

The Royal College of Surgeons of England
The Royal College of Surgeons of Physicians and Surgeons of Glasgow

**Restorative Specialty Membership Examinations
(M Endo, M Perio and M Pros)**

Applications Invited

Examination Board Specialty Leads

Four vacancies have arisen for pivotal roles in the management and development of the Restorative Specialty Membership Examinations (M Endo, M Perio and M Pros), of The Royal College of Surgeons of England (RCSEng) and Royal College of Physicians and Surgeons of Glasgow. The Restorative Specialty Membership Exams are recognised as the end-point in the mono-specialties of restorative dentistry.

- **Endodontics Lead**
- **Periodontics Lead**
- **Prosthodontics Lead**
- **General Restorative Lead**

The posts would be of interest to individuals with a demonstrable commitment to restorative dentistry, through participation as an existing Speciality Membership Examiner or Board Member. Applicants would ideally have an interest in medical education and assessment, ideally demonstrated with a relevant postgraduate qualification.

You will be required to attend up to 10 days of meetings/exams per year.

For more information, please contact the Examinations department at dentalexams@rcseng.ac.uk.

Completed application forms should be emailed to dentalexams@rcseng.ac.uk.

The closing date for applications is ongoing.

Role and Responsibilities

Introduction

Each set of examinations offered by the Royal College of Surgeons of England (RCSEng) falls under the Governance structure of the RCSEng. That structure is supplemented by bi-collegiate, tri-collegiate and intercollegiate arrangements for managing the examinations, with some examinations activity overseen by joint steering committees. Each examination has its own Examination Board.

Responsibilities

The role of the Examination Board Component Lead is to contribute to the running and development of the relevant examination under the guidance of the Chair by:

- Producing question material in a timely manner, working in collaboration with other colleagues where necessary
- Ensuring that question material produced fulfils the blueprinting requirement informed by the relevant examination syllabus, as identified by the Chair
- Ensuring that question material produced assesses knowledge and/or skills at an appropriate standard
- Reviewing examination question performance and discussing draft examination reports
- Contributing to proposals for changes to examination content or format by helping to outline the rationale for, and potential impact of, recommended developments
- Participating in Examiner training exercises

Person Specification

- Demonstrable commitment to the relevant examination through participation as an examiner
- Interest in medical education and assessment, ideally demonstrated with a relevant postgraduate qualification (e.g. M.Ed)

Recruitment

- Appointment will be made by the Chair of Examination Board and representatives of each College, following consideration of applications supported by personal statements.

Exam Board Application Form for the role of:

1. Personal Details

Title:	Forenames:
Surname:	GDC No:
Home Address:	Practice Address:
Postcode:	Postcode:
Telephone:	Telephone:
Email:	Email:
Mobile:	

2. Qualifications (degrees, diplomas, professional examinations)

Qualification	Awarding Authority	Year of award

3. Appointments (current appointment first and then those relevant to the application)

Name and address of employer	Position held	Dates (from/to)		Speciality (if applicable)

Continue on a separate sheet if necessary

4. Previous examining experience (at all levels)

Professional Body	Subject	Dates

5. Involvement in Royal College activity to date

Activity	Dates

6. **Supporting statement (please explain, using relevant examples, how you meet the criteria in the person specification).**

Continue on a separate sheet if necessary

7. References

Please give details of two referees, not related to you, who can be approached if your application is successful. One of the referees should be your present or most recent employer, and both should be work related.	
Name:	Name:
Position:	Position:
Relationship to you:	Relationship to you:
Address:	Address:
Postcode:	Postcode:
Email:	Email:
Telephone:	Telephone:

8. Declaration

I declare that all the information I have given on this application form is true to the best of my knowledge.

I understand that my application may be rejected and/or that I may be removed from the examiner panel if I have given false information.

I understand that, if I am appointed, personal information about me including performance data relating to examiner training and feedback will be computerised for personnel / administrative purposes and statutory returns. This will be held by the Royal College of Surgeons of England and may be shared with the Royal College of Physicians and Surgeons of Glasgow and the staff who administer the electronic training portal and feedback process. As examiners can be temporarily inactive this information will be held electronically for the maximum possible duration of the examiner's term of office (currently 16 years).

I declare that I am willing and able to fulfil the time commitment required of the role. I confirm that I will, if appointed, honour examining commitments faithfully.

Signed:

Date:

On completion, this form should be sent to DentalExams@rcseng.ac.uk.

Equal Opportunities form

The Royal College of Surgeons of England aims to ensure fair treatment in relation to admission and assessment of examination candidates. Completing this form will allow us to monitor our statistics and ensure that we are delivering a fair examination to all candidates.

In line with UK and Irish legislation and good practice guidelines, we are asking all applicants to complete this section. You are not obliged to provide any of the information in this section, and a 'prefer not to say' option is provided, but if you do so, it will enable us to monitor our business processes and ensure that we provide equality of opportunity to all.

This information will be held in accordance with the General Data Protection Regulation and held in line with the retention schedule of the College you applied to. Information relating to the retention schedule can be supplied on request. Your information will be used only for monitoring our business practices.

Gender

- Female
- Male
- Transgender
- Prefer not to say

Ethnicity

Choose one selection from the list below to indicate your ethnic group or background.

a) White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (write in)

b) Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (write in)

c) Asian or Asian British

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background (write in)

d) Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean / Black British (write in)

Other Ethnic Group

- Arab
- Any other ethnic background (write in)

Prefer not to say

Do you consider your first language to be English?

- Yes
- No
- Prefer not to say

Do you have a disability under the terms of the Equality Act 2010? (The Equality Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities).

- Yes
- No
- Prefer not to say

What is your sexual orientation?

- Bisexual
- Heterosexual
- Lesbian or Gay
- Prefer not to say

Marital Status

- Single
- Married
- Cohabiting
- Civil partnership
- Separated/divorced
- Widowed
- Prefer not to say

What is your religion or belief?

- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other religion/belief
- No religion
- Prefer not to say