



## SMALL ANIMAL CASE LOG REQUIREMENTS

*Reviewed and revised January 2016 - this version is current for the 2015 Annual Report and 2016 Credentials cycles.*

*Items shown in underlined italic font are available on the AVDC web site via links from the Information for Registered Residents page unless otherwise stated.*

*Note: Some significant changes were made in case logging format and requirements starting in January 2015. The specific changes are described in detail in the Changes for 2015 document (available at the top of the Information for Registered Residents web page). These changes have been incorporated into this document.*

The policies described below have been adopted by AVDC to ensure compliance with the case log requirements for successful completion of the Credentials Applications process and to provide a uniform means of constructing case logs that can be reviewed in consistent format by the AVDC Training Support Committee and the Credentials Committee.

AVDC Case Logs consist of a summary of each case managed by the resident (whether as assistant or as primary dentist).

There is a separate Case Log document for Equine Residents.

### **Log of Cases Seen During the Training Program**

**Logging of every case seen during a training program is no longer required, and the 500 case minimum has been deleted.** The only cases now **required** to be logged are MRCL cases. However, because of concerns that residents may not bother to learn to log properly if they calculate that they can fill their MRCL list (including the 50% as primary dentist) later in their program, AVDC ***strongly recommends logging all or at least most cases in the first six months of a training program***, so that they can be reviewed and corrected by the supervisor before bad habits become established. AVDC also **strongly recommends continuing to log additional cases in excess of the MRCL requirement** as the program continues, in case the resident needs to ‘swap out’ some MRCL cases – ***keep in mind that a case ‘swapped into’ the MRCL log must have an MRCL form dated within one year of the date of the procedure that is logged.*** The deletion of the requirement to log all cases and the 500 minimum case requirement are ‘major’ changes (i.e. not retroactive or required to be adhered to by currently registered residents) but they can be made use of by current residents if they wish to do so. Deletion of non-MRCL cases from pre-2015 logs is **not required**.

Only cases logged as MRCL cases will be reviewed during Annual Report review by TSC and credential application review by the Credentials Committee.

Cases that were treated prior to the resident’s program registration start date cannot be included in the case log.

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### **Case Log Requirements and Clarifications**

#### **‘Six Year’ Case Log Rule**

If a resident remains in a training program for more than six years, cases in the log that are more than six years old cannot be counted towards meeting the AVDC MRCL minimums. The DMS on-line case log automatically recognizes cases that are no longer eligible because of procedure date; they are identified in red cross-hash marks on the case log screen and are not included in the automated case log Summary tables. The ‘six year clock’ does not run during periods of

AVDC-approved Leave of Absence, but does continue to run during a period of suspension of a training program for non-compliance with AVDC reporting requirements.

### **On-line Log**

Use of the DMS online case log is **required**. Detailed information for use of the AVDC on-line case log is provided in the DMS Users Guide On-line Case Log section. The on-line log automatically provides “Chronological log”, “MRCL log” and “Summary” views. For AVDC residents who are also registered as Academy trackers, the View Mode drop-down menu allows you to view the log in AVDC or Academy format.

Examples of case log entries are now available in the Case Log section of the Information for Registered Residents web page, and adjacent to the Diagnosis field in the Edit Case Log Entry screen.

**Human cases cannot be logged**, because of human health care patient privacy issues.

For **definitions of an AVDC “case”**, read Guidelines for Counting Cases on page 4 of this document.

### **Minimum Required Case Load (MRCL)**

To ensure that the case log demonstrates breadth and depth of experience in the core dental disciplines of oral diagnosis and medicine, periodontics, endodontics, radiology, restorative dentistry and oral surgery, and that residents have performed or been exposed to more involved but less commonly performed procedures in the core disciplines and in other dental disciplines such as prosthodontics and orthodontics, there is a specified **Minimum Required Case Load (MRCL)**. See MRCL Categories on page 15 of this document for definitions and to review the number of cases required in each category.

The resident is to be ‘primary dentist’ for 50% or more of logged MRCL cases in each category (see *Case Role - Resident Status*, in Format of the Case Log, page 10). An **MRCL Diplomate Case Review Form must be completed for each case logged as an MRCL case** (see *MRCL Diplomate Case Review Form*, page 12). The MRCL case log is not to include more than the minimum number of case required in a particular category at any one time – be sure to check this when your case log is about to be reviewed as part of your Annual Report or Credentials Application; cases can be swapped in and out as necessary to fill the required number of slots and to meet the other requirements listed in the MRCL case log section (page 15).

### **Guidelines for Counting Cases**

An “AVDC case” is defined as performance of a procedure (which may be limited to oral diagnostic techniques) in a dental discipline. A maximum of three “cases” may be logged from any single treatment episode of a particular animal on a particular date.

*Clarifications and examples:*

- Three major procedures in a single category during the same anesthetic procedure on the same animal may be counted as three "cases", e.g. root canal treatments of a premolar and two canine teeth.
- In full-mouth extraction cases, a maximum of three OS2 “cases” may be counted if surgical extractions are done in at least three of the four dental arches in the same animal during the same anesthetic episode.
- An animal presented with a fractured tooth and extensive periodontal disease that is treated by a root canal procedure, endodontic access restoration and periodontal scaling would qualify as two separate AVDC “cases” (PE1 and EN1) because specific procedures in two major disciplines (endodontics and periodontics) were performed. This patient would not qualify as an RE case because restoration of the endodontic access opening is considered to be part of the endodontic procedure, unless the required number of EN1 cases has been logged, and the resident elects to log this case as RE rather than EN1 (see clarification in the RE category information).
- An animal with wide-spread but uncomplicated periodontal disease treated by professional dental cleaning of some teeth and simple (closed) extractions of other teeth would qualify as two “cases” (PE1 and OS1).
- An animal with malocclusion, for which diagnosis and prognosis of the abnormality and genetic counseling is the extent of treatment, constitutes a “case” (OR1). In this instance, performance of a specific dental technique under anesthesia is not required. A dental record, including a detailed description of the occlusion or bite registration, plus a treatment plan/recommendation, must be completed.
- Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth **or** as a single OR3 case, but not both. See also Case Categorizations to Fill Out the MRCL List on page 7.
- Management of one episode of disease requiring more than one examination or anesthesia counts as one “case” (e.g. management of malocclusion with a device requiring adjustments [OR4], or staged apexification [EN3]). Follow-up treatments are to be logged using the Re-examination Entry option (on the Edit Case Log Entry screen, click the Re-examination Entry link).
- For restorations of enamel hypoplasia lesions, a maximum of two restorative “cases” (RE) may be counted if two or more teeth were restored beyond simple restorative bonding in the same animal during the same anesthetic episode.
- Double-counting of cases in different PE categories is not permitted, except when a scaling procedure is performed and an involved (PE3 or PE4) periodontal procedure is performed on more than one tooth. Log the case under the appropriate PE3 or PE4 category performed on those teeth. E.g. if scaling/polishing of all teeth was performed (PE1) and a periodontal surgery (PE3) was performed on one tooth, log the case as PE3 only. If scaling/polishing of all teeth was performed (PE1) and a PE3 procedure was

