, for the purpose of ensuring adequate learning of the students the organization of units and beds are given in table 11.2.1-A and table 11.2.1-B respectively.

9.1.5 Tutor/Demonstrator/Instructor with BDS or equivalent degree may be appointed as required in each of the departments to assist faculty members in practical/ demonstrations. However, they will not be counted as the faculty.

## **9.2 A Clinical Dental Department shall be composed of the following:**

- Professor/Associate Professor – one
- Assistant Professor/Lecturer – one
- Resident/Dental Surgeon - one

***Faculty appointments must be approved by the concerned university authorities before they are employed by the dental colleges.***

## **9.3 Eligibility criteria for faculty:**

9.3.1 All faculty appointments must be according to the rules of the University/ Institution/Academy. The following are general guidelines for faculty appointments.

9.3.2 All dental/medical personnel must possess a basic university postgraduate master degree (***Three years Master Degree with thesis***) or equivalent qualifications in the relevant discipline in order to be eligible to become a faculty member. They should also have specialist registration with the Nepal Medical Council, where applicable.

9.3.3 In basic medical science subjects such as Human Anatomy, Physiology, Pharmacology, Biochemistry and Microbiology, besides faculty of medical background, one non-medical faculty may be appointed (those faculty who do not have MBBS/BDS or equivalent qualification), with M.Sc. (Medical) degree in those particular department.



9.3.4 In the case of Community Dentistry/Dental Public Health, besides dental faculty, one non-medical faculty (from community medicine) can be included, as there are many subjects included in these particular subjects for teaching/learning activities.

9.3.5 The qualification of Master of Science; M.Sc. (Medical) in the concerned basic medical science subjects, shall be sufficient for initial faculty appointment.

9.3.6 Dental personnel with basic dental degree and possessing PhD qualifications are counted as faculty in the relevant specialty as of equivalence given by the University.

***NB: In order for the non- MBBS/BDS basic science faculty to become Associate Professor or Professor, it is mandatory to possess a PhD degree in the appropriate discipline.***

#### **9.4 Designation of the Dental faculty:**

The nomenclatures of the designation for faculty positions are:

- **Professor**
- **Associate Professor:**(KU,BPKIHS,NAMS,PAHS) /**Reader**(TU)
- **Assistant Professor:**(KU,BPKIHS,NAMS,PAHS) /**Lecturer**(TU)
- **Lecturer:**(KU,BPKIHS,NAMS,PAHS)/ **Ast.Lecturer/Teaching Assistant** (TU)

***NB: \*Nepal Medical Council strongly recommends that the designation/nomenclature of the faculties should be uniform among all the Universities/ Institutions/ Academy throughout the country as early as possible.***

***\* All affiliated institutions must have the teaching faculty appointment approved by the parent University/Institutions/Academy.***

#### **9.5 Minimum qualification/experience required for Dental faculty:**

9.5.1 All BDS personnel must possess a basic university postgraduate degree (MDS) or equivalent qualifications in the relevant discipline in order to be eligible to become a faculty member. They should also have specialist registration with the Nepal Medical Council, prior to joining the faculty position.

9.5.2 All Personnel with other than MBBS/BDS or equivalent degrees must possess a Master degree/PhD in Clinical / Medical / Human sciences for the enrolment of initial faculty position. But to become Associate Professor/Reader, it is mandatory to possess Ph.D. in the appropriate discipline.

- 9.5.3 Age of the faculty should not be more than 73 years in clinical disciplines and 75 years in Dental/Basic sciences disciplines. But after 70 years, approval of faculties will be provided only after assessment of physical fitness of the faculties by NMC. This provision will remain till July, 2024. Thereafter, maximum age of the faculty should not be more than 70 years, in both clinical/dental and basic sciences disciplines.
- 9.5.4 Foreign faculties are allowed to do only hospital based practice within the premises of Teaching hospital and satellite centers of allocated medical college. They are not allowed to do private practice neither in any other medical college–hospitals nor in any other hospitals.

