

IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY

(ICSTD)

SPECIALIST TRAINING IN DENTISTRY IN IRELAND

**A MANUAL FOR TRAINING BODIES, TRAINERS AND
TRAINEES**

Irish Committee for Specialist in Training
c/o The Dental Council
57 Merrion Square
Dublin 2

Tel: +353-1-6762069
Email: info@dentalcouncil.ie

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PART 1: INTRODUCTION

The Irish Committee for Higher Training in Dentistry was established in the 1960's to oversee higher (consultant) training. However, it carried out its remit through the UK based Joint Committee for Higher Training in Dentistry (JCHTD), which operated a UK and Ireland system of Specialist Advisory Committees (SACs).

In 2001 the Irish Committee for Higher Training in Dentistry accepted the invitation of the Dental Council to become the body recognised for providing evidence of completion of Specialist Training under Section 37(3) of the Dentists Act 1985. With the introduction of specialist registration in Ireland, the Irish Committee for Higher Training in Dentistry was reorganised and changed its name to the Irish Committee for Specialist Training in Dentistry (ICSTD).

The Department of Health has approved the recognition of two specialties in dentistry for registration with the Dental Council: Oral Surgery and Orthodontics. The Dental Council has on different occasions requested that the Minister for Health approve the unrecognised specialties viz. Prosthodontics, Periodontics, Endodontics, Paediatric Dentistry, Oral Medicine, Oral Radiology, Oral Pathology, Dental Public Health and Special Care Dentistry.

The ICSTD has established Advisory Committees in Oral Surgery and Orthodontics. Their role is to inspect training programmes provided by the three recognised training bodies (National University of Ireland Cork, University of Dublin/Trinity College and the Royal College of Surgeons in Ireland), to monitor the progress of the trainees and to grant evidence to the Dental Council of completion of Specialist Training. As per Section 34(c) of the Dentists Act 1985, the Dental Council has a duty to satisfy itself from time to time as to the adequacy and suitability of postgraduate education and training provided by bodies recognised by Council for the purpose of dental specialist training.

The ICSTD has also established Advisory Committees in the remaining specialties. These committees carry out formal supervision of training programmes until these specialties are recognised by the Minister for Health. Advisory Committees have therefore been established in Restorative Dentistry (covering Prosthodontics, Periodontics and Endodontics), Paediatric Dentistry, Dental Public Health, Special Care Dentistry and the Additional Dental Specialties (covering Oral Medicine, Oral Pathology and Oral Radiology).

The ICSTD has no role in the assessment of training experiences gained outside the State or in the examination of those claiming entry to a specialist register on the basis of specialist experience prior to the establishment of the Register.

While every effort has been made to ensure the accuracy of the information, no guarantee can be given that all errors and omissions have been excluded. The ICSTD cannot accept any responsibility for any loss occasioned by any person as a result of any such error or omission. This manual is intended for use by trainees, trainers and training bodies.

The ICSTD recognises the need for higher training beyond specialist level in dentistry. The ICSTD is committed to engaging with all relevant stakeholders to support the development and oversight of higher training pathways to ensure that the future needs of dentistry in Ireland are met.

Dr Michael O’Sullivan
Chair, Irish Committee for Specialist Training in Dentistry

FINAL

PART 2: STATUTORY PROVISIONS FOR THE REGISTRATION OF DENTAL SPECIALTIES AND FOR THE RECOGNITION AND REGULATION OF SPECIALIST TRAINING COURSES IN DENTISTRY

2.1 EU Law

Directive 2005/36/EC (amended by Directive 2013/55/EU)

This Directive provides for the mutual recognition of specialist training. Each state with a specialist dental register must recognise the certificates of formal qualifications of specialists in oral surgery and orthodontics as equivalent to its own specialist qualifications when considering applications from EU nationals for admission to the specialist dental register. In Ireland, the qualifications are the Certificate of Specialist Dentist in Oral Surgery and the Certificate of Specialist Dentist in Orthodontics granted by the Dental Council.

The Directive requires the Dental Council, when specifying the training to be followed by EU nationals, to take into account any training period completed and certified by another EU state and to advise them of the content and length of any additional training required.

This Directive lays down the following requirements for a specialist training course:

- Admission to specialist dental training shall entail the completion and validation of five years of theoretical and practical instruction within the framework of the training referred to in Article 34, or possession of the documents referred to in Articles 23 and 37.
- Specialist dental training shall comprise theoretical and practical instruction in a university centre, in a treatment teaching and research centre or, where appropriate, in a health establishment approved for that purpose by the competent authorities or bodies.
- Full-time specialist dental courses shall be of a minimum of three years' duration supervised by the competent authorities or bodies. It shall involve the personal participation of the dental practitioner training to be a specialist in the activity and in the responsibilities of the establishment concerned.
- The Commission may adapt the minimum period of training referred to in the second subparagraph
- The Member States shall make the issuance of evidence of specialist dental training contingent upon possession of evidence of basic dental training referred to in Annex V, point 5.3.2

2.2 National Legislation

2.2.1 The Dentists Act, 1985

The Dentists Act, 1985 Section 30

Whenever the Council establishes a register pursuant to Section 29 of this Act

- the following persons who comply with the conditions specified in subsection (2) of this section shall, subject to the provisions of this Act, be entitled to be registered in the Register of Dental Specialists, that is to say
 - every registered dentist who, following the establishment of that register, is granted evidence of satisfactory completion of specialist training by a body recognised by the Council;
- Before any person is registered in the Register of Dental Specialists, he shall—
 - be fully registered in the register,
 - Apply for registration in the Register of Dental Specialists in the form and manner determined by the Council, and
 - Pay the appropriate fee in respect of each such registration.

Section 34 (c) of the Act states:

It shall be the duty of the Council from time to time to satisfy itself as to the adequacy and suitability of postgraduate education and training provided by bodies recognised by the Council for the purposes of dental specialist training;

Section 35 (2) of the Act states

The Council shall ensure that the requirements relating to education and training in specialised dentistry shall satisfy the minimum standards specified in any Directive adopted by the Council of the European Communities relating to such education and training

Section 37 of the Act states:

- The Council may, from time to time with the consent of the Minister, determine the specialties which it shall recognise for the purposes of specialist registration under this Act;
- the Council may from time to time specify, in relation to each specialty recognised by it, the titles and designations of qualifications in specialized dentistry granted in the State which may be required to enable a person to secure registration in the Register of Dental Specialists;
- the Council shall from time to time determine, in relation to each specialty recognised by it, the body or bodies which the Council shall recognise in the State for the purpose of granting evidence of satisfactory training;
- the Council may, with the consent of the Minister, withdraw recognition from anybody recognised by it under subsection (3) of this section:
- the specialties recognised by the Council under subsection (1) of this section shall include such specialties as may be determined as applying to the state in any directive adopted by the Council of the European Communities relating to specialised dentistry.

2.2.2 Medical Practitioners Act, 2007

Part 10 Education & Training

Section 86-(1)

(3) The Health Service Executive shall, with respect to specialist medical and dental education and training, have the following responsibilities:

- (a) to promote the development of specialist medical and dental education and training and to co-ordinate such developments in co-operation with the Council, the medical training bodies and the dental training bodies:

- (e) to advise the Minister, after consultation with the medical training bodies and the dental training bodies and with such other bodies as it may consider appropriate, on medical and dental education and on all other matters, including financial matters, relating to the development and co-ordination of specialist medical and dental education and training

(6) Specialist medical and dental education and training shall, for the purposes of sections 38 and 39 of the Health Act 2004, be deemed to be a health and personal social service within the meaning of section 2 of that Act.

2.3.1 Dental Council Policy in Relation to Specialist Training and Registration

Statutory Provisions governing Specialist Training: -

1. The Dental Council (the Council) has recognised the following bodies for the purposes of dental specialist training under the provisions of Section 34(c) of the Dentists Act, 1985 (the Act):

- a) University of Dublin
- b) National University of Ireland, Cork
- c) Royal College of Surgeons

Under this provision the Council has an obligation to satisfy itself as to the adequacy and suitability of postgraduate education provided by these bodies.

2. Under the provisions of Section 37(1) of the Act the Council has determined, with the consent of the Minister, that it shall recognise the following specialties for the purposes of specialist registration under the Act:

- a) Orthodontics
- b) Oral Surgery

3. Under the provisions of Section 37(2) of the Act the Council has specified, in relation to each specialty recognised by it, that it will recognise the following titles and designations of qualifications in specialized dentistry granted in the State to enable a person secure registration in the Register of Dental Specialists:

- a) Doctor of Dental Surgery - D.Ch.Dent (University of Dublin)
- b) Doctorate in Clinical Dentistry - D.Clin.Dent (National University of Ireland)
- c) Master of Dental Surgery - M.Ch.Dent (University of Dublin - awarded to 2008)

4. The Council has recognised the Irish Committee for Specialist Training in Dentistry as a body which it recognises under the provisions of Section 37(3) of the Act for the purpose of granting evidence of satisfactory completion of specialist training. Under this section the Council may recognise one or more bodies to provide this evidence.

5. Section 86 of the Medical Practitioners Act, 2007 defines "dental training bodies" as those recognised under the provisions of Section 37(3) of the Dentists Act, 1985. Under this section the Health Service Executive (HSE) shall:

- a) promote the development of specialist dental education and training and co-ordinate such developments in co-operation with the Dental Council and the dental training bodies
- b) in co-operation with the dental training bodies and after consultation with the Higher Education Authority, undertake appropriate dental practitioner workforce planning for the purpose of meeting specialist dental staffing and training needs of the health service on an on-going basis
- c) advise the Minister, after consultation with the dental training bodies and with such other bodies as it may consider appropriate, on dental education and on all other matters, including financial matters, relating to the development and co-ordination of specialist dental education and training

- d) carry out such functions, other than functions assigned to it by this Act, as may be assigned to it from time to time by the Minister following consultation with it in relation to dental education and training.

2.3.2 Eligibility to be registered in the Register of Dental Specialties

1. Section 30(1) of the Act describes the persons entitled to be registered in the Register of Dental Specialists, subject to that person complying with requirement to be registered in the register of dentists, properly completing the Dental Council Application Form for Registration in the Register of Dental Specialists, and paying the appropriate registration fee. The application form is available on the Council website and the registration fee is currently €220.

2. The Dental Council has established the Specialist Training and Registration Committee under the provisions of Section 13(1) of the Act to consider applications for specialist registration under the provisions of Section 30(1) of the Act. These provisions are set out below with information on how the Council will consider applications under each section.

(a) "Every registered dentist who prior to the establishment of the Register [of Dental Specialists], has, in the opinion of the Council, completed his/ her training in a recognised specialty."

The Register was established in September 1999 and the Council had established rules for the consideration of applications under this provision. The Council considered that all such potential applicants have applied and decided to remove its rules for considering such applications with effect from December 2012. Any person applying after this date will have their application assessed by the Council's Specialist Training and Registration Committee on a case by case basis. Persons who completed specialist training before September 1999 and who wish to avail of this provision are obliged to provide detailed evidence of the training programme undertaken and evidence that the training undertaken was approved by the appropriate training authority.

(b) "Every registered dentist who, following the establishment of the Register, is granted evidence of satisfactory completion of specialist training in a recognised specialty by a body recognised by the Council under Section 37 of the Act".

The Council has approved one body to date (Irish Committee for Specialist Training in Dentistry - ICSTD) to provide this evidence. The ICSTD submit a certificate of completion of specialist training (CCST) to the Council once training has been completed. Such specialist training shall be a minimum duration of three years full time and lead to a recognised specialist qualification. The Council has recognised the "Doctor of Dental Surgery" awarded by both the University of Dublin and the National University of Ireland as qualifications to enable a person secure registration in the Register of Dental Specialists. The Council requires that both a copy of the recognised University degree and the CCST be submitted during the registration process.

(c) "Every registered dentist who being a national of a Member State has been awarded in a Member State a qualification in a dental specialty recognised by the Council which pursuant to the provisions of any Directive adopted by the Council of the European Communities the State is obliged to recognise".

Persons who have been awarded a specialist qualification obtained within the European Economic Area (EEA) may be entitled to avail of the provisions of EU Directive 2005/36/EC. Under Article 35 such courses leading to the award of the qualification must be for a minimum duration of three years in a full time capacity, or equivalent. Candidates wishing to register under the provisions of the Directive are obliged to provide the evidence set out in Annex 5.3.3 of the Directive.

(d) "Any registered dentist who satisfies the Council that he/she has completed a programme of training in specialized dentistry of a standard considered by the Council to be adequate".

The Specialist Training and Registration Committee will consider applications under this provision from persons who have completed their training programme after September 1999 and who can provide evidence of satisfactory completion of a recognised three year full time structured programme of specialist training leading to the award of a recognised specialist qualification. The Committee will not consider qualifications where the training programme was of a shorter duration.

Key dates regarding specialist training and registration

1. December 1997: Council recognised oral surgery and orthodontics as specialties under Section 37(1) of the Act
2. September 1999: Consent of the Minister to Council recognition of oral surgery and orthodontics as specialties under Section 37(1) of the Act
3. January 2001: Council recognised ICSTD as a body to provide evidence of satisfactory completion of specialised training to the Council under Section 37(3) of the Act
4. Feb 2004: Three training bodies recognised for the purpose of dental specialist training under the provisions of Section 34(c)

2.4.1 Dental Council Accord with the Training Bodies on Entry Standards

The Dental Council has no statutory power in relation to admission requirements. To ensure an adequate quality of entrant, the Council has reached an accord with the three recognised training bodies as follows:

- a. all entrants will have completed a two year General Professional Training (GPT); the nature and location of GPT remain undefined.
- b. all entrants will hold the MFD/MFDS or equivalent.

2.4.2 Codes of Ethics

All matters related to trainee and training programmes will comply with the Dental Council code of practice on Ethical Behaviour and Professional Conduct for dentists.

2.4.3 Special Position of Oral and Maxillofacial Surgery

The EU recognises a number of related medical specialties in the member states. These include Maxillofacial Surgery, Oral and Maxillofacial Surgery, and Dental, Oral and Maxillofacial Surgery. The first of these is a medical specialty and does not require any dental training. The latter two are medical specialties but require a fully recognised, dental undergraduate training.

Both the Irish Medical Council and the UK General Medical Council have recognised Oral and Maxillofacial Surgery. This is a medical specialty that requires full dental undergraduate training in addition to medical undergraduate training and appropriate specialist training.

F E M S J A L

PART 3: NON-STATUTORY SPECIALTIES

3. Introduction

Dentistry in Ireland has traditionally supported and implicitly recognised other specialties, although legal constraints prevent them from being described as such.

Although the Dental Council has requested the Minister for Health to approve Oral Surgery, Orthodontics, Prosthodontics, Periodontics, Endodontics, Paediatric Dentistry, Oral Medicine, Oral Radiology, Oral Pathology, Dental Public Health and Special Care Dentistry, only the first two have received Ministerial approval.

The ICSTD will, under the recognition granted to it by the Dental Council, inspect, monitor and accredit programmes subject to Dental Council approval for those specialties not recognised for specialist registration at this time. Training standards will adhere to those already in place for the two recognised specialties: Dental Council Accord with the Training Bodies on Entry Standards (2.4.1 of this document) and evidence of satisfactory completion of recognised three year full-time structured programme of specialist training in an accredited institution.

ICSTD will appoint appropriate Advisory Committees for these specialties to advise it on training programmes, curricula and training monitoring. The role of the ICSTD and the Advisory Committees in relation to unrecognised specialties is, of necessity, informal in the continuing absence of a legal basis. The ICSTD issues certificates of completion to trainees for these programmes.

As each specialty is recognised by the Dental Council, the appropriate AC will assist the ICSTD to fulfil its statutory role in relation to that specialty.

PART 4: IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY

4.1 Constitution

The Irish Committee for Specialist Training in Dentistry (ICSTD) is constituted as follows:

4.1.1 The Irish Committee for Specialist Training in Dentistry (ICSTD) is supported by the Dental Council's Education Manager and administrative team.

4.1.2 The functions of the ICSTD are:

4.1.2.1 to inspect, to recommend approval to the Dental Council, and to oversee the conduct of approved specialist training programmes in dentistry;

4.1.2.2 to liaise with the Health Service Executive and other bodies as appropriate in relation to programme supports and funding;

4.1.2.3 to maintain a roll of registered trainees in dental specialties recognised by the Dental Council;

4.1.2.4 as a body recognised by the Dental Council under Section 37(3) of the Dentists Act 1985, to grant evidence of satisfactory completion of specialist training to the Council;

4.1.2.5 to consult with, and to advise, the appropriate bodies on training issues in specialist dentistry;

4.1.2.6 to ensure continued collaboration and reciprocal recognition of specialist training programmes by continuing to liaise with the relevant specialist training bodies and advisory committees in the UK and across the EU, and to this end to nominate representatives to these bodies as appropriate. These nominees shall be the Chair of the ICSTD or a duly nominated deputy and the Dental Council's Education Manager.

4.1.2.7 to promote collaboration between the institutions involved in specialist training in dentistry in Ireland.

4.1.2.8 to advocate on behalf of those specialties seeking incorporation onto the list of specialties recognised by the Dental Council and reflected in a specialist register.