performed on one tooth and a PE4 periodontal procedure was performed on another tooth, you can log the case as both PE3 and PE4, but not as PE1 or PE2. See also Case Categorizations to Fill Out the MRCL List on page 7.

### **Complications, Salvage Procedures, Staged Procedures, Re-Examinations and Multiple or Repeated Treatments**

**Management of complications and salvage procedures.** When a separate procedure is performed on a different date because of failure of the primary procedure (e.g. EN3 surgical endodontics is performed, following failure of standard endodontics originally logged as EN1 several months earlier), the EN3 procedure is to be logged as a separate entry with a new case number. The Dental Procedure column for the new case is to include e.g. '*Salvage procedure for EN1 [case # and date]*', and the Dental Procedure column for the original procedure is to be revised to include '*EN3 as salvage procedure done on [new date]*'. See examples in the Case Log examples file. *Note that when you revise a case log entry that has already been reviewed by TSC and carries the TSC-OK notation, a red **Changed** notation will appear in the Committee column of your case log for that case. To assist TSC in reviewing these cases, include the case number and the reason for revising the case log entry in the Comments for TSC section of your next Annual Report.*

**Staged Procedures:** When a treatment requires multiple anesthetic episodes on separate dates (such as adjustments of an orthodontic device for OR3 or OR4 cases or removal of a dental splint following healing of a jaw fracture), the case is considered to be a staged procedure. It is to be logged once, and each adjustment/device removal procedure and date are to be noted in the Dental Procedure column. When e.g. an apexification EN3 procedure is performed, for which the final planned treatment step is an EN1 standard endodontic procedure, the case is to be logged once as EN3, and the EN1 procedure and date are to be noted in the Dental Procedure column for the original EN3 case log entry.

The following policy applies to all 'staged procedure' cases dated January 1<sup>st</sup>, 2015 onwards. There is no requirement for staged procedures dated prior to January 1<sup>st</sup> 2015 to be revised. For specific staged procedures logged in the MRCL, the resident must be physically present for the original procedure and present for follow-up and final visits - 'present' for follow-up or final visits can include observation via an electronic method such as video or Skype. If the resident's participation in the follow-up or final visit is electronic, radiographs and clinical images are to be loaded into the DMS Case Log Entry Screen to demonstrate that the resident observed the progression of the case. If a MRCL form is completed by a diplomate before the follow-up and final patient visits, a new MRCL form is to be filled out for the follow-up/final visit. Specific staged procedures that are subject to the requirement described above are:

**EN3:** Luxated or avulsed teeth treated by replacement and splinting: the resident is to be physically present at the initial procedure and 'present' for follow-up or final visits physically or via an electronic method such as video or Skype. If endodontic treatment is not performed, write 'endodontic treatment recommended' in the Procedure column in the case log.

**OS3:** Fracture repair using wire, splints, plates, tape muzzle: When removal of the device is indicated, the resident is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype.

**OR3 and OR4:** Inclined planes, coronal extenders and active force appliances: The resident is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype.

**PR:** Although crown prep and crown cementation appears to be a ‘staged procedure’, cementation is not a ‘follow-up’ procedure, but is a step requiring different skills than crown preparation. Thus the PR category requires the physical presence of the resident at both the preparation and cementation procedures, as described in the PR section of the MRCL category description (a crown preparation procedure directly observed or performed by the resident on one patient and a cementation procedure directly observed or performed by the resident on another patient can still be ‘combined’ to count as a complete MRCL PR case).

### Re-examination (‘re-check’) Procedures.

For a patient that is **only undergoing re-examination** for a procedure logged as an earlier case (i.e. oral charting, radiographic examination as follow-up), create a Re-examination case log entry **AND** include Re-exam {date} in the original case log entry.

To create a re-examination case log entry, open the Edit Case Log Entry screen for the original procedure and then click the [Create re-examination entry](#) command on the **Case Number** line. A Re-examination screen appears with the original signalment already included.

*Examples and clarifications:*

- **When the procedure is ONLY a planned re-examination: For example, a radiographic follow-up to EN1 case # 1234.** In the Re-examination screen, enter the date of the re-examination procedure, and *Re-ex EN1 #1234* in the Dental Procedure column (you can add a brief summary of the result of the re-examination if you wish, e.g. ‘no periapical lucency seen’). Return to the [Edit Case Log Entry](#) screen for the **original log entry**, and add ‘**Re-ex:**’ and [date] of the re-examination in the Procedure column. Do **not** classify the Re-ex case log entry as an MRCL case.
- **Minor re-examination that becomes a follow-up treatment procedure:** Example: oral examination of a dog 1-2 weeks following extractions showed that an extraction site was not granulating. You anesthetize the dog to curette the alveolus. Create a Re-examination case log entry, and enter e.g. ‘Curette non-healing alveolus following extraction {*Triadan ###*}, case #{*original case log entry*}, {*date*} in the procedure column of the Re-examination case.
- Use the **Re-examination Entry for major re-examinations only**, such as six month endodontic radiographic follow-up, or six week radiographic check of bone healing following repair of a fracture.
- **If the re-examination is minor**, e.g. the equivalent of skin suture removal following surgery elsewhere on the body (*example: inspection without anesthesia of healing of an extraction site 1-2 weeks following extraction*), do not create a Re-examination Entry;

- For a patient **undergoing re-examination at the same time as a new procedure**. Example: a radiographic re-examination procedure is done on an EN1 case and a PE2 procedure is performed during the same anesthetic episode. Log the case as a new PE2 case AND add *Re-ex EN1 #[original case log]* in the Dental Procedure column of the PE2 case. Update the original EN1 case log entry by adding *Re-ex [date]* in the Dental Procedure column.

