

THE FACULTIES OF DENTAL SURGERY OF

**THE ROYAL COLLEGE OF PHYSICIANS & SURGEONS OF
GLASGOW**

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

**Regulations and Guidance for the Bi-Collegiate Specialty
Diploma of Membership in Orthodontics**

M Orth

DECEMBER 2016

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1. Entry to the Examination

1. The Bi-Collegiate Diploma of Membership in Orthodontics of the Dental Faculty of the Royal College of Physicians and Surgeons of Glasgow and the Faculty of Dental Surgery of the Royal College of Surgeons of England may be granted to those who possess a dental qualification registrable in the Dentists Register of the UK and to graduates or diplomates in Dental Surgery of those universities and other licensing bodies recognised for the purpose (i.e. those that admit candidates to Temporary Registration in the UK) who comply with the Regulations.
2. To be eligible to enter the examination, prospective candidates must fulfil one or more of the following criteria:-
 - a. have completed at least 2½ years continuous full-time (or part-time equivalent ie not less than half time over a maximum of six consecutive years) of an SAC approved training programme and possess a Training Number allocated by the Regional Postgraduate Dental Dean/Director. Award of the Bi-Collegiate Membership in Orthodontics is dependent also on evidence that the successful candidate has completed a period of 3 years full-time (or part-time equivalent) recognised specialty training (See Note 1, 2 and 6)
 - b. have completed 2½ years full-time (or part-time equivalent i.e. not less than half time over a maximum of six consecutive years) of the 3-year training programme associated with a UK or Ireland University Masters or Doctorate degree course formally approved by the Faculties of Dental Surgery through the Meeting of the Specialty Membership Examinations Executive. Candidates who have MJDF /MFDS/MFD or FDS will be exempt a part 1 Applied Basic Science examination where such an examination exists.
 - c. be registered as a specialist in the UK, having been admitted to the specialist list i) through the transitional arrangements, ii) by the provisions which permit entry to the specialist list on the basis of specialist qualifications obtained in the EEA or overseas or iii) on the basis of academic achievement.
 - d. in the case of dentists who have completed specialty training overseas or in the EEA and have MJDF/MFDS/MFD or FDS or a part 1 Applied Basic Science examination where it exists and have successfully completed a programme of specialist training formally approved by the Faculties of Dental Surgery through the Meeting of the Specialty Memberships Examinations Executive and have been awarded the appropriate specialist qualification or certificate by their university or licensing body (See Notes 4 and 5).
 - e. in the case of dentists who have completed at least 2½ years continuous full-time (or part-time equivalent ie not less than half time over a maximum of six consecutive years) of specialty training overseas or in the EEA in a programme of specialist training formally approved by the Faculties of Dental Surgery through the Meeting of the Specialty Memberships Examinations Executive award of the Bi-Collegiate Membership in Orthodontics is dependent also on evidence that the successful candidate has completed a period of 3 years full-time (or part-time equivalent) recognized specialty training (See Appendix 7 for list of approved overseas training posts)
 - f. Where a part 1 Applied Basic Science examination exists dentists who have been qualified and in clinical practice for a minimum of 2 years may enter this part alone separately from entering and sitting the rest of the Membership examination.