4.1.2.9 That the Chairman of the ICSTD and one other member of the committee serve on the Education & Training Committee of the Dental Council.

4.1.2.10 The Chairs of the Advisory Committees in Oral Surgery and Orthodontics serve on the Specialist Training & Registration committee of the Dental Council.

4.1.2.11 The ICSTD will submit an annual report to the Dental Council.

4.1.3 Composition of the ICSTD.

4.1.3.1 The members of the ICSTD shall be appointed in the following manner:

4.1.3.2 two persons appointed by the Dental Council; one of whom should be the Chairperson of the Education & Training Committee of the Dental Council.

4.1.3.3 one person appointed by the Irish Dental Association;

4.1.3.4 two persons appointed by the National University of Ireland, Cork (NUIC);

4.1.3.5 two persons appointed by the University of Dublin (Trinity College Dublin, TCD);

4.1.3.6 two persons appointed by the Faculty of Dentistry, RCSI;

4.1.3.7 one person elected by and from regional trainers in each specialty or group of specialties for which there is an Advisory Committee;

4.1.3.8 one person elected by and from enrolled trainees in specialist dentistry.

4.1.3.9 one named alternate member nominated or elected by each of the above nominating or electoral groups (in 3.1.1 to 3.1.7 inclusive) who shall attend and vote in the absence of a nominated or elected member;

4.1.3.10 the chair of each Advisory Committee, or, in the event that the chair is unable to attend, a duly nominated deputy as provided for in section 4.3.3;

4.1.4 The following persons shall be non-voting observers:

4.1.4.1 the Clinical Lead in Oral Health or one person nominated by that office;

4.1.4.2 the Chief Dental Officer, Department of Health, or a duly appointed nominee;

4.1.4.3 the chair of the JCPTD;

4.1.4.4 one person nominated by the Northern Ireland Medical and Dental Training Agency from among academic and regional dental consultants in Northern Ireland.

4.1.5 The Dental Council's Education Manager shall be in attendance at meetings.

4.1.6 Members and observers shall serve for a period of three years. In the event of a casual vacancy, or where a member is no longer eligible to represent the nominating body, a replacement member or observer shall be sought from the nominating body, such replacement to serve for the remainder of the three-year term. Members shall be eligible for nomination for one additional three-year term after which under normal circumstances they will be required to step down for one year before becoming eligible again, save that the member elected by and from enrolled trainees shall serve for one two-year period only.

4.1.7 The ICSTD shall elect from among its own members a chair who shall normally serve for two years, renewable for a further two years to a maximum term of four years as chair. The ICSTD may elect a deputy chair. Nominations for the positions of chair and deputy chair, each signed by a proposer and a seconder, and with the candidate's consent to nomination, shall be received by the Education Manager at least two weeks prior to the meeting at which the election is to take place. The outgoing chair is eligible to serve a further term on the committee provided that he or she does not thereby serve more than two consecutive three-year terms on the committee.

4.1.8 The quorum at all meetings of the ICSTD and of its sub-committees shall be one half of the membership; the chair of any meeting of the ICSTD, or of any meeting of any sub-committee as appropriate, shall have a deliberative vote and, in the event of an equality of votes, a casting vote. The proceedings of the ICSTD shall not be invalidated by any vacancy or vacancies among its members or by any defect in the appointments to the ICSTD or in the qualifications of any member.

4.1.9 The ICSTD shall meet at least twice yearly, normally in November and in May. At least ten days' notice of meetings shall be given to members and observers. Any notice of meetings, motions, papers and reports for consideration at meetings, may be given to members by electronic mail or via a web site maintained by the committee.

4.1.10 The ICSTD may, by a simple majority of those members present and voting, remove from office the chair and/or deputy chair provided that notice of a motion to that effect, duly proposed and seconded, has been given to members at least fourteen days prior to the meeting of the ICSTD at which it is to be considered.

4.1.11 The ICSTD may from time to time establish subcommittees to perform such functions as it shall determine. The acts of a sub-committee established under this section shall be subject to confirmation by the ICSTD unless the ICSTD, at any time, dispenses with the necessity for such confirmation.

4.1.11.1 In particular there shall be a sub-committee, to be known as the General Purposes Committee to assist the ICSTD and the Education Manager in maintaining the business of the ICSTD between meetings.

4.1.11.2 The members of the General Purposes Committee shall be as follows:

4.1.11.3 the chair of the ICSTD, who shall chair the General Purposes Committee;

4.1.11.4 Three other members of the ICSTD elected by the members of that committee

4.1.11.5 The Education Manager shall normally attend meetings of the General Purposes Committee.

4.1.11.6 The General Purposes Committee shall make a written report of its meetings and activities to the next meeting of the ICSTD

4.1.12 For each specialty or group of specialties, the ICSTD shall recognise a specialist society broadly representative of the relevant registered specialists and shall list in the Schedule to this Constitution each society and the specialty or specialties for which it is recognised.

4.1.13 For each specialty, or for such groups of specialties as may seem appropriate to the ICSTD, the ICSTD will establish a sub-committee to be known as the Advisory Committee (AC). Persons who are not members of the ICSTD may serve on ACs.

4.1.13.1 The members of each AC shall be as follows:

4.1.13.2 one person elected by and from registered specialists in each relevant specialty;

And/or

4.1.13.3 one person nominated for each relevant specialty by the recognised specialist society.

4.1.13.4 one member nominated by regional consultants in each relevant specialty, if appropriate

4.1.13.5 one person nominated by academic consultants in each relevant specialty;

4.1.13.6 one member elected by and from enrolled trainees in each specialty;

4.1.13.7 one member nominated by each relevant Specialist Advisory Committee (SAC) of the JCPTD and/or equivalent European committee;

4.1.13.8 each relevant SAC representative of the RCSI;

4.1.13.9 each programme director of the specialty.

4.1.13.10 the chair of the ICSTD, ex officio

4.1.13.11 Each AC may from time to time co-opt such additional persons as it may see fit to a maximum of one half the number of members. Such additional persons shall sit as observers.

4.1.13.12 Each AC shall elect from among its own members a chair and deputy chair. The deputy chair shall represent the AC on all occasions when the chair shall not be available.

4.1.13.13 The term of office of members and observers of the ACs shall be the same as that of members of the ICSTD save that the representatives of enrolled trainees shall serve for one two-year term only. The term of office of chairs and deputy chairs shall be one year; chairs and deputy chairs shall be eligible for re-election for not more than two further terms of one year.

4.1.13.14 Each AC shall hold regular meetings at least twice per year. Meetings shall be called by the chair of the AC, or by the chair of the ICSTD.

4.1.13.15 Each AC shall make a written report of its meetings and activities to the next following meeting of the ICSTD.

4.1.13.16 The functions of the ACs shall be as follows:

- a. to inspect and monitor specialist training programmes and to report on such inspections and monitoring to the ICSTD.
- b. to monitor the progress of specialist trainees and to report on such monitoring to the ICSTD.
- c. to assure the ICSTD that specialist training has been completed.
- d. to advise the ICSTD generally on matters relating to the relevant specialty or specialties.

4.1.13.17 Each AC may, by a simple majority of those members present and voting, remove from office the chair and/or deputy chair provided that notice of a motion to that effect, duly proposed and seconded, has been given to members at least fourteen days prior to the meeting of the AC at which it is to be considered.

5. Any election of members to the ICSTD or the ACs shall be conducted by the Education Manager in accordance with standard procedures and the Education Manager shall seek any nominations for membership of the ICSTD or ACs from the relevant nominating bodies.

6. Written notice of a motion to amend this Constitution shall be duly proposed and seconded and given to members at least two weeks prior to the meeting of the ICSTD at which it is to be considered. Any such motion shall have no effect unless it shall have received the votes of at least two thirds of the members present, always provided that a quorum as defined in section 3.6 is present. Constitutional changes are subject to approval by the Dental Council.

7. This Constitution shall be reviewed within three years, during the tenure of the next Irish Committee for Specialist Training in Dentistry.

4.2 THE ROLE OF THE DENTAL COUNCIL TO SUPPORT THE ICSTD

- The Role of the ICSTD is to ensure the trainees receive high quality training to achieve the required standards of care for patients and the Education Manager will facilitate the fulfilment of this objective
- The Education Manager administers the affairs of the ICSTD and its ACs and provides a Secretariat.
- The Education Manager is not a member of the Irish Committee for Specialist Training in Dentistry
- The Education Manager shall attend the meetings of the ICSTD and its various sub-committees including the Advisory Committees. The Education Manager shall attend the Irish Specialist Training Assessment Process (ISTAP) which takes place on an annual basis for each trainee in each discipline and all programme visitations. The Education Manager will be available to assist the ISTAP committee.
- The Education Manager will be responsible for organising the ICSTD Meetings which occur six monthly with additional meetings as required. The Education Manager will also be responsible for maintaining the representation at all committees as prescribed by the manual.
- The Education Manager will attend all Advisory Committee (AC) meetings for all specialties both recognised and unrecognised which take place at least six monthly and when required by teleconference to review curricula and progress for individual training programmes and deal with any problems that arise at trainee level. This involves all ACs affiliated to the ICSTD.

- The Education Manager, will be available to assist in the organisation of visitations and inspections of individual training programmes. The Education Manager will attend at visitation and inspection of Specialist Training Programmes as an independent observer.
- The Education Manager will open and maintain regular dialogue with other health regulators in relation to specialist training in other disciplines.

- **Joint Committee for Postgraduate Training in Dentistry (UK) or equivalent body**

The Chair of the ICSTD or the Education Manager may attend meetings in London, Edinburgh, Glasgow and Dublin which are held on a rotation basis. Attendance at these meetings is essential to ensure the continued acceptance of Irish trained specialists for UK positions.

- **Dental Council**

Two members of the Dental Council are nominated to membership of the ICSTD, and two members of the ICSTD are members of the Dental Council's Education and Training Committee. Communication and ongoing engagement between ICSTD and the Dental Council is enhanced through this arrangement.

FINAL

PART 5: RECOGNISED TRAINING BODIES

The Dental Council has recognised three training bodies for the provision of specialist training in dentistry.

1. University College Cork

University College Cork has trained dentists since 1913 and is an approved centre for Specialist training in several dental specialties. The College grants the degrees of Bachelor of Dental Surgery (B.D.S.), Master of Dental Surgery (M.D.S.) and Doctorates (D. Clin. Dent.) as well as research masters' degrees. The College provide specialist training in Oral Surgery and Orthodontics, in collaboration, where appropriate, with regional units. Other dental specialties will be added as they are approved. Enquiries should be made to dental@ucc.ie

2. University of Dublin

The University of Dublin (Trinity College Dublin, TCD) has trained dentists since 1909 and is an approved centre for specialist training in several dental specialties. The university grants the degrees of Bachelor in Dental Science (B.Dent.Sc.), and Doctorates (D Ch Dent). The College provides specialist training in Oral Surgery and Orthodontics, in collaboration, where appropriate, with regional units. Other dental specialties will be added as they are approved. The College provides specialist training in a number of unrecognised specialties viz. Prosthodontics, Periodontics, Paediatric Dentistry, Oral Medicine, Oral Pathology and Special Care Dentistry. Enquiries should be made to info@dental.tcd.ie

3. The Royal College of Surgeons in Ireland

The Royal College of Surgeons in Ireland had an undergraduate dental school until 1977 when the school merged with the TCD School of Dental Science. The Faculty of Dentistry was established in 1963 and provides postgraduate qualifications in Dentistry: the specialist Fellowship in a range of specialist disciplines (F.F.D.R.C.S.I.), the Membership of the Faculty of Dentistry (M.F.D.R.C.S.I.) and the Membership in General Dental Surgery (M.G.D.S.R.C.S.I.); the general Fellowship in Dental Surgery (F.D.S.R.S.C.I.) has not been awarded since 2002. The College has not yet indicated its intention to provide training programmes. Enquires should be made to the faculty office (facdentistry@rcsi.ie).

PART 6: APPROVAL OF TRAINING PROGRAMMES

6.1 Obtaining Approval

A training body wishing to obtain programme approval should first consult the document “Obtaining Approval from the ICSTD for a Specialist training programme” (Appendix A), and should make application on the appropriate forms, (Appendix B, *will be available on an area of the Dental Council website*.) Training bodies are advised to consult the specialty guidelines prepared by the appropriate Advisory Committee (AC) and to have appointed a Programme Director. Programme Directors (a) must have completed specialist training in the discipline in question, (b) hold a substantive academic post and (c) hold a consultant post. For those specialties that are represented on the Dental Council’s Register of Dental Specialists (currently Oral Surgery and Orthodontics), Programme Directors (d) must maintain specialist registration with the Dental Council.

After the initial application, the Programme Director is the primary contact between the relevant AC (for the ICSTD) and the training body where the programme is taking place. All correspondence will be conducted between the Education Manager and the Programme Director for the training body, but will be copied to the Chair of the ICSTD and the appropriate AC and to all relevant administrative and training personnel identified for copy mailing in the application by the training body.

Any correspondence received from the Programme Director will be assumed to represent the views of the recognised training body. It is important, therefore, that the training body has internal mechanisms for approval of correspondence.

Visits to programmes will take place at regular intervals, usually five years, to be determined by the ICSTD. Visits will involve inspection of the syllabus, the assessment process and the facilities and will normally include interviews with the College authorities, the trainers and the trainees. Following the visit, the AC will advise the ICSTD, which can eventually provide the Dental Council with evidence that those who have completed the programme are eligible for specialist registration.

Training bodies will be expected to pay the direct costs (travel, subsistence, accommodation, etc.) of each visit.

The completed application is submitted to the Education Manager who will request the AC to examine the submitted documents and to set a date for the visit. Defective documentation will be returned by the Education Manager to the training body. The documentation must include a detailed description of the competences that the trainee is expected to attain and the curriculum, facilities and assessments that will be used to ensure these competences. If the AC believes that a visit would be inappropriate, it will report this to the ICSTD, which may direct the AC to carry out the visit.

The Chair of the AC in consultation with the programme director will nominate a lead visitor and one or more ordinary visitors, one of whom may be a trainee representative (if a suitable representative is available). The Education Manager will normally be in attendance. The appointed lead visitor should have consultant/senior lecturer status or specialist status with a minimum of seven years’ clinical experience and similar academic experience.

If there are widely separated sites to be visited, the number of visitors may be increased. The Dental Council may appoint a representative to this visitation committee. Normally the AC will approve the visit team but, to avoid delay, the chair may obtain such approval by direct contact with the members of the AC. One or more visitors may be appointed from outside the Republic of Ireland. Appendix C contains detailed guidance for visitors.

The draft report will be forwarded to the Programme Director for factual correction and comment. The report will then be submitted to the Education Manager who, once satisfied that the report and ensuing findings are consistent with ICSTD rules and regulations, will forward the recommendation to the Chair of the relevant Advisory Committee. The Advisory Committee Chairman will bring the report to the Advisory committee and if accepted the report will then be brought to the ICSTD for consideration. If the report is accepted by the ICSTD, the Education Manager will inform the Programme Director. The final responsibility for the approval of new programmes and for renewing existing approvals rests with the Dental Council. The finalised accreditation will be submitted by ICSTD to Dental Council for approval.

The ICSTD will only consider applications for retrospective approval of programmes or facilities in circumstances where the programme/facility had previously been approved and the approval had lapsed for a reasonable period of up to two years.

6.2 Validity of Approval

Approval of programmes will normally be valid for five years. The Programme Director must notify the Education Manager and the Chair of the ICSTD of any substantial change in the trainers, syllabus, facilities or timetable. In case of doubt as to what may amount to substantial change, Programme Directors are advised to notify the Chairperson of the ICSTD in the first instance and to seek their opinion who will then liaise with the Education Manager. Substantial change may result in a further visit within the five years. If the AC and the ICSTD feel that a specialist training programme is no longer satisfactory, a recommendation to this effect will be made in writing to the Dental Council.

6.3 Facilities for Training

The specialty specific facility requirements are detailed under each specialty. In addition, for all specialties, the training body must provide, or ensure the provision of, certain core facilities, both within the training body and, to such extent as is necessary, in regional and other peripheral units involved in training:

- Adequate clinical facilities including, where appropriate, operating theatre access, on site or in approved facilities.
- Appropriate medical records including maintenance of waiting lists to enable the selection of an adequate case mix for trainees.
- Appropriate nursing support.
- Office facilities, including individual computer facilities with access to online services. Adequate secretarial support.
- Access to clinical photographic services, or provision of individual clinical cameras, and access to medical illustration services
- Where appropriate, computerised facilities for the storage, analysis and retrieval of cephalometric and orthognathic data.
- Adequate library facilities, including access to a range of relevant journal, access to, and borrowing facilities for, a range of appropriate contemporary texts and access to

photocopying and interlibrary loan services (and computerized literature searches if not provided individually). Any regional or peripheral unit must provide reasonable access to journals and texts and trainees must have access to any local Postgraduate Medical Centre.

- Journal clubs, clinic pathological conferences and similar activities. Appropriate teaching facilities, including where appropriate, laboratory simulation of clinical procedures.