## Changing Previously Logged Entries, Swapping Out MRCL Cases

### Changing Case Log Entries:

Case log entries previously reviewed by TSC in an Annual Report can be updated as necessary to make corrections or to record re-examination procedures or complications, as noted above. When a change is made in a case that has been reviewed by TSC and a TSC OK notation was already entered, DMS inserts a **Change Made** notation in the MRCL list; the case will be re-reviewed by TSC or the Credentials Committee next time the log is reviewed – include a comment briefly describing the changes made in the Comments for TSC item in the next Annual Report or Comments for Credentials Committee item in the Credentials Application check-list to make it simple for the reviewer to complete the review.

See also Limit on Number of Cases Logged in Each MRCL Category and How to Swap Cases Out and In on page 15.

### Case Categorizations to Fill Out the MRCL List - “Down-grading Cases”

Some residents find that they have more than enough cases of a particular category to fill all the required slots in some complex treatment categories (e.g. OS4), but may not have sufficient cases for ‘less complex procedure’ categories such as OM.

Residents may elect to categorize cases as a lesser complex category (“down-grading a case”) to fill spaces on their MRCL log. The primary consideration is that the procedure(s) required to meet the lesser category definition are met – residents may not simply ‘downgrade’ a case if the procedure actually performed does not meet the less complex category definition.

In all cases logged, the diagnosis and procedure columns are to include the full set of information describing what was diagnosed and performed in that patient on that date. Because the TSC and Credentials Committee reviewers find it confusing when reading the log of a case that has been down-graded, from January 1<sup>st</sup>, 2013 onwards, residents are **required** to indicate in the case log Procedure field when they have “downgraded” a case– insert “Downgraded from {*case category*}” in this field.

Examples of acceptable ‘down-grading’ of case log categories:

- An oral mass that is biopsied by excisional biopsy as an OS4 or OS5 procedure can be categorized as OM instead of OS4 or OS5, because the mass was biopsied (meeting the OM category requirement).*

- B. If all PE4 MRCL slots are filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 slots to be filled.*
- C. If several teeth are extracted, some qualifying for OS1 and some for OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are slots to fill in the OS1 list.*
- D. If a malocclusion is diagnosed and a treatment plan developed (including detailed consultation and recording of the evaluation of the bite or bite registration, impressions, study models, with or without occlusal adjustment) and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled.*
- E. If all EN1 or EN2 MRCL slots are filled and a RE MRCL case log slot is yet to be filled, and if a coronal endodontic access is restored using full restorative procedure (cavity preparation, placement of permanent restorative material, finishing the restored surface) the case can be categorized as RE instead of (but not in addition to) EN1 or EN2.*

### **Cadaver Procedure Log (Optional)**

#### **Cadaver Work in Case Logs:**

Residents are encouraged to practice procedures on cadavers. However, cadaver procedures are not to be included in the on-line DMS case log and cannot be counted in the Minimum Required Case Load (MRCL) log, **with the following exception:**

Up to 5 total cadaver cases are permitted to fill gaps in an MRCL log at the time of submission for credentials review, with the following stipulations:

- a. Up to 4 of the 5 cadaver cases can be used to meet the PR MRCL category requirement of 10 complete PR cases.
- b. If used in the PR category, the procedures must each be performed on different teeth, e.g. one maxillary 4<sup>th</sup> premolar; one mandibular molar, one mandibular canine tooth and one maxillary canine tooth.
- c. Up to 2 crowns may be prepped per cadaver, and these must be completed on opposite quadrants in order to insure appropriate impressions can be produced.
- d. One full mouth impression must be performed for each cadaver in addition to appropriate area-specific impressions and bite registrations.
- e. A crown must be fabricated by a lab and cemented onto the prepared tooth.
- f. A maximum of 2 cadaver procedures may be performed in categories other than PR and these two procedures cannot be within the same MRCL category.
- g. Documentation in the form of images of all cadaver procedures and impressions must be provided at the time of credentials application submission.



## **Format of the Case Log**

The AVDC on-line case log automatically creates logs in the required format. Complete the fields in the Enter/Edit New Case screen as described below. Be sure to click [Save Changes](#) after entering a new case or making any edits in previously-entered case log entries.

The on-line case log automatically assigns the next available **case log number** when a new case is entered. If cases are not entered in chronological order, there may be an inconsistency between the case log number order and the case log date order. This is not a problem; the case log screen can be viewed in either case log # order or in case log date order (click the [blue column header](#) on-screen to change the order in which cases are shown).

Residents can edit entries of already logged cases using the Edit Case Log Entry screen (accessed from the case log screen by clicking the [blue underlined case log #](#) for that case).

- **Category:** Click the category that best describes the case from the drop-down menu. Case Log Categories are described on page 15 in this document.
- **Case Number:** This is automatically entered by DMS and cannot be changed. Depending on when you make a new case log entry, the [blue underlined case log #](#) may not match the date sequence of cases in your log – as noted above, this is not a problem.
- **Date Procedure Performed:** Use the calendar icon to click the date on which the procedure was performed, or you can enter it as month/day/year (four digits in year).
- **Patient Name:** In the Patient Name line, type the *Patient name {space} Owner last name* (no parens, no quotation marks).
- **Patient Identifier:** If your practice or hospital uses a case record numbering system, insert the case record number.
- **Species:** Use the drop-down menu to insert the species – if the specific species is not listed, click Other and then insert the species in the Breed line.
- **Breed:** Insert the Breed. You may use abbreviations for breeds adopted by your practice.
- **Age:** Insert the age (use the drop down menu to switch between years and months).
- **Diagnosis and Procedures Columns:** Include the Diagnosis and Procedures information **relevant to the MRCL category** for that patient on that date, using the *AVDC abbreviations*. When more than one ‘case’ will be logged for that patient on that date, complete the case log entry for the first category, click [Save Changes](#), then click the [Create Duplicate Entry](#) command located at the right side of the Case Number line – in the next screen, change the

case category and enter the appropriate category information in the Diagnosis and Procedure columns. Be sure to click [Save Changes](#).