**Professor:**

1. Should have Doctorate(after BDS) or Postgraduate Master degree(MDS) or equivalent qualification in the respective subject or specialty from University/Institution/Academy, recognized and registered by the Nepal Medical Council, together with teaching/working experience of minimum **five** years as Associate Professor/Reader or equivalent post. But the total duration of service counted under different faculty appointments held should not **be less than ten years** for becoming eligible for the post of Professor **and**
2. Should have minimum of two research/original researches as main author and two other publications in national/international indexed/peer reviewed scientific journal as main/co-author at the level of Associate Professor.

**Associate Professor/Reader:**

1. Should have Doctorate (after BDS) or Postgraduate Master degree (MDS) or equivalent qualification in the respective subject or specialty from University/Institution/Academy, recognized and registered by the Nepal Medical Council, together with teaching/working experience of minimum three years as Assistant Professor and another two years as Lecturer (KU, PAHS, BPKIHS, NAMS) or five years teaching/working experience as Lecturer (TU) or equivalent post. But the total duration of service counted under different faculty appointments held should not **be less than five years** for becoming eligible for the post of Associate Professor/Reader **and**
2. Should have minimum of two research/original researches as main author and two other publications in national/international indexed/peer reviewed scientific journal as main/co-author at the level of Assistant Professor(KU,PAHS,BPKIHS,NAMS)/Lecturer (TU).

**Assistant Professor (KU, PAHS, BPKIHS, NAMS)/Lecturer (TU):**

1. Should have Doctorate (after BDS) or Postgraduate Master Degree (MDS) or equivalent qualification in the respective subject or specialty from University/Institution/Academy, recognized and registered by the Nepal Medical Council, together with teaching/working experience of minimum two years as Lecturer for (KU,PAHS,BPKIHS,NAMS), where as for TU it should be at the level of Assistant Lecturer/Teaching Assistant.

2. Should have minimum of two research/original researches, published as main author in national/international indexed/peer reviewed scientific journal at the level of Lecturer (KU, PAHS, BPKIHS, NAMS) and at the level of Assistant Lecturer/Teaching Assistant (TU).

**Lecturer (KU, PAHS, BPKIHS, NAMS)/ Assistant Lecturer/Teaching Assistant (TU):**

Should have Doctorate (after BDS) or Postgraduate Master Degree (MDS) or equivalent qualification in the respective subject or specialty from University/Institution/Academy, recognized and registered by the Nepal Medical Council.

**Tutor/Demonstrator:** A BDS or equivalent Degree from University/Institution/Academy, recognized by the Nepal Medical Council.

**Note:**

- 1) Research and publications already considered for the previous post shall not be taken into consideration.
- 2) Case reports, case series and book review are not counted as a research article.
- 3) For the entry faculty position, requirement of publication is not mandatory.

## **9.6 Criteria for Visiting Faculty:**

- The posts of Professor Emeritus and Visiting Faculty may be conferred upon the teaching faculties holding posts in other University/Institutions/Academy.
- The same criteria which are applicable for appointment of regular Undergraduate faculties will be also applicable to the visiting faculties.
- The Visiting Faculty title may be awarded to a teacher involved in teaching/training of the Undergraduate program run by the University/Institution/Academy provided the candidate fulfils the following criteria:
  - a) Requirement of academic qualifications, teaching/working experiences and publications: as per regular faculty position, recognized by the Nepal Medical Council.
  - b) The appointment should be institution specific and be time limited.
  - c) In case, the Visiting Faculty is no longer involved in the teaching/training program of the institution or is transferred to another institution, this title should be automatically cancelled.
  - d) **Visiting faculties are not counted for the allocation of seat i.e. enrolment of undergraduate students (BDS).** They may be appointed for the upliftment of overall academic standard and betterment of the training institution.

### Principal of the Dental College:

A dental college should be headed by a Principal, who must be a senior faculty (preferably dental background) with minimum qualification of Post graduate master degree, working in the Dental College. Medical Colleges running both MBBS and BDS program must be appointed a separate Dental Coordinator or Vice/Assistant Principal from Dental background for the promotion of Dental Education.