Notes on entry criteria

- Note 1 *To enter a specialist training programme recognised by the GDC In the UK, prospective trainees must:*
- *a primary dental degree recognized by the GDC*
 - *have had two years of general professional training*
 - *have been appointed in open competition*
 - *have a Training Number issued by the Regional Postgraduate Dental Dean/Director*
 - *be in an SAC approved post*
- Note 2 *To be awarded a CCST (and, thereby, gain entry to the Specialist List held by the GDC), a UK trainee normally must:*
- *have successfully completed the RITA process*
 - *have successfully completed an SAC approved training programme*
 - *have passed the relevant specialty examination*
 - *be fully registered with the GDC*
- Note 3 *Possession of a specialty Membership diploma by a dentist who has undertaken a UK University Masters or Doctorate degree course does not entitle him/her to be awarded a CCST (and, thereby, gain entry to the Specialist List held by the GDC) unless the criteria outlined in Note 2, above have been met.*
- Note 4 *To gain entry to a specialist list held by the GDC, the Regulations state that a dentist who has specialist qualifications awarded outside the UK must be fully registered with the GDC and must be able to satisfy the GDC that his/her specialist qualifications are equivalent to those required for the award of a CCST. Possession of a UK specialty membership diploma, therefore, cannot be used by a dentist whose specialty training has taken place in the EEA or overseas to help satisfy the GDC criteria for entry to a UK specialist list, since such a diploma, even when the Examination is held overseas or in the EEA, is regarded by the GDC as a qualification awarded within the UK.*
- Note 5 *A national of an EEA State who holds a qualification in Orthodontics awarded in an EEA Member State other than the United Kingdom, which is recognised under Directive 78/686/EEC, will qualify for entry in the specialist lists of Orthodontics.*
- Note 6 *Candidates who consider that their experience is equivalent to the training set out above, but who do not comply exactly with these rules may apply to sit the examination by submitting full details in writing at least three months before the closing date to the Examinations Department, Royal College of Surgeons of England, 35-43 Lincoln's Inn Fields, London WC2A 3PE. The final decision will rest with the Chairman of the Bi-Collegiate Specialty Membership Board who may consult with other members of the Board.*

2. THE AIM AND OBJECTIVES OF THE EXAMINATION

2.1 Aims

The purpose of the examination is to determine whether candidates have reached a level of knowledge and competency which will enable them to function as a Specialist in Orthodontics

2.2 Objectives

A candidate having passed the Bi-Collegiate Specialist Membership Diploma will have an understanding of diagnosis and treatment planning over a wide range of problems in orthodontics together with a high level of expertise in carrying out Orthodontic treatment.

3. ARRANGEMENTS FOR THE EXAMINATION

3.1 Examiner Selection

Once a list of candidates is known i.e. 8 weeks before the examination date the Chairman of the Examination Board will select examiners from the list of those available. Although the Chairman or named deputy from the Board should attend the examination he or she will not normally be one of the examiners.

Normally the minimum number of examiners at each diet of the examination will be three. This stipulation can be waived in the event that all the participants are re-sit candidates and are taking only one Section each. A minimum of two examiners should examine each candidate for any part of the Examination. Each candidate should be examined by every examiner for at least one section if possible.

In selecting Examiners, the Chairman will be mindful of the need to achieve an appropriate balance of speciality interest, geographic location and NHS or University affiliation.

For any particular examination every effort will be made to avoid selecting examiners who share their workplaces in common with one or more of the candidates.

A detailed examination timetable, together with the material presented by the candidates will be distributed to the examiners at least two weeks before the date of the Examination. The details of the timetable should be regarded as confidential.

3.2 Communication with Candidates

Candidates will have the receipt of their applications acknowledged once the Chairman of the Board has confirmed their eligibility. Late applications will not normally be accepted.

Once their presentational material has been received by the secretariat, candidates will be provided with an examination timetable and a list of examiners, but will not be told which examiners they will meet in the specific sections of the examination

4. COMPONENTS OF THE EXAMINATION

The examination consists of the following components:

4.1 Part 1 Applied Science in relation to orthodontic practice

The Aim of this section is to examine candidates' knowledge of the applied sciences in relation to orthodontic practice.

The Objectives are that a successful candidate will possess a good knowledge of the Applied Sciences and their relevance to orthodontic practice.

This part is assessed by:

1. A **3 hour Multiple Choice / Multiple Short Answer** paper

Candidates who have successfully passed the MJDF/MFDS or FDS examination of one of the Surgical Royal Colleges will be exempt from this section.

Candidates who have successfully passed the part 1 MOrth examination of the Royal College of Surgeons of Edinburgh will be exempt from this section.

4.2 Part 2 –Orthodontics

4.2.1 Written Examination

The Aim of this section is to explore the candidate's knowledge of orthodontic theory and assess understanding, reasoning power, intellectual ability.

The Objectives are that successful candidates will possess a good knowledge of orthodontic theory.

A **three-hour written paper** with Multiple Choice / Multiple Short Answer questions relating to any part of the syllabus.