Additional information:

- Use only abbreviations approved by AVDC. If there is no appropriate AVDC abbreviation, write out the terms in the Diagnosis and Procedure columns. The AVDC Abbreviations list is available via the [Abbreviations](#) link to the right of the Diagnosis field.
- For PE cases, the periodontal index (PD0-4) is to be listed. Other periodontal indices such as gingival index, pocket depth, furcation, mobility etc. are appropriate for use on the dental chart and should not be included in the AVDC case log Diagnosis column.
- Individual teeth treated are to be identified for specific procedures. The modified Triadan tooth numbering system is to be used. The Triadan chart is available in the Information for Registered Residents web page, and via the [Triadan](#) link to the right of the Diagnosis field in the Edit Case Log Entry screen.
- There are Case Log Examples available for each MRCL category – click the [Examples](#) link (to the right of the Diagnosis field.)

➤ **Case Role (Resident Status):** Using the drop-down menu, insert the resident status:

- **P - Primary dentist:** The case is managed primarily by the resident, whether or not the resident was directly supervised by a diplomate or assisted by another resident. There can only be one Primary Dentist on a particular logged procedure. *Note: When more than one 'procedure' is performed on the same patient, each procedure can be logged as a separate case in the case log – e.g. if two root canal procedures are performed on one patient, one can be performed by one resident and logged as Primary Dentist by that resident, and the other procedure can be performed by the other resident and logged by that resident as Primary Dentist. If both residents were present for both procedures where each was Primary Dentist for one procedure, each resident can log the procedure for which they were not Primary Dentist as Assisting Dentist.*
- **A - Assisting Dentist:** If an AVDC diplomate was the Primary Dentist and was assisted by a resident, the resident is to log the case as an Assisting Dentist case. If more than one resident observes and assists the diplomate for the entire procedure, each can log the case as Assisting Dentist.
- **S - Secondary operator, working as assistant to an Academy Fellow or human dentist (counts as 'Assisting' for calculation of % of MRCL cases as Primary or Assisting).**

**Note:** To complete the AVDC Credential Requirement, the resident must be listed as P (Primary Dentist) for 50% or more of the MRCL cases logged in each category.

As of January 2016, the no longer used Case Role Categories of PA and RA are still present in the Case Role drop-down menu in the Edit Case Log Entry screen. Do not use PA or RA

for newly-logged cases. There is no requirement to change previously entered cases marked as PA or RA.

- **Supervising Dentist:** If a diplomate (AVDC, EVDC or, for oral surgical cases, ACVS), Academy Fellow or human dentist was present to supervise the procedure, enter the supervising dentist's initials.
- **Procedure Location:** Use the drop-down menu to enter the location where the procedure was performed.
- **Radiographs:** If radiographs or digital radiographic images were made, click **yes** on the drop-down menu.
- **Photos:** If clinical photographs or digital images were made, click **yes** on the drop-down menu.
- **MRCL Category:** Making a selection in this field causes the case log entry to be included in the MRCL log. For all case log entries logged as MRCL cases, an MRCL form must be present in the case log (see MRCL Case Form, page 11). If the case is to be included in the MRCL log and the MRCL diplomate review form has been uploaded, or if you have started the automatic electronic Request MRCL form process on DMS, use the drop-down menu on the MRCL Category line to enter the MRCL category.  
Designation as an MRCL case can be made subsequent to the initial entry of the case – use the Edit Case Log Entry screen, and be sure to click [Save Changes](#).  
The on-line log automatically enters the MRCL log slot number for a newly designated MRCL case. If you delete a case from the MRCL log, do not worry about the MRCL slot number - the next MRCL case entered in that MRCL category will be assigned to the empty slot. See [Deleting and Swapping MRCL Cases in the On-line Case Log](#) section in the DMS Users Guide.
- **Review Date and Reviewed by Diplomate (initials):** This information is automatically entered for MRCL forms that are generated electronically using DMS. For MRCL forms not automatically generated by DMS, use the calendar icon to enter the date on which the reviewing diplomate completed the MRCL case review form, and enter the initials of the reviewing diplomate. For Oral Surgery cases performed with or under the supervision of an ACVS or ECVS diplomate, insert the initials of the ACVS or ECVS diplomate. Note that the MRCL form must have been completed and signed by the diplomate within one year of the date the procedure was performed.

### **Generation of Additional Case Log Entries for the Same Patient**

There is a [Create Duplicate Entry](#) command on the **Case Number** line in the Edit Case Log Entry screen. Click this command to create a new case log entry for a second or third category case on the same patient performed on the same date. All of the owner name, diagnosis, procedure etc. information is automatically created on the new entry - just change the **Category** in the next screen, and use cut-and-paste to ensure that the case category information relevant for that category is entered, as described under Diagnosis and Procedure columns, above. Be sure to click [Save Changes](#) at the top of the screen.

### **Generation of a Re-examination Case Log Entry**

Click the [Create Re-examination Entry](#) command on the Case Number line to generate a Re-examination log entry. See *Re-Examinations, Multiple or Repeated Treatments, Management of Complications* policy on page 6 for applicable definitions.

## **Review of Case Logs by Supervisor and AVDC**

Because case logs are on-line, no specific “submission” of case logs is required for review by your supervisor or for inclusion in an Annual Report or Credentials Application. Be sure that your case logs are up-to-date prior to the deadline for review (cases dated up to December 31<sup>st</sup> are to be logged for an Annual Report and cases dated up to June 30<sup>th</sup> for a Credentials Application), and that all MRCL cases have a completed and uploaded MRCL diplomate review form.

### **MRCL Diplomate Case Review Form**

An MRCL Diplomate Case Review Form must be completed **and uploaded to the DMS case log** before an MRCL case can be approved by the Training Support or Credentials Committee.