### 9.7 Minimum Faculty Requirements for 50 admissions annually:

*In the Departments of Human Anatomy, Physiology, Biochemistry, Microbiology, and Pharmacology, one faculty may be appointed full time from non medical backgrounds.*

**Table 1: Basic & Clinical Sciences faculty requirement for an annual intake of 50**

#### **BDS Students:**

Departments	Prof/Assoc Prof	Asst Prof/Lecturer	Total
Human Anatomy	1	2	3*
Physiology	1	1	2*
Biochemistry	1	1	2*
Microbiology	1	1	2*
Pathology	1	1	2*
Pharmacology	1	1	2*
General Medicine	1	1	2*
General Surgery	1	1	2*
General Anesthesia	0	1	1*
<b>Total</b>	<b>8</b>	<b>10</b>	<b>18</b>

*\*NB: Medical colleges having medical and dental program should have additional bed as per their requirements and at least one more additional faculty in Basic and clinical science departments. But routine classes to be taken by medical and non medical faculty should be in equal ratio.*

**Table 2. Basic & Clinical Sciences faculty requirement for an annual intake of 75 BDS Students:**

Departments	Professor	Associate Professor	Assist Prof/Lecturer	Total
Human Anatomy	1	1	2	4*
Physiology	1	1	1	3*
Biochemistry	1	1	1	3*
Microbiology	1	1	1	3*
Pathology	1	1	1	3*
Pharmacology	1	1	1	3*
*General Medicine	1	1	1	3*
General Surgery	1	1	1	3*
General Anesthesia		1	1	2*
<b>Total</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>27</b>

*Colleges having medical and dental program should have additional bed as per their requirements and at least one more additional faculty in Basic science departments.*

**Table 3. Dental-Clinical Sciences faculty requirement for an annual intake of 50 BDS Students annually:**

Departments	Prof/Asso Prof	Assis Prof/Lect	Total
Prosthodontics & Maxillofacial Prosthesis	1	2	3
Conservative Dentistry & Endodontics	1	2	3
Oral & Maxillofacial Surgery	1	2	3
Periodontics	1	1	2
Pediatric & Preventive dentistry	1	1	2
Orthodontics & Dentofacial Orthopedics	1	2	3
Oral Medicine & Maxillofacial Radiology	1	1	2
Community Dentistry/Dental Public Health	1	1	2*
Oral & Maxillofacial Pathology	1	1	2
<b>Total</b>	<b>9</b>	<b>13</b>	<b>22</b>

*\*One faculty may be considered from community medicine in community dentistry.*

\* It is mandatory that by 2021, one faculty has to be added in the following departments so that the total number of faculty will reach 28 (twenty eight) in various specialties.

Departments	Prof/Asso Prof	Assis Prof/Lect	Total
Prosthodontics & Maxillofacial Prosthesis	1	3	4*
Conservative Dentistry & Endodontics	1	3	4*
Oral & Maxillofacial Surgery	1	3	4*
Periodontics	1	2	3*
Pediatric & Preventive Dentistry	1	2	3*
Orthodontics & Dentofacial Orthopedics	1	3	4*
Oral Medicine & Maxillofacial Radiology	1	1	2
Community Dentistry/Dental Public Health	1	1	2
Oral & Maxillofacial Pathology	1	1	2
<b>Total</b>	<b>9</b>	<b>13</b>	<b>28</b>

**Table 4. Dental-Clinical Sciences faculty requirement for an annual intake of 75 BDS Students annually:**

Departments	Prof/Asso Prof	Assis Prof/Lect	Total
Prosthodontics & Maxillofacial Prosthesis	1+1	3	5
Conservative Dentistry & Endodontics	1+1	3	5
Oral & Maxillofacial Surgery	1+1	2	4
Periodontics	1+1	1	3
Pediatric & Preventive Dentistry	1+1	1	3
Orthodontics & Dentofacial Orthopedics	1+1	2	4
Oral Medicine & Maxillofacial Radiology	1+1	1	3
Community Dentistry/Dental Public Health	1+1	1	3
Oral & Maxillofacial Pathology	1+1	1	3
<b>Total</b>	<b>18</b>	<b>15</b>	<b>33</b>

**NB:** There should be a separate implantology department for clinical and academic activities. Implantology department can comprise faculties from Periodontics, Prosthodontics and Oral and Maxillofacial Surgery for the quality practices to be rendered to the patients. The hospital director reserves the rights for appointing in charge of the implantology department.

