

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND
FACULTY OF GENERAL DENTAL PRACTICE (UK)



ACADEMIC REGULATIONS
RELATING TO THE
FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY

1. Entry Requirements

The prerequisites for participation on the programme are as follows:

- a) A licence to practise dentistry (BDS or LDS or equivalent or national diploma)
- b) Registration with the General Dental Council or equivalent or national regulatory body (participants are required to inform FGDP(UK) of any pending investigations or restrictions against their registration which may affect their participation on the course)
- c) Participants should have completed vocational training
- d) Indemnity or insurance cover as required by the General Dental Council of the United Kingdom.
- e) A current certificate of immunity status against communicable diseases (Hepatitis B) will be required before undertaking the clinical and surgical component of the programme
- f) Participants are required to be trained in basic life support training prior to the clinical component and have documentary proof to support this.
- g) Participants wishing to enter the programme must complete the relevant application form, and provide the stipulated evidence of qualifications.
- h) Participants intending to present themselves for admission to the programme are required to pay the fee payable as set out in the Participant Handbook.
- i) An email address and internet access are essential prerequisites for participation in this programme.

2. Assessment regulations

- a) The programme is awarded a total credit value of 60 credits. Each component of the programme is awarded a percentage of the total credit value, which aggregates to the total programme credit value.
- b) Each unit must be completed within the timescale indicated within the Participant Handbook.
- c) The following grades may be awarded to coursework, assignments and other, clinical/non-clinical assessments:

Grade	Term
A	Pass with excellence
B	Clear pass
C	Bare pass
D	Bare fail
E	Clear fail

- d) All assessments graded A to C shall be awarded the total credits available for that unit or component.
- e) All assessments graded D to E may not receive any credits towards the unit or component until satisfactorily resubmitted.
- f) All assignments shall be marked against a model answer by a single examiner. 20% of the assignments will be moderated by another examiner.

- g) The marking criteria for any assessment may be requested upon feedback of the assessment.
- h) All modes of assessment are indicated in the course notes and where possible, may be perused in advance of the commencement of study.
- i) All failed grades for resubmitted assignments and practical exercises shall be moderated by the Internal Moderator and an External Examiner (if required), as appointed by the FGDP(UK).
- j) The External Examiner is given access to all marking criteria, protocols and programmes units, to monitor the standard of the programme, ensure the maintenance of agreed standards and to ensure that all course objectives and aims are met satisfactorily.
- k) Decisions on the final assessment are made by the Assessment Board. The Assessment Board has the following members:
 - Internal Moderator (Chairman)
 - External Examiner
 - Course Director
 - Relevant teaching staff
- l) Results of assessments shall be posted individually to participants directly following agreed assessment confirmation dates.

3. Contact learning Sessions

All contact learning sessions must be attended before a participant is eligible to sit for the VIVA exam. Failure to attend a specific session will require the participant to complete the session within a subsequent cohort.

4. Assessment of assignments

- a) All written assignments shall be marked based on specific key points that need to be addressed within the assignments
- b) Grades 'Bare fail' or 'clear fail' on resubmission shall be moderated by the external moderator as appointed by the FGDP(UK)
- c) Participants are required to have submitted all assignments within the year of the cohort.

5. Assessment of practical skills

- a) Practical exercises designed for the development of practical skills relating to particular clinical procedures will be completed at each of the contact learning sessions.
- b) Specific exercises will need to be completed within the allocated time.
- c) Assessment of all practical exercises will be carried out by the tutors/demonstrators.
- d) Practical exercises will be assessed on a liekert scale. Criteria for assessment will be based on specific parameters that need to be met for each exercise. 20% of the exercises will be moderated by another tutor.
- e) Unsatisfactorily completed exercises will need to be repeated. The participant must undertake to make arrangements for this with the teaching and the FGDP(UK) staff.