6.4 Provision of Training

While the detailed provision of training is a matter for the individual training bodies, it is assumed that there will be in place an adequate system of supervision of trainees, normally by at least two qualified trainers who would be (registered) specialists preferably holding consultant and senior academic appointments, an internal examination system capable of assessing trainees' knowledge, attitudes and skills, and mechanisms for regularly recording the progress of trainees. While the ICSTD leaves the question of the extent of the involvement of external examiners to the individual training bodies in accordance with their normal procedures, it would wish the external examiners report to be made available to the relevant AC.

6.5 Competencies

It is the wish of the ICSTD that specialist dental training in Ireland keeps abreast of developments in European dental training standards and competencies, while recognising that the most recent EU competences are those proposed by the EU Advisory Committee on the Training of Dental Practitioners (see Appendix E). A detailed schedule of expected attainment of competences should be provided in Programme documentation and detailed records should be kept of the attainment of each competence by individual trainees. The relevant competences of each specialist training programme are listed in detail in the relevant section of this manual.

6.6 Case Mix

It is important that trainees be exposed to an adequate case mix, both in terms of cases seen in consultant clinics and patients treated by the trainee. Where appropriate, specialty specific guidelines are given elsewhere in this manual.

6.7 Programme Documentation

All trainees should be furnished, at the commencement of the programme, with written information detailing:

- background information about the programme; the competences to be attained;
- the programme syllabus; the programme timetable; details of supervision;
- educational guidance, including reading lists, audio-visual material etc.; programme material that is not readily available from textbooks; examination structure, marking systems and timetables.
- Any changes to the programme should be notified to the trainees before their effective date.

PART 7: ENROLMENT OF TRAINEES AND ALLOCATION OF TRAINING NUMBERS

7.1 Enrolment of trainees

When the programme has been approved, the Education Manager will enrol the trainees and will issue a training number to each enrolled trainee.

7.2 Training numbers

Each approved training position, and each trainee, has a unique number. The number system is used to ensure that the approved number of trainees on each programme is not exceeded and to identify a particular trainee with a particular training position.

Training body (two letter code)

CK UCC
TR University of Dublin
RC RCSI

Post Funding Designation

A1 Self-funded
B1 Funded
C1 Self-funded Non EU
D1 Funded Non EU

Specialty (two-digit code)

OS Oral Surgery
OR Orthodontics
OM Oral Medicine
OP Oral Pathology
OX Oral Radiology
PR Prosthodontics
PE Periodontics
EN Endodontics
PD Paediatric Dentistry
CD Public Dental Health
SC Special Care Dentistry

The full number consists of two-letter code for training body, the two-digit code for funding and the two-digit code for the specialty, followed by the final two digits of the year in which training will be completed, with a unique three-digit trainee identification number

These three digit numbers will be allocated sequentially to each enrolled trainee.

Thus TR-A1-OS-10-104 is a trainee in approved position in the University of Dublin, in Oral Surgery, commencing in 2010, and who is one hundred and fourth in the list of enrolled trainees. Trainee numbers stay with the trainee even if they should transfer to another training body or take time out of training. Thus, at the commencement of training the position number and the trainee number will correspond but this may not be true at the completion of training.

PART 8: ASSESSMENT OF TRAINEES: IRISH SPECIALIST TRAINEES ASSESSMENT PROCESS

8.1 Trainee Review

For the ICSTD to give evidence to the Dental Council of completion of specialist training for a specific trainee, the trainee must have completed the programme in accordance with the regulations of the training body and must satisfy the ICSTD as to their suitability. To this end the ICSTD, through the relevant specialty AC, will review the progress of trainees at regular intervals, normally yearly, and will maintain, with the training body, records of a training review and assessment process (ISTAP) for each trainee. This review will be conducted by the training bodies through a formal process that will involve the participation of a person nominated by the relevant AC. As part of the ISTAP process, trainees will be interviewed and will be asked to produce log books and evidence of completion of any required competences and will be given an opportunity to discuss their progress, and the syllabus, facilities and trainers, in confidence.

Full details of the ICSTD's requirements for trainee review are contained in Appendix F and recommended forms for recording the outcome of review and for reporting to the ICSTD are contained in Appendix G. Specimen logbooks for each specialty are available from the Secretariat. Specimen logbooks for orthodontics and for oral surgery are contained in Appendix H.

8.2 Trainee Self-Assessment

Trainees are also required, as part of the ISTAPs, to complete a self-assessment and a programme assessment, the format of which will be determined by the AC in collaboration with the training bodies. The ICSTD regards trainee self-assessment and programme assessment as an important part of the ISTAP process, and training bodies are asked to facilitate trainees as far as possible to complete these assessments without fear of reproach.

8.3 Specialist Registration and Issuing of Certificates of Specialist Dentist

When a trainee has satisfied the ICSTD that the relevant programme has been followed per the regulations of the training body, including the satisfactory completion of all examinations and assessments, and when a trainee's ISTAPs are considered satisfactory by the AC, the Education Manager and the chair of the AC will verify completion of training. In the case of the statutory specialties, Oral Surgery and Orthodontics, the chair of the ICSTD with appropriate executive support will issue a certificate to this effect to the Dental Council. In the case of the remaining specialties, the certification will be issued to the trainee upon completion.

The granting of a certificate in Oral Surgery or Orthodontics by the ICSTD does not automatically confer specialist registration. Holders of certificates who wish to have their names entered in the Register of Specialist Dentists must apply directly to the Registrar of the Dental Council, 57 Merrion Square, Dublin 2, on the appropriate form available from the Council and pay the appropriate fee.

Certificates of Specialist Dentist are issued by the Dental Council to those wishing to register as specialists in other EU states. Enquiries should be made directly to the Council.

In the case of the non-statutory specialties, the certificate of completion will be issued by the ICSTD but will have no legal value. *As such, this qualification has no guaranteed or automatic reciprocal potential for registration in another jurisdiction.*

PART 9: ORAL SURGERY

9.1 Definition

Oral Surgery is considered to be the management of surgical conditions of the mouth, jaws and associated structures.

9.2 Objectives

Programmes of clinical training and academic study will provide:

- Competence in diagnosis and management in relation to surgery of the mouth, jaws and associated structures as itemized in 9.5 (below);
- The ability to collaborate with specialists from other disciplines;
- The ability to pursue self-directed life-long learning;
- The ability to read the appropriate clinical and scientific literature employing evidence-based criteria
- The ability to conduct clinical audit.

9.3.1 Components of the training programmes

Revision of basic sciences, clinical education and practical training will comprise the specialist training. Revision of the basic sciences will lead to more in depth knowledge of the basic clinical sciences studied during the acquisition of the MFD (MFDS). It will include:

- Applied surgical anatomy of the head and neck including surface, dental and radiographic anatomy;
- Principles of applied physiology and biochemistry;
- Microbiology;
- Pathology and immunology;
- Statistics and information technology;
- Pharmacology and therapeutics;
- Behavioural science.

9.3.2 Clinical Education

The clinical education will include the integrated application of the sciences defined in 9.3 in addition to the following clinical subjects.

- Diagnosis and management of oral disease;
- Oral manifestations of systemic disease;
- Management of emergencies and techniques of resuscitation
- The principles and practice of surgery;
- The principles of cross-infection control;
- The interface between medical and other dental specialties and oral surgery;
- The management of pain and anxiety;
- Oral and maxillofacial diagnostic imaging and interpretation;
- Medico-legal aspects of oral surgery;
- Principles of management of dental, oral and maxillofacial trauma;
- Management of cysts and benign lesions of the mouth, jaws and salivary glands;
- Principles of diagnosis and management of orofacial cancer and precancer;
- Principles of management of oral and facial deformities;

- Pre-prosthetic surgery including implantology;
- Management of temporomandibular joint disorders.
- Management of patients under general anaesthesia
- Management of medically compromised patients

9.4 Competencies

Practical training should lead to competence in the following:

- Extraction of teeth and retained roots and management of associated complications;
- Management of impacted teeth; management of complications;
- Surgical endodontics;
- Dento-alveolar surgery in relation to orthodontic treatment;
- Biopsy techniques;
- Treatment of benign lesions and minor soft tissue surgery;
- Treatment of benign salivary gland disease;
- Insertion of implants including bone augmentation and soft tissue management;
- Management of dento-alveolar trauma including fracture of the tuberosity of the maxilla;
- Management of uncomplicated fractures of the mandible;
- Employment of a range of procedures to control pain and anxiety in relation to oral surgery and the ability to carry out a range of oral surgery procedures under local anaesthetic, local anaesthetic with sedation and general anaesthesia
- Management of chronic facial pain conditions including temporomandibular joint disorder
- Management of medically compromised patients requiring oral surgery procedures
- The diagnosis of oral cancer and precancer, familiarity with their management and appropriate referral;
- The diagnosis of dentofacial deformity; appropriate referral and cooperation in their management.

9.5 Draft Competencies

Programmes should use as a guide for their curricula the Dental Advisory Committee (CED) Draft Competences (Appendix E)

PART 10: ORTHODONTICS

10.1 Objectives

Programmes of clinical training and academic study will provide:

- competence in diagnosis and management of anomalies of facial growth and occlusal development as itemised in 10.3 below;
- the ability to collaborate with specialists from other disciplines;
- the ability to pursue self-directed life-long learning;
- the ability to read the appropriate clinical and scientific literature employing evidence-based criteria;
- the ability to conduct clinical audit.

10.2 Components of the training programme

- Basic orthodontic subjects
- Normal and abnormal development of the dentition
- Facial growth (normal and abnormal)
- Physiology and pathophysiology of the stomatognathic system
- Tooth movements and facial orthopaedics
- Radiology and other imaging techniques
- Cephalometrics (including tracings)
- Orthodontic materials
- Orthodontic biomechanics
- General orthodontic subjects
- Aetiology
- Diagnostic procedures
- Diagnostic assessment, treatment objectives and treatment planning
- Growth and treatment analysis
- Long-term effect of orthodontic treatment
- Iatrogenic effects of orthodontic treatment
- Epidemiology in orthodontics
- Orthodontic literature
- Orthodontic techniques
- Removable appliances
- Functional appliances
- Extra-oral appliances
- Fixed appliances
- Retention appliances
- Biological sciences relevant to orthodontics
- Cell and molecular biology
- Genetics
- Craniofacial embryology
- Somatic and craniofacial growth
- Physiology of breathing, swallowing mastication and speech
- Psychology
- Research module

- Multidisciplinary orthodontics
- Craniofacial anomalies - overview
- Cleft lip and palate patients - overview
- Orthodontics and periodontics, prosthodontics and endodontics
- Orthodontic/oral surgery interface
- Specific treatment procedures
- Guiding the development of occlusion
- Adult orthodontics - overview
- Craniomandibular dysfunctions
- Information technology
- Computer based technology
- Management of oral health
- Oral health
- Health education
- The practice and business of specialist orthodontic practice
- Health and safety
- Legislation and Ethics
- Surgery Management
- Personnel Management
- Finance
- Self-Assessment

10.3 Competencies

Practical training should lead to competence in:

- Diagnosis of anomalies of the dentition;
- Detection of deviations of the development of the dentition, of facial growth and occurrence of functional abnormalities;
- Formulation of treatment plans and the ability to predict the programme of such plans;
- Interceptive orthodontic measures;
- Simple and complex treatment procedures;
- Understanding the multi-disciplinary approach for the treatment of compromised (adult) patients, orthodontic surgical cases and cleft palate patients;
- Evaluation of the need for orthodontic treatment;
- Understanding the psychological aspects of orthodontics;
- Development of a scientific attitude and an inquiring mind and the stimulation of professional curiosity;
- Understanding scientific methodology and interpretation of literature.

10.4 Training Rotations

The preferred training pathway is a combined and integrated training between a dental teaching hospital and a single regional hospital. All three years may be spent within the dental teaching hospital. It is important that several trainers are able to make a substantial contribution to training.

In two centre programmes considerable emphasis is placed on the need for integration of the training programme between teaching hospital and regional hospital. This requires close

communication, collaboration and a common philosophy and sense of purpose between trainers in the dental teaching hospital and the regional hospital.

It may be necessary to involve more than one regional hospital in the training programme. This is permissible provided a high degree of programme integration is maintained such as in the following circumstances:

- where a trainer in a regional hospital main base visits peripheral hospitals and takes the trainee to the peripheral unit;
- where a training centre has a part-time trainer and supervision cannot be adequately provided on the clinical sessions when the trainer is not present;

The trainee should spend at least six sessions per week involved in patient contact with at least five of these sessions devoted to personal treatment sessions. The non-clinical sessions will include an average of 0.5 sessions for non-clinical management, two sessions for research, study and audit and the remainder for non-clinical teaching activities.

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

10.5 Treatment Experience and Caseload

While 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 over the three years.

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

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

Knowledge of other techniques:

- Knowledge and practice of other techniques such as Tippededge, Damon, Speed would be a unique exercise from which expertise could be developed for future practice.

Growth modification:

- 10-25 cases involving the use of functional or orthopaedic appliances should be seen.

Interdisciplinary dental care:

- A trainee should be equipped to deal with 5 to 10 straightforward interdisciplinary dental cases involving restorative dentistry and paediatric dentistry.

Orthognathic treatment:

- Although detailed knowledge and experience of orthognathic planning could not be expected within three 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.
- Cleft Lip & Palate:
- It would be useful if trainees were involved in the diagnosis and planning for cleft lip and palate cases.

Transfers:

- Not more than 25% of a caseload should involve case transfers in which the trainee had not been involved in the planning process.

Supervision of retention:

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

These numbers are intended as guidelines, and are no to be taken as prescriptive

10.6 Supervision

To run effective programmes, dental teaching hospitals ideally require at least two WTE specialists (including the Programme Director), preferably at a senior academic level, with a significant teaching input to run effective programmes. Where the training programme has more than four trainees at any one time, additional staff will be required.

10.7 Training Capacity

In a unit with adequate physical and human resources the training capacity is limited principally by the staff: student ratio.

Any programme that exceeds the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training.

Clinical training:

- The staff student ratio should not exceed 1:4.

Didactic teaching:

- In seminars the staff student ratio should be between 1:3 and 1:8;

Other teaching formats may well accommodate larger numbers.

10.8 EU Draft Competences and Erasmus Recommendations

Programmes should use as a guide for their curricula the EU Draft Competences (Appendix E) and Erasmus Recommendations (Appendix I).

PART 11: PROSTHODONTICS

11.1 Definition

Prosthodontics is considered to be the diagnosis and management of problems related to missing teeth and related tissues, worn teeth and includes the prescription and delivery of fixed, removable and implant retained prostheses. Prosthodontics is the dental specialty pertaining to the diagnosis, treatment planning, rehabilitation and maintenance of the oral function, comfort, appearance and health of patients with clinical conditions associated with missing or deficient teeth and/or maxillofacial tissues using biocompatible substitutes

11.2 Objectives:

Upon completion of clinical training and academic study, trainees will:

- be able to collect, organise, analyse and interpret data from patients with prosthodontic needs
- be able to develop a prosthodontic treatment plan using the relevant patient information
- be competent in the management of patients who have defective or missing teeth
- demonstrate knowledge of the behavioural, clinical and technical procedures involved in the treatment of patients requiring fixed, removable and implant retained prostheses
- critically evaluate the scientific basis of prosthodontic practice
- demonstrate knowledge of materials' science and technology in relation to Prosthodontics
- demonstrate knowledge of the impact of systemic diseases on oral tissues and of oral diseases on systemic health
- provide treatment to the highest ethical and technical standards in line with current knowledge.
- manage time effectively and have good personal, teamwork, IT and operational skills in order to contribute to the efficient delivery of good quality healthcare.
- communicate to patients the nature of their prosthodontic needs and the probable prognosis
- communicate with dental and other health-care professionals, interpret their advice and integrate this information into the treatment of the patient
- evaluate the results of treatment and provide appropriate post-prosthodontic therapy
- devise, develop and complete a substantial, intellectually challenging original research project related to their field of study, within a set timeframe, and with limited guidance from a supervisor

11.3 Components of the training programme:

- Vertical Dimension in Fixed Prosthodontics
- Concepts of Occlusion
- Periodontic-Prosthodontic Interrelations
- Impressions in Fixed Prosthodontics
- Soft Tissue Management in fixed Prosthodontics
- Tooth Preparation in Fixed Prosthodontics
- Cephalometric and Orthodontic Considerations
- Geriatrics: Diagnosis and Treatment Considerations
- Caries in the Prosthodontic patient

- Casting, Welding, and Soldering
- Metal Ceramic Technology
- Use of Attachments in Prosthodontics
- Mandibular motion, articulators and transfer bows
- Pontic Design Considerations
- Biomechanical Considerations in Fixed Prosthodontics
- Dental Cements and Cementation
- Aesthetic Principles in Fixed Prosthodontics
- All-ceramic Restorations
- Resin-bonded prostheses
- Treatment of the Worn Dentition
- Restoration of Endodontically Treated Teeth
- Centric Relation: Concepts and Techniques
- Temporomandibular Joint Dysfunction
- Examination, Diagnosis, and Impressions in Complete Dentures
- Occlusion in Complete Dentures
- Aesthetic Considerations in Complete Dentures
- Alternative Denture Base Materials
- Diagnosis and Treatment Planning for Removable Partial Dentures
- Design Principles for Removable Partial Dentures
- Overdentures: Indications, Designs and Maintenance
- Maxillofacial Prosthetics: Oncology
- Maxillofacial Prosthetics: Restorative Considerations

Interface with other disciplines

- Prosthodontics/oral surgery interface, including implant surgery
- Prosthodontics/periodontology interface, including implant surgery
- Prosthodontics/orthodontics interface
- Management of medically compromised patients

Health and Safety	Sharps injury prevention and EMI guidelines Laboratory safety
Research & Scientific Method	Presentation Skills Clinical Photography Scientific Writing Statistics Plagiarism Ethical Approval
Behavioural Science	Professional Ethics Health Care Economics Psychology Pain
Bio-Sciences	Microbiology Oral Physiology - Saliva Oral Physiology – Speech Cell biology

11.4 Competencies

Upon completion of training, the trainee should demonstrate competence in providing the following treatments:

Complete Dentures

- Conventional complete dentures utilising 30-degree teeth fully balanced.
- Conventional complete dentures utilising non-anatomic (0 degree) teeth, or
- Conventional complete dentures utilising a lingualised occlusion, on a flat plane
- Immediate complete dentures including combination impressions and relines.
- Overdentures; immediate placement and, where possible, definitive treatment with cast copings.