**\* It is mandatory that by 2021, one faculty has to be added in the following departments so that the total number of faculty will reach 41(forty one) in various specialties.**

Departments	Prof/Asso Prof	Asst. Prof/Lect	Total
Prosthodontics & Maxillofacial Prosthesis	1+1	4	6*
Conservative Dentistry and Endodontics	1+1	4	6*
Oral & Maxillofacial Surgery	1+1	3	5*
Periodontics	1+1	2	4*
Pediatric & Preventive Dentistry	1+1	2	4*
Orthodontics & Dentofacial Orthopedics	1+1	3	5*
Oral Medicine & Maxillofacial Radiology	1+1	2	4*
Community Dentistry/Dental Public Health	1+1	1	3
Oral and Maxillofacial Pathology	1+1	2	4*
<b>Total</b>	<b>18</b>	<b>23</b>	<b>41</b>

**Table 5. The minimum requirements of Dental surgeons in clinical departments, to work as Tutor/Demonstrator/Instructor to assist faculty members in practical/ demonstrations and clinical services to the patients for smooth functioning of the departments. However, they will not be counted as the faculty: In institution with resident (post graduate) intakes dental surgeons can be appointed 50% of the mentioned in the specific departments. Hospital director reserves the rights for rotation of dental surgeons as per department needs.**

Departments	50 intake	75 intake
Prosthodontics and Maxillofacial Prosthesis	3	4
Conservative Dentistry & Endodontics	3	5
Oral and Maxillofacial Surgery	3	4
Periodontics	2	3
Pediatric and Preventive Dentistry	2	3
Orthodontics & Dentofacial Orthopedics	2	3
Oral Medicine & Maxillofacial Radiology	2	3
Community Dentistry/Dental Public Health	1	2
<b>Total</b>	<b>18</b>	<b>27</b>

**NB:** All institutions running only dental program should have a Medical/Dental Education Department headed by Professor/ Associate Professor or the Principal of the college along with a minimum of 2 (two) faculty members having exposure in medical/Dental education.

## 10 Criteria for opening the Dental College

In addition to fulfilling the requirement for the NMC accreditation to run the BDS program, the dental college must maintain a good environment for imparting quality dental education in Nepal. The dental college must have the required number of departments, sections, together with an adequate number of faculty and staff, both administrative and technical.

The head of the college may be designated the Principal/Campus Chief/Dean, as per the nomenclature adopted by the respective universities to which the college/campus is affiliated to, and must meet the appointment criteria outlined by the affiliating university.

Ideally, all activities related to the academic program should be located at the same site. However, for those colleges which have physical infrastructure at geographically separated locations, or have already made arrangement to send students to different hospitals or health institutions for acquiring clinical/community experiences, care should be taken to ensure that the students are not physically exhausted by commuting.

While posting dental students on clinical placements, a well planned rotation schedule together with learning objectives must be clearly specified for the students to follow and acquire. The attendance record of individual students and the names of the topics taught during such placement together with the names and signature records of the respective faculty members must be produced upon demand by the proper authorities. Appropriate accommodation must be arranged for students during teaching-learning activities

### **For running the BDS program the following departments are required.**

#### **Department for Basic Sciences:**

The dental college should have the following basic science departments of their own before starting the course.

#### **A. Basic Medical Sciences departments:**

- a. Human Anatomy Department
- b. Physiology Department
- c. Pharmacology Department
- d. Biochemistry Department
- e. General Pathology Department
- f. Microbiology Department



## **B. Basic Dental Science Departments:**

- a. Dental Materials
- b. Oral Pathology (comprising Oral Biology, oral anatomy & histology /dental anatomy & histology)
- c. Preclinical Prosthodontic Lab
- d. Preclinical conservative Lab
- e. Preclinical Orthodontic Lab

Basic Dental Science Departments should be functional with adequate number of faculty, infrastructure, equipments and instruments as per NMC norms.

