

SPECIALIST ACCREDITATION COMMITTEE

DENTAL

TRAINING PROGRAMME

GENERAL PROFESSIONAL TRAINING

**CERTIFICATE OF COMPLETION OF
GENERAL PROFESSIONAL TRAINING OF
THE DENTAL SPECIALIST ACCREDITATION COMMITTEE
OF MALTA**

Approved by SAC on 19th November, 2007



DENTAL ASSOCIATION OF MALTA
2008

1. GENERAL REGULATIONS

1.1 The Certificate of Completion of General Professional Training of the Dental Specialist Accreditation of Malta may be granted to those who possess a dental qualification registerable in the Dental Register of Malta.

1.2 The award of the Certificate of Completion of Specialist General Professional Training is dependent on evidence that the candidate will have satisfactorily completed a period of 2 years full-time (or part-time equivalent) recognised training.

1.3 Assessments dates are published annually by the Dental Specialist Accreditation Committee of Malta.

1.4 There are no training and/or assessment fees for trainees employed with the Government Health Department. However, the SAC may levy administrative fees for late unjustified withdrawal from formal assessments and/or the training programme.

1.5 Applications must be addressed to the Dental Specialist Accreditation Committee of Malta and must be accompanied by a comprehensive curriculum vitae and certified copies of any relevant qualifications and documents.

1.6 Every trainee shall confirm his or her intention to present him or herself for assessment in writing and present any required documentation (e.g. log books and case presentations) no later than the closing date published by the SAC.

1.7 The Dental Specialist Accreditation Committee of Malta may refuse to admit to an assessment (or to proceed with the assessment of) any trainee who infringes any of the regulations or who is considered to be guilty of behaviour prejudicial to the proper management and conduct of the assessment.

1.8 Trainees who desire to make representations with regard to the conduct of their assessment must address them to the Chairperson of the Dental Specialist Accreditation Committee of Malta within a month of the examination and not in any circumstances to an assessor. Representations will then be dealt with in accordance to the policy agreed by the Dental Specialist Accreditation Committee of Malta.

1.9 Training will not normally be accredited if it is less than half time. The training period should preferably be continuous but in some cases breaks in training may be permitted.

1.10 The Certificate of Completion of General Professional Training is not registerable in the Dental Register of Malta as an additional qualification.

1.11 A trainee has the right to appeal any final decision in the relation to the award of the CCGPT. The appeals procedures described in Article 49 of the Health Care Professions Act are to be applied.

2. PROFESSIONAL TRAINING AND ACCREDITATION PROVISIONS

2.1 The Dental Specialist Accreditation Committee of Malta is responsible for the recognition and approval of training programmes in Malta and bodies seeking approval should apply to the SAC.

2.2 The Dental Specialist Accreditation Committee of Malta is responsible for accrediting General Professional Training and awarding the Certificate of Completion of General Professional Training.

2.3 Currently the Dental Association of Malta is responsible for setting the criteria for General Professional Training in Malta.

2.4 Currently the Dental Training Committee of the Health Department is responsible for the implementation and running of the General Professional Training Programme in Malta. The Dental Training Committee of the Health Department has been accredited by the SAC to provide the General Professional Training Programme according to the criteria recommended by the relevant professional association.

3. PURPOSE OF THE TRAINING PROGRAMME

3.1 The training programme is designed to equip trainees to master the appropriate technical skills and to develop a level of diagnostic skill and understanding sufficient to obtain the award of a CCGPT.

3.2 Award of the Certificate of Completion of Specialist training
On completion of the training programme, the dental surgeon can apply to the SAC for the award of a Certificate of Completion of General Professional Training.

4. ACCESS TO TRAINING PROGRAMMES

4.1 Access to all SAC approved General Professional Training programmes is open to all House Dental Surgeons, Dental Surgeons in Dental Surgery employed with the Health Department of Malta.

4.2 Dental graduates who are registered or eligible for registration with the Medical Council may apply for entry to General Professional Training programme following their commencement of employment with the Government.

5. PROGRAMME STRUCTURE

5.1 The objectives of two year General Professional Training:

Trainees should work and train in the following clinical areas:

1. Primary Dental Care
2. Emergency Hospital Dentistry
3. Child Dental Health and Orthodontics
4. Oral Medicine, Surgery and Radiology
5. Prosthodontics
6. Endodontics and Conservation

5.2 Each of the above clinical placements should be of at least 3 months duration with at least 9 months spent in a hospital and 9 months in health centres/general practice.

5.3 Provided that the above minimum requirements have been fulfilled, and additional training time may be completed in other areas, such as Dental Public Health or Health Services Management. Prior approval had to be sought from the SAC.

5.4 Length of Training Programmes

Training will normally be full-time. The arrangements under which part-time training is permitted are outlined in the relevant paragraph below.

5.4.1 Full-time Training

The period of full-time training will be two continuous years in a general training programme approved by the SAC. Locum experience will not normally be accepted unless approved by the SAC in advance.

5.4.2 Flexible Training Programmes and Part-time Training Programmes

Flexible and part-time training is permitted. The arrangements for such training are to be agreed by the employer according to current government regulations and practices. Full-time trainees can apply to become flexible trainees and flexible trainees can apply to revert to full-time training at any time. The total length of flexible and part-time training should not be less than that of full-time training.

5.4.3 Approval may be obtained from the SAC for periods of detachment from training programmes and for clinical experience abroad in other centres for both full-time and part-time trainees.

5.5 Distribution of Time within Training Programmes

A balanced programme will, for all trainees, allow personal treatment sessions, diagnostic sessions, review clinics, formal and informal teaching, research and reading time.

5.6 Facilities

5.6.1 At the training centre there should be:

1. a well equipped surgery with an appropriate range of instruments.
2. trained dental nursing support with reasonable continuity of personnel.
3. adequate secretarial support within the department.
4. adequate access to a full range of relevant diagnostic facilities including radiography and photography.

5. access to a range of high quality laboratory services.
6. desk space for personal study by the trainee during the time they spend in the unit, and access to personal computer facilities.
7. computerised facilities for the storage, analysis and retrieval of radiographs, the collection and analysis of audit data, maintenance of the trainee's logbook and routine business functions such as word processing.

5.6.2 Trainees should also have access to:

1. advanced teaching facilities.
2. a fully equipped medical/dental school with an active dental programme.
3. ready access to a range of relevant journals and text books.
4. full library facilities including the facility for borrowing from other libraries and computerised literature searches.
5. facilities for medical illustration such as the production of diagrams, poster material and slides.