**Note that there is no requirement that any diplomate, including your supervisor, has to complete an MRCL form when requested to do so – the diplomate may elect not to complete the form because, for example, the information you have provided is incomplete or the work performed is unsatisfactory for a resident at your stage of a training program.**

In order to complete an MRCL form, the diplomate must be aware of the case. For cases for which the diplomate was not present when the case was performed, provide the reviewing diplomate with the case information (dental chart, medical record, radiographs, clinical photographs etc. as appropriate). Images can be uploaded to the on-line Edit Case Log Entry screen (click the [Attach Photo](#) command on the command line at the top of the screen); for best results, the images are to be uploaded in .jpg format. Do not use a Zip file.).

- The diplomate who will complete the MRCL form will normally be your Supervisor or the diplomate you were working with when the case was performed, but it can be any diplomate who has agreed to complete the MRCL form.
- One review form is to be completed for each of the 240 required MRCL cases.
- Only one review form is to be completed for cases that required more than one visit for completion.
- MRCL Forms are to be generated via the DMS auto-generation process.
- **‘One year rule’**: MRCL Diplomate review forms are to be completed by the diplomate within one year of the date on which the case was performed.
- The TSC or Credentials Committee reviewer will review the MRCL form to ensure that the data entered on the MRCL form matches the data entered in the on-line case log for that case, and that the diagnosis and procedure information ‘match’.

### **Generating MRCL Case Review Forms**

#### **Requesting Review of an MRCL Case via DMS**

You can request review of a case and preparation of an MRCL form automatically on DMS. Use this process for cases seen jointly by you and the diplomate or when you have uploaded images to DMS for the diplomate to review.

- While in the Edit Case Log Entry screen for a case, scroll down to the **Diplomate Reviews** section. Select the diplomate who has agreed to review the case from the drop-down list, then click the [Submit](#) button. The correct type of form (long [standard]) or short (for cases performed by the diplomate for which you are logged as Assisting) is generated automatically, with the section 1 information entered from the DMS case log. An e-mail is automatically sent to the diplomate when you click [Submit](#).
- When the diplomate is logged into DMS and s/he clicks the link in the DMS e-mail note, the case log page automatically opens. The diplomate can click on individual thumb-nails in the Photos section of the Edit Case Log Entry screen to view the images, then enter responses in the on-line MRCL form (opened by clicking the [MRCL form file name](#) in the **MRCL Case Review Forms** section). When the diplomate has completed the form and clicked **Save**, the completed form is saved within DMS as an unchangeable .pdf file.
- You will receive a DMS e-mail message when the diplomate has saved the completed form. When you next check your MRCL log, forms that have been uploaded by the diplomate are shown in the **Files** column of the MRCL log as yellow form icons. Click on the form icon to open the Edit Case Log Entry screen for that case, then click the [MRCL form file name](#) in the **MRCL Case Review Forms** section to read the form. Write down the code that appears under the diplomate's name. After you click the [Accept](#) command in the **MRCL Case Review Forms** section and enter the code in the box that appears, click the **OK** button. The completed form then appears as a standard form logo in the Files column of your MRCL log (and is visible now to Training Support

Committee and Credentials Committee reviewers). Some residents have reported that they can open the MRCL form and can see the Accept code, but that the Insert Accept Code window does not appear. The problem may be the “**Pop-up Blocker**” setting - click the bar at the top of the screen to temporarily allow ‘pop-ups’.

### **Correcting MRCL Forms**

Reviews of Annual Reports from TSC may include mention of logged MRCL cases for which the uploaded MRCL form has been ‘flagged’ by the TSC reviewer as ‘**TSC Not OK**’. This often is because an error was noted in Section 1 (the part containing the patient information and diagnostic and treatment summary that is completed by the resident). Correction of these errors in the past required preparation of a new MRCL form, which required the diplomate to re-write Section 2 on the new form, and uploading a corrected form to the DMS case log often resulted in the corrected MRCL form violating the ‘one year rule’ (the time between the date of the procedure and the date of the diplomate signature on the form can be no more than 12 months), which resulted in the corrected MRCL form being flagged by TSC.

A simple method of correcting data in section 1 of the MRCL form is available. No action by the diplomate is required, and the diplomate signature date on the original form remains the diplomate signature date of record.

To correct data in Section I of an MRCL form, follow these steps:

#### **For MRCL forms that were generated via DMS:**

1. Identify DMS-generated MRCL forms that the TSC reviewer has indicated require correction - look for the ‘**TSC Not OK**’ notation in the Committee column in MRCL View mode or see the list in the most recent Annual Report review from TSC.
2. If the problem indicated by the TSC reviewer is an error in the Section 1 data, first make the necessary corrections in the fields in the Edit Case Log Entry screen for that case. To access this screen, click on the [blue underlined case log #](#) in the Case Log MRCL View mode.
3. Then scroll to the [MRCL Form](#) section at the bottom of the Edit Case Log Entry screen. The original MRCL form will be indicated as a [blue, underlined file name](#). On the same line and to the right of the file name, there is now an ‘[attach corrected info](#)’ command. Click this command. A ‘[Save changes and attach corrected data page to this form?](#)’ question appears in a window. Click [Yes](#). A new [blue underlined MRCL form name](#) appears as the top item in the MRCL Case Review Forms section in the Edit Case Log Entry screen. If you click on this link, you will see that the new form is displayed as a .pdf file, consisting of the corrected Section 1 on the first page and the original Section 1 and Section 2 on the second page – this allows you and the TSC or Credentials Committee reviewer to check that the corrections have been made.
4. You can now exit the [Edit Case Log Entry](#) screen.

#### **For Word format or hand-written MRCL Forms:**

1. Note that, as of January 1<sup>st</sup>, 2013, the Word version or hand-written MRCL forms are no longer accepted. The information below relates to Word or hand-written forms that were uploaded to DMS before January 1<sup>st</sup>, 2013.
2. To correct Section 1 data in a Word format or hand-written MRCL form, navigate to the [Information for Registered Residents](#) web page.
3. Click on the [MRCL Form – Correction of Section 1](#) link in the right-hand column.
4. Follow the directions on the form and upload the corrected form using the [Attach Completed MRCL Form](#) command at the top of the Edit Case Log Entry screen. Do **NOT** delete the old MRCL form.

