



The Royal College of Surgeons
of Edinburgh



The Royal College of
Surgeons of England



The Royal College of Physicians and
Surgeons of Glasgow



The Royal College of
Surgeons in Ireland

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**INTERCOLLEGIATE SPECIALTY FELLOWSHIP BOARD IN RESTORATIVE
DENTISTRY**

**REGULATIONS AND GUIDANCE TO CANDIDATES
FOR
THE INTERCOLLEGIATE SPECIALTY FELLOWSHIP EXAMINATION
IN
RESTORATIVE DENTISTRY
FDS (Rest Dent)**

JANUARY 2007
(Updated September 2008)

Secretariat of the Intercollegiate Specialty Fellowship Board in
Restorative Dentistry

At

The Examinations and Assessment Unit
232 – 242 St Vincent Street, Glasgow, G2 5RJ
(Tel No. 0141 221 6072 Fax No. 0141 224 6222)

<http://www.rcpsg.ac.uk>

1. ELIGIBILITY

1.1 Before admission to the examination, a candidate must produce evidence satisfactory to the Joint Meeting of Dental Faculties:

1.1.1 of enrolment with the Specialist Advisory Committee in Restorative Dentistry under the JCSTD or with the Advisory Committee in Restorative Dentistry under the ICSTD. They will not be eligible to take the examination until 12 months before completion of their training although this will be interpreted flexibly to allow candidates the opportunity of attempting the examination in the two diets immediately before completion of their training;

1.1.2 of having completed, at the date of commencement of the examination, a minimum of four years specialty training in Restorative Dentistry (or pro rata for part time trainees) and having written confirmation of satisfactory progress from the Training Programme Director;

2. APPLICATION

2.1 Candidates should submit an application form by the published closing date for the diet of the examination they wish to sit. This is normally sixteen weeks before the examination. The current fee should accompany the application.

3. FORMAT AND SCOPE OF THE EXAMINATION

3.1 The examination will consist of three sections. Each section will be marked separately. To pass the whole examination, a candidate must pass all three sections. There will be no compensation between sections.

3.2 Candidates may be examined in any subject area falling within the GDC-approved curriculum, included as Appendix 1 to these Regulations. While no syllabus can be comprehensive, an attempt is made in paragraphs 4.1, 4.2 and 4.3 and in Appendix 2 to give a rough indication of the scope of enquiry in each section.

3.3 The detailed practical arrangements for the various sections may vary between examination diets.

4. COMPONENTS OF THE EXAMINATION

4.1 Clinical Section

4.1.1 This will consist of a number of vivas, based on 3 - 6 separate clinical scenarios which will be presented to the candidate immediately beforehand. Clinical scenarios will be composed of written clinical information, and may be supported by study casts, radiographs, clinical photographs, etc. A mixture of short (10-minute) and long (20-minute) scenarios may be used. Candidates will be allowed a total of one hour on their own to assimilate the scenarios after which they will be questioned by pairs of examiners for a further hour. There will normally be three 'assimilation' periods of 20 minutes, each followed by a 20-minute viva.

4.1.2 The aim of this section is to assess the candidate's knowledge and understanding of diagnosis, treatment planning and patient management.

4.1.3 This part of the examination will test the following attributes:

- The ability to interpret clinical symptoms and signs
- The ability to gather and interpret clinical data
- The ability to formulate and execute rational treatment plans
- The understanding of prognostic factors
- The ability to defend or justify the chosen management options

4.2 Section on the Management of Health Care Delivery

4.2.1 This will consist of a number of vivas, based on 3 - 6 separate scenarios which will be presented to the candidate immediately beforehand. The scenarios will be composed of written information on a variety of topics (see below). A mixture of short (10-minute) and long (20-minute) scenarios may be used. Candidates will be allowed a total of one hour on their own to assimilate the scenarios after which they will be questioned by pairs of examiners for a further hour. There will normally be three 'assimilation' periods of 20 minutes, each followed by a 20-minute viva.

4.2.2 The aim of this section is to assess the candidate's knowledge and understanding of the management of health care delivery and its regulatory mechanisms and his/her readiness for a leadership role in a senior post.

4.2.3 A candidate may be examined on any of the following subject headings:

- Health services management, administration and use of resources;
- Evidence-based practice, clinical guidelines and outcomes;
- Medico-legal responsibilities, jurisprudence and ethics;
- Clinical effectiveness / Clinical audit;
- Appraisal / Performance assessment / Peer review;

- Clinical risk management / Complaints;
- Teaching / Training / Assessment / Continuing professional development;
- Confidentiality / Data protection / Freedom of information.