5.7 Supervision and Assessment

Close supervision of the training programme is essential. Training programme arrangements should ensure that:

a. A *Hospital General Professional Training Lead Trainer* is appointed. Together with the Dental Training Co-ordinator, the Lead trainer is responsible for the organisation and day to day management of the hospital-based training programme. The Hospital General Professional Training Lead Trainer should have clinical and training sessions at the dental department and be a dental surgeon involved in the training programme.

b. A *Primary Dental Care General Professional Training Lead Trainer* is appointed. Together with the Dental Training Co-ordinator, the Lead trainer is responsible for the organisation and day to day management of the hospital-based training programme. The Primary Dental Care General Professional Training Lead Trainer should have clinical and training sessions at the health centres and be a dental surgeon involved in the training programme.

c. A mentor is appointed for each trainee, who is responsible for monitoring the trainee's progress and ensuring that any difficulties are identified and resolved as rapidly as possible. The mentor should be a person who works frequently with the trainee and is closely involved in their training.

d. Appraisal meetings between mentor and trainee, should take place to monitor and advise on a trainee's progress and training needs. A record which is confidential between the mentor and trainee should be kept of these meetings which should occur every three months. The mentor submits assessment summaries of these appraisal meetings to the relative Dental Training Committee and to the SAC on a yearly basis.

e. A mentor cannot be directly appointed to more than two trainees.

f. The SAC shall appoint an *General Professional Training Assessment Board* to assess trainees on its behalf. The Board shall be made up of three dental surgeons:

i. a dental surgeon from hospital.

- ii. a dental surgeon from Primary Health Care/Health Centres.
- iii. A member (or substitute member) representing the dental association responsible for setting criteria for the speciality on the SAC. This member shall act as the Chairperson of the Board and directly represent the SAC and the relevant association.

g. The *General Professional Training Assessment Board* shall assess trainees at the end of each training year and make its recommendations to the SAC for the promotion of the trainee or otherwise to the subsequent year and for award of the CCGPT at the end of the final year. Trainees are to present their log books and selected cases for assessment. The Board shall also take into consideration the assessment summaries of the trainee's appraisal. Refer to *regulation 1 – General Regulations*, to *regulation 6 – Exemptions* and to *Appendix B* for more assessment details.

5.8 Trainer Training

The quality and ability of the trainers is an important element in successful training. Trainers must undertake Continuing Professional Education and training-the-trainer courses as required by the SAC.

5.9 Training Capacity of the Programme

The SAC applies following guidelines to indicate the total number of trainees that can be enrolled on a SAC approved training programme. In a unit with adequate physical and human resources the training capacity is limited principally by the training staff: student ratio.

Any course which exceeds two or more of the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training and such programmes will not be approved by the SAC.

a. Clinical Training

Chairside teaching is usually on a 1:1 basis. In teaching hospitals there may be more students per member of staff. The SAC recommends that this ration should not exceed 1:6 and this should apply.

b. Didactic Teaching

It is beneficial for student interaction that groups should not be smaller than 3 (including the tutor). The maximum number in a seminar to permit interaction with the tutor should be no more than 8. It may be appropriate, however, to accommodate larger numbers in a lecturing/Journal Club format.

c. Dissertations

It is debatable how many theses an individual staff member are able to supervise as this depends to some extent on the individual's weekly timetable. In the atmosphere of a busy dental school/hospital a maximum of 5 per supervisor at any one time would seem reasonable.

5.10 Documentation

5.10.1 Course Documentation

Clear documentation of the training programme is essential. All trainees should have written information detailing:

1. background information about the course
2. the programme timetable
3. details of supervision
4. educational guidance.

5.10.2 Trainee Documentation

Trainees should maintain records of the patients they have under treatment. This should ideally be done through the SAC approved computerised patient database programme or other computerised spreadsheet or database.

5.11 Annual holiday entitlement must be allocated in accordance with contracts of employment or other agreements arranged prior to commencement of the course.

6. EXEMPTIONS AND EQUIVALENCIES

6.1 Candidates who have successfully completed a taught course at a medical and/or dental school leading to the award of a recognised clinical MSc or MCLinDent or MDentSci degree from an EU university shall be granted a CCGPT by the SAC.

6.2 Candidates who have successfully completed an FDS, MFDS, MFGDP or MJDF of any of the Dental Faculties of the Royal Colleges of the United Kingdom (or equivalent) shall be granted a CCGPT by the SAC.

6.3 Candidates who have a total minimum of four years full-time (or part-time equivalent) working clinical experience (two years in hospital and two years in the health centres) with the Government Dental Services shall be granted a CCGPT by the SAC.

6.4 Candidates who have a total minimum of six years full-time (or part-time equivalent) working clinical experience in private general dental practice shall be granted a CCGPT by the SAC.

7. VISITATION AND APPROVAL

7.1 Every department running a training programme will be visited by at least two members of the Specialist Advisory Committee, before approval is granted, to ensure that the conditions in this guidance can be met and to discuss with the trainers the training programme and difficulties in implementing these requirements. The visitors will wish to see items from the Course Documentation.

7.2 For approved training programmes, a re-inspection is carried out prior to every new trainee intake.

7.3 Trainee interviews will be conducted. Each trainee should bring an up to date curriculum vitae, a copy of their personal timetable and their clinical logbook with a summary of caseload cross-referenced by diagnosis and treatment method. Trainees will normally be interviewed at least once during their training period.

7.4 The training centre and its associated amenities will be revisited at least once every 6 years for a comprehensive inspection of the all facilities available for training, or at the SAC's discretion.

SPECIALIST ACCREDITATION COMMITTEE

DENTAL

TRAINING PROGRAMME

ORAL SURGERY

| Approved by SAC on 19th November, 2007

**CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING
IN ORAL SURGERY OF
THE DENTAL SPECIALIST ACCREDITATION COMMITTEE
OF MALTA**



**DENTAL ASSOCIATION OF MALTA
2008**

1. GENERAL REGULATIONS

1.1 The Certificate of Completion of Specialist Training in Oral Surgery of the Dental Specialist Accreditation of Malta may be granted to those who possess a dental qualification registerable in the Dental Register of Malta.

1.2 The award of the Certificate of Completion of Specialist Training in Oral Surgery is dependent on evidence that the candidate will have satisfactorily completed a period of 3 years full-time (or part-time equivalent) recognised specialty training.