6. Assessment of clinical cases

- a) Cases for presentation will need to be approved as outlined in the Guidelines for Submission of Cases (Appendix II).
- b) Final assessment will be based on the presentation of the clinical case reports. The 5 clinical case reports will need to be presented before unit 6.
- c) Those participants who are unable to complete the case reports by Unit 6 may have their assessment deferred to the subsequent cohort. There will be 1 assessment date per year normally in March or April. A maximum of 1 year following the completion of the cohort is allowed for the submission of the cases. Under exceptional circumstances, on application which must be accepted by the FGDP(UK) examinations committee, 1 additional year may be allowed.

8. Late submissions and deferment

- a) All assignments must be submitted no later than the submission date indicated on section 4 of the Participant Handbook.
- b) Late submissions can only be awarded a grade C or below.
- c) In exceptional circumstances where a participant can provide conclusive evidence that the submission of a completed assessment was delayed due to wholly unforeseen circumstances, the Internal Moderator may admit the assessment for marking. Such evidence must be presented to the Education Office within two working days and the decision whether to accept the assignment for marking will be conveyed to the participant within seven working days. The assignment will be retained by the Education Office until such time. If the decision is made in favour of the participant, the script will be sent for marking at first attempt. It will be the responsibility of the participant to contact the Education Office.
- d) In the event that the evidence does not substantiate the participant's case, a fail mark will be awarded against the assignment. The assignment will then be returned to the participant for resubmission at the next submission date. This will be considered as a second attempt at that assessment.
- e) Deferments to assignments will normally only be granted in cases of certified illness/absence. If an application is to be made for a deferment, a medical certificate or other supporting evidence must be submitted to the administrator at the FGDP(UK) at the time the problem arises, normally in advance of the due date of assessment.
- f) Deferment/resubmission of an assignment must be submitted by a deadline set by the Programme Director, and this deadline should not be later than the date of the following assignment deadline.

9. Re-sits/resubmissions

- a) Assignments and practical exercises awarded grade D or E must be resubmitted if credits for that unit are to be attained.
- b) A participant who gains a grade D or E for assignments or practical exercises at the first attempt may be permitted to attempt the assignment/practical exercise on not more than one occasion.

- c) Assignments and practical exercises, which are not re-taken will not accrue any credit value towards the programme.
- d) Assignments and practical exercises, which are re-taken or resubmitted may be awarded a grade C or below.
- e) Assignments, which are graded D or E, must be resubmitted within one calendar month of the notification of result. Failure to comply with this deadline shall generate a fail grade for the assignment.
- f) A second grade D or E will mean that the participant will have to retake the failed unit at a cost of £400 per day*.
- g) Participants sitting for the final assessment will either meet the criteria for assessment of clinical cases, be required to submit extra information without the need to undertake further assessment or, be required to submit additional case(s) at a future assessment.
- h) Should a participant be required to submit at a future assessment, they will be liable for the examiners' fees for the future assessment (£1000) and a fee of £75 per case for each case they are required to submit*.

10. Suspension of studies

- a) A participant, at the discretion of the Faculty, may be granted suspension of studies in case of health problems or urgent family affairs. A participant may be permitted to suspend his studies for a period of up to 2 units i.e. 1 term.
- b) Missed units will need to be completed within the following cohort
- c) Participants wishing to apply for suspension have to apply in writing to the FGDP(UK) Education Department at The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE for the attention of the programme director. If possible, the application should be submitted together with supporting documents.
- c) Periods of suspension do not count towards the participant's total permitted period of study.

11. Final assessment

- a) Entry to the programme shall automatically enter the participant to the final assessment.
- b) In order to be eligible for admission to the final assessment, a participant must complete to the satisfaction of relevant teaching staff the prescribed period of study and satisfy any other conditions as which may be prescribed within the programme (including attendance at all course unit days and successful completion of all course assessments).
- c) 25 completed cases should have been approved, from which the participant will be required to submit and will be assessed on 5.