Since there is lack of Dental faculty in different subjects, to overcome this situation, only for five years i.e. up to July 2021, Nepal Medical Council adopts concept of clubbing for academic and evaluation purpose. But if there is already qualified faculty even single in number, it should be functioned as separate Unit/Department. Simultaneously, ***provision of clubbing is purely for academic purpose, not for the allocation of seat.***

### **Academic Purpose:**

The following two subjects could be clubbed together under one head and clinical department.

- a. Dental Materials → Prosthodontics or Conservative Dentistry
- b. Oral Biology → Oral pathology, Oral Medicine
- c. Community Dentistry ↔ Community Medicine
- d. Oral Pathology ↔ Oral Medicine, Oral surgery
- e. Forensic Odontology → Oral Pathology/Forensic Medicine
- f. Oral Medicine ↔ Oral Pathology, Oral Surgery

### **Assessment guideline for UG program**

The University/College should conduct examination with specific specialty in all subjects as far as possible. However, relaxation can be done only in the above mentioned subjects in case of deficiency of the faculty.

### **Clinical Science Departments:**

The dental college should have following departments.

#### **A. In Medical Sciences:**

- a. Internal Medicine
- b. General Surgery
- c. Anesthesiology

#### **B. In Dental Sciences:**

- a. Oral Medicine and Maxillofacial Radiology
- b. Oral and Maxillofacial Surgery

- c. Prosthodontics and Maxillofacial Prosthesis
- d. Periodontics
- e. Orthodontics and Dentofacial Orthopedics
- f. Pediatric and Preventive Dentistry
- g. Conservative Dentistry and Endodontics
- h. Community Dentistry/Dental Public Health

In keeping with the conceptual framework of the existing BDS curriculum, a Dental college should have a fully functioning Dental hospital as per NMC guideline. The Dental hospital must have at least 30 dental chairs, digital IOPA and OPG/Lateral Ceph X-ray machine, 25 simulation type of Phantom heads. Likewise, it is also mandatory to have 100 bedded General hospital, preclinical Prosthodontic Laboratory and preclinical Oral Pathology Laboratory at the time of starting BDS program (for 50 student intake).

**Criteria for increment of existing BDS intake for a Medical/Dental College:**

- All criteria laid down by NMC/University/Academy for allocated seats must be fulfilled.
- Must abide by Rules and regulations of NMC/University/Academy.
- Well maintained yearly academic calendar.
- Outstanding academic performance (Result pass out =>75%).
- All dues of NMC/University/Academy paid on time.
- All infrastructures for increment number of seats must be well established as per NMC guidelines on top of provided seats.
- Adequate number of faculties for increment number of seats must be recruited in advance as per NMC guidelines.
- Must be completed **three academic calendars** after start of the medical college with good faith.

## **11. The Teaching Medical and Dental Hospital**

### **11.1 Medical Hospital**

An institute running a dental program should have a 100 bedded general hospital (Own or obtain by MoU) registered and approved by Ministry of Health from day one, for effective Teaching-Learning activities and proper clinical exposure especially in Internal Medicine, General Surgery and Anesthesiology.

The General Hospital should have a minimum **of 10 beds allocated to the Department of Oral & MaxilloFacial Surgery** either independently or along with the department of General Surgery. The general hospital should preferably be within the same premises as the dental hospital.

Bed Occupancy must be 60% but 50% bed occupancy is accepted for those medical colleges which are located in the hilly region, geographically difficult to access and their population coverage is minimal.

## 11.2 Dental Hospital

For the effective management of the academic activities and the clinical services, the management of the academic side and the service side may be looked after by separate administrations of the college and the teaching hospital i.e. in College by Principal and Dental Hospital by Hospital Director.

The Dental teaching hospital should run under a Hospital Director who should be from among the dental fraternity faculty (at least Associate Professor) of the dental college.

### 11.2.1 Schedule of fulfilling the Requirements (Departments, Faculty and dental Chairs):

The number of dental chairs in each clinical department will depend on the need of academic programs and hospital services and distribution is left to the discretion of the head of the institute.