1.3 Assessments dates are published annually by the Dental Specialist Accreditation Committee of Malta.

1.4 There are no training and/or assessment fees for trainees employed with the Government Health Department. However, the SAC may levy administrative fees for late unjustified withdrawal from formal assessments and/or the training programme.

1.5 Applications must be addressed to the Dental Specialist Accreditation Committee of Malta and must be accompanied by a comprehensive curriculum vitae and certified copies of any relevant qualifications and documents.

1.6 Every trainee shall confirm his or her intention to present him or herself for assessment in writing and present any required documentation (e.g. log books and case presentations) no later than the closing date published by the SAC.

1.7 The Dental Specialist Accreditation Committee of Malta may refuse to admit to an assessment (or to proceed with the assessment of) any trainee who infringes any of the regulations or who is considered to be guilty of behaviour prejudicial to the proper management and conduct of the assessment.

1.8 Trainees who desire to make representations with regard to the conduct of their assessment must address them to the Chairperson of the Dental Specialist Accreditation Committee of Malta within a month of the examination and not in any circumstances to an assessor. Representations will then be dealt with in accordance to the policy agreed by the Dental Specialist Accreditation Committee of Malta.

1.9 Training will not normally be accredited if it is less than half time. The training period should preferably be continuous but in some cases breaks in training may be permitted.

1.10 The Certificate of Completion of Specialist Training in Oral Surgery is registerable in the Dental Register of Malta as an additional qualification provided that the name of the holder already appears in that Register.

1.11 A trainee has the right to appeal any final decision in the relation to the award of the CCST. The appeals procedure provided by Article 49 of the Health Care Professions Act is to be applied.

2. PROFESSIONAL TRAINING AND ACCREDITATION PROVISIONS

2.1 The Dental Specialist Accreditation Committee of Malta is responsible for the recognition and approval of training programmes in Malta and bodies seeking approval should apply to the SAC.

2.2 The Dental Specialist Accreditation Committee of Malta is responsible for accrediting Oral Surgery Speciality Training and awarding the Certificate of Completion of Specialist Training in Oral Surgery.

2.3 Currently the Dental Association of Malta is responsible for setting the criteria for Speciality Training in Oral Surgery in Malta.

2.4 Currently the Dental Training Committee of the Dental Surgery Department at Mater Dei Hospital is responsible for the implementation and running of the Speciality Training Programme in Oral Surgery in Malta. The Dental Surgery Department of Mater Dei Hospital has been accredited by the SAC to provide the Oral Surgery Speciality Training Programme according to the speciality criteria recommended by the relevant professional association.

3. PURPOSE OF THE TRAINING PROGRAMME

3.1 The training programme is designed to equip trainees to master the appropriate technical skills and to develop a level of diagnostic skill and understanding sufficient to obtain the award of a CCST and registration on the list of Specialists in Oral Surgery by the Medical Council.

3.2 Award of the Certificate of Completion of Specialist training

On completion of the programme, the dental surgeon can apply to the SAC for the award of a Certificate of Completion of Specialist Training and entry to the Medical Council's list of Specialists in Oral Surgery.

4. ACCESS TO TRAINING PROGRAMMES

4.1 Access to all SAC approved specialist dental training programmes will be competitive both for Higher Specialist Trainee (HST)/Specialist Registrar (SpR) posts and any other postgraduate training programmes. All training posts in Oral Surgery in Malta must be duly advertised.

4.2 Dental graduates who are registered or eligible for registration with the Medical Council may apply for entry to the specialist training programme following a period of general professional training in primary and secondary care and after having obtained a Certificate of Completion of General Professional Training (CCGPT) following an approved General Professional Trainee (GPT) post or equivalent (see CCGPT Regulations for equivalent arrangements)

5. PROGRAMME STRUCTURE

5.1 The objectives of training programmes in Oral Surgery:

Trainees who complete the training programme in Oral Surgery should be able to:

1. Diagnose oral anomalies in relation to oral surgery.
2. Formulate treatment plans and consider their possible outcome.
3. Execute surgical treatment procedures.
4. Understand the multi-disciplinary approach for the treatment of medically compromised patients and more complex surgical cases.
5. Understand psychological aspects relevant to Oral Surgery.
6. Develop a scientific attitude and an inquiring mind and the stimulation of professional curiosity.
7. Undergo training in scientific methodology.
8. Be capable of critical interpretation of literature.
9. Carry out research activities.
10. Prepare oral and written presentation of clinical and research findings.

5.2 Trainees must be given the opportunity to undertake a University degree including a research component. If such degree is not undertaken trainees must be involved in the production of at least two articles submitted to professionally refereed journals for publication.

5.3 Trainees who have already successfully completed a taught University degree at a medical and/or dental school are exempt from year one of the training programme.

5.4 Length of Training Programmes

Training will normally be full-time. The arrangements under which part-time training is permitted are outlined in the relevant paragraph below.

5.4.1 Full-time Training

The period of full-time training will be three continuous years in a clinical training programme in Oral Surgery approved by the SAC. Locum experience will not normally be accepted unless approved by the SAC in advance.

5.4.2 Flexible Training Programmes and Part-time Training Programmes

Part-time training is permitted for HSTs/SpRs. The arrangements for such training are to be agreed by the employer according to current government regulations and practices. Full-time trainees can apply to become part-time trainees and part-time trainees can apply to revert to full-time training at any time. The total length of part-time training should not be less than that of full-time training.

5.4.3 Approval may be obtained from the SAC for periods of detachment from training programmes and for clinical experience abroad in other centres for both full-time and part-time trainees.

5.5 Distribution of Time within Training Programmes

A balanced programme will, for all trainees, allow personal treatment sessions, diagnostic sessions, review clinics, formal and informal teaching, research and reading time.

5.5.1 The time devoted to the dissertation for a university degree will depend upon university regulations and how the sessions are dispersed over two or three years of the training programme. The number of sessions on average should not exceed two per week.

5.6 Facilities

5.6.1 At the training centre there should be:

1. a fully equipped surgery with an appropriate range of instruments.
2. operating theatres with sedation and general anaesthesia equipment.
3. trained staff in sedation and general anaesthesia (including Specialist Anaesthetists)
4. trained nursing support with reasonable continuity of personnel.
5. adequate secretarial support within the department.
6. adequate access to a full range of relevant diagnostic facilities including radiography and photography.
7. access to a full range of high quality laboratory services associated with Oral Surgery.
8. desk space for personal study by the trainee during the time they spend in the unit, and access to personal computer facilities.
9. computerised facilities for the storage, analysis and retrieval of radiographs, the collection and analysis of audit data, maintenance of the trainee's logbook and routine business functions such as word processing.