12. Participant regulations

- a) Participants are expected to conduct themselves in a professional manner at all times when attending a unit, or carrying out any act involved with the programme of study.
- b) Misconduct, cheating or bringing the programme or FGDP(UK), including its agents and course providers, into disrepute are not permitted. A list of examples include:

- Failure to observe examination regulations
- Plagiarism
- Breach of copyright legislation
- Breach of confidentiality of lecturers, colleagues and/or patients
- Physical and/or verbal abuse of colleagues/staff

The above list is purely as an indication of examples and not an exhaustive list of the areas of misconduct.

- c) Participants breaching Participant Regulations may face expulsion from the programme, with no return of fees or accrued credits, upon recommendation of the Assessment Board and agreed by the Board of Faculty.
- d) The FGDP(UK) at The Royal College of Surgeons of England employ an equal opportunities policy relating to assessment and examinations. That policy constitutes part of the Academic Regulations. Refer to the Equal Opportunities Policy statement, available from the Education Office.
- e) Regulations relating to candidates with special circumstances are detailed in the Faculty Special Circumstances Policy Statement.

13. Appeals

Appeals by participants may be lodged in accordance with the FGDP(UK) Examinations and Assessment Appeals Protocol (see Appendix V)

* All fees are subject to change.

APPENDIX I

FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY

SCOPE OF THE ASSESSMENT

The scope of the assessment is to verify that the participant has successfully demonstrated the ability to treat patients safely and effectively to the patient's best interest.

That the participant should have shown the ability to select patients that are suitable for treatment, communicate effectively with respect to the treatment and to plan the treatment that is most suitable for that patient.

The participant should be able to execute the treatment effectively and demonstrate that all aspects of the treatment have been completed satisfactorily.

The participant should also be able to demonstrate that post treatment care of the patient with respect to monitoring and maintenance has been put into effect.

Format of final assessment

The final assessment will be in the form of a 40 minute viva examination. Each candidate will be assessed by two examiners on a minimum of one or maximum of five cases.

One or more cases may be selected in order to demonstrate that the participant has had a thorough understanding of the scientific and clinical principles underlying the treatment that has been undertaken.

The participant should demonstrate the ability to recognise any shortfall within the material that has been presented, identify the improvements that could be made and demonstrate what he or she has learnt from it.

The participant should have demonstrated creative thought processes in the management of the problems that were faced and demonstrated the ability to search for a satisfactory solution.

The cases that have been presented must demonstrate the following:

1. Clinical and surgical management of each case is to an acceptable level of competence.
2. Appropriate assessment, diagnosis and treatment planning of each case have been completed.
3. Any relevant medical conditions have been addressed.
4. An adequate level of surgical skill has been achieved during the surgical procedure.
5. The peri-operative care of the patients meets the standards required regarding consent for both the procedure and for use as a presentation case.
6. Post operative care/instructions and emergency arrangements are provided.
7. Complete contemporaneous records and x-rays are provided.

APPENDIX II

FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY

GUIDELINES FOR SUBMISSION OF CASES

1. Case Selection

Candidates should choose 5 patients illustrating their ability to carry out a range of oral surgery procedures competently.

The cases which are selected should include a minimum of 4 minor and 1 major case.

Different types of surgical procedures should be presented for each case.

Cases supervised by tutors may be submitted.

They cannot be presented if the treatment has not been completed entirely by the candidate.

If advice has been obtained, the extent of the advice given must be stated in the narrative and included within the Candidate's Declaration.

Please note

If the patient requires sedation and the candidate is not qualified to do this, the sedation can be carried out by another suitably qualified person (who is totally responsible for all aspects of the sedation).

The cases should not have been previously submitted for an examination.

Types of cases for presentation

Minor

- No significant medical history.
- Surgical removal of tooth
- Surgical removal roots,
- Exposure of canines requiring soft tissue +/- minimal bone removal.
- Removal of polyp
- Soft tissue biopsy;
- Removal of simple impacted wisdom tooth with minimal bone removal.