Candidates who have successfully passed the written paper, or equivalent, of a recognised masters degree by an approved university dental school on subjects covered by the syllabus, will be exempt from this section. Candidates holding a master's degree based solely on research will be expected to take this paper.

Candidates failing the examination overall, but passing the written paper of the Bi-Collegiate Membership in Orthodontics, will be exempted from this section of the examination.

4.2.2 Objective Structured Clinical Examination (OSCE) Section

The Aim of this section is to assess the candidates ability to manage and execute scenarios commonly experienced in the clinical practice of contemporary orthodontics.

The Objectives are that successful candidates will possess the following attributes:

1. Good communication skills
2. Ability to analyze and interpret diagnostic information and material
3. Demonstrate practical skills normally undertaken as part of clinical practice
4. Interpret and appraise data from publications
5. Apply appropriate decision making in clinical situations

This section of the exam will normally comprise a minimum of 13 OSCE stations with appropriate rest stations.

4.2.3 Structured Clinical Reasoning Section

The Aim of this section is to test the candidate's breadth and depth of knowledge in diagnosis and treatment planning over a range of cases.

The Objectives are that successful candidates will possess reasoning power, knowledge of orthodontic theory and technical expertise together with an ability to communicate ideas.

Candidates will be presented with case records of patients demonstrating a variety of orthodontic problems. These may include routine orthodontic cases of moderate complexity or more severe cases involving unerupted teeth, missing teeth, growth dependent malocclusions, restorative problems, minor surgery or orthognathic surgery.

The case material will be presented in a standard format:

- Information to candidates as shown on the attached proforma
- Colour print (or scanned digital images) of full face, profile and right, left and midline intra-oral views (occlusal views not required unless relevant)
- Lateral skull radiograph, with teeth in maximum occlusion, OPG or equivalent, and an upper anterior occlusal radiograph. Periapical views to be included if relevant to aid in the localization of unerupted teeth
- Full tracings are not required but the basic information should be completed on the information sheet.

Study models will be duplicated and constructed in white plaster, correctly trimmed and of presentation quality.

The structured clinical reasoning component consist of two sessions each of one hour's duration. A total of four cases will be examined overall. In each session candidates will be presented with the records of two cases for diagnosis and treatment planning. Clinical photographs, study models and radiographs will be provided.

Candidates will be allocated 15 minutes to examine the patient's records followed by a 15 minute oral examination on each case.

Candidates failing the examination overall, but passing the structured clinical reasoning section will be exempt from this section of the examination at the next diet of the examination only.

4.2.4 Case Presentation Section

The Aim of this section is to assess the clinical management skills of the candidate by the written presentation of clinical data relating to **three** patients of the candidate's own choice which demonstrate these skills and which have contributed significantly to professional development during the training programme.

The **Objectives** are that successful candidates will possess the following attributes:-

- a) The ability to present a written case report mentioning all salient points as succinctly as possible;
- b) The ability to elicit and interpret clinical signs and symptoms;
- c) The ability to gather and extrapolate data;
- d) The ability to formulate and execute rational treatment plans;
- e) An understanding of prognostic factors;
- f) The ability to defend or justify the chosen management options;
- g) Knowledge of alternative treatment plans.

These attributes will be tested both by assessment of the written material provided by the candidate and by his or her ability to answer the examiners' questions. In deciding the overall mark, examiners should give credit for the range of malocclusions and appliances used. One mark will be awarded for the quality of the presentations and the treatment results, and a second mark for the candidate's performance in the viva.

Presentation of the case records of three cases treated personally by the candidate. This component of the examination is intended to illustrate the candidate's ability to treat a range of orthodontic problems to a high standard and to demonstrate an understanding of the principles underlying the treatment. The three cases must have had the majority of treatment completed by the candidate. The candidate must be able to demonstrate that they have made a substantial contribution to the treatment of the cases and it must be made clear in the case records which elements, if any, have been undertaken by other clinicians.

Two cases, selected by the examiners, will be discussed in depth and the duration of this part of the examination will be 30 minutes.

See Appendix 4 for required details of case records.

Candidates failing the examination but passing the treated cases section will be exempt from this section for the next diet of the examination only.