5.6.2 Trainees should also have access to:

1. advanced teaching facilities.
2. a fully equipped medical/dental school with an active dental programme.
3. ready access to a range of relevant journals and text books.
4. full library facilities including the facility for borrowing from other libraries and computerised literature searches.
5. facilities for medical illustration such as the production of diagrams, poster material and slides.

5.7 Treatment Experience and Caseload

The objective of a training programme is to equip the trainee at the end of the programme to provide specialist service outside of a hospital or teaching environment. Whilst it is appreciated that the clinical practices will vary from institution to institution, there should be some degree of uniformity in the quantity and quality of training achieved. The objective should therefore be to treat a sufficient number of patients to a high standard under supervision.

5.7.1 On completion of the training period in Oral Surgery, it is expected that the candidate would have had a broad experience and proficiency in the following procedures:

- Extraction of teeth and roots
- Management of tooth impactions
- Apical surgery
- Replantation of teeth
- Transplantation of teeth
- Exposure of unerupted or partially erupted teeth
- Excision of benign intraoral lesions and biopsy techniques

- Treatment of cysts of the jaws
- Management of trauma to the dento-alveolar complex
- Closure of oroantral fistulae
- Treatment of oral lacerations
- Management of dentofacial infection
- Gingival surgery
- Pre-prosthetic surgery
- Mucosal and bone grafts
- Surgical placement of oral implants
- Oro-facial pain
- Diseases of the temporomandibular joint *
- Salivary gland diseases *
- Facial trauma *

*Proficient in the diagnosis and principles of management including referral and liaison with other surgical specialties when appropriate.

5.7.2 Total Case Numbers

If the trainee has managed a large spectrum of oral surgical problems and conditions it would be reasonable to expect about 200 cases to have been treated. There should be an adequate representation of the procedures listed in 5.7.1.

5.7.3 If the trainee significantly falls short of fulfilling the requirements described in regulations 5.7.1 and 5.7.2, the training programme should be extended by a maximum of two years to allow the trainee to complete these requirements.

5.8 Supervision and Assessment

Close supervision of the training programme is essential. Training programme arrangements should ensure that:

a. An *Oral Surgery Lead Trainer* is appointed. Together with the Dental Training Co-ordinator, the Lead trainer is responsible for the organisation and day to day management of the training programme. The Oral Surgery Lead Trainer should have clinical and training sessions at the dental department and be a consultant involved in the training programme who has undergone a period of hospital training in Oral Surgery.

b. If applicable, University appointed supervisors for the dissertation should have academic training or a University post, and direct involvement with the training programme.

c. A mentor is appointed for each trainee, who is responsible for monitoring the trainee's progress and ensuring that any difficulties are identified and resolved as rapidly as possible. The mentor should be a person who works frequently with the trainee and is closely involved in their training.

d. Appraisal meetings between mentor and trainee, should take place to monitor and advise on a trainee's progress and training needs. A record which is confidential between the mentor and trainee should be kept of these meetings which should occur

twice a year. The mentor submits assessment summaries of these appraisal meetings to the Dental Training Committee and to the SAC on a yearly basis.

e. A mentor cannot be directly appointed to more than two trainees.

f. The SAC shall appoint an *Oral Surgery Assessment Board* to assess trainees on its behalf. The Board shall be made up of three dental surgeons:

i. a Specialist in Oral Surgery from the Dental Training Committee who is directly involved with the training programme.

ii. another Specialist in Oral Surgery who may also be a member of the Dental Training Committee or totally external to the system, possibly even foreign (as long as he or she is duly registered as a Specialist in Oral Surgery or equivalent speciality in an EU Member State).

iii. A member (or substitute member) representing the dental association responsible for setting criteria for the speciality on the SAC. This member shall act as the Chairperson of the Board and directly represent the SAC and the relevant association.

g. The Oral Surgery Assessment Board shall assess trainees at the end of each training year and make its recommendations to the SAC for the promotion of the trainee or otherwise to the subsequent year and for award of the CCST at the end of the final year. Trainees are to present their log books and selected cases for assessment. The Board shall also take into consideration the assessment summaries of the trainee's appraisal. Refer to *regulation 1 – General Regulations*, to *regulation 6 – Exemptions* and to *Appendix B* for more assessment details.

5.9 Trainer Training

The quality and ability of the trainers is an important element in successful training. Trainers must undertake Continuing Professional Education in Oral Surgery and training-the-trainer courses as required by the SAC.

5.10 Training Capacity of the Programme

The SAC applies the following guidelines to indicate the total number of trainees that can be enrolled on a SAC approved training programme. In a unit with adequate physical and human resources the training capacity is limited principally by the training staff: student ratio.

Any course which exceeds two or more of the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training and such programmes will not be approved by the SAC.

a. Clinical Training

Chairside teaching is usually on a 1:1 basis. In teaching hospitals there may be more students per member of staff. The SAC recommends that this ratio should not exceed 1:6 and this should apply.

b. Didactic Teaching

It is beneficial for student interaction that groups should not be smaller than 3 (including the tutor). The maximum number in a seminar to permit interaction with the tutor should be no more than 8. It may be appropriate, however, to accommodate larger numbers in a lecturing/journal club format.

c. Dissertations

It is debatable how many theses an individual staff member is able to supervise as this depends to some extent on the individual's weekly timetable. In the atmosphere of a

busy dental school/hospital a maximum of 5 per supervisor at any one time would seem reasonable.

5.10.1 The total number of trainees that can be concurrently enrolled on the SAC approved Oral Surgery training programme at Mater Dei Hospital is two. This number shall be reviewed by the SAC as the resources available to the training programme change. The Dental Training Committee shall inform the SAC of any such changes.

5.11 Documentation

5.11.1 Course Documentation

Clear documentation of the training programme is essential. All trainees should have written information detailing:

1. background information about the course
2. the course syllabus
3. the course timetable
4. details of supervision
5. educational guidance. This should include a core list of recommended text books, journals, keynote papers in the literature, audio and video tapes.
6. taught course material which is not readily available from textbooks

5.11.2 Trainee Documentation

Trainees should maintain records of the patients they have under treatment. This should be done through the SAC approved computerised patient database programme or other computerised log book. The purpose of the log book is to indicate to the SAC the breadth of experience of the candidate in Oral Surgery. It is expected that the majority of procedures will have been carried out as outpatients, with the candidate as principal operator. The procedures described should be classified in relation to the types of anaesthesia and/or sedation used.