4.2.4 It is acknowledged that the health care systems within the British Isles are structured differently, regulated differently and supported by different agencies. Candidates are expected to be familiar only with the structures, regulations and agencies that exist in the country where their training is based.

4.3 Section on Critical Analysis (Critical Appraisal)

4.3.1 This will consist of a written examination lasting 2 hours. At the commencement of this section, candidates will be given reference material consisting of extracts from published research and other scientific publications, appropriate to the specialty of Restorative Dentistry, and a set of questions to which written answers are required.

4.3.2 The purpose of this section is to test the knowledge and skills required for evidence-based practice.

4.3.3 Candidates are referred to Appendix 2 for a list of subject headings which define the scope of this section.

5. MISCONDUCT

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

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

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

6. RE-SITTING

6.1 At their first sitting, candidates must attempt all three sections of the examination.

- 6.2 Passes obtained are 'permanent' and re-sitting is necessary only for sections that have been failed.
- 6.3 At subsequent sittings, candidates must attempt all sections which they have not passed at their previous attempt(s).
- 6.4 The fee for re-sitting one or two sections of the examination will be determined from time to time by the JMDF.
- 6.5 A candidate must normally pass the whole examination within 2 years of his/her first attempt and will normally be allowed only three attempts at the examination. In exceptional circumstances a special case can be made to the Intercollegiate Specialty Fellowship Board in Restorative Dentistry by the relevant Training Programme Director, with the support of the relevant Postgraduate Dental Dean/Director, for one additional sitting by a candidate.

7. ANNOUNCEMENT OF RESULTS

- 7.1 The adjudication will normally take place at the end of the examination. Candidates will not, however, be notified of their results immediately. Instead, each candidate's results will be posted to him/her on the fourth working day after the examination; the first weekday after the examination being the first working day.

8. APPEALS

- 8.1 Appeals regulations apply to all Intercollegiate Specialty Fellowship Examinations and are published separately (current version June 2002.) An appeal can be made only where there are perceived defects or irregularities in the conduct of the examinations or in written instructions or in advice relating thereto, where there is a prima facie case that such defects, irregularities or advice could have had an adverse effect on the candidate's performance.

9. WITHDRAWAL FROM THE EXAMINATION

- 9.1 A candidate withdrawing from the examination must do so in writing.
- 9.2 The whole entrance fee may be returned when written notice is received prior to the examination closing date. Half of the entrance fee may be returned or transferred to a future examination, less a 20% administration charge, when the written notice is received not less than 21 days before the commencement of the examination. After that date, refund of the fee will not normally be made to a candidate who withdraws or fails to attend.

- 9.3 Withdrawal from the examination due to illness, accident or bereavement should be reported to the Examinations Administrator at RCPS Glasgow as early as possible. This can be done by telephone to 0141 221 6072 or by e-mail to isfe@rcpsg.ac.uk. Notification received by telephone must be confirmed in writing at a later stage. In the case of illness or accident, a medical certificate and a letter from the Training Programme Director should accompany the written notice of withdrawal.
- 9.4 Any candidate withdrawing from the examination due to illness, accident or bereavement using the procedure above may receive a refund of the entrance fee, less a 20% administration charge.
- 9.5 A candidate who becomes ill or has an accident during the examination must inform the Chair of the Examination Board for that diet as soon as possible. On the advice of the Chair, the candidate may withdraw from the examination or the Chair may agree with the candidate how the candidate should proceed to complete the examination.

10. MITIGATING CIRCUMSTANCES

10.1 After completing the examination

- 10.1.1 Mitigating circumstances are circumstances serious enough to have significantly affected a candidate's performance and may include ill health or occurrences such as bereavement or other serious personal hardship.
- 10.1.2 The candidate should, under no circumstances, announce his/her intention to claim mitigating circumstances until after the adjudication and must do so by the means described below.
- 10.1.3 A candidate who feels that his/her performance has been affected in this way must, after completing the examination, download and complete the Mitigation Form, and submit it to the Examination Administrator to arrive no later than the third working day after the examination (the first weekday after the examination ends is the first working day). Substantiating evidence can be attached to the form as required. However, this supporting evidence may be provided separately and at the latest by the 10th working day after the examination. Mitigating circumstances cannot be considered by examiners if they become aware of these before the adjudication or after the three day deadline.
- 10.1.4 On receipt of a properly completed mitigation form, the Chair of the Examination Board will consult with fellow examiners. Examiners can make a decision only on information that is disclosed. Information disclosed is treated in strict confidence.

10.1.5 It is at the discretion of the examiners to accept or reject mitigating circumstances when considering an examination result.