#### A. Schedule for 50 intake:

Time	Chair	Department	Faculty
Day 1	30	All departments	9
End of First year	50	All departments	18
End of second year	70	All departments	22
End of third year	90	All departments	22
End of fourth year	100	All departments	22

#### B. Schedule for 75 intake:

Time	Chair	Department	Faculty
Day 1	45	All departments	18
End of First year	75	All departments	33
End of second year	105	All departments	33
End of third year	135	All departments	33
End of fourth year	150	All departments	33

However, for the purpose of ensuring adequate learning of the dental students, the departments should have minimum numbers of chairs as shown on the table.

SN	Departments	50 intake	75 intake
1	Prosthodontics & Maxillofacial Prosthesis	15	22
2	Conservative Dentistry & Endodontics	15	22
3	Oral & Maxillofacial Surgery	15	22
4	Periodontics	15	22
5	Pediatric & Preventive Dentistry	15	15
6	Orthodontics & Dentofacial Orthopedics	10	22
7	Oral Medicine & Maxillofacial Radiology	10	15
8	Community Dentistry/Dental Public Health	05	10
<b>Total</b>		<b>100</b>	<b>150</b>

All new colleges must have **at least 50% fully functional** electronic chairs in each department. Old colleges still using manual chairs should replace with electronic chairs within 3 years.

#### 11.2.2 OPD attendance of Patients

Minimal number of daily OPD patients for in the dental hospital should be as follows:

- a. 50 intake: 100 per day
- b. 75 intake: 150 per day

The Council desires that all the institutions make sincere efforts to ensure an adequate supply of dental materials necessary for effective Teaching-Learning activities.

#### 11.2.3 Sub-specialty services

Sub specialty services have to be provided by colleges after having brought out first batch of BDS graduates.

### 11.3 Administrative Section

The administrative structure of the Dental College should comprise the following sections:

1. General and Personnel Administration
2. Fiscal and Internal Auditing
3. Planning and Evaluation

4. Academic and Examination
5. Procurement and Store
6. Learning Resources including Audio-visual and Medical Illustration
7. Students' Welfare including Hostel and Extra- curricular activities
8. Property, Security, Transport and Repair and Maintenance
9. Research and Publication

**General and Personnel Administration section:**

All matters related to general and personnel administration of the college should be looked after by this section.

**Fiscal and Internal Audit Section:**

The fiscal section should be responsible for the financial planning and management of the dental college. A strong financial commitment must be ensured for the sustainability of the institution. An internal audit section must check and report on the budget, procurement, and store inventory according to the financial rules and regulations pertaining to the colleges.

**Planning and Evaluation Section:**

This section should conduct annual planning, budgeting and annual program evaluation.

**Academic/Examination Section:**

The academic and examination section should look after the academic programs and prepare the academic calendar. An annual/semester academic calendar of operation for all years / semesters must be prepared by the college/school/institute/campus specifying the details of teaching schedules of theory, practical/clinical teaching/learning activities. This section should also ensure that the examinations are held effectively, efficiently and confidentially and the results of the examinations are published in a timely manner and feedback given to individual students.

**Procurement and Store Section:**

All matters related to the procurement and store is carried out by this section.

## **11.4 Learning Resources Section:**

### **11.4.1 Library:**

A Central library with good ventilation and lighting must provide sufficient space with comfortable sitting arrangements for allowing double the number of annual admissions of students to sit and study at any given point in time.

For the core text books recommended by the curriculum there must be at least one book for every five students in the class. In addition, there must also be adequate numbers of reference books (1 book for every 25 students) which are to be placed in the reference section and/or departmental libraries.

In general a minimum of 500 volumes of books should be made available for an annual intake of 50 students. The major bulk of the core text books kept in the library must be of latest editions.

A good number of national/international dental/medical journals related to all subjects must be available.

Dental Colleges must provide free e-library/e-learning and internet services to the faculty and students. The Central library should remain open preferably twenty- four hours a day, to provide the opportunity to learn during any hour of the day or night.

The Central Library must have an adequate number of personnel with relevant skills and expertise to provide library services as mentioned above. The Library should be led and managed by a person with a minimum of Bachelor degree in library science and with adequate experience. It should also employ an I T specialist.

