GUIDANCE TO CANDIDATES

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1. INTRODUCTION

1.1 This document contains the Guidance to Candidates and Supervisors for the Tri-Collegiate Diploma of Membership in Oral Surgery (M Oral Surg).

Further information can be obtained from:

Examination Section
The Royal College of Surgeons of Edinburgh
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Edinburgh, EH8 9DW
Telephone +44 (0)131 527 1600
dental.exams@rcsed.ac.uk
www.rcsed.ac.uk

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35-43 Lincoln's Inn Fields
London, WC2A 3PR
Telephone +44 (0)20 7869 6281
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dentalexams@rcseng.ac.uk
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Examinations and Assessment Unit
Royal College of Physicians and Surgeons of Glasgow
232-242 St Vincent Street
Glasgow, G2 5RJ
Telephone +44 (0)141 221 6072
Fax +44 (0)141 221 1804
mscd@rcpsg.ac.uk
www.rcpsg.ac.uk

All specific enquiries on the examination should be directed to the Royal College of Surgeons of England who are the administering College for this examination.

1.2 The entrance requirements, eligibilities and details regarding application for admission to the examination are to be found in the Regulations.

2. SCOPE OF THE EXAMINATION


2.2 The aims of the examination are to test the range of knowledge of Oral Surgery at a level expected of a specialist practitioner.

2.3 The examination will be conducted in English and it is recommended that candidates have an ELT (English Language Test) of 7.5 or above.

2.4 The examination will be held in the UK according to demand
3 ENTRANCE REQUIREMENTS

3.1 To be eligible to enter for the Diploma examination all candidates must provide certified evidence of possession of a primary dental qualification that is acceptable to the Colleges.

3.2 Candidates may apply for entry to the examination having completed 30 months of full-time or equivalent part-time training (i.e. not less than half-time over a maximum of six continuous years.) acceptable to the Colleges by the date of the examination. The training should preferably be continuous but in some cases breaks in training may be permitted. The total training period should not normally exceed six years.

3.3 To be eligible for the examination, prospective candidates must fulfil one or more of the following criteria:

A. Have satisfactorily completed, by the time of the examination, a minimum of 30 months of a full-time 3 year training appointment (or part-time equivalent i.e. not less than half-time over a maximum of six continuous years) in a UK training programme as a stipendiary StR who has been awarded a training number.

B. A university Masters or Clinical Doctorate degree programme which parallels the training programme completed by an StR i.e. have satisfactorily completed, by the time of the examination, a minimum of 30 months of a full-time 3 year training appointment (or part-time equivalent i.e. not less than half-time over a maximum of six continuous years). It is necessary that candidates be able to provide evidence that they have completed the learning outcomes described for their specialty when applying to complete the Membership examination. This evidence should be in the form of a portfolio which should include the course curriculum, the training programme, the clinical and academic timetable for the training period, work–based assessments (incorporating evaluations carried out during chairside teaching) and a logbook.

C. Have satisfactorily completed, by the time of the examination, a minimum of 30 months of a full-time 3 year specialist training appointment (or part-time equivalent i.e. not less than half-time over a maximum of six continuous years) overseas or in the EEA which has been considered and found to be acceptable to the Colleges.

D. Be registered as a Specialist in Oral Surgery in the UK.

If candidates wish to apply under 3.3 (b) or (c) for entry to the examination they should submit their portfolio of evidence. Candidates are advised to check their eligibility after 30 months of training and if it is agreed they are eligible, can apply for the next diet of the examination. The administering College together with the Tri-collegiate Examination Board will then assess their eligibility to take the examination. If the submitted evidence is incomplete candidates may not be granted eligibility for that diet. No evidence will be accepted beyond the submission period for those wishing to apply under 3.3(b) or (c).

3.4 Clinical Training

Time of Training

1. It is normally expected that the candidate will have completed at least two years of general professional training following graduation from dental school prior to entry to specialty training.
2. The Specialty training period must be at least 3 years (4500 hours) full-time (or equivalent part-time). Part-time training is allowed and is not disadvantaged but it is expected that training should be no less than 0.6 whole time equivalents (this equates to 6 clinical sessions\(^1\) per week of training).

3. Any training programme content should be apportioned as 60% clinical, 25% academic and 15% research.

**Curriculum**

1. The learning outcomes\(^2\) for each specialty have been published by the General Dental Council, on the recommendation of, and development by, various specialty authorities.

2. These outcomes include attainment of knowledge and decision making at specialty level, and development of technical, management, audit, behavioural and clinical skills.

3. It is necessary that candidates be able to provide evidence that they have completed the learning outcomes described for their specialty when applying to complete the Membership examination.

4. It is recommended that this evidence be in the form of a portfolio of activities, including work–based assessments (these include any evaluation carried out during chairside teaching).

**Clinical Supervision**

1. Evidence must be provided that there has been a named clinical supervisor for each stage of their training. Each supervisor must understand their responsibility for patient safety and have a clear understanding of the curriculum and clinical competence required for specialty training. The trainer must be fully trained in the clinical specialty for which specialty training is being provided; this may include inclusion of the country’s specialist list if one exists.

2. Evidence of clinical competence must be demonstrated through work-based assessments to ensure clinical progression. The assessments can take various forms and should include directly observed procedures (DOPs), case note reviews, case based discussion (CbD), multi-source feedback (MSF) and clinical examinations (mini CEX)\(^3\)

3. Evidence must be presented to demonstrate satisfactory progression. Where failure to progress is evident, evidence must be included to demonstrate remedial training has taken place. This would normally take the form of a portfolio or annual progression assessment. In the UK, this is currently referred to as the Annual Review of Competence Progression (ARCP).