When two forms are present in the Edit Case Log Entry screen (or in the Files column for a case in the MRCL View mode screen), the most recent form is always the form at the top (or on the left if there are two form icons in the same row in the MRCL View mode screen).

In the Case Log MRCL View mode, the MRCL form logo in the Files column is shown with a green highlight for forms that have been corrected. This alerts the Training Support Committee or Credentials Committee that a revised form requiring review is present.

### **MRCL Categories and Required Case Load in Each Category**

The **AVDC Case Log Categories** listed below are to be used in all AVDC case logs, with one category assigned for each ‘case’ logged. See **Guidelines for Counting Cases** is on page 3 of this document.

For each category, a **minimum required case load** (MRCL) is shown in **bold blue font**.

Abbreviations in [square brackets] refer to items in the AVDC *Abbreviations List* of diagnoses and procedures.

Several case log categories (OM, PE3, PE4, EN3, RE, OS3, OS4, OS5, OR1, OR3) include the statement: ***An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved***, and examples of different procedures that fit that case log category are included in the Category description. In these categories, **no more than 67% of cases can be from one type of procedure**.

#### **Limit on Number of Cases Logged in Each MRCL Category, ‘Swapping’ Cases.**

MRCL Logs are **not to include more MRCL cases than the minimum number required** in that category. Some residents/residents will likely need to swap cases in and out to obtain the necessary ‘50% as Primary Dentist’ cases and to ensure that the ‘67% rule in range in types of cases in some categories’ is met as their training program progresses.

Residents/residents may also want to swap cases out to ensure that ‘better work’, i.e. later cases indicative of their progress, is included.

#### **How to Swap Cases Out and In:**

Residents can swap cases out of the MRCL log by clicking the Remove from MRCL link in the MRCL section in the Edit Case Log Entry screen; if a case is swapped out, the MRCL form is not deleted from DMS – the case can be swapped back in, complete with the form and TSC OK notation, if necessary, by entering the MRCL category from the drop-down menu in the MRCL line on the Edit Case Log Entry screen. Note that when you swap a case back in, the original TSC OK notation appears, but the red Case Changed notation also appears; in the Comments for TSC in the Annual Report Check list or in the Comments for the Credentials Committee in a Credentials Application Check List, include a comment that “*The following cases that had been reviewed as TSC OK and that were then swapped out and swapped back in have the red Case Changed notation as a result of the swap – no actual changes were made in the case log entry*”.

**Consequence of not following the ‘No more than minimum number’ requirement:** The Case log will be returned to the resident for revision, and will not be reviewed as part of an Annual Report or Credentials Application until the adjustment is made. If the adjustment is not made within 10 days and no request for an extension due to exceptional circumstances has been received, the resident’s Annual Report or Credentials Application will not be reviewed. A credentials application not in compliance with this requirement will be returned unreviewed.

## MRCL Case Log Categories

### OM - Oral Medicine

Cases requiring involved diagnostic tests and not involving treatment procedures that would be logged in any other category. *Examples:* Biopsy [BI], sialography, masticatory muscle EMG, or other tests beyond a CBC/Biochemical profile. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.....* **20 cases**

#### *Clarifications*

1. *Normally, if a treatment procedure is performed, OM would not be considered the appropriate case log category even if diagnostic tests are included because the case would be logged based on the treatment performed. However: residents may log cases under any category appropriate for the case as performed provided that there is no double-logging of cases (except as defined under Guidelines for Counting Cases). For example, if your MRCL OS4 slots (includes maxillectomy or mandibulectomy) or OS5 slots (includes excision of masses not requiring maxillectomy or mandibulectomy) are filled, a case in which biopsy was performed and the biopsied mass was treated by OS4 or OS5 excision can be logged as OM if you have spaces in your MRCL OM category list - the case cannot also be logged as an OS4 or OS5 case. The dental chart and medical record must record the reason for categorization as an OM case.*
2. *Anesthesia and dental radiographs may, but do not necessarily, count as an OM procedure; there must be a diagnostic purpose noted in the medical record and dental chart to investigate a previously identified clinical problem for a procedure limited to anesthesia and radiographs to be logged as OM.*



3. *Many OM cases will include biopsy. Cases that also include other 'involved diagnostic tests' in addition to biopsy will be eligible for consideration as non-biopsy OM examples to meet the '67%' rule; for these cases, be sure to include the non-biopsy test first in the Diagnosis line.*

*Examples:*

- A. *A procedure that is limited to anesthesia and dental radiographs to assess pulp chamber, root canal and periapical status of a previously traumatized but not endodontically treated tooth qualifies as an OM procedure only the first time it is performed; subsequent 'watchful waiting' follow-up radiograph procedures do not qualify as OM procedures and are to be logged as re-examinations.*
- B. *Anesthesia and dental radiographs to investigate the reason for absence of an erupted tooth in a patient old enough to have erupted that tooth if the patient was normal is an OM case if the radiographic diagnosis is anodontia or an impacted tooth that does not require treatment.*
- C. *If no treatment procedure was performed in a puppy that was anesthetized to obtain radiographs of diagnostic quality for confirmation of presence of unerupted crowns of adult teeth, this is not a loggable OM case because it is not a diagnostic procedure – it is a service for the owner.*
- D. *OM could be logged if unrelated conditions, each requiring separate diagnostic procedures, were present. Patients that are OM cases that are also categorized in an unrelated category are subject to the general limit of no more than three logged items on that patient on that date. Examples:*
  1. *Unrelated conditions: Anesthesia for radiographs and biopsy of an oral mass without excisional treatment of the mass in a patient that also had a fractured tooth that was treated endodontically during the same treatment episode can be logged both as OM and EN.*
  2. *Related conditions: Biopsy of stomatitis lesions in a cat that was treated by extractions as treatment of the stomatitis can be logged only as an OS case or as an OM case - it cannot be logged twice.*

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## **PE - Periodontics**

If a PE3 and/or PE4 procedure is performed, do not log the case separately as a PE1 or PE2 case, because the PE1 or PE2 procedure is expected to be included as part of the PE3 or PE4 procedure.