5.12 The Training Plan

5.12.1 The SAC would like training to be defined year by year by the Dental Training Committee. Years 1 to 3 should be structured such to give general Oral Surgery experience and equip trainees for independent practice. Transfer from one training year to the next should be regarded as a promotion and be evidence of a satisfactory and completed year of training.

The modular structure will create the characteristics of a National Curriculum and will in certain circumstances facilitate transfer between training centres.

5.12.2 Annual holiday entitlement must be allocated in accordance with contracts of employment or other agreements arranged prior to commencement of the course.

5.13 Curriculum

A curriculum for the postgraduate training programme in Oral Surgery has been approved by the SAC. The curriculum includes all the features of a European training programme. The curriculum is shown at Appendix A.

6. EXEMPTIONS

6.1 Candidates must be able to demonstrate experience in research methodology and normally this will be illustrated by possession of a recognised masters degree (or equivalent) awarded by a medical and/or dental school of an EU university or by written notification from their Programme Director confirming that the research methodology component of their masters degree has been successfully completed. Candidates not able to demonstrate research experience will be required to take an additional section.

6.2 Candidates who have successfully passed the written component of a taught course at a medical and/or dental school leading to the award of a recognised MSc or MCLinDent or MDentSci degree from an EU university will be exempt from the written assessment. Those candidates having a degree based solely on research will have to take the written paper.

6.3 Candidates who have successfully completed Part I or Part A of the MFDS, MFGDP or MJDF of any of the Dental Faculties of the Royal Colleges of the United Kingdom are exempt from any assessments on Basic Health Sciences in relation to dentistry (i.e. anatomy, physiology, cell biology and general dentistry).

6.4 Candidates who consider that their experience is equivalent to the training set out in regulations 6.1., 6.2 and 6.3, but who do not comply exactly with these rules may apply by submitting full details in writing at least three months before the closing date, to the Dental Specialist Accreditation Committee of Malta. The decision will rest with the SAC in consultation with the Dental Training Co-ordinator.

7. VISITATION AND APPROVAL

7.1 Every Oral Surgery department running a training programme will be visited by at least two members of the SAC, before approval is granted, to ensure that the conditions in this guidance can be met and to discuss with the trainers the training programme and difficulties in implementing these requirements. The visitors will wish to see items from the Course Documentation.

7.2 For approved training programmes, a re-inspection is carried out prior to every new trainee intake.

7.3 Trainee interviews will be conducted. Each trainee should bring an up to date curriculum vitae, a copy of their personal timetable and their clinical logbook with a summary of caseload cross-referenced by diagnosis and treatment method. Trainees will normally be interviewed at least once during their training period.

7.4 The training centre and its associated amenities will be revisited at least once every 6 years for a comprehensive inspection of the all facilities available for training, or at the SAC's discretion.

APPENDIX A

Curriculum for the 3 year (FT) specialist training programme in Oral Surgery

Section A. Basic Biological Sciences relevant to Oral Surgery

M1 Anatomy, physiology and pathology of the masticatory system and related structures.

M2 Cell biology

Section B. Medicine and Surgery relevant to Oral Surgery

M3 Medical and surgical problems related to Oral Surgery

M4 Management of emergencies and resuscitation techniques

M5 Recognition of oral manifestations of human disease and an understanding of their management

Section C. General Dental Subjects relevant to Oral Surgery

M6 Cross infection and sterilisation

M7 Relevant aspects of dental technology

M8 Radiology and imaging

Section D. Pharmacology and Anaesthesia

M9 Sedation, local and general anaesthesia

M10 Control and management of orofacial and craniomandibular pain

M11 Pharmacology and therapeutics relevant to the practice of Oral Surgery

Section E. ICT, Management, Humanistic & Medico-legal aspects

M12 Clinical information technology

M13 Practice management

M14 Medico-legal implications for the practice of Oral Surgery

M15 Communication, interpersonal skills and team leadership

M16 Aspects of behavioural science

Section F. Oral Surgery

M17 Prevention, diagnosis and management of oral disease

M18 Management of traumatic injuries to the teeth and related structures

M19 Management of the medically compromised patient

M20 Principles and practice of implantology

Section G. Research

M21 Epidemiology

M22 Statistics

APPENDIX B

Assessments for the specialist training programme in Oral Surgery

The Final Assessment of the CCST in Oral Surgery will test the trainee's understanding of diagnosis and treatment planning over a wide range of problems in Oral Surgery together with his/her expertise in carrying out Oral Surgical procedures.

The assessment consists of the following components:

a. A three hour structured written paper relating to Sections A, B, C, D and E of the curriculum.

b. An oral examinations, each of 15 minutes duration. Questions may be asked on any part of the syllabus but one oral will concentrate more specifically on the theoretical and practical aspects of Oral Surgical interventions (Section F of the curriculum) and one will be devoted to the more general and peripheral aspects of Oral Surgery.

Examiners may use radiographs, photographs, study models etc during the course of the oral examinations.

c. A clinical examination and discussion of the history, diagnosis and management of one patient. 30 minutes is allowed for the candidate to examine the patient and 20 minutes are spent in discussion with the examiners. Relevant radiographs, photographs, study models etc will be provided.

d. A diagnostic component of one hour's duration. Each candidate will be presented with the records of three cases for diagnosis and treatment planning. Clinical photographs, study models and radiographs will be provided. Candidates will be allocated 10 minutes to examine the patient's records followed by a 10 minute oral examination on each case.

e. Presentation of the case records of five cases treated personally by the candidate. This component of the examination is intended to illustrate the candidate's ability to treat a range of Oral Surgery problems to a high standard and to demonstrate an understanding of the principles underlying the treatment.

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

Candidates failing the examination but passing the treated cases section will be exempted from this section for the following examination.

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.

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.

f. Candidates unable to present evidence of research experience will be required to undergo an additional oral examination covering Section G of the curriculum. This will take the form of a critical review of three scientific papers, selected by the examiners. Copies of the papers will be provided and candidates will have 90 minutes preparation prior to the oral examination. Candidates will then spend up to 30 minutes discussing the papers with the examiners.

