



SINGAPORE DENTAL COUNCIL

c/o Secretariat of healthcare Professional Boards (SPB)

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Dear Registered Dental Practitioners,

BETTER COMPETENCY DEVELOPMENT FOR SAFE AND QUALITY DENTAL CARE FOR PATIENTS

1. In 2019, the Singapore Dental Council (SDC) and Ministry of Health (MOH) consulted the dental community on the preliminary recommendations of the MOH Working Committee on better competency development for safe and quality dental care. The Working Committee had proposed the development of new training courses leading to Certificates of Competency (COC) in identified higher-risk procedures, with the accreditation of such courses to be done by the SDC. Among the procedures identified for this framework were implant dentistry and wisdom tooth surgery.

2. Following the consultation exercise, the SDC convened the Committee for Dental Procedures Accreditation in 2019 to develop the necessary guidelines and course frameworks. The SDC is pleased to announce the introduction of the modular COC for wisdom tooth surgery as the first in the phased implementation of COCs for dental procedures starting from 2026.

Introduction of Certificate of Competency for Wisdom Tooth Surgery

3. Wisdom tooth surgery carries higher risks than routine dental procedures and varies considerably in complexity. There is currently a gap between dental education pathways and clinical practice, where general dental practitioners are performing such procedures without structured postgraduate training. The COC addresses this by establishing a structured pathway for practitioners to upskill beyond undergraduate training and introducing competency-based safeguards to ensure appropriate, safe and quality care to patients regardless of clinical setting or sector.

4. It is therefore highly encouraged that dental practitioners who intend to perform wisdom tooth surgeries acquire skills beyond those taught during undergraduate training. Accordingly, it is recommended that clinicians performing wisdom tooth surgeries hold a COC or a Master of Dental Surgery (or equivalent) in Oral and Maxillofacial Surgery.

5. The COC aims to enhance dental practitioners' knowledge and competence in wisdom tooth surgery, ensuring high-quality care and optimal patient outcomes. It serves as recognition of the practitioner's continuing professional development and is aligned with the principle of lifelong learning. It is not a displayable qualification.

Provisions for Dental Practitioners

6. The implementation of COCs will include provisions for both existing and newly registered dental practitioners. There will be a one-off grandfathering exercise to allow experienced practitioners who have been performing such procedures to serve as clinical

supervisors for COC training. Newly registered dental practitioners are encouraged to attain the COC as part of good clinical practice.

7. Dental practitioners who successfully complete an SDC-approved COC course may apply for accreditation to perform wisdom tooth surgeries. Do note that the issuance of a COC indicates only that the applicant has completed the course, and dental practitioners remain responsible for the care and management of their own patients. Dental practitioners must limit their scope of work to areas in which they are competent. The guidelines on wisdom tooth surgery and the COC course outline are enclosed at Annexes A and B respectively for your reference.

Provisions for Training Providers and Supervisors

8. Training providers are required to formally register their COC course with the SDC for accreditation. Further details on course accreditation requirements are set out in Annex B1.

9. Supervisors for COC clinical training are required to formally register with the SDC prior to supervising any course participant. Further details on supervisor eligibility are set out in Annex B.

10. For any feedback or concerns, please contact us at SDC@spb.gov.sg.



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GUIDELINES ON WISDOM TOOTH SURGERY

Introduction

1. This document serves as a guide for dental practitioners seeking to enhance their knowledge and clinical skills in the surgical removal of wisdom teeth.
2. It is important that our dental practitioners acquire and update their knowledge and skills to uphold high standards of competency and professionalism. The safety and quality of dental care provided to patients remain our utmost priority.
3. This document has been prepared in consultation with the Singapore Dental Council's (SDC) Committee for Dental Procedure Accreditation – Sub-Committee for Wisdom Tooth Surgery, comprising oral and maxillofacial surgeons and general dental practitioners, and with input from the SDC.