10.1.6 If a “pass” has been achieved, the mitigating circumstances will not need to be considered further. All information relating to these circumstances will be destroyed and the Chair will take no further action.

10.1.7 If one or more parts of the examination has been failed, the mitigating circumstances will be considered. If accepted by the examiners, mitigation will result in nullification of the attempt at the failed section(s). This means, in effect, that an additional attempt at the failed section(s) will be allowed. It is important to note that mitigating circumstances cannot change a fail into a pass or entitle the candidate, for whom mitigating circumstances have been accepted, to a refund of the examination fee. Furthermore, when the failed section(s) is retaken, the candidate is required to pay the normal fee for each section.

11.

CONTACT DETAILS

11.1 The address for all communications: **Examinations Administrator, Intercollegiate Specialty Fellowship Examinations (Dental), Royal College of Physicians and Surgeons of Glasgow, 232 – 242 St Vincent Street, Glasgow, G2 5RJ. Telephone No: 0141 221 6072, e-mail: isfe@rcpsg.ac.uk**

Appendix 1

Training programmes in Restorative Dentistry should include experience of the following subjects.

a) **General**

Anatomy, physiology and pathology of the masticatory system, dental pulp and periodontium
Comprehensive diagnosis and treatment planning
Prevention of dental diseases
Properties of biomaterials and dental materials
Radiology
Pharmacology
Epidemiology
Systemic diseases and pharmacotherapy
Management of medically/clinically compromised patients
Pathogenesis of oral diseases
Communication, interpersonal skills and team leadership
Health Service management and use of resources
Information technology
Critical assessment of relevant literature
Ethics and jurisprudence
Preparation and presentation of dental reports
Effective learning and teaching

b) **Endodontics**

Diagnosis and management of pulpal and periapical disease
Tooth preparation, isolation, access and instrumentation
Preparation and obturation of the root canal system
Surgical endodontics
Assessment and management of teeth which have previously undergone endodontic treatment
Management of traumatised teeth
Endodontics in children
Apexification and apexogenesis (root end closure)
The periodontal / endodontic interface
Review and maintenance procedures.

c) Periodontics

Microbiology of dental plaque
Clinical features and diagnosis of periodontal diseases
Pathogenesis of periodontal diseases
Manifestations of systemic diseases
Periodontal therapy (initial, occlusal, orthodontic and surgical)
Review and maintenance procedures
Regeneration techniques and adjunct therapies
Antimicrobial therapy of periodontal diseases
Management of furcation problems
Theory and clinical practice of dental implants.

d) Prosthodontics

Comprehensive diagnosis and treatment planning
Complete dentures
Directly-retained removable partial dentures
Obturator and maxillo-facial prostheses
Combination of fixed and removable prostheses
Implant-retained/supported prostheses
Theory and practice of occlusion, including the use of all classes of articulator
Diagnosis and management of temporo-mandibular disorder patients
Fixed prosthesis conforming to existing intercuspal position and anterior guidance
Complex fixed prostheses involving reorganised ICP and changing anterior guidance
Experience of relevant laboratory work, including diagnostic laboratory work and technical aspects of fixed and removable prostheses.
Evaluation and testing of dental materials.

In addition, it is expected that the following will be included in the training programme:

Management of medically / clinically compromised patients
Research methodology, audit and statistics
Communication, interpersonal skills and team leadership.

Appendix 2

The Critical Analysis Section will test the candidate's knowledge and understanding of:

- the concepts used in evidence-based dentistry including specificity and sensitivity, absolute risk and relative risk, hazard ratio, predictive value, number needed to treat, odds and odds ratio; grading of scientific evidence (*Concepts in evidence-based dentistry*).
- the most appropriate research designs to examine hypotheses; the limitations and strengths of research methodologies, including cross-sectional, prospective and retrospective observational studies, case series, case-control studies and cohort studies and randomised and non-randomised controlled trials, parallel groups, matched pair and cross-over designs; questionnaire design; quantitative and qualitative studies; use of techniques such as interviews, focus groups, transcripts of narrative material (*Study design*).
- basic statistical concepts, including prevalence and incidence, the representativeness of the sample, inclusion and exclusion criteria, sample size estimation, Type I and Type II errors, blinding, bias, confounding, confidence intervals, probability and correlation coefficients to enable interpretation of results from common statistical tests used for parametric data (e.g. t-tests, analysis of variance, multiple regression) and non-parametric data (e.g. chi squared, Mann-Whitney U) (*Basic statistical concepts*).
- the methodology of systematic reviews and meta-analyses, including the potential sources of bias and error in their interpretation (*Systematic reviews and meta-analyses*).
- issues relating to research results and conclusions including reliability, validity and generalisability (*Evaluation of research findings*).