Removable Partial Dentures

- Conventional tooth-supported removable partial denture
- Tooth/tissue borne removable partial denture
- Conventional removable partial denture with surveyed crowns, on the abutment teeth
- Rotational path removable partial denture or swing-lock RPD

Implant prostheses

- Implant-supported fixed partial denture
- Implant supported complete arch prosthesis
- Implant-supported overdenture
- Implant-supported single tooth replacement.

Fixed Prostheses

- Full reconstruction (not less than 20 units) utilising a fully adjustable articulator.
- Fixed restoration of a full arch (10 units)
- Resin-bonded or hybrid fixed partial denture
- Ceramic veneers

Maxillofacial Prosthodontics

- Obturator or Extra-oral maxillofacial prosthesis.

Interdisciplinary Care-prosthodontic treatment for patients

- Involving orthodontic treatment
- Periodontal treatment
- Endodontic treatment
- Having a worn dentition

11.5 Training Rotations

Training programmes must be for a period of three years. It is important that several trainers are able to make a substantial contribution to training. The breakdown of the timetable to reflect this balance of activity is:

- 60% Clinical activity; 25% research activity; 15% Didactic (Classes, reading, teaching)

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

11.6 Treatment Experience and Caseload

While 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 over the three years.

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

The trainee should complete 25 cases, including provision of:

- Complete dentures
- Removable partial dentures
- Overdentures
- Full and partial veneer crowns
- Porcelain laminate veneers
- Fixed bridges (conventional and resin bonded)
- Implant retained restorations
- Implant supported restorations
- surgical placement of fixtures

11.7 Supervision

To run effective programmes, dental teaching hospitals ideally require at least two WTE specialists (including the Programme Director), preferably at a senior academic level, with a significant teaching input to run effective programmes. Where the training programme has more than four trainees at any one time, additional staff will be required.

11.8 Training Capacity

In a unit with adequate physical and human resources the training capacity is limited principally by the staff: student ratio.

Any programme that exceeds the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training.

Clinical training: The staff student ratio should not exceed 1:6

Didactic teaching: In seminars the staff student ratio should be between 1:3 and 1:8

PART 12: PERIODONTICS

12.1 Definition

Periodontics is generally considered to be the diagnosis and management of conditions affecting the periodontal tissues, the placement of dental implants and the long term periodontal supportive care of patients.

12.2 Objectives

Upon completion of clinical training and academic study, trainees will:

- Demonstrate the relevant knowledge of basic sciences that related to dentistry in general and to periodontology in particular.
- Demonstrate knowledge of the relevant aspects of dental public health and clinical dentistry.
- Demonstrate comprehensive understanding of the relationship between oral and systemic diseases and be competent in the management of medically compromised patient.
- Be able to communicate with patients and with other professionals and demonstrate that in an educational and professional capacity
- Be able to present data and clinical findings for diagnosis and management of all known diseases and disorders of the periodontium.
- Have the understanding of the importance of teamwork in the management of the periodontal patient.
- Demonstrate comprehensive knowledge of clinical aspects of periodontics.
- Have the expertise and use the relevant evidence treatment planning for implant patients as well as the surgical aspects of oral implantology.
- Have the knowledge of the relevant scientific literature and the ability to undertake research of publishable standard in a peer review journal.
- Have the ability to carry out a clinical audit project.
- Have an ability to pursue self-directed learning.
- Demonstrate an understanding of and an appropriate attitude to ethical issues.

12.3 Components of the Training Programme

Basic subjects

- Functional anatomy of the head and neck.
- Bone and muscle physiology
- Cell biology
- Microbiology and cross infection control.
- Radiology and other imaging techniques.
- Pharmacology
- Behavioural sciences.
- Biostatistics
- The student will be given the opportunity to follow a programme in biostatistics. The organization of the programme, number of contact hours and preparation time will be determined not later than the commencement of the second year.
- Periodontics
- Biology of the periodontium and oral physiology.

- Microbiology of dental plaque and oral microbial ecology.
- Pathogenesis of plaque-associated periodontal diseases: The role of the host response.
- Clinical features and diagnosis of periodontal diseases.
- Therapy of periodontal diseases - initial treatment.
- Epidemiology of periodontal diseases.
- Antimicrobial treatment of periodontal diseases.
- Therapy of periodontal diseases - periodontal surgery.
- Treatment of bony defects and attachment loss.
- Biological basis, selection criteria, indications and contra-indications for the placement of osseo-integrated dental implants.
- Supportive care for the treated periodontal patient.
- Management
- Ethics
- Practice management
- Health and safety
- Health care economics
- Audit
- Interface with other disciplines
- Manifestations of systemic disorders in the oral cavity.
- Medically compromised patients.
- Occlusal trauma.
- Pain
- Interrelationships of periodontal disease and therapy with other dental disciplines.
- Epidemiology of oral diseases.
- Craniofacial growth and development
- Research/critical review
- Ongoing analysis and review of the scientific literature.
- Evidence based dentistry
- Research methods
- Research project
- Basic computer skills

12.4 Education and training

The trainee must be able to recognise the various forms of periodontal disease in order to make a diagnosis and prepare a treatment plan for each patient. Knowledge must be demonstrated in the following areas:

- The composition of plaque and the chemical and microbial structure and also be familiar with the literature pertaining to the relationship of plaque to inflammatory periodontal disease.
- Basic understanding of culture techniques and tests to identify bacterial strains and their diagnostic potential.
- Understand the histopathological development of periodontal diseases and the pathogenic mechanisms of inflammation.
- Diagnosis of both chronic and acute forms of gingivitis
- Diagnosis of chronic periodontitis, aggressive periodontitis and periodontal disease in children and the differential diagnosis of these problems.

- Understanding of the systemic disorders, that may modify the response of the periodontal tissues to plaque, associated inflammatory disease.
- Understanding of the historical background to the development of dental implants and the various types of implant material currently in use.
- Each trainee is required to fully document each phase of treatment (photographs, models, records) in order to subsequently present these cases at clinical conferences at various stages during their training. The trainees will be required to present the various phases of treatment of their patients for discussion within the group. This will provide trainees with the opportunity to see and discuss a wide range of problems.
- Each trainee is required to competently perform each phase of treatment.
- Each trainee is required to evaluate the success of treatment and plan a supportive periodontal therapy programme.
- Trainees will be given the opportunity to attend clinics in which patients, referred by general dental practitioners, are treated by individual staff members.
- The trainee will attend interdisciplinary treatment planning clinics in order to gain insight into the problems of treatment planning the advanced case (combined problems of periodontal disease plus systemic, restorative, prosthetic, orthodontic, paedodontic, surgical and medical considerations). Trainees are encouraged to see the results of treatment of cases in which such problems were present in combination with periodontal disease.
- At the completion of the programme it will be expected that each trainee has been able to carry out a wide range of therapeutic modalities. The documentation of these various phases of treatment will contribute to the construction of case reports.
- Trainees will be required to be knowledgeable about the current range of implant therapies, their indications, contraindications and method of placement. Trainees will actively participate in the placement of implants as well as the restorative follow up procedures.

12.5 Competencies

Upon completion of training, the trainee should demonstrate competence in:

- Investigation, diagnosis and documentation of periodontal conditions
- Treatment planning, with various possible alternatives
- The (evaluation) interpretation of both normal and pathological structures found on radiographs in the oral cavity.
- Carrying out non-surgical periodontal therapy successfully
- The use of appropriate chemotherapeutic agents as an adjunctive in the management of gingivitis and periodontitis.
- Analysing the risk factors and the degree of risk present.
- The understanding of the action and use of analgesics, anti-inflammatory, antimicrobial agents and drug interactions.
- The different options for management of trauma from occlusion and associated complications
- All the surgical procedures for the management of gingival and periodontal conditions, including:
 - Gingivectomy and electrosurgery procedures
 - apically positioned flap
 - modified Widman flap with and without bone surgery
 - gingival extension techniques (mucogingival surgery)

- crown lengthening
- root resection procedures (subject to the availability of suitable patients)
- sinus lift procedures (subject to the availability of suitable patients)
- guided tissue regeneration (GTR)
- ridge augmentation with soft and hard tissue grafts
- gingival biopsy
- The diagnosis and management of furcation lesions.
- The management of periodontal-pulpal diseases.
- The management of cases that are in interface with orthodontic, restorative and prosthodontics.
- To understand the importance of evaluation of treatment carried and of long-term periodontal supportive therapy.
- To understand the scientific basis behind alteration of behaviour patterns (including oral hygiene practices, dietary habits and smoking cessation).
- Working with other team members and colleagues in different disciplines in relation to patient care.
- Assessing patients and provide treatment plans for patients requiring implants
- Placement of implant fixtures and carry out the necessary maintenance therapy.

12.6 Training Capacity and Supervision

In a unit with adequate physical and human resources principally the staff student ratio limits the training capacity.

Any programme that exceeds the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training.

Clinical training:

- The staff student ratio should be specialty-specific to a maximum of 1:6. Ratios should also take account of recommendations and feedback from visitation reports.

Didactic teaching:

- In seminars, the staff student ratio should not exceed 1:6;
- Other teaching formats may well accommodate larger numbers.
- To run effective programmes, dental teaching hospitals ideally require at least two WTE specialists (including the Programme Director), preferably at a senior academic level, with a significant teaching input to run effective programmes. Where the training programme has more than four trainees at any one time, additional staff will be required.

12.7 Training Rotations

Training programmes must be for a period of three years. All three years will be spent within a dental teaching hospital. It is important that several trainers are able to make a substantial contribution to training.

The trainee should spend at least six sessions per week involved in patient contact with at least five of these sessions devoted to personal treatment sessions. The non-clinical sessions will include an average of 0.5 sessions for non-clinical management, two sessions for research,

study and audit and the remainder for clinical teaching activities. The average breakdown of the timetable to reflect this balance of activity is:

- 60% Clinical activity; 25% Research activity; 15% Teaching

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

In addition, during the 3rd year, students may be required to visit (private) periodontal practices in order to gain insight into the accepted manner of patient treatment and administration in the community setting.

12.8 European Federation of Periodontology Guidelines

Programmes should use as a guide for their curricula the guidelines of the European Federation of Periodontology (www.efp.net/periodontal/edu_grad.asp).

FINAL

PART 13: ENDODONTICS
In preparation

FINAL

PART 14: PAEDIATRIC DENTISTRY

14.1 Definition

Paediatric Dentistry is an age defined specialty that provides both primary and comprehensive preventive and therapeutic oral health care for infants and children through adolescence, including those with special health needs. The speciality encompasses all aspects of dentistry, recognising that children are unique in their stages of development, oral disease, and oral health treatment needs.

The overall goals of the program in Paediatric Dentistry will be:

- To graduate specialists in Paediatric Dentistry who are competent in all areas of Paediatric Dentistry for the growing and developing child.
- To produce specialists in Paediatric Dentistry who are able to teach the dental care of children within the speciality as well as for general dentistry and for other health care professionals.
- To produce specialist Paediatric Dentists to meet the oral health need of infants, children, adolescents and patients with special care needs, and who will continue to seek additional knowledge and skills throughout their careers.
- To produce specialists able to collaborate in multidisciplinary teams concerned with the welfare of children.
- To produce Paediatric Dentists capable of carrying out scientific investigation in both clinical and basic science aspects of the speciality.
- To train Paediatric dentists in audit and management techniques to ensure continued efficiency and adaptation within their health care setting

14.2 Objectives of training

The training in Paediatric Dentistry aims to produce individuals who:

- Are competent in the diagnosis and treatment of children of different ages and abilities
- Are competent and experienced in the design, implementation and completion of preventive dental care programmes for paediatric dental patients.
- Are competent in all the skills of dentistry pertaining to the specialist care of infants, children, adolescents and individuals with special care needs.
- Are competent and experienced in behaviour management techniques, so that the majority of their patients can be treated without the use of adjunct medications.
- Are experienced in all aspects of communication with parents, care givers, social workers and other health care professionals to create an environment where safe and effective care can be provided for all children.
- Are competent and experienced in the provision of restorative, prosthetic, surgical and interceptive orthodontic care for infants, children, adolescents and individuals with special care needs.
- Are competent and experienced in the care of orofacial trauma in infants, children and adolescents.
- Have knowledge of general and craniofacial growth and development, and are skilled in the diagnosis of problems of occlusion, facial growth, and functional abnormalities.

- Are experienced and competent in the provision of dental care for individuals with special health care needs so that the majority of such patients can be managed in an out-patient setting.
- Are fully trained in the theory and practice of inhalation sedation for use in hospital and dental practice setting and are competent in its use.
- Are competent and experienced in all aspects of hospital and operating-room practice, including admission and care of children to hospital and performing comprehensive restorative care and minor oral surgery in the hospital setting.
- Know the principles of research design and methodology and are able to critique relevant literature and adapt methods into clinical practice as evidence emerges.

Components of the training programme

- Child & Adolescent Psychology / Child Behaviour / Behaviour Management
- Communication/ Health Education and Promotion
- Dental Materials / Restorative Dentistry
- Dental Trauma / Soft tissue injuries/ Oral, dental and dento-alveolar injuries
- Pulp Therapy in primary and permanent dentition
- Cariology /Prevention/Fluoride/Public Health
- Minor Oral surgery / Oral soft tissue pathology
- Dental Anomalies and associated syndromes
- Growth and Development / Interceptive Orthodontics / Space Management / Hypodontia
- Intellectual Disability / Autism/ Syndromes / Oral Pathology / Local Anaesthesia / Relative Analgesia / General Anaesthesia / Sedation
- Periodontal and soft tissue conditions in infants, children and adolescents
- Hospital Dentistry/ General Paediatrics/ Medically Compromised Children
- Research Methodology
- Biostatistics
- Practice management/ Audit/ Ethics and Law/ Personal Development

Competencies

Practical training should lead to competence in:

- Examination, diagnosis and treatment planning from infants to adolescents
- Prevention/ treatment of caries for children of different age groups
- Prevention /treatment of gingivitis/periodontitis
- Treatment under L.A/ LA with inhalation sedation/ GA
- Management/treatment of trauma to primary/permanent teeth
- Management of dental anomalies including developmental defects of the dentition/ tooth surface loss/dental defects associated with genetic disorders
- Care of children with intellectual or physical disabilities, including Autism
- Management of the developing dentition/occlusion
- Conscious Sedation
- Comprehensive care under G.A.
- Dental surgical procedures
- Oral health promotion
- Interdisciplinary care

14.3 Training Rotations

It is important that a variety of trainers are able to make a substantial contribution to training.

The trainee should spend at least five sessions per week involved in patient contact with active supervision from the trainers devoted to personal treatment sessions. The non-clinical sessions will include an average of 0.5- 1 sessions for non-clinical activities, 2-3 sessions for research (time allocated varies year on year). Audit and teaching activities will also be scheduled within the programme as the trainee advances.

It is appropriate that training occurs in a number of different settings in addition to the Dental hospital and include paediatric hospitals (dental and non-dental departments), HSE clinics, private practice as well other paediatric services within the community.

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

14.4 Treatment Experience and Caseload

While 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 and variety of patients to a high standard under supervision over the three years. Evidence of experience must also be provided for interdisciplinary care of the paediatric patient (within/between medicine and dentistry)

14.5 Supervision

A training programme will ideally require at least two FTE specialists (including the Programme Director) at a senior level, with a significant teaching input to run effectively. Where the training programme has more than four trainees at any one time, additional staff will be required.

PART 15: ORAL MEDICINE

15.1 Definition

Oral Medicine is the specialty of dentistry concerned with the oral health care of patients with acute, chronic, recurrent and medically related disorders of the oral and maxillofacial region, and with their diagnosis and non-surgical management.