SPECIALIST ACCREDITATION COMMITTEE

DENTAL

TRAINING PROGRAM

ORTHODONTICS

| Approved by SAC on 19th November, 2007

**CERTIFICATE OF COMPLETION OF SPECIALIST TRAINING
IN ORTHODONTICS OF
THE DENTAL SPECIALIST ACCREDITATION COMMITTEE
OF MALTA**



**DENTAL ASSOCIATION OF MALTA
2008**

1. GENERAL REGULATIONS

1.1 The Certificate of Completion of Specialist Training in Orthodontics of the Dental Specialist Accreditation of Malta may be granted to those who possess a dental qualification registerable in the Dental Register of Malta.

1.2 The award of the Certificate of Completion of Specialist Training in Orthodontics is dependent on evidence that the candidate will have satisfactorily completed a period of 3 years full-time (or part-time equivalent) recognised specialty training.

1.3 Assessments dates are published annually by the Dental Specialist Accreditation Committee of Malta.

1.4 There are no training and/or assessment fees for trainees employed with the Government Health Department. However, the SAC may levy administrative fees for late unjustified withdrawal from formal assessments and/or the training programme.

1.5 Applications must be addressed to the Dental Specialist Accreditation Committee of Malta and must be accompanied by a comprehensive curriculum vitae and certified copies of any relevant qualifications and documents.

1.6 Every trainee shall confirm his or her intention to present him or herself for assessment in writing and present any required documentation (e.g. log books and case presentations) no later than the closing date published by the SAC.

1.7 The Dental Specialist Accreditation Committee of Malta may refuse to admit to an assessment (or to proceed with the assessment of) any trainee who infringes any of the regulations or who is considered to be guilty of behaviour prejudicial to the proper management and conduct of the assessment.

1.8 Trainees who desire to make representations with regard to the conduct of their assessment must address them to the Chairperson of the Dental Specialist Accreditation Committee of Malta within a month of the examination and not in any circumstances to an assessor. Representations will then be dealt with in accordance to the policy agreed by the Dental Specialist Accreditation Committee of Malta.

1.9 Training will not normally be accredited if it is less than half time. The training period should preferably be continuous but in some cases breaks in training may be permitted.

1.10 The Certificate of Completion of Specialist Training in Orthodontics is registerable in the Dental Register of Malta as an additional qualification provided that the name of the holder already appears in that Register.

1.11 A trainee has the right to appeal any final decision in the relation to the award of the CCST. The appeals procedures described in Article 49 of the Health Care Professions Act are to be applied.

2. PROFESSIONAL TRAINING AND ACCREDITATION PROVISIONS

2.1 The Dental Specialist Accreditation Committee of Malta is responsible for the recognition and approval of training programmes in Malta and bodies seeking approval should apply to the SAC.

2.2 The Dental Specialist Accreditation Committee of Malta is responsible for accrediting Orthodontic Speciality Training and awarding the Certificate of Completion of Specialist Training in Orthodontics.

2.3 Currently the Dental Association of Malta is responsible for setting the criteria for Speciality Training in Orthodontics in Malta.

2.4 Currently the Dental Training Committee of the Dental Surgery Department at Mater Dei Hospital is responsible for the implementation and running of the Speciality Training Programme in Orthodontics in Malta. The Dental Surgery Department of Mater Dei Hospital has been accredited by the SAC to provide the Orthodontic Speciality Training Programme according to the speciality criteria recommended by the relevant professional association.

3. PURPOSE OF THE TRAINING PROGRAMME

3.1 The training programme is designed to equip trainees to master the appropriate technical skills and to develop a level of diagnostic skill and understanding sufficient to obtain the award of a CCST and registration on the list of Specialists in Orthodontics by the Medical Council.

3.2 Award of the Certificate of Completion of Specialist training

On completion of the programme, the dental surgeon can apply to the SAC for the award of a Certificate of Completion of Specialist Training and entry to the Medical Council's list of Specialists in Orthodontics.

4. ACCESS TO TRAINING PROGRAMMES

4.1 Access to all SAC approved specialist dental training programmes will be competitive both for Higher Specialist Trainee (HST)/Specialist Registrar (SpR) posts and any other postgraduate training programmes. All training posts in orthodontics in Malta must be duly advertised.

4.2 Dental graduates who are registered or eligible for registration with the Medical Council may apply for entry to the specialist training programme following a period of general professional training in primary and secondary care and after having obtained a Certificate of Completion of General Professional Training (CCGPT) following an approved General Professional Trainee (GPT) post or equivalent (see CCGPT Regulations for equivalent arrangements)

5. PROGRAMME STRUCTURE

5.1 The objectives of training programmes in orthodontics:

Trainees who complete the training programme in orthodontics should be able to:

1. Diagnose anomalies of the dentition.
2. Detect deviations of the development of the dentition, of facial growth and occurrence of functional abnormalities.
3. Formulate a treatment plan and predict its course.
4. Carry out interceptive orthodontic measures.
5. Execute simple and complex treatment procedures.
6. Understand the multi-disciplinary approach for the treatment of compromised (adult) patients, orthodontic surgical cases and cleft palate patients.
7. Evaluate the need for orthodontic treatment.
8. Understand psychological aspects relevant to orthodontics.
9. Develop a scientific attitude and an inquiring mind and the stimulation of professional curiosity.
10. Undergo training in scientific methodology.
11. Be capable of critical interpretation of literature.
12. Carry out research activities.
13. Prepare oral and written presentation of clinical and research findings.

5.2 Trainees must be given the opportunity to undertake a University degree including a research component. If such degree is not undertaken trainees must be involved in the production of at least two articles submitted to professionally refereed journals for publication.

5.3 Trainees who have already successfully completed a taught University degree at a medical and/or dental school are exempt from year one of the training programme.

5.4 Length of Training Programmes

Training will normally be full-time. The arrangements under which part-time training is permitted are outlined in the relevant paragraph below.

5.4.1 Full-time Training

The period of full-time training will be three continuous years in a clinical training programme in orthodontics approved by the SAC. Locum experience will not normally be accepted unless approved by the SAC in advance.

5.4.2 Flexible Training Programmes and Part-time Training Programmes

Part-time training is permitted for HSTs/SpRs. The arrangements for such training are to be agreed by the employer according to current government regulations and practices. Full-time trainees can apply to become part-time trainees and part-time trainees can apply to revert to full-time training at any time. The total length of part-time training should not be less than that of full-time training.