Clinical case records must be submitted to the designated examination centre by noon on the day before their assessment in this section of the examination is scheduled to

occur. The clinical case records will be available for collection by the candidate following the adjudication and candidates should note that this is their personal responsibility.

Clinical case records should be accompanied by a signed statement from the accredited supervisors confirming the candidate's substantial involvement in the treatment of the selected cases. This statement should be separately addressed to the examinations secretary in a sealed envelope. It must not be enclosed with the clinical case histories.

5. THE BI-COLLEGIATE MEMBERSHIP BOARD IN ORTHODONTICS - REMIT, CONSTITUTION, ROLES AND RESPONSIBILITIES

5.1. Remit

The Bi-Collegiate Specialty Membership Examination Boards are responsible to the Dental Faculties of the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow through the Meeting of the Specialty Membership Examinations Executive.

5.2. Composition

5.2.1 Board

Two representatives from each of the two Colleges together with the Chair of the SAC or a nominated Consultant member of the SAC if it is inappropriate for the SAC Chair to be the Board member. Colleges should bear in mind when selecting representation the benefit of an Academic Member.

- 2.1.1 If an appointment has been made to the Chair of the Panel of Examiners, then he/she should have a seat on the Board.
- 2.1.2 The Board may, if they feel it is appropriate, invite the relevant Trainees Group to appoint one of their members to sit on the Board.
- 2.1.3 The quorum of the Board will be three members.
- 2.1.4 College representatives will not normally be allowed to nominate alternates. This rule will not apply to the SACs.
- 2.1.5 The Chair of the Board shall be responsible together with the designated College for the organisation of each sitting of the Examination. He/She will be accountable to the Dental Faculties of the Royal College of Surgeons of England and the Royal College of Physicians and Surgeons of Glasgow through the meeting of the Specialty Membership Examinations Executive.

5.2.2 Panel of Examiners

The Chairman of the Board together with a number of examiners appointed by the Colleges constitutes the Panel of Examiners. The number of additional examiners is determined by the Board. The Chair of the Board may recommend to the Colleges through the meeting of the Specialty Memberships Examinations Executive who are thought to be appropriate individuals to give a balanced panel but it is the responsibility of the Colleges to decide who should be appointed.

The Board has discretion to appoint a Chair of the Panel of Examiners. Such an appointment should be made by an election by and from the Panel of Examiners.

5.3 Examiners

- 5.3.1 An advertisement will be placed annually inviting applications of interest from those on the specialist list indicating where vacancies are anticipated and specifying the College representation related to these vacancies. In making its selection the Board, in conjunction with the Colleges through the meeting of Vice Deans and Chairs, will endeavour to produce and maintain a Panel of Examiners balanced with respect to equal College representation, background experience, regional spread and age etc.
- 5.3.2 The period of tenure will be 5 years
- 5.3.3 Examiners will be required to attend an Examiners Training Course run by one of the Surgical Royal Colleges before undertaking examiners' duties and thereafter at intervals of not more than five years.
- 5.3.4 Examiners will normally be required to observe, without participating as an examiner, before proceeding to examine.
- 5.3.5 The Board has the right to recall past examiners if there is difficulty in making up a Panel for a particular sitting.
- 5.3.6 Examiners will be expected to give an undertaking in writing that they will give their responsibilities as examiners a high priority.
- 5.3.7 Examiners may be 'exchanged' with those from the corresponding Panel of Examiners of the RCS Edinburgh.
- 5.3.8 Boards may if they wish invite International Examiners but they require to have undergone UK College Examiner Training if invited to examine.
- 5.3.9 Examiners must recognise that they have a duty of confidentiality in respect of their responsibilities as examiners to candidates and the Colleges.

5.4 Chair of the Board

The Chair of the Board shall be elected by the members of the Board from the representatives of the Colleges.

5.5 Term of Office

- 5.5.1 The term of office of the Chair of the Board shall normally be three years. The term of office for a member of the Board and Panel of Examiners shall normally be five years.
- 5.5.2 The term of office of the Chair of the Panel of Examiners should be 3 years but the Chair will be eligible for re-election for a further period of no

longer than 3 years. If necessary, the Chair can have his/her period of tenure as an examiner extended to allow him/her to complete the first three-year period. However, if re-elected as Chair, the subsequent period of tenure may have to be reduced so that the time spent as an examiner does not exceed 8 consecutive years.