15.2 Objective

Programmes of clinical training and academic study will provide:

- Competence to practise all branches of oral medicine independently.
- Ability to diagnose and manage patients with acute, chronic, recurrent medically-related disorders of the oral and maxillofacial region, with an aim to treatment of these disorders and improving the quality of life of patients.
- Ability to administer a contemporary oral medicine practice.
- Ability to contribute independently to the development of the specialty through both teaching and research.
- To achieve these objectives, trainees will be expected, by the end of the programme, to demonstrate:
- Thorough knowledge of sciences basic to dentistry in general and to oral medicine in particular
- A broad knowledge of all aspects of clinical and public health dentistry
- A broad knowledge of clinical medicine and surgery, of the interactions of oral and systemic diseases and of the management of the medically compromised patient
- Appropriate attitude to ethical and societal issues, and the place of dentistry in the health care spectrum
- Clinical expertise in the presentation, diagnosis and management of all known oral medicine diseases and conditions
- A practical understanding of the value of teamwork in the management of oral medicine patients, and interaction with both senior dental and medical colleagues
- Intensive knowledge of clinical oral medicine
- Skill in evaluating scientific literature, in posing pertinent research questions and hypotheses, in experimental design, and in the prosecution and communication of a research project
- An ability to conduct a clinical audit

15.3 Components of the Training Programme

Revision of basic sciences, clinical education and practical training will comprise the specialist training. Revision of the basic sciences will lead to more in depth knowledge of the basic clinical sciences studied during the acquisition of the MFD (MFDS). It will include:

- Functional anatomy and embryology of the head and neck
- Biology of the oral mucous membrane and salivary glands and oral physiology
- Pharmacology
- Radiology and other imaging techniques
- Pathogenesis of oral medicine conditions and manifestations of systemic diseases
- Ethics and behavioural sciences
- Biostatistics
- Epidemiology of oral diseases

- Ongoing analysis and critical review of the scientific literature
- Management of healthcare delivery and participation in clinical governance activity

15.4 Clinical Education

The clinical education will include the integrated application of the basic sciences as defined in 15.3 to the following clinical subjects:

- general and oral medicine (including neurology, gastroenterology, endocrinology, haematology, clinical chemistry etc),
- infectious and tropical diseases and genito-urinary medicine,
- dermatology,
- psychiatry,
- general and oral pathology,
- general and oral surgery,
- otolaryngology,
- therapeutics,
- oncology,
- obstetrics and gynaecology,
- accident and emergency medicine and dentistry,
- geriatrics and gerodontology,
- general and oral radiology and imaging,
- anaesthetics,
- ophthalmology,
- paedodontics and paediatrics,
- preventive dentistry and medicine,
- community health and dental public health,
- orthodontics, restorative dentistry

15.5 Practical training should lead to competence in the following:

- History taking
- Physical examination
- Appropriate selection of and, in some cases, undertaking of investigations
- Correct interpretation of investigations
- Diagnosis of conditions
- Treatment planning
- Clinical judgement
- Patient management
- Appropriate follow-up of cases

15.6 Training rotations

The trainee should have six oral medicine sessions per week. They will also rotate through relevant general medicine clinics on a sessional basis, e.g. dermatology, gastroenterology rheumatology. It is important in this small field to maximise exposure to other oral medicine trainers and so attendance in other oral medicine units will be encouraged. This may involve short-term sessional attendance at units with specialist interests, e.g. facial pain, Behcet's Disease.

The trainee will also have formal and informal teaching responsibility. The trainee should become involved in a substantial research project.

15.7 Training capacity

In a unit with adequate physical and human resources the training capacity is limited principally by the staff-student ratio. At least one of the specialist trainers must be registered as a medical practitioner.

Any programme that exceeds the guidelines below may be seen to have gone beyond the ability of its resources to deliver an acceptable quality of training.

Clinical training:

- The staff student ratio should not exceed 1:2.

Didactic teaching:

- In seminars the staff student ratio should be between 1:3 and 1:6;

Other teaching formats may well accommodate larger numbers.

15.8 Entry Qualifications

In addition to the entry qualifications listed in 2.4.1, a candidate must hold a medical qualification, registerable with the Medical Council and must be so registered throughout the training.

PART 16: ORAL PATHOLOGY

16.1 Definition:

Oral and maxillofacial pathology is a sub speciality within histopathology that includes the pathology of the oral cavity, jaws and maxillofacial region including salivary gland pathology.

16.2 Objectives:

The objectives of the programme are:

- to achieve an understanding of laboratory processes, including basic processes, immunohistochemistry and molecular techniques related to diagnostic pathology
- to develop the ability to prosect pathologic specimens including complex head and neck resections, osseous and dental hard tissues, mucosal resections, common skin lesions and soft tissue tumours.
- to become able to diagnose diseases that affect the oral and maxillofacial region, including odontogenic and non odontogenic lesions of the jaws, mucosal pathology, soft tissue tumours, lymphoreticular pathology, salivary gland pathology, bone diseases and common skin tumours.
- to develop the ability to compose a pathology report pertaining to the above, including template reports where appropriate
- to be able to communicate with specialists from other disciplines, clinical and laboratory based
- to become familiar with all aspects of general pathology – basic processes and diagnostic and autopsy pathology, relevant to the setting of a practice that is primarily head and neck.
- to become familiar with FNA and exfoliative cytology, pertaining to the head and neck region
- to be able to perform audit
- to develop the ability to critically appraise appropriate clinical and scientific literature

16.3 Components of the training programme

In addition to standard entry requirements, entrants are expected to have one year's experience at SHO level in oral pathology. The training programme will involve practical training in the setting of a diagnostic laboratory in which there is a substantial head and neck and oral diagnostic workload, and should include diagnostic pathology primarily, with exposure to general pathology of approximately. The programme should also involve contribution to teaching in an undergraduate dental school setting and would be most appropriately based within the laboratory of an academic teaching hospital, and within an undergraduate dental school. The programme should also include revision of basic pathology, appropriate to the completion of the MRC Path examination in oral pathology.

It will include:

- anatomy of head and neck region applied to dissection of surgical specimens
- gross dissection of diagnostic specimens
- morphology of normal tissue in setting of diagnostic pathology
- morphology of all diseases of oral cavity and head and neck region

- use of special stains, immunohistochemistry in diagnostic pathology and exposure to newer techniques such as FISH, in situ hybridisation, PCR and other molecular based techniques
- morphology of non gynaecological cytology, primarily FNA in head and neck region
- morphology of common skin and soft tissue tumours, lymphoreticular pathology
- training in audit, presentation techniques, multidisciplinary meetings
- exposure to components of laboratory management
- health and safety in the laboratory

16.4 Outline of specifics of training:

The training must be supervised by at least one dedicated oral pathologist and the trainee should be involved in every aspect of the diagnostic work, and should keep a training log book. There should be protected time for formal teaching, other activities such as journal club and audit practice and for research.

General pathology:

- The period of training in general pathology should take up in total about one year of the whole programme. This may be done by rotation of a few months or weeks at a time or by regular sessions set aside for general pathology, week to week. Attendance at academic activities organised for general pathology trainees would be mandatory.

Research:

- the trainee should become involved in one substantial research project leading to one or more publications, and should be encouraged to become involved with appropriate societies. (As there are no dedicated oral pathology societies in Ireland, this might include the British Society for Oral and Maxillofacial Pathology).

The training programme is normally in the region of 5 years without a PhD (6-7 years with a PhD), usually sitting the Part 1 of the MRC Path examination after 3 years.

An annual training agreement should be drawn up by trainee and discussed and approved by educational supervisor. The appropriate ISTAP for the trainee will include a nominee of the Faculty of Pathology (Royal College of Physicians of Ireland) and an oral pathologist.

16.5 Competencies

The trainee will be required to undertake and pass parts 1 and 2 of the MRC Oral Pathology examination of the Royal College of Pathologists (UK).

Training should lead to competence in

- laboratory processes, including immunohistochemistry and molecular techniques
- prosection of pathologic specimens including complex head and neck resections, osseous and dental hard tissues, mucosal resections, skin lesions and soft tissue lesions.
- understanding of and morphologic diagnosis of diseases that specifically affect the oral and maxillofacial region, including odontogenic and non odontogenic lesions of the jaws, mucosal pathology, soft tissue tumours, lymphoreticular pathology, salivary gland pathology, bone diseases and common skin tumours.

- composition of pathology reports, implications for prognosis and treatment and communication of pathologic findings to clinicians
- general pathology, as appropriate to a practice that is confined to oral cavity and head and neck
- diagnostic FNA cytology, pertaining to the head and neck region

F I N A L

PART 17: ORAL RADIOLOGY
In preparation

FINAL

PART 18: DENTAL PUBLIC HEALTH

18.1. Definition

Dental Public Health is the science and art of preventing oral diseases, promoting oral health and improving quality of life through the organised efforts of society. This concerns not only actions directed at populations as a whole, but also at groups and individuals who make up populations.

18.2 Core Competencies in Dental Public Health

18.2.1 Assessment of Oral Health; needs and demands

- Critical evaluation of dental and other scientific literature
- Preparation of scientific reports
- Description of determinants of oral disease
- Identification of determinants amenable to change
- Understanding of the principles of epidemiology and biostatistics to dentistry
- Derivation of appropriate indicators of oral health
- Survey methods
- Familiarity with indices of oral health
- Methods of consumer involvement
- Familiarity with local, regional, national and international sources of information

18.2.2 Information Technology

- Knowledge of the availability and methods of access to various sources of information with the health service
- Understanding of the potential uses of computers for handling data
- Skills in the use of computers for the collection, collation, manipulation and analysis of data
- Analysis of epidemiological data including statistical interpretation and application of results
- Competent in the use of common computer software packages
- Development of information networks

18.2.3 Provision and Evaluation of Oral Health Services

- Understanding of allocation of resources within the public health services
- Understanding the processes through which health services are purchased and monitored (including oral care services)
- Contracting and service specification development to meet dental health need, including the services for eligible adults
- Derivation of measures of health gain
- Strategy and policy development
- Application of appropriate economic analysis
- Development of measures of quality of service provision
- Understanding of the relationships between primary, secondary care and tertiary care, the dental schools, universities and the HSE

- Role of the various regulatory bodies including HIQA

18.2.4 Promotion of Oral Health

- Ability to interpret oral health in terms of social relationships and social contexts
- Understanding of the principles, methods and limitations of preventive dentistry and oral health promotion
- Identifying groups of individuals at risk
- Recognition and analysis of moral and ethical problems within dentistry
- Development and implementation of oral health strategies
- Understanding of the processes through which health policies are developed, implemented and evaluated
- Political awareness

18.2.5 Research and Development

- Identification of appropriate areas of research and development
- Understanding of research methodology
- Ability to develop research protocols for the conduct of studies
- Application of scientific principles to research in order to evaluate oral health care provision
- Presentation and preparation of appropriate scientific papers
- Skills in the conduct of audit

18.2.6 Teaching and Training

- Ability to respond appropriately in multi-disciplinary/multi-agency setting
- Ability to provide appropriate undergraduate and postgraduate teaching in Dental Public Health and to assess their quality
- Presentation skills
- Training skills
- Knowledge of the organisation and planning of dental education
- Acquisition of skills to provide a foundation for acting as a trainer in due programme

18.2.7 Effective Communication

- Appropriate skills in written, oral and non-verbal communication
- Appropriate skills in negotiation
- Appropriate skills in influencing people
- Appropriate skills in listening
- Appropriate counselling skills
- Media skills (TV/radio/press)

18.2.8 Management

- Managing people, resources, time and support, both for individuals and in organisations
- Understanding principles of management and how they might be applied within the public health services (HSE)

- Leadership skills
- Appropriate skills in planning
- Skills in the management of change
- Problem solving
- Skills in conflict management
- Teamwork/co-ordination and group dynamics
- Organisational skills

18.2.9 Entrance requirements

- Minimum of 2 years general professional training and MFD or MFD/S examination or equivalent.
- A Masters/Diploma in Dental Public Health may be accepted as equivalent

18.3 Duration of Training

Three years full-time programme including one academic component. The academic component may be undertaken by completing a project under academic supervision and presentation of a thesis

18.4 Curriculum and Teaching

The director of the training programme will produce the structure of the curriculum and then submit it to ICSTD In relation to the timetable, the following percentages have been agreed upon:

- Applied Dental Public Health - 50%
- Teaching - 25%
- Research - 25%

Trainees should rotate between different sites e.g. West to South, Galway to Dublin and vice versa to allow trainee experience under different trainers and conditions i.e. training will consist of a series of placements

18.5 Facilities

Access to library, office space, minimum of 2 supervisors – 1 in academic and 1 in the field site and IT Facilities

18.6 Assessments

The assessment programme is called **ISTAP** – Irish Specialist Trainee Assessment Process. Details of this process are contained in Appendix F

The 3 year training consists of annual examinations; an examination of the Thesis and an assessment on all of the competencies.

The final examination, after 3 years recognised training, will be the examination for a doctorate. The format of the examination will be decided by the training director. The trainee Log book & portfolio will also be assessed at the ISTAPs

General viva on competencies and a viva on the project & scenarios will also be included in the final examination

PART 19: SPECIAL CARE DENTISTRY

Postgraduate programme (D. Ch. Dent) in Special Care Dentistry

Special Care Dentistry is that branch of Dentistry which provides preventive and treatment services for people who are unable to accept routine dental care because of some physical, intellectual, medical, emotional, sensory, mental or social impairment, or a combination of these. The programme prepares students for specialist practice in the discipline of Special Care Dentistry.

Alongside the Advanced Dental Sciences Programme in basic dental sciences of relevance to the discipline, which is undertaken by all students on the taught postgraduate programme in the Dental School and Hospital, there are a series of seven modules. These cover: general and oral/dental aspects of impairment, planning of dental services, preventive and health promotion activities, inter-professional working, legislation and ethics, use of behaviour management strategies such as sedation and general anaesthesia, audit and research. Part of the programme will incorporate some of the modules from the Higher Diploma in Developmental Disability Studies in University College Dublin. As well, there will be attachments with outside agencies, alongside hands-on clinical training in the Dublin Dental University Hospital (DDUH). The research thesis undertaken as part of the programme should lead to at least one publication in a peer-reviewed journal.

The programme has been developed with the intent that it should be recognised for specialty training by the Dental Council of Ireland as delegated to the relevant Advisory Committee of the Irish Committee for Specialist Training in Dentistry. The education and training is broadly divided into 60% clinical and 40% teaching and learning to include time devoted to the research project. On successful completion of the three year, full time programme, the degree of D. Ch. Dent will be awarded.

Requirements

To receive a D.CH Dent degree, the student is required to:

- Be in attendance in the programme for 3 academic years. Attendance at all sessions is mandatory. If absent, students will be asked for a written explanation. Students will be required to make up for any missed clinical or academic sessions. Failure to attend classes or clinical sessions is cause for reporting to the Junior Dean
- Complete all programmes and pass the programme assessments; all end of year assessments and evaluations must be completed to the satisfaction of the assessors before the student is allowed to enter the following year of instruction.
- Achieve clinical competence of the standard required for excellence in the delivery of the clinical care of patients.
- Maintain a logbook of all cases managed during the programme
- Organise, write and present a thesis including the preparation of one or more publishable papers in an acceptable form;
- Successfully defend the research in a viva voce examination.

If, at the end of 36 months, the student has not completed programme requirements, he/she may have the option of registering for one (or more) terms(s) to finish the necessary requirements, at the discretion of the programme director. Any fees arising from extension of the D.Dent.Ch. programme are the responsibility of the student.

Aim of the Programme in Special Care Dentistry

Within the World Health Organisation's International Classification of Functioning, Disability and Health (ICF), people requiring Special Care Dentistry are those with a disability or activity restriction that directly or indirectly affects their oral health, within the personal and environmental context of the individual.

The aim of the programme is to build knowledge and skills base in the specialty, which, in November 2005 was recognised by the Dental Council in Ireland and is now awaiting Ministerial approval for recognition as a specialty. Special Care Dentistry takes a comprehensive, holistic approach, as outlined in the ICF definition above, to the care of patients, traditionally referred to as a group of people with 'special needs'. It is appropriate therefore that the programme will draw on expertise across a wide variety of disciplines in health and social care.

The programme in Special Care Dentistry will include experience and study in the following key areas:

- Biological sciences of relevance to Special Care Dentistry
- Concepts of health, impairment, disability and function (ICF)
- Conditions leading to impairment and disability
- Behavioural science
- Sociology of health, impairment and disability
- The impact of impairment and disability on oral health, general health and quality of life
- The impact of oral health on impairment/disability, general health and quality of life
- Planning and management of health and related service delivery
- Management and delivery of oral health care
- Development of oral health care promotion programmes
- Provision of appropriate dental care, based on the development of skills for history taking, examination, diagnosis, treatment planning and delivery of clinical dentistry
- The use of behaviour management, local analgesia, conscious sedation and general anaesthesia
- Links with other non-dental specialties, inter- professional and inter- disciplinary working
- Life support skills and management of medical emergencies
- Legislation and ethics relevant to dental practice and, in particular, to Special Care Dentistry
- Clinical governance and audit
- Research

SCHEDULE OF RECOGNISED DENTAL SPECIALIST SOCIETIES

Restrictions on Membership and Control of Society Affairs:

The society should have a constitution, regulations with regard to membership, election of officers and meetings of the society.

To be recognised by the ICSTD as a specialist society, the membership of the society should be restricted as follows:

Statutory specialties

The control of any matters relating to specialist practice should be confined to persons registered in the Register of Dental Specialists in the relevant specialty. Trainees, general dental practitioners and specialists in other dental specialties should be admitted to a restricted or associate membership. These restricted or associate members should not hold office in the society except as specifically named representatives of trainees or other restricted members.