5.4.3 Approval may be obtained from the SAC for periods of detachment from training programmes and for clinical experience abroad in other centres for both full-time and part-time trainees.

5.5 Distribution of Time within Training Programmes

A balanced programme will, for all trainees, allow personal treatment sessions, diagnostic sessions, review clinics, formal and informal teaching, research and reading time.

5.5.1 The time devoted to the dissertation for a university degree will depend upon university regulations and how the sessions are dispersed over two or three years of the training programme. The number of sessions on average should not exceed two per week.

5.6 Facilities

5.6.1 At the training centre there should be:

1. a fully equipped surgery with an appropriate range of appliance systems and instruments.
2. trained dental nursing support with reasonable continuity of personnel.
3. adequate secretarial support within the department.
4. adequate access to a full range of relevant diagnostic facilities including radiography and photography.
5. access to a full range of high quality laboratory services associated with orthodontics.
6. desk space for personal study by the trainee during the time they spend in the unit, and access to personal computer facilities.
7. computerised facilities for the storage, analysis and retrieval of radiographs, the collection and analysis of audit data, maintenance of the trainee's logbook and routine business functions such as word processing.

5.6.2 Trainees should also have access to:

1. advanced teaching facilities.
2. a fully equipped medical/dental school with an active dental programme.
3. ready access to a range of relevant journals and text books.
4. full library facilities including the facility for borrowing from other libraries and computerised literature searches.
5. facilities for medical illustration such as the production of diagrams, poster material and slides.

5.7 Treatment Experience and Caseload

The objective of a training programme is to equip the trainee at the end of the programme to provide specialist service outside of a hospital or teaching environment. Whilst it is appreciated that the clinical practices will vary from institution to institution, there should be some degree of uniformity in the quantity and quality of training achieved. The objective should therefore be to treat a sufficient number of patients to a high standard under supervision.

5.7.1 The following case-mix is suggested as a basis for specialist training. There must be some flexibility in these numbers which can only act as guidance.

a. Total Case Numbers

If the trainee has treated a large spectrum of malocclusion it would be reasonable to expect 80-120 cases to have been treated. The trainee should have acquired expertise

in a specific appliance technique which could be utilised in all cases. An objective of 60-90 cases with the primary appliance system might be appropriate.

b. Trainees Should Also Have Knowledge of Other Techniques

The use of secondary appliance system in 5 to 10 cases would provide a basis from which expertise could be developed for future practice.

c. Growth Modification

As a specialist practitioner is inevitably involved in a number of patients acquiring the use of functional or orthopaedic appliance, it would be expected that 10-25 cases have the use of such appliances as an integral part of treatment.

d. Interdisciplinary Dental Care

A trainee should be equipped to deal with straightforward interdisciplinary dental cases involving restorative dentistry and paediatric dentistry and 5 to 10 cases of this nature might be anticipated.

e. Orthognathic Treatment

A detailed knowledge and experience of orthognathic planning could not be expected within 3 years. Nevertheless the trainee should be exposed to a number of orthognathic clinics, and in particular to be involved in case conferences. The trainee might therefore participate in the planning for 5 to 10 cases.

f. Transfers

Inevitably a service element exists in all training and a the training programme specialist should cater for the continuity of care of patients undergoing orthodontic treatment at the department.

g. Supervision of Retention

It is unlikely the trainee will have much experience of this. Some of this experience should be gained at diagnostic clinics and in the transfer of patients.

It is not intended that the numbers should be prescriptive in any way, but rather helpful as guidelines. All trainees would be expected to have a logbook available for inspection as part of the assessment process.

5.7.2 If the trainee significantly falls short of fulfilling the requirements described in regulations 5.7.2, the training programme should be extended by a maximum of two years to allow the trainee to complete these requirements.

5.8 Supervision and Assessment

Close supervision of the training programme is essential. Training programme arrangements should ensure that:

a. An *Orthodontic Lead Trainer* is appointed. Together with the Dental Training Co-ordinator, the Lead trainer is responsible for the organisation and day to day management of the training programme. The Orthodontic Lead Trainer should have clinical and training sessions at the dental department and be a consultant involved in the training programme who has undergone a period of hospital training in orthodontics.

b. If applicable, University appointed supervisors for the dissertation should have academic training or a University post, and direct involvement with the training programme.

c. A mentor is appointed for each trainee, who is responsible for monitoring the trainee's progress and ensuring that any difficulties are identified and resolved as rapidly as possible. The mentor should be a person who works frequently with the trainee and is closely involved in their training.

d. Appraisal meetings between mentor and trainee, should take place to monitor and advise on a trainee's progress and training needs. A record which is confidential between the mentor and trainee should be kept of these meetings which should occur twice a year. The mentor submits assessment summaries of these appraisal meetings to the Dental Training Committee and to the SAC on a yearly basis.

e. A mentor cannot be directly appointed to more than two trainees.

f. The SAC shall appoint an *Orthodontic Assessment Board* to assess trainees on its behalf. The Board shall be made up of three dental surgeons:

i. a Specialist Orthodontist from the Dental Training Committee who is directly involved with the training programme.

ii. another Specialist Orthodontist who may also be a member of the Dental Training Committee or totally external to the system, possibly even foreign (as long as he or she is duly registered as a Specialist Orthodontist in an EU Member State).

iii. A member (or substitute member) representing the dental association responsible for setting criteria for the speciality on the SAC. This member shall act as the Chairperson of the Board and directly represent the SAC and the relevant association.

g. The Orthodontic Assessment Board shall assess trainees at the end of each training year and make its recommendations to the SAC for the promotion of the trainee or otherwise to the subsequent year and for award of the CCST at the end of the final year. Trainees are to present their log books and selected cases for assessment. The Board shall also take into consideration the assessment summaries of the trainee's appraisal. Refer to *regulation 1 – General Regulations*, to *regulation 6 – Exemptions* and to *Appendix B* for more assessment details.

5.9 Trainer Training

The quality and ability of the trainers is an important element in successful training. Trainers must undertake Continuing Professional Education in Orthodontics and training-the-trainer courses as required by the SAC.

5.10 Training Capacity of the Programme

The SAC applies the following guidelines to indicate the total number of trainees that can be enrolled on a SAC approved training programme. In a unit with adequate physical and human resources the training capacity is limited principally by the training staff: student ratio.