4. It is an essential characteristic of the clinical training that it is directly supervised by a specialist or consultant in the appropriate discipline.

It is the responsibility of the candidate to ensure that these criteria have been fulfilled prior to application to sit the examination and that their application to sit the examination is approved in writing by the person responsible for oversight of their training (i.e. Training Programme Director or University Programme Director).

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\(^1\) A session is defined as a minimum of 3.5 hours

\(^2\) The learning outcomes are delivered in many forms and may be referred in the totality as the curriculum but can also be identified as the Blueprint on the College website.

\(^3\) The website which explains the different workplace based procedures is: http://www.jrcptb.org.uk/assessment/Pages/Workplace-Based-Assessment.aspx
3.5 All applications to assess eligibility should be presented in the following format:

(i) An online submission of typed and scanned documentation in the form of a Portfolio of evidence.

(ii) The materials should be presented in the portfolio under the headings listed below:
- Declaration form
- Personal details
- Curriculum vitae relevant to the application
- Training programme: a full copy of the training programme and the curriculum should be included.
- Timetable: the timetable for the candidate’s clinical and non-clinical activities during the period of training should be attached. A list of the names of the supervisors for each component should be included.
- Work based assessments of clinical activity during the period of clinical training
- Log book: the log record of clinical experience should follow the format recommended at the following address: https://www.elogbook.org/.

Candidates should indicate whether they have performed the clinical work undertaken, have assisted or observed. Clinical activity should cover the required breadth of the curriculum. No work undertaken more than 6 years preceding the application is acceptable. The log book should be verified by the person supervising the training who should be on the specialist list and responsible for the activity described.

- Letter of support from Programme Director
- Supervisor/s who have given their signature to confirm their role in the candidate’s training should also state their designation, qualifications, specialty and registration status.

4 STRUCTURE OF THE EXAMINATION

The examination consists of three components. At their first sitting candidates must attempt all three components of the examination. Each component must be passed independently. At any subsequent sitting candidates must attempt all outstanding components of the examination.

If a candidate has failed the examination but has passed any of the three components of the examination they will not be required to resit that component(s). A pass in the respective component may normally be carried forward for three further diets within a time-scale of two years (extenuating circumstances may apply).

The Examination will consist of:

4.1 Written paper

A written examination lasting 180 minutes consisting of 180 Single Best Answer (SBAs) Questions

4.2 Objective Structured Clinical Examination

Objective Structured Clinical Examination (OSCE) based on communication and interpersonal skills. This part of the examination assesses the ability of the candidate to communicate in different clinical situations. Whilst the marking criteria concentrate on the candidate’s ability to communicate and not the underpinning knowledge or understanding, if candidates communicate inaccurate or wrong information this will be
taken into account. There will be 6 stations, each having 2 minutes of reading time and 10 minutes of observed activity.

4.3 Unseen Cases

8 unseen cases in a clinical scenario format. For each case, the candidate will be given five minutes to study the patient history, results of examination and where appropriate, investigations (investigation or supporting material may include radiographs, scans, laboratory investigations, study models, photographs etc.). The structured oral examination relating to each case will last for 15 minutes, and the assessment will focus on clinical reasoning and decision making.

5. INFRINGEMENT OF THE REGULATIONS

5.1 The Colleges may refuse to admit to the examination, or may not allow to proceed with the examination, any candidate who infringes any of the regulations or who is considered by the examiners to be guilty of behaviour prejudicial to the proper management and conduct of the examination.

Examples of such infringements are as follows:

5.1.1 Entry to the examination being attempted by making false claims about eligibility or falsifying entry documentation, including the submission of case presentations or a log book containing plagiarised or incorrect content. The College reserves the right to make checks to validate any information or documents supplied by the candidate;

5.1.2 Unfair advantage being sought or obtained: by possession of material or devices during an examination that might give advantage; by plagiarism of any description; by communicating or attempting to communicate with another candidate once the examination has commenced; or by refusing to follow instructions given by examiners or examinations staff regarding the conduct and procedure of the examination.

5.2 Candidates shall not give or receive any assistance or communicate by any means with one another or any person, other than the invigilator(s) and examiner(s), at any time while an Examination is in progress. Any candidate acting in breach of this Regulation or who is considered by the examiners to be guilty of behaviour prejudicial to the proper management and conduct of the Examination may be suspended from the examination.

5.3 Candidates should not remove from the examination venue, or make copies of, any papers or examination materials.

5.4 Candidates should not attempt to obtain confidential information relating to the examination from an examiner or examination officials or pass confidential information on the content of the examination to a third party.

5.5 Any candidate who infringes any of the Regulations may be refused admission to, or may face expulsion from, the Examination. All instances of misconduct are reported to the Chair of the Examination Board.

5.6 All allegations of misconduct will be investigated in accordance with the procedures published on the Colleges’ websites; any penalties incurred will also be in accordance with the published procedures.
6. GENERAL INFORMATION

6.1 In the unseen and OSCE components of the examination candidates are examined by one examiner, with the presence of a circulating QA officer.

6.2 Candidates should note that no practical clinical dentistry work will be required during the examinations.

6.3 Unsuccessful candidates will be provided with written feedback on their performance on request within one month of the publication of the results. Feedback is not available to successful candidates.

7 APPENDICES