Major;

- Apicectomy
- Impacted wisdom tooth removal with bone removal +/- root division.
- Removal of other impacted teeth, buccal/palatal canines, premolars.
- Indication /use of CT scan for diagnosis and treatment planning
- Medical complications influencing treatment planning and requiring liaison with other specialities.
- Dental clearance.
- Multiple root removal.
- Exposure of canines requiring bone removal and pack.
- *Anxious patient requiring IV sedation (by tutor or other suitably qualified person if required)*

Case format

- Index
- Introduction- summary of case 200-250 words
- Consent for use as presentation case
(please see 'Appendix V')
- Candidate's declaration
(please see 'Appendix V')
- Patient details
(please see 'Presentation of Cases' below)
- Completed medical history form
- Information on sedation if appropriate pre/post op and consent form.
- Escort details for patients having sedation
- Consent form
- Contemporaneous clinic notes with completed consultation form
(please see 'Presentation of Cases' below)
- Photographs
(please see 'Presentation of Cases' below)
- Diagnostic imaging/x-rays with report
- Clinical notes of key discussions, options and treatment plan.
Surgical procedure/ Wisdom tooth consent as appropriate.
- Sedation consent (if required)
All notes recorded re administration of sedation
(please see 'Presentation of Cases' below)
- Post op oral surgery instructions.
(please see 'Presentation of Cases' below)
- Post op sedation instructions.
- Copy of information sheets given to patients
Such as information leaflets on an apicectomy procedure
- Prescription as required
- Letter to referring medical or dental specialist (as appropriate)
- Discussion/ Reflective summary
(please see 'Presentation of Cases' below)

Presentation of Cases; Further information

Patient details to include:

- A number by which the patient may be identified (not the patient's full name).
- Age
- Sex
- Date of birth
- Referral letter as appropriate.

Completed medical history form to include:

- Evidence of discussion of history with relevant action taken on adverse findings
- Results of any investigation (e.g. blood tests)

Patient consent form to include:

- Wisdom tooth consent form
- Surgical procedure consent form
- Information leaflets on wisdom tooth removal (where relevant)

Contemporaneous records and clinical notes

These should be in accordance with the guidelines for clinical record-keeping. The treatment proposal should reflect an appropriate response to any medical conditions. Contemporaneous clinical records should contain of the following:

- *Records of key discussions*
 - Note of criteria on which decisions are made, in keeping with the duty treatment decisions. Discussion of all options, warnings and risks should be recorded.
 - Discussion with patient regarding temporization of a tooth in the aesthetic zone.
- *Clinical details*
 - Details of the clinical procedure carried out should be recorded. This should include details of the drugs, doses, and timing used during the procedure.
 - A record of the instructions given to the patient for postoperative care should also be made.

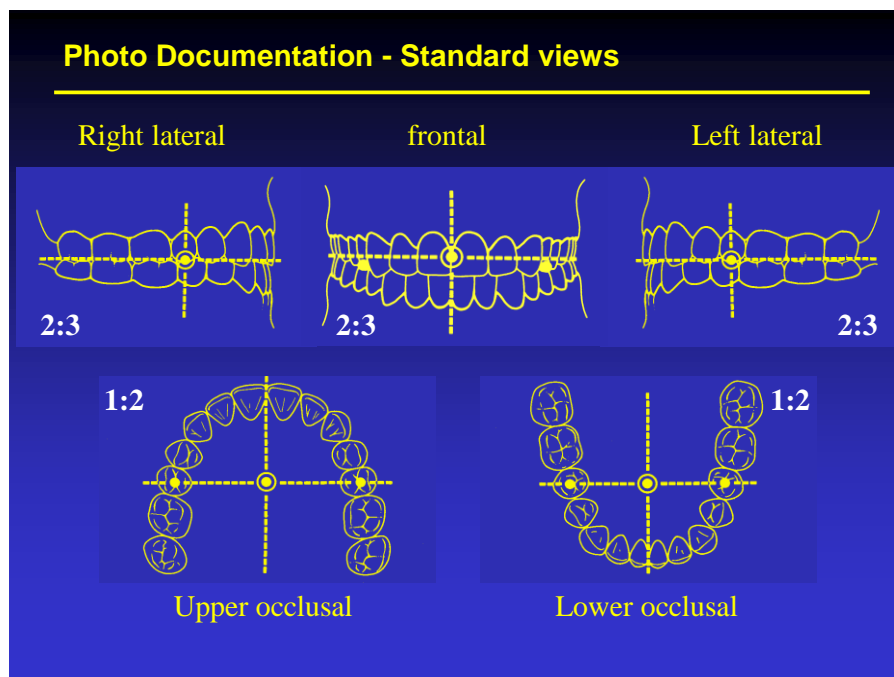
A completed consultation and clinical examination