Non-Statutory specialties

The society should have two classes of membership, similar to societies for statutory specialties. As there may be difficulty in defining the equivalent of specialist practitioners, the following guidelines are offered:

- Any person who hold a Certificate of Specialist Dentist or equivalent issued by the competent authority in a member state of the EU under the relevant EU Directives.
- Any person who is certified by a relevant national authority as having completed a programme in specialist dentistry in the relevant specialty of at least three year's duration within the EU
- Any person who is 'board eligible' or 'board certified' having completed a programme in specialist dentistry in the relevant specialty of at least three year's duration in the USA
- Any person who has equivalent training and certification from another country and who expect to gain entry to any future specialist list by equivalence
- Any person who might reasonably expect to gain entry to any future specialist list by mediated entry based on qualifications and experience.

As with the statutory specialties, the control of the society, including eligibility for election as an officer, should in general be confined to full members

The actual titles used for membership categories are a matter for the individual societies, but the relative rankings of the membership classes should be obvious.

Recognised Societies:

Orthodontics- Orthodontic Society of Ireland

Oral surgery- Irish Association of Oral Surgery

Prosthodontics- Prosthodontic Society of Ireland

Periodontics- Irish Society for Periodontology

Endodontics- Irish Endodontic Society

Paediatric Dentistry- European Academy of Paediatric Dentistry, Irish Branch

Oral medicine- British Society for Oral Medicine

Oral pathology- No recognised society

Oral radiology- No recognised society
Dental public health- No recognised society
Special care dentistry- Irish Society for Disability & Oral Health

FINAL

APPENDIX A: OBTAINING APPROVAL FROM THE ICSTD FOR A SPECIALIST TRAINING PROGRAMME

The Dental Council recognises the University of Dublin (Trinity College), University College Cork and the Royal College of Surgeons in Ireland as bodies providing specialist training in Dentistry. The Council further recognises the Irish Committee for Specialist Training in Dentistry (ICSTD) as the body that provides evidence towards the granting of Certificates of Completion of Specialist Training (CCST) following completion of approved training programmes. The Dental Council is ultimately responsible for the approval of training programmes.

A recognised training body applying to the ICSTD for programme approval should first appoint a Programme Director for each specialist training programme. The Programme Director is the primary contact between the relevant AC (for the ICSTD) and the college where the programme is taking place. All correspondence will be conducted between the Education Manager and the Programme Director, but will be copied to the Chair of the ICSTD and to the Chair of the relevant AC, and to all relevant administrative and training personnel identified for copy mailing in the application by the training body.

Any correspondence received from the Programme Director will be assumed to represent the views of the recognised training body. It is important, therefore, that the training body has internal mechanisms for approval of correspondence.

This document is intended to assist Programme Directors in applying to the ICSTD for programme recognition, for making arrangements for a visit by the relevant speciality Advisory Committee (AC) and for arranging for the training review and assessment process (ISTAP).

Programmes seeking recognition for the 1st time or programmes which have lost accreditation and thereby re-seeking recognition are recommended to seek prior or provisional approval for the programme prior to admitting students on to an unaccredited programme.

Visits to programmes take place at regular intervals, usually five years, to be determined by the ICSTD. Visits involve inspection of the syllabus, the assessment process and the facilities and normally include interviews with the college authorities, the trainers and the trainees. Following the visit, the AC advises the ICSTD if the programme meets all relevant criteria for specialist training so that the ICSTD can eventually provide the Dental Council with evidence that those who have completed the programme are eligible to register as specialist dentists.

Training bodies are required to pay the direct costs (travel, subsistence, accommodation etc) of each visit.

The first stage in applying for programme recognition is to submit a completed application form. Before completing the form, the Programme Director is advised to read the relevant speciality specific guidelines issued by the ICSTD and, if necessary, discuss the proposed application with the Education Manager.

The completed application is submitted to the Education Manager who will request the AC to examine the submitted documents and to set a date for the visit. Defective documentation will be returned by the Education Manager to the training body. If the AC believes that a visit would

be inappropriate, it will report this to the ICSTD, which may direct the AC to carry out the visit.

The chair of the AC in consultation with the programme Director will nominate a lead visitor and two ordinary visitors, one of whom may be a trainee representative (if a suitable representative is available). If there are widely separated sites to be visited, the number of visitors may be increased. Normally the AC will approve the visit team but, to avoid delay, the chair may obtain such approval by direct contact with the members of the AC. One or more visitors may be appointed from outside the Republic of Ireland.

The Dental Council may nominate a representative to the visiting committee.

In consultation with the visitors and the Programme Director, the Education Manager arranges a date for the visit and advises the Programme Director of the composition of the visit team. The lead visitor, the Programme Director and the Education Manager prepare a timetable for the visit and agree any division of visitors where there is more than one site. It is the responsibility of the Programme Director to ensure that the timetable can be adhered to and that all relevant personnel will be available at the appropriate times.

Typical timetable is:

- 09.00 Visitors meet to review documentation and discuss visit
- 09.15 Meeting with Programme Director
- 09.45 Meeting with Dean/Head of School
- 10.15 Inspect clinical facilities (team may split to enable visits to peripheral units)
- 11.30 Inspect laboratory, library and office facilities (team reassembled)
- 12.30 Lunch with all listed trainers, Dean/Head of School, Programme Director, Director of Graduate Programmes, or equivalents.
- 14.00 Meeting with trainers
- 14.30 Interviews with trainees, separately or together (according to the wishes of the trainees)
- 16.00 Preparation of preliminary report
- 16.30 Discussion of preliminary report with Programme Director and other trainers

In general, the visitors will wish to see the following facilities:

- Clinical facilities
- Dental units used by the trainees
- Theatre facilities used by the trainees (if appropriate)
- In-patient facilities (if appropriate)
- Diagnostic imaging facilities
- Nursing support
- Administrative (appointments) support
- Model storage (if appropriate)
- Photographic services
- Laboratory facilities
- Teaching facilities: Lecture theatres, Seminar rooms, Office accommodation, Computer facilities, Library

- Teaching activities: Journal clubs
- Clinico-pathological conferences
- Clinico-radiological conferences

The meeting with trainers should cover documentation, clinical exposure, academic programme and any perceived problems.

The interviews with trainees should cover all relevant matters including timetables, patient load and case mix, joint clinics, clinical facilities, supervision both clinical and academic, logbooks, academic facilities, audit and any perceived problems. It is essential that trainees have confidence that these interviews are strictly private and they may speak off the record if they desire.

The lead visitor draws up a report for approval at the next meeting of the AC. A copy of the report will be forwarded to the Programme Director for factual correction and comment and the final report will be submitted to the Education Manager. The Education Manager will forward the final report to the Programme Director and to the training body and will bring this report to the next Advisory Committee and if approved to the ICSTD. If the report is approved by the ICSTD, the Education Manager will inform the Programme Director. The report will then be presented to the Dental Council for formal approval.

The Education Manager enrolls the trainees and issues a training number to each enrolled trainee. When a trainee is not fully registerable in the Dentists Register, the Education Manager will issue an external number. External trainees will be reckoned in the totals used in calculating the number of trainees enrolled on any specialist training programme, as will any consultant (or FTTA) trainees.

For the ICSTD to give evidence to the Dental Council for the eligibility of a trainee for specialist registration, the trainee must have completed the programme in accordance with the regulations of the training body and must satisfy the ICSTD as to their suitability. To this end the ICSTD, through the relevant speciality AC, review the trainees' progress at regular intervals, normally yearly. This review will normally be carried out by Programme Director and the training body following a protocol laid down by the ICSTD and reported in summary form to the ICSTD. This process is described in more detail in Part 7.

Approval of programmes will normally be valid for five years. The Programme Director must notify the Education Manager and the Chair of the ICSTD of any substantial change in the trainers, syllabus, facilities or timetable. In case of doubt as to what may amount to substantial change, Programme Directors are advised to notify the Director of ICSTD in the first instance and to seek their opinion who will then liaise with the Education Manager. Substantial change may result in a further visit within the five years. If the AC and the ICSTD feel that a specialist training programme is no longer satisfactory, a recommendation to this effect will be made in writing to the Dental Council.

APPENDIX B. APPLICATION FORMS FOR A VISIT TO A SPECIALIST TRAINING PROGRAMME

Explanatory note:

These forms are to be used for all applications to the ICSTD for approval of training programmes in specialist dentistry.

You can obtain electronic copies of these forms from the Education Manager.

The forms are to be completed and submitted electronically.

There are two forms that you must submit.

- Form 1 - General data
- Form 2 - One for every trainee. This should be accompanied by a curriculum vitae and a logbook or case summary giving a breakdown of the trainee's caseload and case mix.

It is essential to also send the appropriate programme documentation and a chair availability timetable for the main teaching department to show how each individual trainee fits into the departmental clinic system. The programme reading list should not be forwarded to the AC but should be available for inspection during the visit.

Any inconsistencies or anomalies in this document should be brought to the attention of the Education Manager in the first instance for action.

**Education Manager
Dental Council**

Form 1: Application for Approval of a Specialist Dental Training Course

Specialty:

Training body: NUI Cork / University of Dublin / RSCI (delete as appropriate)

Details of Course Director (all correspondence from the ICSTD and its speciality AC will be addressed to this person)

Name	
Telephone	
Fax	
Email	

All correspondence FROM the ICSTD/DSTD to the Course Director and vice versa is to be copied to all persons marked with an asterisk.

UNIVERSITY/COLLEGE DETAILS

1. Dean/Head of School*	
2. School/Faculty Administrative Officer*	
3. Responsible College Officer* (e.g. Registrar, Secretary)	
4. Graduate Studies Dean (or equivalent)	

MAIN CLINICAL UNIT

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address - 1	
b)Address - 2	
c)Address - 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE*	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

OTHER CLINICAL UNITS ASSOCIATED WITH THE TRAINING PROGRAMME(S)

Unit 1 This is the unit associated with the college

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address – 1	
b)Address – 2	
c)Address – 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

Unit 2 These following are the regional/other units associated with the training course

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address – 1	
b)Address – 2	
c)Address – 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

Unit 3

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address – 1	
b)Address – 2	
c)Address – 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

Unit 4

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address – 1	
b)Address – 2	
c)Address – 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

Unit 5

1. HOSPITAL/UNIT/CLINIC NAME	
a)Address – 1	
b)Address – 2	
c)Address – 3	
2. TELEPHONE	
3. FAX	
4. HEALTH BOARD/AUTHORITY	
5. CHIEF EXECUTIVE	
6. UNIT GENERAL MANAGER*	
8. CLINICAL DIRECTOR*	

ADDITIONAL INFORMATION

FENVAL

TRAINEES

SAC APPROVED SENIOR REGISTRAR/FTTA (Post-CSD training)

(Included to enable the AC to take into account total training capacity)

	Name	Post Number	Date of appointment	Expected completion date
1.				
2.				
3.				

SPECIALIST TRAINEES

	Name	Post Number	Date registered	Category*
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

*** Categories: 1. Funded; 2. Not Funded; 3. Non-EU.**

TRAINERS* INVOLVED IN TRAINING PROGRAMME

(additional to Course Director)

	Name	Academic/Clinical Grade	Main Clinical Base (i.e. Unit Number, as above)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

*** all normally receive copy correspondence**

**We hereby apply on behalf of
 ... to the Irish Committee for Specialist Training in Dentistry for Approval of a Specialist Dental
 Training Course in**

**We confirm that the college will be responsible for the direct costs of the visit (visitors' travel,
 subsistence, accommodation etc.)**

**Signed: Responsible College Officer
 (e.g. Registrar/Secretary)**

..... Course Director

Date:/...../.....

Form 2: Individual Trainee Datasheet

Please copy this form and complete a separate copy for each trainee in the specialty.

A current Curriculum Vitae is to be attached to this form

A logbook or summary of caseload and case mix is to be attached to this form.

DETAILS OF TRAINEE

1. Name of present incumbent	
2. Funded, Not funded, Non-EU	
3. Post number	
4. Date of registration	
5. New post?	

CLINICAL UNITS/HOSPITALS INVOLVED IN COURSE

1. Main base unit*	
2 Other units visited	
3 Other units visited	
4 Other units visited	

* For trainees based principally in regional consultant units, give this as main clinical unit

TIMETABLES

Please attach a copy of the trainee's timetable or use the format provided. "Activity" should comprise one of the following headings:

CLINICAL SESSIONS	
Diagnostic	Code D
Review	Code R
Treatment	Code T
Teaching session (U/G or P/G)	Code U/G or P/G
NON CLINICAL SESSIONS	
Academic Teaching	Code A
Study/Research	Code S
Audit	Code X

Please indicate by initials the trainer for each half day and whether usually available (A) or with other duties (U). Units/Hospitals can be coded (please give key to codes)

Week 1

		Mon.	Tues.	Wed.	Thurs.	Fri.
AM	Activity					
	Unit/Hospital					
	Supervisor					
PM	Availability					
	Activity					
	Unit/Hospital					
	Supervisor					
	Availability					

Week 2 (if different)

		Mon.	Tues.	Wed.	Thurs.	Fri.
AM	Activity					
	Unit/Hospital					
	Supervisor					
PM	Availability					
	Activity					
	Unit/Hospital					
	Supervisor					
	Availability					

Any other comments regarding timetable:

APPENDIX C: GUIDELINES FOR VISITORS TO SPECIALIST DENTAL TRAINING PROGRAMMES

These guidelines are intended to assist you in a visit to a specialist training programme and to answer any queries that you may have.

Background

The Dental Council has requested that the Irish Committee for Specialist Training in Dentistry (ICSTD) organises regular visits to training programmes operating under the regulations of the Dental Council and the ICSTD. These programmes are run by one of the Dental Council approved training bodies: University College Cork, the Royal College of Surgeons in Ireland or the University of Dublin (Trinity College Dublin). The visit has been organised by the relevant Advisory Committee (AC) of the ICSTD. You have been nominated by the Chair of the AC and approved by the AC. There are normally three visitors, one of whom may be from outside Ireland and one of whom may be a trainee. The Dental Council may nominate a representative to this committee.

A visit normally extends over one or two full working days. You should plan to be available for the full day or days. If you have to travel for the visit, assume that you will need to spend at least one night away from home.

The Visit

The purpose of the visit is **to ensure that training standards and facilities meet the requirements of the ICSTD**. These guidelines form part of the training manual and you are advised to read the entire manual, particularly the details of appropriate standards and facilities.

Your visit may be to look at a prospective programme, or it may be a return visit to an existing approved programme. You may be asked to visit the training body itself or an associated regional unit or both. If you are visiting an existing programme, you will be expected to meet the trainees.

You should receive as part of this package the application form from the training body (or you may already have received it). If not please contact the Secretariat (see below) as soon as possible, as it is important that you are familiar with the detailed application and that you will have had an opportunity to discuss it with the lead visitor well before the date of the visit.

During the visit, there are certain things that you should see and certain persons with whom you should meet. The programme director will have been sent a sample framework for a visit; this also is included in this training manual (Appendix A).

The Lead Visitor

One of the visitors has been appointed as lead visitor. If that is you, you will be expected to liaise with the training body (through the programme director) and/or the regional unit to arrange dates for the visit and an appropriate timetable. You will be expected to check that each visitor has all the necessary documentation. You may also wish to ensure an opportunity to discuss the application with the other visitors well before the date of the visit. If you wish to do this by telephone conference, the ICSTD Secretariat will try to arrange this for you. Please note that the formal correspondence with the training body must be conducted through the Education Manager.

You will be responsible for producing, in collaboration with the other visitors, a draft report, which will be sent to the relevant parties for factual correction and for suggestions, and the final report that will be sent to the Advisory Committee, the ICSTD and finally to the Dental Council, who are responsible for its approval. Any report that you write should be sent only to ICSTD Secretariat who will arrange for further circulation. Please do not send copies of the report to the programme director or the training body or to other parties.

Meeting the Trainees

You can meet the trainees together, or separately, or in appropriate groups. Please try to make sure that the trainees have agreed to whatever arrangements have been proposed. The meetings with trainees are confidential; however some material from the discussions may require to be incorporated into the report if its omission would otherwise result in the approval of an unsuitable programme. It would be best to advise the trainees of this at the start of the meeting and allow them at the end of the meeting to request that comments be excluded. Make sure that trainees know that you will wish to see logbooks, not to assess individual trainees but to ascertain if there is adequate clinical exposure in the programme.

When you are meeting the trainees, please bear in mind that the ICSTD has a duty not merely to ensure high standards of training but also to ensure that trainees are treated fairly during their programme. The ICSTD will wish to know, for example, if the visitors believe that terms and conditions of employment are out of line with similar training posts elsewhere within the health services.

The Report

Included with the manual (Appendix D) is a suggested format for your report.

The final report should contain one of the following recommendations:

- Approval of the programme for five years.
- Approval of the programme for five years subject to certain conditions being met within a defined time (usually not more than one year).
- Withholding of approval until certain conditions have been met. In this case it may be best to give a time limit beyond which a fresh application would be required.
- Withholding of approval until the ICSTD has clarified any matter of interpretation that you have referred to it. In this case approval would be given retrospectively or withheld automatically once the ICSTD had resolved the matter.
- Refusal of approval.