### **11.4.2 Audio-visual and Medical Illustration Section:**

An Audio-visual and Medical Illustration Section must be established to provide sufficient numbers of overhead projectors, multimedia, laptop, television and artist facilities for helping teachers to teach effectively and students to learn better. The colleges are encouraged to continuously adapt to new and innovative technologies for fostering effective teaching /learning activities.

### **11.4.3 Lecture Rooms:**

A minimum of five lecture halls with comfortable sitting arrangements together with good ventilation, lighting, acoustic system and audio-visual aids should be made available for carrying out teaching/learning activities effectively.

#### **11.4.4. Examinations Hall :**

The academic/examination section must ensure that all examinations are held properly by maintaining the examination norms of the respective University. Sitting arrangements may be made in a separate examination hall or in classrooms with adequate invigilation.

#### **11.4.5. Auditorium:**

Dental college must have an auditorium of adequate capacity for holding scientific and other activities.

#### **11.5. Students' Welfare including Hostel and Extra-curricular section:**

The students' Welfare Section should look after the welfare of the students including providing hostels and extracurricular activities. Students' hostel for both female and male must provide adequate accommodation of adequate standard.

Hostels should be on the campus or in close vicinity for maximum use of library and participation in clinical learning activities, including off time hospital exposure for patient care and management.

#### **11.6 Property, Security and Transport & Repair and Maintenance Section:**

The safety of the college physical property and students, faculty and staff must be ensured by the property section by providing adequate security. The transport of staff and students is to be organized through the transport section. All matters related to the repair and maintenance of all infrastructures, electrical and sanitary and all others are looked after by the section.

#### **11.7. Research and Publication:**

A dental College must establish a Research and Publication unit/ section/department and must show evidences of research and publication by faculty must be evident by the time the first batch of students pass out of the college/campus.

### **12. Criteria for Dental Internship Programme:**

Internship is a compulsory rotatory programme of one-year duration for students who have cleared all the final year subjects successfully. As per the Nepal Medical Council guidelines internship programme shall preferably be completed in the same institution by the students where they have completed their rest of the studies. However, in some of the countries this program does not exist, and as per the Nepal Medical Council guidelines one

year of compulsory rotatory training program must be completed, for such students this program must be undertaken within Nepal. The institutions providing this facility must fulfill the following criteria for internship. Such criteria will be also applicable for the dental colleges in Nepal.

1. Institutions applying for internship program must be registered by the Government.
2. To have internship program, each department must have at least one post-graduate degree holder dental specialist of that particular specialty and two other graduate dental surgeons.
3. In each department under one consultant/faculty (with Post-graduate master degree) up to three interns can be enrolled for internship program.
4. To accommodate three interns in each department, there should be at least five dental chairs in each department.
5. All the other basic infrastructures must be available in the department as per the guidelines for that department given by Nepal Medical Council.
6. Every department should have at least 3-trained dental chair side assistant.
7. Dental Department applying for internship program must be in running condition. This shall be judged by the service record which needs to be maintained compulsorily by the department.
8. Department, performing major surgery must have a minimum of two beds other than the necessary infrastructure.
9. There shall be full time faculty or consultant which must be post-graduate degree holder as intern teacher in every department. No part-time or visiting person shall be considered as intern teacher.
10. Scheme will be as follows: - Any of the three following schemes may be adopted as per the guidelines by the institution as for instruction given below.

**Scheme No: 1 (only applicable to Dental Colleges in Nepal).**

S.N.	Subject	Duration
1.	Prosthodontics & Maxillofacial Prosthesis	2 months
2.	Periodontics	2 months
3.	Oral & Maxillofacial Surgery	2 months
4.	Conservative Dentistry & Endodontics	2 months
5.	Pediatric & Preventive Dentistry	1 month
6.	Oral Medicine and Maxillofacial Radiology	1 month
7.	Orthodontics & Dentofacial Orthopedics	1 month
8.	Community Dentistry/ dental public Health	1 month



**Scheme No: 2 (applicable to institutions other than Dental Colleges in Nepal):**

S.N.	Subject	Duration
1.	Prosthodontics & Maxillofacial Prosthesis	3 months
2.	Periodontics	3 months
3.	Conservative Dentistry & Endodontics	3 months
4.	Oral & Maxillofacial Surgery	3 months