It constitutes a checklist for the intra-oral and extra-oral examination.

Patient interview:	
<i>Complaint</i>	
Referred by:	
<i>Relevant medical history</i>	
Dental history	
Social history	
Extraoral examination - TMJ ;Pain –clicking - Lymphadenopathy - Muscles of mastication - Temperature (if required)	
<i>Intraoral examination</i> - Mouth opening - Intermaxillary relations - Soft tissue examination including mucosa, floor of mouth, oropharynx, tongue;	
Complete tooth charting	
<i>Periodontal examination</i>	
<i>Examination for parafunction</i>	
<i>Assessment of surgical needs</i>	

Photographs to include:

- Photographs of pre intra and post op surgical site and any others of interest.
- Pre-op, intra-op and post -op surgical site showing closure.
- Photo of removed roots tooth showing complete removal
- Post operative views of surgical site showing closure and of removed root /tooth. For example:
 - Pre op view of fractured /impacted tooth,
 - Evidence of bone removal / root division/access points etc, and soft tissue closure views.



- Frontal, lateral (Magnification 2/3) and occlusal views (Magnification 1/2)

Radiographs to include when appropriate :

- Preoperative records, appropriate to the case following current guidelines
- OPT (panoral) radiograph
- Periapical radiographs
- CT-scans
- Lateral Cephalographs
- Linear Tomographs as required
- Post op views if necessary

Sedation consent to include:

- Record of appropriate assessment and documentation required for sedation as part of contemporaneous notes

Post op oral surgery instructions to include:

- Sample of Post op oral surgery instructions with emergency contact number.

Discussion/ Reflective Summary for minor cases:

Up to 350 words

- Reflection on the treatment carried out,
- Difficulties encountered and the treatment outcome.
- Summary to reflect points that have been learnt as a result of the case and how these may change future treatment.

Discussion/Reflective summary for major cases;

Up to 750 words

- 3 references to support your clinical management / surgical treatments for this case.
- Reflection on the treatment carried out,
- Difficulties encountered and the treatment outcome.
- Summary to reflect points that have been learnt as a result of the case and how these may change future treatment.

3. The physical format of the cases

Each of the five cases must be presented in a separate A4 presentation folder.

A4-size paper should be used and enclosed or bound in a robust binder or book. An A4-sized display book with clear pockets, such as a Bantex 3104, is most suitable.

Two copies of each case should be prepared. One copy of each case should be forwarded to the Faculty's Examinations Department under secure arrangements, together with photographs and/or radiographs, by unit 6. A second copy should be retained by the candidate for presentation with original radiographs, patient records,

Note: Original patient records and x-rays should only be presented by candidates on the day of the examination and not sent to the FGDP(UK) in advance.

All pages must be numbered as must all photographs and radiographs.

Photographs should be firmly mounted on pages and appear in the sequence in which they are referred to.

All radiographs should be dated and reported on.