You are given the opportunity to make confidential comments directly to the AC without these being seen by the training body. It would be advisable to be cautious in the use of this facility. In general, it would be normal for the ICSTD to share all information in the report with the training body.

Appeals

The ICSTD has not yet instituted a formal appeals process but may be asked by a training body to hear an appeal against your findings.

The Secretariat

The Education Manager and the ICSTD executive support are available to you before, during and after the visit. The ICSTD regards it important that visitors should be facilitated as much as possible, so that they can concentrate on the essential purpose of the visit. Do not hesitate to contact the Education Manager in relation to travelling arrangements, accommodation etc, or to any queries that you may have about the visitation process.

Reimbursement of Expenses

The training body has undertaken to pay your expenses for the visit. You should obtain appropriate reimbursement forms before or during the visit and submit them directly to the training body. If you are not reimbursed, please advise the ICSTD Secretariat and we will pursue the matter on your behalf.

Documentation

Please note that this manual and the documents contained therein are available in hard and soft copy from the Education Manager.

FINAL

APPENDIX D: PROFORMA VISITORS' REPORT ON TRAINING PROGRAMME

Irish Committee for Specialist Training in Dentistry
Advisory Committee in

Visitation Report

Visit to

Held on/...../.....

Purpose of visit: (delete as appropriate)
Assessment of Programme Follow-Up Visit

RECOMMENDATION

1. Recommend approval of the programme for five years until __/__/__
2. Recommend approval of the programme for five years subject to certain conditions being met within months/years (usually not more than one year).
3. Recommend withholding of approval to allow certain conditions to be met. If not met by __/__/__, then a fresh application will be required.
4. Recommend withholding of approval until the ICSTD has clarified the following matter(s):
.....
.....
.....
.....
5. Recommend refusal of approval

Signed

Lead visitor

Visitor

Visitor

Visitor

Detailed Report

Programme Director:

Trainees:

.....
.....
.....
.....
.....
.....
.....
.....

Trainers interviewed

Name	Specialty	Grade

Clinical Training Facilities and Resources (Outline strengths and weaknesses)

- Patient numbers and case mix
- Clinical facilities
- Clinical support staff
- Administrative support services

Delivery of Training (Outline strengths and weaknesses)

- Trainee timetable
- Consultant contact

Delivery of Education (Outline strengths and weaknesses)

- Contact with undergraduates or postgraduates

Audit and Clinical Governance (Outline strengths and weaknesses)

Research and Publications (Outline strengths and weaknesses)

Attendance and Presentations at Meetings (Outline strengths and weaknesses)

APPENDIX E: DENTAL ADVISORY COMMITTEE DRAFT COMPETENCES

XV/E/8385/9/95-EN

Advisory Committee on the Training of Dental Practitioners
Draft Competences for two specialist categories: orthodontics and oral surgery
Brussels 5.04.2000

Specialist Competences

The following document proposes the basic requirements in the format of competences for an orthodontist and an oral surgeon in order to be recognised as specialists in any Member State of the European Union. It does not attempt to describe the full scope of orthodontic or oral surgery training. It recognises there will be differences in the scope of treatment procedures and additional competences in the different member countries.

In accordance with the Dental Directive 78/687/EEC, Art 2, 1, a, the training leading to a diploma, certificate or other evidence of formal qualifications as a practitioner of specialised dentistry entails completion at least of the training referred to in Article 1, a, of Directive 78/687/EEC (Basic Dental Training) or possession of the documents referred to in Article 7 (1) of the Directive 78/686/EEC. Basic Dental Training will need to fulfil the requirements described in the document "Clinical Proficiencies required for the practice of dentistry in the European Union" (XV/E/8316/8/93) when they are adopted as an annex to the Dental Directives. The term proficiencies has now been changed to competences. It is essential that a significant part of specialist training must be carried out in a clinical dental school environment or its equivalent in order to ensure that trainees are exposed to a broader influence than their own particular area of specialisation (refer to Article 2 Section D document 78/687/EEC).

Those competences and related prerequisites listed for the newly qualified general dental practitioner apply also to the specialist. Where there is overlap, the specialist would be required to complete the more difficult of these tasks which overlap and which may be beyond the abilities of the average practitioner. Particular emphasis is placed on promotion of prevention, prioritising needs according to resources and preventing any harm to the patient as a result of treatment.

It is as important for the specialist as the general dental practitioner to recognise his or her limitations and recognise when it is in the patient's interest to seek advice from or referral to a medical or dental colleague including those tasks within his or her area of expertise. Specialists must have an understanding of the importance of prioritising treatment according to patient needs in their own speciality in the context of available resources and to take an active part in ensuring that those most in need of care will receive it.

These specialist competences must not limit the range of activities of the general dental practitioner. In order to accommodate regional and national differences asterisks (*) have been used to denote those competences which are not universally acceptable in the context of this document. Each national authority will decide which of those items marked with asterisks will apply in their region or nation.

Orthodontics

Before setting out specific clinical competences it is necessary to define the fundamental prerequisites required of an orthodontic specialist. They are as follows:

Based on knowledge of the normal and abnormal development of the cranio-facial complex including the face, jaws and dentition, the orthodontic specialist must be able to diagnose and evaluate the factors which may interfere with normal development and the consequences of morphological, developmental and functional deviations from normal in the face, maxillofacial area and dentition of the individual patient. In this context the term "development" embraces the combined effect of growth and maturation.

He/she must be able to recognise indications for preventive measures as well as for treatment, to prepare and evaluate plans for interceptive and corrective orthodontic treatment of the individual patient, and to plan, evaluate and carry out systematic examinations for the same purpose on a population basis.

An orthodontic specialist must be able to perform and evaluate all commonly provided orthodontic treatments and be able to maintain their own skills in line with current developments in orthodontics both in theoretical and practical terms.

To achieve the aforesaid aims, the orthodontic specialist must be able to explain decisions on treatment and administrative matters to children and their parents, heads of public oral health care services, school medical officers and others in order to provide co-operation on treatment between all professionals involved in the health care of the patient.

An orthodontic specialist must be able to collaborate in multidisciplinary teams for treatment of patients including those with special needs.

He/she must be able to evaluate treatments in a health policy context and to advise the authorities of the resources required for the orthodontic treatment.

An orthodontic specialist must be familiar with the surgical methods used by oral and maxillofacial surgeons in orthodontic/surgical treatments and be capable of achieving the necessary results in pre- and post-operative treatment in co-operation with surgical colleagues.

Due to the special nature of orthodontic treatments, namely that they are protracted and require the absolute co-operation of the patient throughout the treatment period in order to achieve a successful treatment result, the orthodontic specialist must be capable of evaluating the mental development/status of the individual patient in relation to his/her physical development/status during the treatment period. Based on this and on the conditions in the patient's environment, the orthodontic specialist must be able to evaluate the patient's ability to co-operate and choose the time and type of treatment which satisfy the patient's needs in the best possible way.

In order to practice orthodontics as a specialist in the European Union, the specialist must demonstrate the following clinical competences:

Patient Examination, Assessment and Diagnosis

The proficiencies listed in Doc. XV /8316/6/93 under 1.1 to 1.9 for the new dental graduate are all in force. Furthermore, the following competences must be met by the orthodontic specialist:

To carry out those special clinical examinations which are necessary for orthodontic diagnosis and treatment planning

To carry out the appropriate radiography necessary for orthodontic diagnosis and treatment planning

To be able to carry out a growth analysis

To be able to predict the likely development with or without treatment

To diagnose and manage or refer as appropriate patients with morphological, developmental and functional deviations from normal

To be able to assess the risk of the iatrogenic consequences of orthodontic treatment.

Orthodontic Treatment Planning

To recognise the significance of patient compliance in the maintenance of oral health during orthodontic treatment

To define treatment objectives with due consideration of possible alternatives

To define appropriate plans for interceptive orthodontic treatment

To define appropriate plans for corrective orthodontic treatments

To define appropriate plans for retention

To define the timing and the sequence of the application of treatment procedures

To estimate treatment and retention time .to assess treatment prognosis.

Orthodontic Treatment

To know the indications for use, design and construction, as well as the potential and limitations of the different types of the following commonly used orthodontic appliances

Removable

Functional

Extra-oral

Partial fixed

Fixed

Retention

To carry out the orthodontic part of multidisciplinary treatment in collaboration with other professionals as follows:

Cleft palate treatment

Orthodontic-surgical treatment

Orthodontic-periodontal treatment

Orthodontic-restorative treatment

Cranio-mandibular dysfunction treatment.

Evaluation of the Results of Orthodontic Treatment

To review growth and the consequences of treatment

To monitor the long term stability of treatment

To evaluate treatment outcome according to established standards

In order to accommodate regional and national differences asterisks (*) have been used to denote those competences which are not universally acceptable in the context of the document. Each national authority will decide which of those items marked with asterisks will apply in their region or nation.

Oral Surgery

The speciality of Oral Surgery comes under the Dental Directives while Oral and Maxillo-Facial Surgery and Stomatology fall within the Medical Directives. Oral and Dento-alveolar surgery is more closely related to dentistry rather than medicine. Maxillo-Facial Surgery falls between the two with much overlap. Oral Surgery and Maxillo-Facial Surgery are seen as separate disciplines in some countries. In others they are seen as the one and may often be referred to as Oral and Maxillo-Facial Surgery requiring qualification in medicine and dentistry. The situation is in a state of flux. Some countries would prefer to see the unification of oral surgery and maxillo-facial surgery into one specialism coming under one or both of the Medical and Dental Directives. Others have them as separate disciplines. In most countries the oral surgeon is considered to be a dental rather than a medical specialist. Whatever the preference in the different member states, these competences are written in the context of Oral Surgery as a part of the Dental Directives. The legal provision for specialisation in dentistry was established with the Dental Directives in 1978. The provision was further discussed and agreed in 1982 (Doc, III/D/114/4/82) and was further clarified in 1986 (III/D/1374/84) in respect of the range of activities of a specialist oral surgeon and orthodontist including recommendations on appropriate training programmes. The field of activity of the general dental practitioner (Dental Directive 78/687/EC) includes prevention, diagnosis and treatment of anomalies and diseases of the teeth, mouth and jaws and surrounding tissues. The more complex and difficult of these procedures regarding oral surgery constitute the rationale for the

need of a specialist oral surgeon within the Dental Directives, because they are, by-and-large, the most needed and form the core of the activities of a specialist oral surgeon in addition to the other skills demanded of that specialist.

Many oral surgical procedures are undertaken by general practitioners and in this area there may be considerable overlap in the more routine procedures. Implicit in these clinical competences is the necessity to have the requisite current knowledge of the basic biological, medical, bio-ethical sciences and patient management skills in order to complete each procedure in the patient's best interests as stated in the section on basic clinical competences.

Prerequisites set out in the context of clinical competences for a newly qualified dentist equally apply to an oral surgeon. These competences are not intended to limit the specialist oral surgeon to the procedures listed below. However, all specialist oral surgeons must at least be clinically proficient in each of the following:

The surgical excision of roots and buried or impacted teeth

Recognising the various anatomical relationships that pose clinical difficulty in the removal of or lead to complications following the surgical removal of roots and teeth

Deciding, on the basis of the history, examination, radiographic evidence, and special tests when it is advisable to surgically remove impacted teeth or to pursue a more conservative treatment

Being aware of the potential consequences of surgical removal of roots and impacted teeth both in the short and long term

Capable of excising buried roots

Exposure of unerupted teeth

Deciding, with the help of an orthodontic consultation when appropriate, whether surgical exposure of a tooth can result in it being brought into a favourable position within the arch

Deciding, on the basis of the history, examination and special tests whether it is advisable to surgically expose, remove or monitor unerupted teeth

Carrying out the surgical procedure of exposing an unerupted tooth

* Management and treatment of fractures of the jaws and facial skeleton

The clinical and radiographic diagnosis of fractures

Completing open and closed reduction and fixation of fractures

Interdisciplinary management of the patient with multiple injuries

Surgical management of oro-antral fistulae

The clinical and radiographic diagnosis of oro-antral fistulae

Application of the appropriate conservative or surgical management methods in the light of the position of the fistula and the surrounding anatomy

Closure of the fistula

* Diagnosis and treatment of salivary gland diseases

Utilising appropriate special tests for the diagnosis of salivary gland diseases

The safe management of salivary gland diseases

Referral when appropriate

Tissue integrated oral implant surgery

Assessment in collaboration with appropriate colleagues the benefit to the patient of tissue integrated implants

Interpretation of techniques necessary for the appropriate selection of site for placement of implants

Effectively carrying out currently accepted surgical techniques for successful implants

* The use of bone augmentation techniques in the areas of inadequate bone for Implant placement including taking of bone from an acceptable donor site

A sufficient knowledge and skill in carrying out guided tissue regeneration and use of bone substitutes

Understanding the restorative implications of implant surgery

Mucosal, Skin and Bone Grafts

Carrying out simple mucosal, skin and bone grafts with minimal trauma to donor and recipient sites

* Congenital and acquired anomalies of the jaws and temporomandibular joint (excluding complicated anomalies involving the cranial base)

Management of congenital and acquired anomalies of the jaws and temporomandibular joint

Surgical treatment of congenital and acquired anomalies of the jaws

Liaison with the orthodontic specialist with regard to conservative or combined conservative/surgical treatment of jaw anomalies

Referral where appropriate

*Diagnosis and Treatment of Diseases of the temporomandibular joint

Effective clinical and radiographic investigation

Recognition of the systemic and psychological influences of the condition and/or treatment

Conservative and surgical treatment of diseases of the temporo-mandibular joint including arthroscopy

Assessment and management of oral/facial pain and headache including that associated with disorders of the TMJ and related activities

Appropriate history and documentation

The diagnosis of oral-facial pain including that of dental origin

Appropriate clinical and therapeutic management of oral-facial pain

Apical surgical treatment

Judging whether it is necessary to carry out surgical endodontics rather than pursue a more conservative treatment completing surgical endodontics

Transplantation of teeth,

Assessing the patient for associated trauma and risk to infection due to the procedure

Deciding, on the basis of the history examination and special tests whether it is advisable to transplant the tooth

Place, position and stabilise the transplanted tooth

Biopsies and excision of pathological oral and dental tissue

Recognising and prioritising lesions requiring a biopsy

Carrying out incisional and excisional biopsies of oral tissue including their appropriate fixation and transportation for diagnostic histopathology

Pre-prosthetic surgery

Liaison with other dentists in the assessment of benefit to the patient of all prosthetic surgical techniques

Carrying out hard and soft tissue preparation to facilitate successful restorative procedures

APPENDIX F. IRISH SPECIALIST TRAINING ASSESSMENT PROCESS

Note: Applications made to the ICSTD for approval of programmes of specialist training are made on the understanding the programme director has the authority to communicate with the ICSTD and the relevant AC on behalf of the training body. It is important therefore that the training body has internal mechanisms for approval of ISTAPs and of subsequent actions taken by the programme director.

Suggested forms for recording ISTAP are given in Appendix G.

The forms are to be retained by the training body except for the Summary Form and the Trainee Feedback Form which are to be sent to the ICSTD.

The function of the ISTAP is to **examine the progress of the trainees** over the previous year. The focus of the process is solely on the trainees. This is distinct from the 5-yearly inspection of each postgraduate course which examines the training standards and facilities meet the requirements of the ICSTD.

1. The Irish Specialist Training Assessment Process (ISTAP) provides the following information:

- 1.1 Whether **the trainee** has completed all written examinations due to have been completed since the start of the programme, or the last ISTAP session, as appropriate, as described in the programme documentation.
- 1.2 Whether **the trainee** has achieved all competences and has completed all clinical tests due to have been achieved or completed since the start of the programme, or the last ISTAP session, as appropriate, as described in the programme documentation.
- 1.3 Whether, in the view of the trainers, there are any impediments to the **trainee's** normal progress through the programme.
- 1.4 That the **trainee** has been offered an opportunity to comment on their progress since the start of the programme, or the last ISTAP session, as appropriate, and the opportunity to comment on the programme structure and content and the manner in which it is being delivered.

2. The ISTAP will be administered by the training body with the assistance, as required of the ICSTD Secretariat, and in accordance with ICSTD procedures.

3. An ISTAP committee will be established for each programme. The members should be:

- 3.1 The programme director. If the programme director is unavailable, the training body shall appoint a suitable alternative person who shall be a trainer on the programme.
- 3.2 A second trainer from the same specialty
- 3.3 A member of staff of a different dental department within the training body, who shall be of consultant or specialist status.

3.4 An external assessor appointed by the Advisory Committee (AC) in consultation with the programme Director, who shall have no other connection with the programme and who shall not have visited the programme on behalf of the ICSTD. Recognising the difficulty in appointing external assessors, former students of the course who have completed the programme a minimum of five years previously and not currently teaching on the programme, are acceptable as external assessors. The appointed external assessor should have consultant/senior lecturer status or specialist status with a minimum of seven years clinical experience and adequate academic experience.

3.5 The Education Manager

4. The ISTAP procedure proposed by the training body shall require approval by the AC and the ICSTD before it is adopted. The ISTAP for each year of a training programme may require different documentation. Ideally, all ISTAP documents should be the same for all training bodies.