5.5.3 If a member of the Panel of Examiners becomes a Board Member or vice versa, he/she should not normally serve for more than a total of eight consecutive years unless elected as Chair of the Board when the time spent in that capacity will not count towards the overall eight year limit. After eight years, members are not normally eligible to serve again as an examiner or Board member until two years have elapsed.

5.5.4 Members of the Board and Panel of Examiners should not be involved for more than one year after they have ceased active dental practice.

5.6 The Board

5.6.1 It is the responsibility of the Chair of the Board to ensure the efficient organisation of the Examinations.

5.6.2 The Chair of the Board together with the secretariat must ensure that the checklist for each examination is implemented.

5.6.3 The Chair should liaise with the Dental Faculties and Colleges to ensure that there is no clash of Examination dates with other College activities.

5.6.4 The Chair should attend all meetings of the Board

5.6.5 The Chair should attend the bi-annual meetings of the Speciality Membership Examinations Executive.

5.6.6 The Chair should conduct a Board meeting at least once a year. A teleconference may be substituted for a formal meeting.

5.6.7 The Board should determine the frequency and site of diets according to the anticipated number of candidates.

5.6.8 The Board should receive reports from, and respond to, the Panel of Examiners' recommendations.

5.6.9 The Board should keep under review the format of the Examination and its supporting documentation, and should recommend changes in the light of requirements for the development of the specialty. All such recommendations must be presented for approval to a meeting of the Speciality Membership Examinations Executive prior to implementation.

5.7 Conduct of the Examination

- 5.7.1 The examinations shall be held in accordance with the Regulations and Guidance to Candidates and the agreed marking system.
- 5.7.2 The Chair or a named deputy from the Board should attend the examination but should not normally be one of the examiners. Normally the minimum number of examiners at each diet of an examination should be three.
- 5.7.3 Candidates should be informed of the result of the examination on the day of the examination by the Chair or a College Officer. Those not passing the examination will be offered the opportunity of meeting with the Chair of the Board in the presence of an examiner and informed that further details and advice will be sent to them, to their Training Programme Director and to their Postgraduate Dental Dean. In the letter, the Chair will provide a summary of the candidate's performance identifying areas of deficient knowledge and giving guidance on how the candidate might be better prepared to re-take the examination. Any subsequent discussion or further correspondence will be the responsibility of the Board Chair.

5.8 Affiliation

- 5.8.1 In the case of Examinations held within the UK, the Chair of the Board should ensure that, when candidates are advised in writing that they have been successful in the Examination, they are also informed that they may affiliate to either (or both) Colleges. This letter should also advise candidates who they should approach in each College for further information. Examiners and College officials must not pre-empt this letter.
- 5.8.2 In the case of Examinations held overseas, successful candidates must affiliate to the College which sponsored the Examination.

6.THE METHOD OF MARKING

The method of marking which is applicable to all parts of the examination shall be as follows:.

- 4 - An outstanding performance
- 3 - A definite pass
- 2 - A reasonable performance but not up to pass standard
- 1 - A poor performance

Generally examiners should award the mark that matches most closely the candidate's performance and should not hesitate to give the highest or lowest mark should they be justified.

In awarding a mark, examiners should be influenced solely by each candidate's level of performance, and must not make any allowance for his or her experience, or lack of it in that subject area.

Where it appears that the standard of performance lies exactly between two possible marks, the higher mark should be given.

1. The written paper will consist of multiple choice /multiple short answer questions based upon any aspect of the curriculum. Three hours will be allowed for the paper.

The pass mark for the written paper is 3.

2. The case presentation section will be conducted jointly by two examiners. Time will be available for the examiners to review the submitted material and an in depth discussion will take place on two cases chosen by the examiners. Thirty minutes will be provided for this section.

In deciding the overall mark, examiners should give credit for the range of malocclusions and appliances used. One mark will be awarded for the quality of the presentations and the treatment results, and a second mark will be awarded for the candidate's performance in the viva. The pass mark for the case presentation section is 6.