Radiographs must be of good quality. Duplicate copies of radiographs or originals may be presented. However, candidates are advised to retain a copy of all original radiographs at all times and will be required to produce them at the final assessment. If there is a retained root, a post- op radiograph should confirm this and the patient informed.

The Faculty of General Dental Practice (UK) reserves the right to retain a copy or copies of cases after the examination.

APPENDIX III

FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY

CRITERIA USED TO ASSESS CASES

Examiner will use the following criteria when assessing cases:

1. Patient Assessment and Diagnosis

- * Patient's complaint(s) clearly identified.
- * Relevant histories (medical, dental and so on) taken comprehensively and recorded.
- * Appropriate diagnostic techniques, tests and, if applicable, indices used and recorded.
- * If relevant, patient referred for second opinion.

2. Treatment Planning

- * Full range of possible treatment options considered.
- * Relevant treatment plan, discussed and justified.

3. Execution of Treatment Plan

- * Competent level of clinical skills demonstrated to examiners, with use of appropriate artefacts of satisfactory quality (photographs, x-rays) when relevant.
- * Treatment clearly and concisely recorded, in sequential order in patient records.

4. Appraisal of Treatment

- * Any problems encountered during treatment and/or variations from original treatment plan detailed and explained.
- * Advice given to patients for long-term maintenance of oral health.
- * Prognosis and possible future treatment options discussed.

5. Structure of Case and Quality of Supporting Material

- * Published guidelines relating to format for presentation of cases and supporting material met, including patient records.
- * Cases free of grammatical or spelling errors.

APPENDIX IV
CRITERIA FOR WRITTEN ASSIGNMENTS

GRADE	KNOWLEDGE
A	<p>Comprehensive depth and breadth of factual knowledge, demonstrating knowledge and understanding to enable critical evaluation, problem solving and sound judgment for complex clinical problems.</p> <p>(Outstanding assignment. Sound discussion of key issues at an advanced level. Organisation of assignment is clear and accurate. Selection and use of references demonstrates an advanced understanding of current literature/research related to the topic .)</p>
B	<p>Significant knowledge base with good level of understanding. Ability to relate knowledge to clinical applications and patient treatment.</p> <p>(Key issues of assignment well addressed. Well organised assignment. Selection and use of references (no use of secondary sources) demonstrates good understanding of topic and critical reading.)</p>
C	<p>An adequate knowledge of essential basic information and ability to relate this information to provide acceptable solutions to clinical situations.</p> <p>(Key issues of assignment adequately addressed. Adequately organised assignment. Use of selected literature/references demonstrates basic understanding of critical reading.)</p>
D	<p>A poor level of knowledge with minimal ability to relate information to solving clinical problems.</p> <p>(Poorly organised assignment. Unreflective and uncritical use of selected references. Errors, inconsistencies and omissions when discussing the key issues of the assignment).</p>
E	<p>Errors or omissions in basic essential information. Largely descriptive report with no attempt to relate the information to solving clinical problems.</p> <p>(Basics such as cross referencing and list of references are inadequate. Key issues of assignment not addressed).</p>

**APPENDIX V
FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY**

PATIENT'S CONSENT

Patient's Consent

I (full name)
of (address)
()
()
()

understand that (insert name of dentist) is participating in the Faculty of General Dental Practice (UK)'s Certificate in Minor Oral Surgery.

I consent to records of my dental treatment, including photographs and radiographs, being used for the purpose of supporting an examination entry for the FGDP(UK) Certificate in Minor Oral Surgery examination. No part of the records, including the case report of my treatment, may be reproduced or divulged to anyone outside the examination process without my further consent.

I understand that I am entitled in accordance with current legislation to scrutinise these records, including the case presentations transcribed from the records, and may ask for copies for which I may be charged reasonable expenses.

My consent is only in respect of the dental practitioner whose name appears below.

I have been given a copy of this consent form.