**Scheme No: 2 should fulfill the following criteria:**

1. Scheme-2 rotation can be completed in one or in different institutions according to the availability of specialists fulfilling above mentioned requirements.
2. If an institution plans for more subjects to be covered in internship in addition to that mentioned in scheme-2, the duration of posting has to be minimum of 2 months for Prosthodontics, Periodontics, Conservative Dentistry and Oral Surgery and duration for rest of the subjects has to be managed by the institute.
3. Dental Emergency services must be available in the institution for 24 hours.
4. Institutions running internship programme must have regular Teaching-Learning activities in each specialty.
5. Preference for dental internship shall be given to Dental colleges.
6. University may develop their own internship programme according to their own philosophy of the course such internship shall not be less than 1 (one) year and clinical posting in all the departments are mandatory.

**Scheme No: 3 (applicable to institutions both Medical/ Dental Colleges in Nepal):**

S.N.	Subject	Duration
1.	Prosthodontics & Maxillofacial Prosthesis	1.5months
2.	Periodontics	1.5months
3.	Oral & Maxillofacial Surgery	1.5months
4.	Conservative Dentistry & Endodontics	1.5months
5.	Pediatric & Preventive Dentistry	1 month
6.	Oral Medicine and Maxillofacial Radiology	1 month
7.	Orthodontics & Dentofacial Orthopedics	1 month
8.	Community Dentistry/Dental Public Health	1 month
9.	Emergency	15days
10.	General Medicine	15days
11.	General Surgery	15days
12.	General Anesthesia	15 days

### 13. Licensing Examination:

*(Implemented from March 1<sup>st</sup>, 2001=Falgun 18, 2057)*

After completion of MBBS/BDS course, every medical graduate must have to appear in the licensing examination, conducted by Nepal Medical Council. Candidates who are enrolled in University/Academy/Institution and completed minimum six months of their compulsory rotatory internship can appear in the licensing examination. Nepal Medical Council "Registration Certificate" will be provided to only those candidates who will pass the licensing examination and complete full one year compulsory rotatory internship either from Nepal or abroad. ***(Edited decision on 2075/07/15 NMC Full House and MOHP approved on 2075/07/30)***

For the reference, followings are the composition and question pattern of Licensing Examination which is not constant and may change on time to time.

**A. Aims and objectives of questions of Licensing Examination:**

- MCQs to evaluate the range of knowledge of subject specialty.
- CSQs to evaluate the depth of knowledge of subject specialty.

**B. Subject wise 130 Questions (MCQ), 1 mark each MCQ (1X130=130):**

**C. CSQ: 10 Questions ( preferably taken from dental & allied subjects) 5 marks each (5X10) =50:**

S.N.	Subject	Marks (No of questions)
1.	Prosthodontics & Maxillofacial Prosthesis	20 (15 MCQ+1CSQ)
2.	Periodontics	20 (15 MCQ+1CSQ)
3.	Oral & Maxillofacial Surgery	20 (15 MCQ+1CSQ)
4.	Conservative Dentistry & Endodontics	20 (15 MCQ+1CSQ)
5.	Pediatric & Preventive Dentistry	20 (15 MCQ+1CSQ)
6.	Oral Medicine & Maxillofacial Radiology	20 (15 MCQ+1CSQ)
7.	Orthodontics & Dentofacial Orthopedics	15 (10 MCQ+1CSQ)
8.	Community Dentistry/Dental Public Health	15 (10 MCQ+1CSQ)
9.	Medicine, Surgery & Anesthesia	10 (5 MCQ+1CSQ)
10.	Basic Sciences including Oral Pathology	20 (15 MCQ+1CSQ)
<b>Total</b>		<b>180=(130+10X5)</b>

**D. Grand Total Marks of Licensing Examination (130+50) =180**

**NB:** Please note that the information provided over here is to give a hint to candidates appearing licensing examination and does not mean exact distribution in each examination. However, Nepal Medical Council can change the modality of the exam whenever deemed necessary.