

## **Intercollegiate Specialty Fellowship Examination in Orthodontics**

### **Frequently Asked Questions**

#### **Why has the examination format been changed from 2007 onwards?**

- Previously, the examination was focused on what candidates had achieved during their training and to a large extent this involved scrutiny of their written submissions. This approach, however, lacks standardization and also may not discriminate well between candidates who have acquired an appropriate level of knowledge and understanding and those who have not. The Colleges are obliged to follow the PMETB principles of assessment and to utilize currently accepted methods of knowledge-based assessment. The new examination has been designed with educationalist help to conform to these methods.

#### **Will there be any questions about work undertaken, courses attended and projects completed during training?**

- No. You will only be questioned about the clinical cases and management scenarios provided by the examiners.

#### **Will candidates be expected to bring case reports, publications and a log book?**

- No. Candidates are not expected to bring any records of work undertaken during training

#### **Is it still necessary to continue with a logbook?**

- Yes. You are obliged to follow current SAC guidelines which are designed to help you satisfy the aims and objectives of specialist training. The logbook will help you, at your annual RITA review, to demonstrate that you are making satisfactory progress. You will not, however, be asked to produce the logbook at the Examination

#### **How many days will the Examination last?**

- One or two days depending on the number of candidates.

#### **Will there be any live patients or actors?**

- No

#### **Will the requirements for passing the new examination be different from those that applied to the old examination?**

- Previously, a particularly good performance in one section could compensate for an inadequate performance in another section, resulting in an overall pass. Under the new regulations, there is no compensation between sections, and an overall pass can be achieved only by passing each section separately. Previously, when a candidate failed overall, he/she could carry any passes

obtained in other section(s) only to his/her next diet and not to a further diet should he/she fail again. Under the new regulations, a pass in any section is permanent.

### **How are marks awarded for the section on management of health care delivery?**

- Two examiners will be present at each scenario viva, each of whom will award a grade independently. This process will give rise to several scores (up to 12 for a section with six 10-minute scenarios). When the section has been completed, the grades awarded will be reconciled and a pass or fail decision will be reached. Therefore, if you feel that you have done badly on one scenario, try to forget about it right away. You can compensate with a better performance on your next scenario.

### **How are marks awarded for the clinical section?**

- This section will consist of a series of structured clinical vivas lasting a total of one hour. Candidates will meet 3 pairs of examiners in sequence. Clinical material such as study casts, radiographs, clinical photographs, etc. may be used by the examiners to assist in the examination process. If clinical material is used then the candidate will be allowed a short assimilation period of approximately one minute before the viva commences.

It is intended that initially the clinical section will comprise 6 ten-minute structured clinical vivas i.e. each examiner will take the lead on one structured clinical viva with examiners working in pairs. Each structured clinical viva will comprise approximately 4 questions on one topic, starting with a relatively straightforward question before proceeding to more complex questions. All candidates will be asked the same questions. Each examiner will award a grade independently for each topic. This process will give rise to 12 scores which will be reconciled at the end of the examination to reach a pass or fail decision.

Depending on the number of candidates sitting the examination it may be necessary to use a quarantine period for some candidates during the clinical section of the examination. These candidates will be asked to remain in a room separate from the other candidates for a short period after completion of their clinical examination.

### **What is the pass mark for the Critical Analysis section?**

- The Critical Analysis paper will be double marked. The pass mark will be based on the perceived degree of difficulty. It will be decided in advance by the examiners and reviewed at the adjudication.

### **What are the rules for cross-compensation?**

- The outcome (pass or fail) both for the Clinical section and the section on Management of Health Care Delivery will depend on reconciliation of the grades awarded for each scenario by each examiner, with low grades being

compensated by high grades. There is, however, no compensation between any of the three sections. A fail in one section cannot be compensated by a good performance in another section.

### **What standard of knowledge am I expected to have for the Critical Analysis section?**

There are several ways of answering this question.

- You are expected to be able to read articles and interpret and draw inferences from them, in a critical fashion, at a level and in the context that might be reasonably expected of a consultant in your specialty, but also having regard to the time available to you for examination preparation since April 2006 when the Regulations were posted on the Examination website.
- Professional statisticians will not be commissioned to write the questions. They will be prepared and marked by the examiners, all of whom are current or former trainers and they are the people who know best what level of knowledge you should be capable of achieving.
- You are expected to have the necessary skills to understand and appraise the literature in your specialty as part of your own professional development, to help you prepare a lecture or course, to make a decision on the merits of a particular form of therapy, answer a query from a patient or justify a request for additional resources: materials or equipment ,etc.

### **How should I prepare for the Critical Analysis section?**

- Firstly, you will need a fundamental understanding of all the headings and concepts listed in the syllabus for this section of the Examination. You can obtain this either by appropriate reading or in a taught course. A suggested reading list is appended below. It includes the resources mentioned in the pdf '[An Introduction to the Critical Analysis Section](#)' and some additional titles.
- You must read the scientific literature of your specialty. You will soon realise that there are certain common research themes and you must be familiar with them. Make sure you understand the concepts that are described. Don't just read the abstract which is usually a statement of facts and opinion. Make sure you read the whole paper and don't omit the Discussion section which normally contains perceptive comments from the author(s) regarding the strengths and weaknesses of the paper.
- Participate fully in journal clubs

### **Is there a list of recommended reading for the Critical Analysis section?**

- Greenhalgh, T (2006) *How to read a paper – the basics of evidence-based medicine*. Blackwell Publishing: London ISBN 1-4051-3976-5

- Hackshaw, A et al (2006) *Evidence-based dentistry. An Introduction*. Blackwell Munksgaard: London ISBN 1-4051-2496-2
- *Further Statistics in Dentistry* by Petrie, Bulman and Osborn, a series of 10 articles in the British Dental Journal starting in volume 193 on page 377 (7 October 2002).
- *Evidence Based Dentistry* is an official publication of the British Dental Association, published four times a year since 1999 and available online. It ‘selects from the biomedical literature those original and review articles whose results are most likely to be true and useful. These articles are summarised in value-added abstracts and commented on by experts.’ It also carries a variety of articles on critical appraisal tools and lists forthcoming evidence-based courses and conferences. Further information is available from its website: [www.nature.com/ebd](http://www.nature.com/ebd).
- The critical appraisal pages on the website for the Centre for Evidence-based Dentistry <http://www.cebd.org/?o=1053> is a further useful source of reference and the two articles by Susan Sutherland are recommended:
  1. *Evidence-based Dentistry: Part V. Critical Appraisal of the Dental Literature: Papers about Therapy* - Susan E.Sutherland
  2. *Evidence-based Dentistry: Part VI. Critical Appraisal of the Dental Literature: Papers about Diagnosis, Etiology and Prognosis* - Susan E.Sutherland

**With respect to the Critical Analysis section, what is meant by ‘basic statistical concepts?’**

- Senior research-active clinicians usually have a detailed knowledge of the statistical tools appropriate to their own particular research interests. They do not usually have a comprehensive knowledge of statistical techniques and you are not expected to demonstrate such knowledge either. You are, however, expected to understand both the concepts on which statistical analysis is based and the common statistical tests mentioned in the syllabus.