A PE3 and a PE4 procedure, or multiple PE3 or PE4 procedures, performed on separate teeth can be logged as separate cases for the same patient if e.g. an involved gingival flap procedure was performed on one tooth (PE3) and a GTR procedure was performed on another tooth (PE4), subject to the general limitation of three logged cases per patient. If all PE4 MRCL slots are

filled and a flap procedure was performed as part of a PE4 procedure, the case can be categorized as PE3 if there are PE3 MRCL slots to fill.

**PE1**

Complete professional dental cleaning not requiring involved periodontal treatment.....**20 cases**

**PE2**

Involved periodontal scaling and root planing; includes complete professional dental cleaning. Includes placement of a perioceutic medication when no PE3 or PE4 procedure is performed, as perioceutic placement is considered an adjunctive treatment.....**20 cases**

**PE3**

Periodontal surgery. Includes complete professional dental cleaning.

*Examples:* Gingivectomy/gingivoplasty; open curettage; gingival wedge resection as treatment of a pocket distal to mandibular molar tooth; or a flap procedure, except those combined with bone grafting or [GTR], which are PE4 procedures. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved*.....**10 cases**

**PE4**

Involved periodontal treatment. Includes complete professional dental cleaning. *Examples:* Osseous surgery; increasing attachment height; bone augmentation; gingival grafting; guided tissue regeneration [GTR - requires placement of a GTR membrane for classification as GTR]; periodontal splinting; crown lengthening procedure with alveolar bone contouring; implant placement for osseointegration (abutment/crown placement as a separate procedure is to be listed as a separate PR case); ridge augmentation as preparation for implant placement. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* Note: Extraction followed by placement of a bone substitute or bone promoting material is **not** a PE4 procedure.....**10 cases**

*Clarifications:*

- a. *Adding a BG to an otherwise GTR case does not qualify the case for logging as a separate type of procedure.*
- b. *Doxirobe or similar perioceutical materials are NOT recognized as a GTR membrane material in AVDC case log entries.*
- c. *GTR caselog entries are to state the name of the membrane material used.*

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**EN - Endodontics** (all categories include routine restoration of access openings).

**EN1** Mature canal endodontic obturation, non-surgical. Case log entries are to include notation of the type of final restoration in the Procedure column.....**34 cases**

**EN2** Vital pulp therapy (partial vital pulpectomy). Cases log entries are to include notation of the type of final restoration in the Procedure column.....**5 cases**

**EN3** Endodontic treatment other than non-surgical mature canal obturation or vital pulp therapy. *Examples:* Surgical endodontic treatment (include notation of the apical restorative material); apexification; replacement and endodontic therapy of avulsed or luxated teeth; splinting of tooth with horizontally fractured root with follow-up endodontic evaluation. EN3 procedures that include coronal access restoration are to include notation of the type of final restoration in the Procedure column. See also Staged Procedures on page 5. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* .....**3 cases**

*Clarification:*

*When immediate treatment for avulsion or luxation of a tooth by replacement and splinting is provided and a recommendation is made to treat the tooth endodontically at a later time, and the owner does not return for endodontic treatment, the case can be logged as EN3 – write ‘endodontic treatment recommended’ in the Procedure column in the case log. Using only such cases as all three EN3 cases will **not** be approved. For an EN3 case of an avulsed or luxated tooth that is treated endodontically at a later time, the resident is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype. See Case Log Examples.*

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**RE - Restorative Dentistry**

All RE cases require preparation of the defect, placement of a permanent restorative material and finishing the restoration. *Examples:* Permanent restoration of partial loss of crown requiring gingival flap exposure; Occlusal table cavity preparation and placement of a permanent restoration. An Endodontic access site restoration can be logged as an RE case provided that the case is **not** also logged as an EN case and provided that a full restorative procedure (preparation, placement of a permanent restorative material and finishing the restoration) was performed; the maximum number of endodontic cases that can be categorized as RE cases is 8. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*.....**12 cases**

*Clarifications:*

- *Placing a bonding agent on a dental irregularity, of itself, does not constitute an RE case.*
- *Treatment of Enamel hypoplasia lesions can be logged as RE cases if the restoration required placement of a permanent restorative material. Odontoplasty as the only treatment of enamel hypoplasia defects does not constitute an RE case. Restoration of multiple enamel hypoplasia defects on one tooth counts as only one RE case. In an exception to the ‘three case rule’, a maximum of only two RE cases (i.e. two teeth treated) may be counted per*

*anesthetic episode for a patient having enamel hypoplasia lesions restored on two or more teeth.*

- *Repair of restoration of a root canal access site that is replaced due to “microleakage” does not count as an RE case IF the original veterinarian who performed the root canal procedure replaces the missing restoration. However, if a resident replaces a missing restoration that was NOT originally his/her case and preparation, placement and finishing of the restoration is performed by the resident, it can be counted as an RE case.*
- *Are radiographs required when enamel defects are restored? AVDC has no formal position on this issue; however, restoration of a tooth without radiographic confirmation that the root is normal seems inappropriate and will likely cause TSC or the Credentials Committee to flag RE or PR case log entries in which there is no indication that radiographs were taken.*

### **OS - Oral Surgery**

**Definition of “Oral Surgery”:** Surgery involving the tissues comprising and surrounding the oral cavity (including oropharynx, mandible and maxilla) and the tissues directly arising from the oral mucosa (salivary glands).