Any course which exceeds two or more of the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training and such programmes will not be approved by the SAC.

a. Clinical Training

Chairside teaching is usually on a 1:1 basis. In teaching hospitals there may be more students per member of staff. The Erasmus Report recommends that this ratio should not exceed 1:6 and this should apply.

b. Didactic Teaching

It is beneficial for student interaction that groups should not be smaller than 3 (including the tutor). The maximum number in a seminar to permit interaction with the tutor should be no more than 8. It may be appropriate, however, to accommodate larger numbers in a lecturing/Journal Club format.

c. Dissertations

It is debatable how many theses an individual staff member is able to supervise as this depends to some extent on the individual's weekly timetable. In the atmosphere of a busy dental school/hospital a maximum of 5 per supervisor at any one time would seem reasonable.

5.10.1 The total number of trainees that can be concurrently enrolled on the SAC approved orthodontic training programme at Mater Dei Hospital is two. This number shall be reviewed by the SAC as the resources available to the training programme change. The Dental Training Committee shall inform the SAC of any such changes.

5.11 Documentation

5.11.1 Course Documentation

Clear documentation of the training programme is essential. All trainees should have written information detailing:

1. background information about the course
2. the course syllabus
3. the course timetable
4. details of supervision
5. educational guidance. This should include a core list of recommended text books, journals, keynote papers in the literature, audio and video tapes.
6. taught course material which is not readily available from textbooks

5.11.2 Trainee Documentation

Trainees should maintain records of the patients they have under treatment. This should be done through the SAC approved computerised patient database programme or other computerised spreadsheet or database. The records should include all patients who are under or have completed treatment. Each patient record should contain relevant data about:

- patient identity
- demographic information about the patient
- diagnosis
- indices
- treatment
- adjunctive treatment from other disciplines
- outcomes including complications
- retention

While most of the record entries will relate to cases requiring active orthodontic treatment, it should also represent the full range of the trainee's clinical activity.

5.12 The Training Plan

5.12.1 The SAC would like training to be defined year by year by the Dental Training Committee. Years 1 to 3 should be structured such to give general orthodontic experience and equip trainees for independent practice. Transfer from one training year to the next should be regarded as a promotion and be evidence of a satisfactory and completed year of training.

The modular structure will create the characteristics of a National Curriculum and will in certain circumstances facilitate transfer between training centres.

5.12.2 Annual holiday entitlement must be allocated in accordance with contracts of employment or other agreements arranged prior to commencement of the course.

5.13 Curriculum

A curriculum for the postgraduate training programme in orthodontics has been approved by the SAC. The curriculum includes all the features of a European training programme. The curriculum is shown at Appendix A.

6. EXEMPTIONS

6.1 Candidates must be able to demonstrate experience in research methodology and normally this will be illustrated by possession of a recognised masters degree (or equivalent) awarded by a medical and/or dental school of an EU university or by written notification from their Programme Director confirming that the research methodology component of their masters degree has been successfully completed. Candidates not able to demonstrate research experience will be required to take an additional section.

6.2 Candidates who have successfully passed the written component of a taught course at a medical and/or dental school leading to the award of a recognised MSc or MClintDent or MDentSci degree from an EU university will be exempt from the written assessment. Those candidates having a degree based solely on research will have to take the written paper.

6.3 Candidates who have successfully completed Part I or Part A of the MFDS, MFGDP or MJDF of any of the Dental Faculties of the Royal Colleges of the United Kingdom are exempt from any assessments on Basic Health Sciences in relation to dentistry (i.e. anatomy, physiology, cell biology and general dentistry).

6.4 Candidates who consider that their experience is equivalent to the training set out in regulations 6.1., 6.2 and 6.3, but who do not comply exactly with these rules may apply by submitting full details in writing at least three months before the closing date, to the Dental Specialist Accreditation Committee of Malta. The decision will rest with the SAC in consultation with the Dental Training Co-ordinator.

7. VISITATION AND APPROVAL

7.1 Every orthodontic department running a training programme will be visited by at least two members of the SAC, before approval is granted, to ensure that the conditions in this guidance can be met and to discuss with the trainers the training programme and difficulties in implementing these requirements. The visitors will wish to see items from the Course Documentation.

7.2 For approved training programmes, a re-inspection is carried out prior to every new trainee intake.

7.3 Trainee interviews will be conducted. Each trainee should bring an up to date curriculum vitae, a copy of their personal timetable and their clinical logbook with a summary of caseload cross-referenced by diagnosis and treatment method. Trainees will normally be interviewed at least once during their training period.

7.4 The training centre and its associated amenities will be revisited at least once every 6 years for a comprehensive inspection of the all facilities available for training, or at the SAC's discretion.

APPENDIX A

Curriculum for the 3 year (FT) specialist training programme in Orthodontics

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

APPENDIX B

Assessments for the specialist training programme in Orthodontics

The Final Assessment of the CCST in Orthodontics will test the trainee's understanding of diagnosis and treatment planning over a wide range of problems in Orthodontics together with his/her expertise in carrying out Orthodontic treatment.

The assessment consists of the following components:

a. A three hour written paper relating to any part of the syllabus.

Candidates who have already been awarded a recognised masters degree by an approved EU university medical and/or dental school and/or have passed a masters finals written paper on subjects covered by the syllabus, will be exempt from this section. Candidates holding a masters degree based solely on research will be expected to take this paper.

b. Two oral examinations, each of 15 minutes duration. Questions may be asked on any part of the syllabus but one oral will concentrate on orthodontic theory and one on practical aspects of orthodontics.

Examiners may use radiographs, photographs, study models or appliances etc during the course of the oral examinations.

c. The clinical examination and discussion of the history, diagnosis and management of one patient. 30 minutes is allowed for the candidate to examine the patient and 20 minutes are spent in discussion with the examiners. Relevant study models, an untraced lateral skull and other relevant radiographs will be provided.

d. A diagnostic component of one hour's duration. Each candidate will be presented with the records of three cases for diagnosis and treatment planning. Clinical photographs, study models and radiographs will be provided. Candidates will be allocated 10 minutes to examine the patient's records followed by a 10 minute oral examination on each case.

e. Presentation of the case records of five 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.

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

Candidates failing the examination but passing the treated cases section will be exempted from this section for the following examination.

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.

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.

f. Candidates unable to present evidence of research experience will be required to undergo an additional oral examination.

This will take the form of a critical review of three scientific papers, selected by the examiners. Copies of the papers will be provided and candidates will have 90 minutes preparation prior to the oral examination. Candidates will then spend up to 30 minutes discussing the papers with the examiners.