3. The structured clinical reasoning section will be conducted jointly by pairs of examiners, each pair dealing with a separate case or one pair dealing with all three cases depending upon the number of candidates presenting at a particular sitting.

In either of the above situations an interim mark shall be awarded for each of the four cases. The two marks awarded for the first two cases (session 1) will be averaged to produce a final mark. Similarly, the marks awarded for the last two cases (session 2) will be averaged to produce a second final mark. The pass mark for this section is 6.

- 4 The objective structured clinical examination will involve some observed stations as well as unobserved task related stations. The marks awarded for each station will be transferred into a matrix to produce one final mark. The pass mark for this section is 6.

7. THE ADJUDICATION

At the conclusion of the whole examination adjudication will be held chaired by the Chairman of the Board or his/her deputy.

All examiners are expected to attend. In the event of absence of an examiner, it is essential that there should be one examiner present from each section of the examination.

The marks for all separate sections of the examination will be tabulated as follows:

Paper, case presentation, OSCE and Structured Clinical Reasoning sections –The pass mark for candidates entering all sections will be 21.

- (a) A candidate holding a recognised Masters degree or equivalent which includes a written paper on subjects covered by the curriculum will be exempted from the paper section.

The pass mark will be 18.

- (b) Candidates who have failed the previous examination but passed one or more of the written paper section, the treated case section, or the structured clinical reasoning section will be exempted from this/these section(s) for the following sitting only.

The actual pass mark in this case will depend upon the number of parts entered.

Generally examiners should award the mark that matches most closely the candidate's performance and should not hesitate to give the highest or lowest mark should they be justified.

8. CODE OF CONDUCT OF THE EXAMINATION

Examiners should introduce themselves to the candidates and may, if they wish, ask candidates about their specific interests or career aspirations or what posts they have held in the past. Two examiners must be present for every examination section and should have an equal share of the time available to ask questions.

Each examiner should make a judgement on the candidate's responses to all the questions and not just to the questions that he or she has put. Both examiners should

then discuss the candidate's performance and award a single mark, resolving any disagreement by drawing attention to aspects of the candidate's performance which were not appreciated by the other examiner at the time. Examiners should record notes of the questions asked and the candidate's responses. These notes can then be used as an 'aide memoir' at the adjudication and, if necessary, at appeals proceedings.

Examiner pairs should not discuss with another examiner the performance of specific candidates during the examination or the marks that they have awarded. While the Examination is in progress, the Chairman will not reveal to any examiner the marks being accumulated by any candidate.

9. PRIOR KNOWLEDGE OF THE CANDIDATE

Examiners should declare at the start of a section if they are scheduled to examine a trainee with whom they have worked previously and acted as their trainer.

It is not acceptable for a candidate to be examined by one of his trainers except in an emergency.

Arrangements should be made for examiner pairs to change if at all possible and during the exam if necessary to avoid examining candidates for whom they have acted as trainers.

10. ANNOUNCEMENT OF RESULTS

Candidates should be informed of the result of the examination on the day of the examination by the Chair or a College Officer.

Those not passing the examination will be offered the opportunity of meeting with the Chair of the Board or a senior examiner and informed that further details and advice will be sent to them, to their Training Programme Director and to their Postgraduate Dental Dean. In the letter, the Chair will provide a summary of the candidate's performance identifying areas of deficient knowledge and giving guidance on how the candidate might be better prepared to re-take the examination. Any subsequent discussion or further correspondence will be the responsibility of the Board Chair.

11. APPEALS PROCEDURE FOR UNSUCCESSFUL CANDIDATES

Candidates who desire to make representations with regard to the conduct of their examination must address them to the Examinations Officer of the Royal College of Surgeons of England within one month of the examination. On no account will approaches be allowed to individual examiners. Representation will then be dealt with in accordance with the College policy.

12. Appendix 1

SYLLABUS

Applied Science in relation to orthodontic practice (Part 1 MOrth).