*Clarifications:*

- *Removal of a lip mass can be logged as an OS procedure only if the oral mucosa is incised.*
- *Oral surgery ends just rostral to the larynx but does include salivary gland surgery, even if approached extra-orally. Oropharynx: procedures performed on tonsils are considered ear-nose-throat (ENT) surgery (and are not to be included as oral surgical cases in an AVDC case log). Cleft soft palate is oral surgery, while elongated soft palate as part of the upper airway obstruction syndrome is an ENT procedure (not oral surgery).*
- *Procedures that originate in the oral cavity and that are intended to reach another system are typically not considered oral surgery. Two examples are rhinotomy and intraoral hypophysectomy.*

**OS1** Simple (closed) dental extractions, crown amputations (e.g. [TR]).....**35 cases**

*Clarification: If several teeth are extracted, some by OS1 and some by OS2, the case can be logged as OS1 if the OS2 MRCL slots are filled and there are OS1 slots yet to be filled in the MRCL log.*

**OS2** Involved dental extractions (open or closed, requiring tooth sectioning, bone removal or other procedures in addition to work with elevators and forceps). A “full-mouth extraction” patient may be logged as three OS2 cases if involved extractions were performed in at least three arches.....**25 cases**

**OS3 Examples:** Mandibular or displaced maxillary fracture fixation (using muzzle and/or dental acrylic splint; body of mandible fracture fixation with wire, pins, screws or plate; symphyseal separation wire fixation). When removal of the device is indicated, the resident is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype. See also Staged Procedures on Page 5. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* .....6 cases

**OS4** Involved oral surgical procedures. *Examples:* TMJ condylectomy, repair of existing palatal defects and oronasal fistulas, maxillectomy, mandibulectomy. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*.....5 cases

**OS5** Miscellaneous soft tissue oral surgery. *Examples:* Resection of traumatic cheek or sublingual granuloma-hyperplasia; commissuroplasty; salivary gland surgery; removal of oral masses not requiring maxillectomy or mandibulectomy; operculectomy; laser surgery for stomatitis; closed reduction of TMJ dislocation; creation and fitting of a palatal obturator. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.*.....5 cases

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**PR - Prosthodontics**

**PR** Crown and/or bridge preparation and cementation. It is not necessary to state IM in the case log entry. See also Staged Procedures, on page 5. *Note:* Dental implants and implant-related procedures cannot be logged as MRCL cases. They can be included in the Chronological Log. ....10 cases

*Clarification:*

*Logging of cases as PR for the MRCL log requires participation by the resident in 10 preparation and 10 cementation procedures to complete the PR requirement. This may consist of preparation and subsequent cementation procedures on 10 patients, or a combination of preparation and cementation procedures on separate patients.*

- *When the resident is primary or assisting dentist for **only the preparation procedure**, place the preparation date in the date column of the case log entry; in the Dental Procedure column, write *Not present for cementation*.*
- *When the resident is primary or assisting dentist for **only the cementation procedure**, place the cementation date in the date column of the case log entry; in the Dental Procedure column, write *Not present for preparation*.*

- *When the resident is primary or assisting dentist for **both the preparation and cementation procedures**, log the preparation date in the date column; in the Dental Procedure column, write in **Cemented on (date)**. Do not log the cementation procedure as a separate case.*

Note that the 50% as ‘primary dentist’ requirement applies to PR cases – if a combination of preparation and cementation cases in separate patients is logged to complete the 10 case PR requirement, 5 or more of the preparation cases must as performed as primary dentist and 5 or more of the cementation cases as Primary dentist.

## **OR - Orthodontics**

Treatment of malocclusion orthodontically in one patient is one ‘case’ even when multiple ‘procedures’ are required. List the case in the most appropriate OR category. Note that treatment of malocclusion by crown amputation and vital pulp therapy of multiple teeth can be logged as separate EN2 cases for each tooth **or** as a single OR3 case, but not both.

**OR1** *Examples:* Malocclusion diagnosis and treatment plan; the evaluation of the bite must be described in the record, and making bite registration, impressions and study models may be appropriate; Occlusal adjustment. Anesthesia and performance of a specific dental treatment procedure are not required. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved.* .....**10 cases**

*Clarification: If a malocclusion is diagnosed, a treatment plan is developed and an orthodontic procedure is performed, the case can be categorized as OR1 if the relevant OR2, OR3 or OR4 MRCL slots are filled by other cases and there are OR1 MRCL slots to be filled.*

**OR2** Extraction of deciduous teeth or permanent teeth causing malocclusion. ....**4 cases**

*Clarification: A patient with persistent deciduous teeth with malocclusion for which treatment of the malocclusion would require procedure(s) beyond just extraction of the persistent deciduous teeth can be logged as OR1 and OR2 (if the owner declines to follow the recommendation for the additional malocclusion treatment) or as OR2 and OR3, or OR2 and OR4, if procedures in categories OR3 or OR4 are performed in addition to the extraction of the persistent deciduous teeth.*

**OR3** Management of clinical malocclusion not requiring use of an active force device.

*Examples:* Crown amputation; application of an inclined plane or coronal extender; gingival wedge resection of the maxillary diastema to treat linguoversion of a mandibular canine tooth. Excludes cases listed under OR1 or OR4. An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’; for example: Bilateral mandibular canine crown reduction and vital pulp therapy counts as one OR3 case. The resident is to be physically present at the initial procedure and ‘present’ for follow-up or final

visits physically or via an electronic method such as video or Skype. See also Staged Procedures on page 5. *An MRCL log that includes only one type of procedure to fill all slots for this MRCL category will not be approved*.....4 cases

**OR4** Management of clinical malocclusion requiring use of an active force orthodontic device. Excludes cases listed under OR1 or OR3. Multiple procedures performed on individual teeth of one patient may not be logged as multiple ‘cases’. For example: Correction of mesioversion of a maxillary canine tooth followed by correction of labioversion of the mandibular canine tooth counts as one OR4 case. The resident is to be physically present at the initial procedure and ‘present’ for follow-up or final visits physically or via an electronic method such as video or Skype. See also Staged Procedures on page 5..... 2 cases

**Miscellaneous Cases and Procedures**

**“Miscellaneous” Cases and Cases that Cannot be Categorized:** When a case does not appear to fit into any of the AVDC categories, the resident is to request clarification from his or her supervisor or from AVDC. Send an e-mail message to the *Executive Secretary*, who will forward it to the Training Support Committee chair if necessary. When no precedent exists, the AVDC Credentials Committee will be asked for an interpretation. Clarifications and additions are published in the MRCL definitions, above, following approval by the AVDC Board.

**Internal Bleaching.**

This procedure is not eligible for inclusion as a separate treatment category. If no other procedure was performed, there is no loggable AVDC ‘case’ for that patient on that date.

**Implants.**

Implant and implant-related procedures are not permitted to be logged as MRCL cases. They can be logged in the Chronological Log.