Wisdom Tooth Surgery

4. Tooth impaction occurs when a tooth is prevented from fully erupting into its normal functional position due to factors such as lack of space, obstruction by adjacent hard or soft tissue, or abnormal eruption path.
5. Wisdom teeth, particularly in the mandible, are the most commonly impacted teeth and often necessitate treatment due to the presence of signs and symptoms and/or evidence of pathology such as dental caries, periodontal disease, root resorption of adjacent teeth, pericoronitis, infection of deep fascial spaces, and odontogenic cysts and tumours. For the purpose of these guidelines, wisdom tooth surgery refers to the **surgical intervention of an impacted mandibular wisdom tooth when there is clinical and/or radiographic evidence warranting its removal.**
6. Wisdom tooth surgery ranges in difficulty from intermediate to complex requiring specialist management. The varied position of impacted mandibular wisdom teeth in relation to surrounding structures, impaction depth, ramus relationship, and angulation should be considered to assess surgical difficulty and foresee potential complications including sensory nerve damage, trismus, alveolar osteitis, infection, and haemorrhage.
7. As with any form of surgical treatment, wisdom tooth surgery carries higher risks for the patient and complications may develop. Therefore, it is highly encouraged that dental practitioners who perform wisdom tooth surgeries acquire skills beyond those taught during undergraduate or equivalent professional entry-level dental training. Accordingly, it is recommended that clinicians performing wisdom tooth surgeries have a Certificate of Competency (COC) or a Master of Dental Surgery (or equivalent) in Oral and Maxillofacial Surgery (OMS).
8. The COC course aims to enhance dental practitioners' knowledge and competence in wisdom tooth surgery, ensuring high-quality care and optimal patient outcomes. The COC is not a displayable qualification. It serves as recognition of the practitioner's professional development and acquisition of specific knowledge and skills in wisdom tooth surgery.

Minimum Requirements

9. Dental practitioners who wish to be enrolled in the COC course must –
 - i. Hold a recognised basic dental degree registrable with the SDC;

- ii. Be registered under the SDC and hold a valid practicing certificate; and
- iii. Possess valid malpractice insurance.

Scope of Training

10. The training will focus on **mandibular wisdom tooth surgeries** according to the classification of surgical difficulty of impacted mandibular wisdom tooth removal. This classification considers the degree of impaction in the vertical and horizontal dimensions, inclination of the impacted tooth, proximity between the impacted tooth and mandibular canal, and root morphology and curvature.

Classification of Surgical Difficulty of Impacted Mandibular Wisdom Tooth Removal¹

Impaction Depth^(a)

Level A	The occlusal surface of the mandibular third molar is either above or at the level of the occlusal plane of the second molar (the highest portion of impacted 3rd molar is on a level with or above the occlusal plane}.	✓
Level B	The occlusal surface of the mandibular third molar is between the occlusal plane and the neck of the second molar (the highest portion of impacted third molar is below the occlusal plane but above the cervical line of the second molar).	✓
Level C	The occlusal surface of the mandibular third molar is below the neck of the second molar (the highest portion of impacted third molar is below the cervical line of the second molar).	-

Ramus Relationship^(a)

Class I	The distance between the distal surface of the second molar and the anterior margin of the mandibular ramus is greater than the anteroposterior dimension of the crown of the mandibular third molar.	✓
Class II	The distance between the distal surface of the second molar and the anterior margin of the mandibular ramus is less than the anteroposterior dimension of the crown of the mandibular third molar.	✓
Class III	The complete absence of space between the distal surface of the second molar and the anterior margin of the mandibular ramus.	-

Angulation^(b)

Vertical	The long axes of the second molar and the impacted third molar are parallel (angle between 61° and 90°).	✓
Mesio-angular	The long axes of the second molar and the impacted third molar are coincident coronally (angle between 31° and 60°).	✓
Horizontal	The long axes of the second molar and impacted third molar are at right angles (angle between 0° and 30°).	✓

¹ Ticks (✓) indicate skills and cases covered in the COC course. The absence of a tick (-) indicates a focus area beyond the scope of this course, as it is recommended that such cases be managed by oral and maxillofacial surgeons.

Disto-angular	The long axes of the second molar and impacted third molar are convergent apically (angle > 90°).	-
Buccolingual	Impacted third molar is oriented in a buccolingual direction.	-
Inverted	Impacted third molar with a negative angle (< 0°)	-

Inferior Alveolar Canal Relationship^(c)

Darkening of the root	When there is impingement of the canal on the tooth root, there is a loss of density of the root; the root appears darker.	-
Deflected roots	When there is an abrupt deviation of the root as it reaches the inferior alveolar canal.	✓
Narrowing of the root	When there is narrowing of the root where the canal crosses it, the greatest diameter of the root has been involved by the canal, or that there is deep grooving or perforation of the root.	✓
Dark and bifid root	When the inferior alveolar canal crosses the apex and is identified by the double periodontal membrane shadow of the bifid apex.	✓
Interruption of the white line(s)	When it disappears immediately before it reaches the tooth structure. The interruption of the white line(s) is considered to indicate deep grooving of the root if it appears alone or perforation of the root if it appears with the narrowing of the inferior alveolar canal.	-
Diversion of the inferior alveolar canal	When a change of direction of the mandibular canal is observed in the passage of the roots of the third molar.	-
Narrowing of the inferior alveolar canal	When there is a reduction of the diameter of the inferior alveolar canal when it crosses the root of the mandibular third molar.	✓

Root Characteristics^(d)

Number of roots	Uni-radicular	✓
	Multi-radicular (two to four roots)	✓
Root morphology	Single or fused	✓
	Parallel	✓
	Convergent	✓
	Divergent	-
Root dilaceration	Present	-
	Absent	✓

(a) Pell and Gregory classification is based on the depth and position of the impacted tooth in relation to the second molar tooth and the mandibular ramus.