- A working knowledge of the applied basic sciences related to dentistry and a deeper knowledge as applied to the clinical practice of orthodontics.
- Anatomy of the head and neck including dental anatomy relevant to orthodontics.
- Human disease related to dentistry including relevant microbiology, pathology and immunology.
- Applied physiology with reference to bone growth and development, respiration, circulation, mastication, deglutition and speech.
- A working knowledge of the properties of dental materials.
- A working knowledge of growth and development in general and detailed knowledge oral and craniofacial developments and development of the dentition.
- A working knowledge of human genetics and detailed knowledge of genetic anomalies of the jaws and teeth.
- The role of nutrition in the development of the child and the dentition.
- The tissues changes associated with orthodontic tooth movement.

Clinical Orthodontics

The curriculum is that of the SAC in Orthodontics. The module titles are detailed below.

Section A Basic orthodontic subjects

- M1 Normal and abnormal development of the dentition
- M2 Facial growth (normal and abnormal)
- M3 Physiology and pathophysiology of the stomatognathic system
- M4 Tooth movements and facial orthopaedics
- M5 Radiology and other imaging techniques
- M6 Cephalometrics (including tracings)
- M7 Orthodontic materials
- M8 Orthodontic biomechanics

Section B General orthodontic subjects

- M9 Aetiology
- M10 Diagnostic procedures
- M11 Diagnostic assessment, treatment objectives and treatment planning

- M12 Growth and treatment analysis
- M13 Long term effect of orthodontic treatment
- M14 Iatrogenic effects of orthodontic treatment
- M15 Epidemiology in orthodontics
- M16 Orthodontic literature

Section C Orthodontic techniques

- M17 Removable appliances
- M18 Functional appliances
- M19 Extra-oral appliances
- M20 Fixed appliances
- M21 Retention appliances

Section D Biological sciences relevant to orthodontics

- M22 Cell and molecular biology
- M23 Genetics
- M24 Craniofacial embryology
- M25 Somatic and craniofacial growth
- M26 Physiology of breathing, swallowing, mastication and speech
- M27 Psychology
- M28 Research module

Section E Multidisciplinary orthodontics

- M29 Craniofacial anomalies - overview
- M30 Cleft lip and palate patients - overview
- M31 Orthodontics and periodontics, prosthodontics and endodontics
- M32 Orthodontic/Oral Surgical interface

Section F Specific treatment procedures

- M33 Guiding the development of occlusion
- M34 Adult orthodontics - overview
- M35 Craniomandibular dysfunctions

Section G Information technology

- M36 Computer based technology

Section H Management of oral health

- M37 Oral health
- M38 Health education

Section I The Practice and Business of Specialist Orthodontic practice

- M39 Health and safety
- M40 Legislation and Ethics
- M41 Surgery Management
- M42 Personnel Management
- M43 Finance

Section J

- M44 Self-Assessment Module

Further details of the syllabus are given in a document prepared by the SAC in Orthodontics and approved by the General Dental Council. Full details are available from The SAC in Orthodontics at the Faculty of Dental Surgery of the Royal College of Surgeons of England, London

13. Appendix 2

THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW



THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF GLASGOW

The candidate, after having passed all parts of the examination for the Membership in Orthodontics will be presented for election as an Associate in Dental Surgery. The President or other Office Bearers acting on behalf of College may approve such an election and thereafter report to the next ordinary meeting of College.

Following election as an Associate in Dental Surgery, the successful candidate will be admitted at a subsequent meeting of the College. Until they have been admitted they are not entitled to make use of the letters M Orth (Bi-Collegiate) after their name or to exercise any other rights conferred.

The names of successful candidates will be added to a list referred to the General Dental Council for Registration of the candidate's diploma as an additional registrable qualification.

Each member shall pay each year such annual subscription as may be determined from time to time by the College.

14. Appendix 3

THE ROYAL COLLEGE OF SURGEONS OF ENGLAND



THE ROYAL COLLEGE OF SURGEONS OF ENGLAND

The candidate, after having passed all parts of the examination for the Specialist Diploma of Membership of the Faculty of Dental Surgery shall be given a Notice subscribing his/her name to the by-law and the required declaration; that it rests with the Board of Faculty to confer upon them the Specialty Diploma of Membership; and that until the granting of such a Diploma by the board, they are not in any circumstances, entitled to make use of the letters M Orth (Bi-Collegiate) after their name; to exercise any other rights conferred by the membership; or be admitted as visitors to the examination.