(date)
(signature)
a patient (parent/guardian
in the case of a child under
the age of 16 years)

(date)
(signature)
a candidate

CANDIDATE'S DECLARATION

Candidate's Declaration

I declare that the treatment of the case presented in this case report is my own work produced during time spent in primary dental care and has not been presented for any other examination. I declare that all materials supplied are a true record and have not been altered by any means, including manual or electronic.

(date)

(case number)

(signature)

a candidate

APPENDIX VI

FGDP(UK) CERTIFICATE IN MINOR ORAL SURGERY

EXAMINATION AND ASSESSMENT APPEALS PROTOCOL

1. Candidates may not appeal against the academic judgement of the examiners. However, appeals will be considered where a candidate believes that:
 - There has been an error in the collation of marks.
 - There has been an irregularity in the conduct of the examination.
 - The College failed to take into account extenuating circumstances of which it had been informed prior to the examination.
 - The College failed to make allowance for unusual examination conditions.
 - Unlawful discrimination has occurred.
 - Malpractice has occurred.
2. Notification of intent
 - Notification of intention to appeal must be submitted in writing within 28 days of the publication of results by the candidate to whom the appeal relates, setting out the grounds for appeal. As much supporting information as possible should be enclosed. Details should be sent to the Examinations Officer, Faculty of General Dental Practice (UK), The Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London, WC2A 3PE.
 - On receipt of notification of intention to appeal, the letter will be acknowledged and the admissibility of the appeal considered. If the appeal is considered inadmissible, the candidate will be informed immediately, setting out the reasons for rejecting the appeal.
 - If the candidate still considers that their appeal is legitimate, they should send full details to the Chairs of the FGDP(UK) Examinations Committee. The Chair will review the case and may either direct the Faculty to allow the appeal, or confirm that the appeal is inadmissible. The Chairs decision on this point is final.
3. Appeal
 - If the appeal is permitted to proceed, the Faculty will inform the appellant of the appeals procedure and request payment of £750 to convene an appeals panel.
 - The appellant must submit all evidence supporting the appeal within 28 days of notification that the appeal is to progress.
 - The Chair of the Examinations Committee will appoint a panel which may be made up as follows:

- An independent chairperson from an equivalent postgraduate examining body.
- Two examiners (not the subject of the appeal).
- An educational adviser.
- A legal adviser.
- The FGDP(UK) Examinations Officer as Appeals Panel Secretary, to minute the meeting but not to participate in the decision.

The Appeals Panel Secretary will inform the appellant of the names of the panel and the date, time and location of the hearing, giving at least four weeks' notice.

- The appellant may attend the panel accompanied by a legal adviser or supporter, whose name must be declared to the Appeals Panel Secretary in advance. The appellant will be responsible for their own legal costs, which will be refunded on a reasonable and proportionate basis if the appeal is successful.
- The panel will consider all relevant documentation and written statements from all those involved, and may call witnesses if appropriate. The appellant will have an opportunity to present their case, in person or through a representative.
- The panel will deliberate in private and may make findings as follows:
 - The appeal is dismissed.
 - The appeal is upheld and one or more of the following courses of action be adopted:
 - Result declared void.
 - Candidate given free attempt at next diet.
 - Recommendation to Chief of the relevant Board of Examiners that candidate is given extension to time limit for completion of exam (if appropriate).
- In exceptional cases, if it can be proven that the candidate scored the marks required to pass but was not credited with them through administrative error or technological malfunction, the result may be declared void and the candidate awarded a pass.
- In all cases of successful appeal, the appeal fee and reasonable and proportionate associated costs shall be returned.
- The Appeals Panel Secretary will inform the appellant of the result of the hearing, giving full reasons for the findings.

In the event of an unsuccessful appeal, if the appellant considers that the appeal panel was conducted unfairly (i.e. that there was procedural impropriety or bias) they may make representations to the Chair of the Examinations Committee, who will review the case. The Chairmen may rule that the hearing was fair or order a second panel, with a different membership, to hear the case afresh. The Chairs' decision will be final.