(b) Winters' lines classification is based on the relationship of the impacted tooth to the long axis of the second molar tooth.

(c) Rood & Shehab describes the seven radiographic signs indicative of the proximity of the mandibular third molar to the inferior alveolar canal.

(d) Machado et al. describes the accuracy of using periapical radiography in identifying root features.

Accreditation to Perform Wisdom Tooth Surgeries

11. Dental practitioners who successfully complete an SDC-approved course may apply for accreditation to perform wisdom tooth surgeries.

12. The initial accreditation for performing any of the allowed wisdom tooth surgeries will be valid for three years. Subsequently, lifelong accreditation will be granted upon submission of a logbook documenting at least 30 cases performed over the three-year period following the completion of the COC course.

13. The issuance of a Certificate of Competency in Wisdom Tooth Surgery to a participant who successfully completes the course indicates that the participant has completed the course. Dental practitioners remain responsible for the care and management of their own patients and must limit their scope of work to areas in which they are competent.

Accreditation of Courses for COC for Wisdom Tooth Surgery

14. Training providers applying for COC status must fulfil SDC's course accreditation requirements for COC status (with effect from 6 July 2015).

COC COURSE OUTLINE FOR WISDOM TOOTH SURGERY

The COC training course must be completed within six months. Training providers are required to adhere to this timeframe and ensure their curriculum accommodates part-time study while covering all required components comprehensively.

Training providers are required to formally register their COC course with the SDC for accreditation. The SDC will review the course content, structure, and trainer qualifications to ensure compliance with established standards for wisdom tooth surgery training.

Course Components

I. Didactic component

- a. Minimum duration: Eight hours
- b. Conducted at an accredited training centre
- c. Taught by registered oral and maxillofacial surgeons (OMS)
- d. Assessment¹: Multiple-choice question (MCQ) format comprising 30 questions, with 80% pass rate and limited to two attempts

It is strongly recommended that the didactic component of the COC course be completed prior to undergoing the clinical observership stated below.

II. Clinical component²

- a. Observership: At least one wisdom tooth surgery, either on site or via live video streaming, conducted by a registered OMS or a registered dental practitioner with lifelong COC accreditation for wisdom tooth surgery.
- b. Hands-on experience: Completion of a minimum of five hands-on cases deemed satisfactory:
 1. Case requirements:
 - i. Minimally one mesio-angular impaction, one horizontal impaction and one vertical impaction.
 - ii. Course participants must provide their own patients.
 - iii. For each case, course participants are required to diagnose and develop a treatment plan to be presented to their supervisors for assessment and approval prior to commencing patient treatment. Course participants should verify that their supervisors are registered with the SDC before commencing case treatment.
 2. Supervision requirements: Supervisors are required to formally register with the SDC prior to supervising any COC course participant. Supervision must be either by:
 - i. A registered OMS, or
 - ii. A registered dental practitioner who meets the following criteria:
 - Practitioners with Bachelor of Dental Surgery (BDS) obtained in 2005 or earlier: Fully registered with at least 20 years of clinical experience and a minimum of 100 cases performed [via self-declaration]. Practitioners meeting these criteria are exempt from COC and can supervise.
 - Practitioners with BDS obtained after 2005: Must attain lifelong COC accreditation to perform wisdom tooth surgeries.

¹ Assessment topics will be pre-screened/audited by the designated sub-committee to ensure the key areas of training are covered.

² Training providers are required to fulfill minimum requirements as set out in Annex B1.

3. Treatment and documentation:
 - i. Treatment must be provided under the supervision of the supervisor who has given approval for each specific case.
 - ii. Logbook endorsement and sign-off by the supervisor is required.
 - iii. Joint responsibility of the supervisor and supervisee for surgical management of the patient.

Note: For logbook templates, please refer to Annexes B2 and B3.

Key Areas of Training

1. Aetiology, incidence and clinical presentation/classification
2. Indications and contraindications for surgical removal
3. Medical history, consent-taking and associated implications on surgical management
4. Preoperative clinical assessment, radiographic investigations (including cone beam computed tomography), diagnosis and treatment planning
5. Surgical techniques/approaches
6. Principles of sedation and anaesthesia (as per MOH guidelines)
7. Pharmacotherapy
8. Suturing techniques and tissue apposition
9. Haemostasis and local measures
10. Management of surgical risks and complications
11. Infection prevention and control
12. Postoperative care

Course Certification

Upon completing the didactic component, course participants should obtain a certificate of completion from their respective training providers and submit it together with a copy of the completed logbook to the SDC. Following verification, the dental practitioner will be granted accreditation to perform wisdom tooth surgeries.