The successful candidate's name will be added to a list referred to the General Dental Council for registration of the candidate's diploma as an additional registrable qualification.

Upon confirmation by the Board of Faculty the successful candidate shall then receive a Diploma bearing the Seal of the College and the Diploma shall state that such Member has been successful in the examination.

Every Member shall pay each year such annual subscription as may be determined from time to time by the Board of Faculty with the concurrence of the College Council.

15. Appendix 4

FORMAT OF CASE PRESENTATIONS

A recommended format is available in electronic form from the Examinations Department at the Royal College of Surgeons of England

1. Use loose-leaf files, large enough to include lateral skull tracings. Recommended size: 31.5 cm x 24.1cm. There should be no mention of the patient or candidate's name in the folder.
2. Records should include a full diagnosis and treatment plan of the case, and a summary of the treatment method (technique) including the design of removable appliances and a description of the various wires and arches used in fixed appliances.
3. Photographic black and white or colour prints (or printed digital photographs with certification that they have not been enhanced) before and at completion of treatment, as follows:-
 - A. Full face (at rest and smiling).
 - B. Profile.
 - C. Any other relevant views e.g. appliances.
4. Radiographs:
 - A. Lateral skull tracings before and at relevant stages during the course of treatment.
 - B. Radiographs or copies of radiographs thought necessary to diagnose and to record any significant changes.
 - C. Radiographs should, if possible, be placed in plastic envelopes.
5. Models before and after treatment, should be presented. Candidates are strongly advised to produce the actual models although replicas of the originals are acceptable. In exceptional circumstances candidates who travel from abroad may seek permission to submit photographs of models, but if actual models are not produced photographs of them should be included in the record book and must include the following views:
 - A. Anterior view in occlusion.
 - B. Left and right buccal segment views in occlusion.
 - C. Upper and lower occlusal surface views.
6. The patient's name and address should be omitted from clinical case records.

16. Appendix 5

Guidance Notes for Candidates for the Bi-Collegiate Membership in Orthodontics

The examination will be held in a centre designated by the Bi-Collegiate Membership Board.

We wish to ensure that the Bi-Collegiate Membership in Orthodontics is fair to all candidates therefore it has been agreed that:

1. Candidates **are not** permitted to take mobile telephones/pagers into any section of the examination. If a candidate is found to be in breach of this ruling regarding mobile telephones/pagers they will be disqualified from the examination.
2. Candidates **are** permitted to take a copy of their case presentation into the Treated Cases section of the exam. No additional papers are permitted. Candidates **are not** permitted to take any written information into any other section of the examination.
3. Candidates may use digital photography for case presentations but those photographs must not be digitally enhanced and the application must include a signed certification that the photographs have not been enhanced

17. Appendix 6
FORMAT OF INFORMATION FOR CANDIDATES IN STRUCTURED CLINICAL REASONING EXAMINATION

MOrth RCS

STRUCTURED CLINICAL REASONING EXAMINATION

Information for Candidates

Patient:

Age:

Complaint:

Medical History:

Soft Tissues:

Cephalometry:

SNA	=	SNB	=
ANB	=	UI Maxilla	=
LI Mandible	=	UI / LI	=
LI to A/Po	=	MMP	=
SN / Max PI	=	ALFH to TFH %	=

Mandibular path of closure:

Periodontal Status:

Dental Status:

Other Information:

18. Appendix 7

Approved UK Masters and Doctorate programmes

Clinical training and Research Component

Bristol University DDS
Eastman Dental Hospital, University College London MSc
Royal London Hospital, Queen Mary College, London MSc
Sheffield University MClintDent, MMedSci
Manchester University, MSc
Liverpool University MSc
Kings College London MSc
Newcastle University MDS
Glasgow University MSc
Dundee University MSc
Leeds University MSc

Research Component Only

Birmingham University MPhil
Manchester University, MPhil

Approved overseas training posts for the Bi-Collegiate MOrth

1. Dharwad, Karnataka, India (4 posts)
2. University of Malaya, Kuala Lumpur, Malaysia (4 posts)
3. University of Oman (2 posts)