**REQUIREMENTS FOR TRAINING PROVIDERS
OF COC COURSE FOR WISDOM TOOTH SURGERY**

1. Clinical component of the COC course:
 - a. Must be conducted in a licensed healthcare institution.
 - b. Training providers must comply with the requirements stipulated for the management of patients at HCSA registered clinics.
2. Patient management and documentation:
 - a. Proper patient registration and record-keeping (including history, clinical examination, consent and treatment) are required.
 - b. Follow-up should be conducted by the course participant — i.e. the dental practitioner who performed the surgery — at their clinic after the COC course.
3. Training providers' responsibilities:
 - a. Maintain copies of all required documentation for two years.
 - b. Ensure records are available for audit.
 - c. Comply with patient confidentiality and Personal Data Protection Act requirements.
4. Accreditation of COC course:
 - a. Training providers must fulfil SDC's course accreditation requirements for COC status.
 - i. **Conditional accreditation** is given to courses that fulfil the accreditation requirements when conducting their first course. These courses will be audited by SDC, which may consist of on-site assessment, post-course feedback from participants, evaluation of course materials, or other means as deemed appropriate by the SDC.
 - ii. **Full accreditation** is granted for a period of two years to courses that pass the audit. Re-accreditation will be conducted in accordance with the prevailing re-accreditation criteria in force at the time of application.

CLINICAL LOGBOOK

Name	
DCR	

COC FOR WISDOM TOOTH SURGERY I. CLINICAL COURSE COMPONENT								
Log Case No.	Patient's Initials (Do not provide full name or NRIC)	Date of Surgery (DD/MM/YYYY)	Tooth Removed	Classification/ Pattern of Impaction	Sections Required to be Completed by Supervisor			
					Supervisor's Name / DCR	Date of Review (DD/MM/YYYY)	Satisfactory (S)*/ Unsatisfactory (U)	Remarks (E.g. comments on the surgery)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

**A minimum of 5 satisfactory cases is required to meet the COC training requirement. Satisfactory performance is defined as: i) The ability to surgically remove the impacted wisdom tooth with minimal supervision and without direct surgical intervention from the supervisor; and (ii) Demonstration of proper infection prevention and control measures and adherence to patient safety protocols throughout the procedure.*

CLINICAL LOGBOOK

Name	
DCR	

COC FOR WISDOM TOOTH SURGERY II. LIFELONG ACCREDITATION ¹					
Log Case No.	Patient's Initials (Do not provide full name or NRIC)	Date of Surgery (DD/MM/YYYY)	Tooth Removed	Classification/ Pattern of Impaction	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

¹ Lifelong accreditation requires a minimum of 30 cases performed over the three years following the completion of the COC course. Cases may be subjected to random audits by the Singapore Dental Council.

CLINICAL LOGBOOK

COC FOR WISDOM TOOTH SURGERY II. LIFELONG ACCREDITATION ¹					
Log Case No.	Patient's Initials (Do not provide full name or NRIC)	Date of Surgery (DD/MM/YYYY)	Tooth Removed	Classification/ Pattern of Impaction	Remarks
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

¹ Lifelong accreditation requires a minimum of 30 cases performed over the three years following the completion of the COC course. Cases may be subjected to random audits by the Singapore Dental Council.

CLINICAL LOGBOOK

COC FOR WISDOM TOOTH SURGERY II. LIFELONG ACCREDITATION ¹					
Log Case No.	Patient's Initials (<i>Do not</i> provide full name or NRIC)	Date of Surgery (DD/MM/YYYY)	Tooth Removed	Classification/ Pattern of Impaction	Remarks
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					

¹ Lifelong accreditation requires a minimum of 30 cases performed over the three years following the completion of the COC course. Cases may be subjected to random audits by the Singapore Dental Council.

CLINICAL LOGBOOK

COC FOR WISDOM TOOTH SURGERY II. LIFELONG ACCREDITATION ¹					
Log Case No.	Patient's Initials (<i>Do not</i> provide full name or NRIC)	Date of Surgery (DD/MM/YYYY)	Tooth Removed	Classification/ Pattern of Impaction	Remarks
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

¹ Lifelong accreditation requires a minimum of 30 cases performed over the three years following the completion of the COC course. Cases may be subjected to random audits by the Singapore Dental Council.