5. For individual trainees, ISTAP shall take place annually, normally towards the end of the academic year. The ISTAP in the last year of the programme shall take place when all teaching and examinations are close to completion and towards the end of the programme. If the programme includes a dissertation, this need not have been submitted at the time of the ISTAP.

6. Specimen ISTAP documentation shall be included in the programme documentation provided to trainees.

7. The ISTAP shall take place in three stages as follows:

7.1 The ISTAP committee shall meet and collate the available evidence of the achievement of each trainee.

7.2 The External assessor, Internal assessor and the Education Manager will then meet with each trainee. This meeting will allow the trainee to comment as in 1.4 above and will also be used for feedback to the trainee on the content of the achievement forms and any general comments of the committee. The trainee should sign to confirm that they have been made aware of the content. The Education Manager will act as an observer and may contribute if appropriate. The Education Manager will not partake in the preparation of the report.

7.3 While noting that the key function of the ISTAP is to examine the progress of trainees over the previous year, the ISTAP committee shall also make such general comments on the programme or on the trainees as it considers appropriate.

7.4 The ISTAP reports shall be submitted to the Education Manager by the programme director for consideration by the AC and subsequent approval by the ICSTD. Reports should be furnished to the Education Manager within four weeks of the ISTAP date.

8. The AC and the ICSTD will take such action as seems to arise from the ISTAP reports.

9. As a general principle, the ISTAP reports that are sent to the ICSTD will not contain details of the trainee's achievements but will summarise (preferably in check list form) the internal ISTAP documentation. Trainees' comment will be forwarded in full.

10. Where the ISTAP results in an unsatisfactory report, the following actions shall be taken:

10.1 Where a trainee has failed to achieve all appropriate programme requirements at the time of the ISTAP, or where the view of the trainers reported to the ISTAP committee is that there are impediments to the trainee's normal progress through the programme, the programme director shall indicate to the ICSTD what steps are to be taken to ensure that the trainee has appropriate opportunities for remediation and the date by which it is intended to reassess the trainee.

10.2 Where a trainee has expressed concern about the programme structure or content or the manner in which it is being delivered, the programme director shall indicate to the ICSTD what steps are proposed to investigate or to remediate the situation.

10.3 Where a trainee has failed to achieve all appropriate programme requirements at the time of the ISTAP or has expressed concerns, it shall be the duty of the programme director to bring this to the attention of the appropriate academic authorities within the training body and to report to the ICSTD on the outcome.

10.4 If appropriate, the Education Manager and the Chair of the relevant AC may meet with the trainee and/or the programme director, and shall report the outcome of such meetings to the AC and the ICSTD.

APPENDIX G. FORMS FOR IRISH SPECIALIST TRAINING ASSESSMENT PROCESS

IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY

Irish Specialist Training Assessment Process

Trainee Name _____

Training Position _____

Training Number _____

Training Body _____

Specialty _____

Year _____

Course Director _____

CONFIDENTIAL

CONFIDENTIAL

CRITERION	UNSATISFACTORY	SATISFACTORY	BETTER THAN SATISFACTORY	COMMENTS
Clinical Progress				
History taking				
Examination				
Investigations				
Diagnosis /Judgement				
Operative Skill				
Aftercare				
Knowledge				
Basic Sciences				
Clinical				
Postgraduate Activities				
Case Presentation				
Presentations				
Publications				
Research Ability				
Audit				
Attitudes				
Reliability				
Self-Motivation				
Leadership				
Administration				
Relationships				
Colleagues				
Patients				
Other Staff				

Trainers Comments on Trainee

Please state if there are any perceived impediments to the trainee's normal progress through the programme

Trainee Signature:

_____ Date: _____
(Signature indicates that the trainee has seen the ISTAP forms. It does not indicate that the trainee agrees with the content).

For the ISTAP Committee:

Signed (Programme Director/Chair):

_____ Date: _____

FINAL

IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY
Irish Specialist Training Assessment Process

Trainee Feedback Form

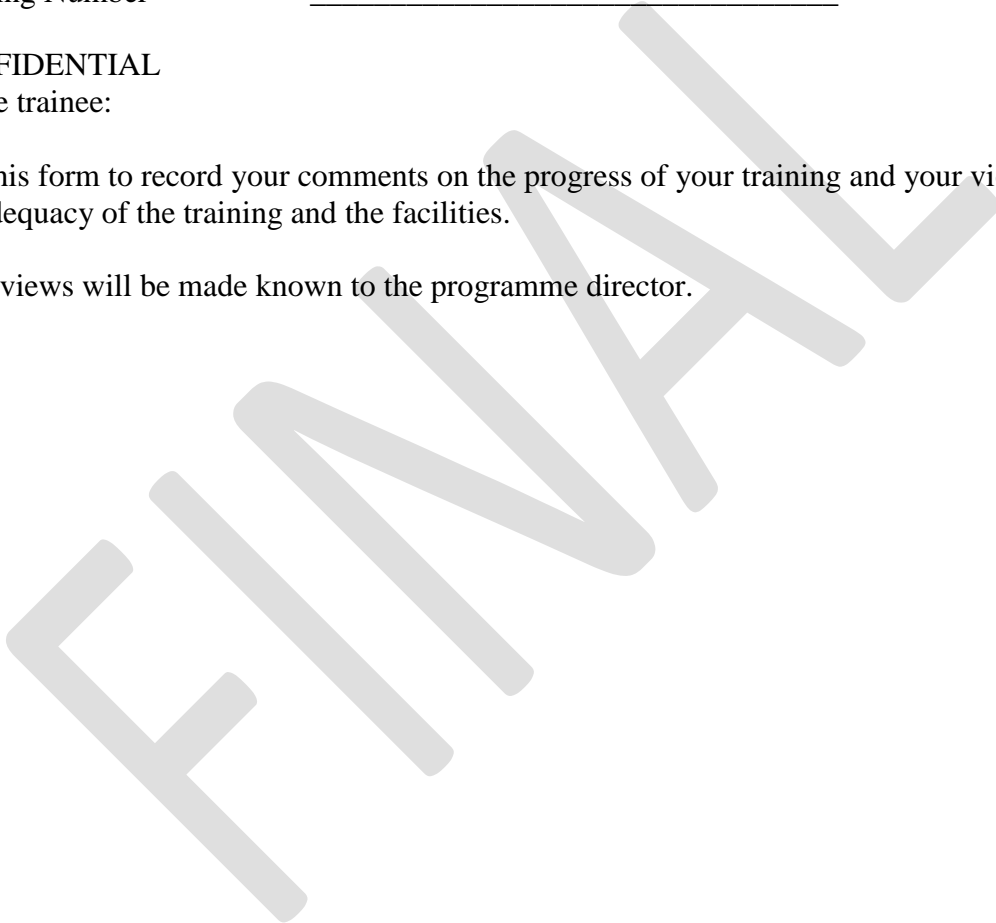
Training Body _____
Specialty _____
Year _____
Programme Director _____
Trainee Name _____
Training Position _____
Training Number _____

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To the trainee:

Use this form to record your comments on the progress of your training and your views on the adequacy of the training and the facilities.

Your views will be made known to the programme director.



Clinical Training	Deficient	Satisfactory	Good	Comments
Personal treatment sessions				
Assessment /Review clinics				
Joint clinics				
Operative Teaching				
Adequate opportunity to operate				
Demonstration of techniques				
Communication/ Rapport with supervisors				
Research				
Opportunity				
Supervision				

Clinical Management				
Did the supervisors allow adequate responsibility for patient management?				
Feedback				
Did the supervisors provide you with appropriate feedback of your performance?				
General				

FEMINA

Supervisors with whom you have direct contact:	

Answer the following three questions only if you feel that comment is required	
Strengths of programme:	
Weakness of programme:	
Suggestions for improvement:	

Courses & Meetings Attended In Last 12 Months		
Title	Date	Location

Trainee Signature _____ Date _____

IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY

Irish Specialist Training Assessment Process

Summary form for ICSTD

Training Body _____
Specialty _____
Year _____
Programme Director _____
Trainee Name _____
Training Position _____
Training Number _____

Please circle as appropriate

Examinations complete	Yes	No
Competences complete	Yes	No
Impediments to progress	Yes	No
Trainee feedback form attached	Yes	No
Comments from ISTAP Committee attached	Yes	No

For the ISTAP Committee
Signed (Programme Director)

_____ Date _____

CONFIDENTIAL

IRISH COMMITTEE FOR SPECIALIST TRAINING IN DENTISTRY

ISTAP Record

For ICSTD office use only

Received ICSTD Date _____

Accepted by AC Date _____

Accepted by ICSTD Date _____

Follow-up required Yes No

Outcome of follow-up

CONFIDENTIAL

For ICSTD office use only

CONFIDENTIAL

APPENDIX H: CLINICAL LOGBOOKS

General

The purpose of the logbook is to provide the AC with data information on the trainee's caseload and case mix. The recommendations for these are available in the specialty specific guidelines for training issued by the specialty AC on behalf of the ICSTD

The guidelines for the format of the logbook are as follows:

- The logbook may be kept on a card index or more preferably as an electronic database.
- Any output must be anonymous. Individual cases do not need to be presented, only the number of patients in each group.
- The figures should be presented for each Hospital unit.

Examples of logbook presentation is shown below (figures are for example only they do not represent a recommendation of an ideal case mix).

Trainees should be advised that log books, and any records stored for the purpose of writing up log books, are probably subject to the Freedom of Information Act, and, if stored electronically, to the Data Protection Act.

Log books are cumulative throughout training. Trainees are required to keep copies of earlier log books presented to the AC at previous reviews.

Orthodontics

	Hospital Unit	Dental Hospital	District Unit	Total	% of Total
Patient Numbers	New patients to trainee	80	35	115	92%
	Transferred to trainee	6	4	10	8%
	Total number of patients	86	39	125	
IOTN Grade	IOTN 5	50	20	70	56%
	IOTN 4	20	15	35	28%
	IOTN 1, 2 & 3	16	4	20	16%
Malocclusion Type	Class I	25	10	35	28%
	Class II div 1	51	27	78	62%
	Class II div 2	3	0	3	3%
	Class III	7	2	9	7%
Mode of treatment	Straight Wire Appliance	56	30	86	69%
	Tip Edge	6	0	6	5%
	Other fixed appliance type	0	5	5	4%
	Headgear	16	14	30	24%
	Functional appliance	28	12	40	32%
	Palatal Canine	4	3	7	6%
	Osteotomy case	2	0	2	2%
	Cleft lip and/or palate	0	0	0	0
	Restorative/Hypodontia	3	2	5	4%

APPENDIX I: THREE YEARS POSTGRADUATE PROGRAMME IN ORTHODONTICS: THE FINAL REPORT OF THE ERASMUS PROJECT

Co-ordinator and reporter:

F. P. G. M. van der Linden

Participants:

Professor C. Bolender, Louis Pasteur University, Strasbourg, France, Professor J. A. Canut, University of Valencia, Spain, Professor L. Dermaut, University of Gent, Belgium, Professor W. J. B. Houston (died Aug. '91), University of London, United Kingdom, Professor J. P. Moss (from Sept. '91), University of London, United Kingdom, Professor B. Melsen, University of Århus, Denmark, Professor R. R. Miethke, Free University Berlin, Germany, Professor M. N. Spyropoulos, University of Athens, Greece, Professor F. P. G. M. van der Linden, University of Nijmegen, The Netherlands, Professor J. P. Joho, University of Geneva, Switzerland, Professor S. Linder-Aronson, Karolinska Institutet, Stockholm, Sweden, Professor O. Rönning, University of Turku, Finland, Professor P. Rygh, University of Bergen, Norway, Professor M. Ronchin (until Sept. '91), University of Cagliari, Italy, Professor R. Martina (from Sept. '91), University of Naples, Italy, Professor M. Hegarty, University of Cork, Ireland, Professor H. Droschl, University of Graz, Austria; Advisor: Professor Em. C. F. A. Moorrees, Harvard University, Boston, Ma., USA

Contents:

- Introduction
- Main objective of the programme for specialty education in orthodontics
- General conditions
- Specific conditions for specialty education in orthodontics
- Orthodontic programme: distribution of hours
- Objectives of obligatory programmes for education of orthodontists
- General biological and medical subjects
- Basic orthodontic subjects
- General orthodontic subjects
- Orthodontic techniques
- Multidisciplinary treatment procedures
- Specific treatment procedures
- Management of health and safety
- Practice management, administration and ethics

Introduction

In October 1989 an application was submitted to the ERASMUS Bureau of the European Cultural Foundation of the Commission of the European Communities for the joint development of a new 3-year curriculum for postgraduate education in orthodontics by the first eight persons listed above and their Universities. After the grant application was approved and funded, the first meeting took place in June 1990 in Copenhagen. At that meeting it was decided to invite M. Ronchin from Italy and colleagues from non-EEC countries, P. Rygh from Norway, S. Linder-Aronson from Sweden, O. Rönning from Finland, and J. P. Joho from Switzerland, to take part in the activities involved in developing the new curriculum. At the second meeting in Amsterdam in September 1990, it was decided to invite also M. Hegarty from Ireland and H. Droschl from Austria. The third meeting scheduled in Berlin in January 1991 had to be cancelled in view of risks associated with the Gulf War. To minimize delay in progress, the meeting planned for London at the end of May and beginning of June was extended, and matters were dealt with by mail to a greater extent than originally intended. The final meeting planned in Bled in early September had to be postponed owing to internal unrest in Yugoslavia, and was held in London on November 9 and 10, 1991. In the meantime the tragic death in August of Professor Houston, who had contributed so much to this project, called for replacement. That also applied to Professor Ronchin who had to withdraw for personal reasons. Professor J. P. Moss from the United Kingdom and Professor R. Martina from Italy were invited, and agreed to fill in the vacancies.

The main reason for initiating a common curriculum was to reduce the diversity in length, intensity, and contents of existing programmes, and to develop guidelines for countries about to embark on postgraduate education in orthodontics. Moreover, the freedom of exchange of orthodontists within the EEC countries calls for a consensus of educational standards. The Erasmus project actually has a two-fold objective: namely, to improve the quality of specialty education in the EEC countries and, thereby, the quality of patient care. At present, orthodontics has become a highly sophisticated health care service that can provide excellent treatment of malocclusion and facial deformity, based on the premise that this treatment is given by well educated, skilled, and experienced specialists. Therefore, adequately qualified manpower is the key to providing the best possible service to the population.

The description of the programme submitted in the application to the ERASMUS Bureau was as follows:

The joint preparation of an entire three years common curriculum within the European Community for the education in Orthodontics, based on new concepts, The programme should be founded on a description of clearly defined goals and requirements,

The new curriculum should have a common content of about 75%, leaving 25% for electives. A certain part of the programme should be suited for the exchange of students among the participating countries.

In the application, the action plan included a second year to complete the task formulated as: Preparation of the final version of the curriculum. Agreement should be reached on goals, teaching activities, requirements, electives and exchange conditions.

This part of the action plan has been carried out already, except for the formulation of exchange conditions. It turned out to be unrealistic to define these conditions prior to establishing the common programme in various countries.

Worldwide existing information on post- graduate programmes in orthodontics was collected and evaluated prior to the development of the new curriculum. Furthermore, the directives of the Commission of the European Communities on Dental Education (1986), regarding the education of orthodontists, have been taken into account.

The participants listed above had the opportunity to discuss in detail the gathered information and various aspects associated with the education of orthodontists. Consensus was reached in all essential matters. The statements, conclusions and the content of the programme presented in this report are supported unanimously.

Main objective of the programme for specialty education in orthodontics

The general objective of the programme is to educate dentists to become specialists in orthodontics with a solid and broad academic background and adequate clinical experience in different treatment methods.

The graduate should be able to:

- diagnose anomalies of the dentition, facial structures, and functional conditions;
- detect deviations of the development of the dentition, of facial growth, and occurrence of functional abnormalities;
- formulate a treatment plan and predict its programme;
- evaluate psychological aspects relevant to orthodontics;
- conduct interceptive orthodontic measures;
- execute simple and complex treatment procedures;
- act as an expert in orthodontics and related matters;
- collaborate in multidisciplinary teams for treatment of compromised patients, orthodontic-surgical treatment and care of cleft palate patients;
- evaluate need for orthodontic treatment;
- practice orthodontics with high professional and ethical standards;
- use available opportunities for improving professional skills.

In addition, emphasis is placed on:

- biomedical sciences relevant to orthodontics;
- development of a scientific attitude in an inquiring mind and stimulation of professional interest;
- principles of scientific methodology;
- interpretation of literature;
- research activities;
- oral and written presentation of clinical and research findings.

General conditions:

- The education of orthodontists must take place within universities under responsibility of appointed academic teachers in orthodontics.
- Candidates must be qualified as dentists.
- The basic objective of the programme is to educate clinicians; additional education is needed for those who also want to become a teacher/researcher.
- The programme requires full time attendance of the students.
- Students should receive a stipend for living expenses.

- Each student must start a minimum of 50 well documented patients.
- Specification of the minimal number of hours students must spend is provided for the obligatory academic programmes, but is not indicated in detail for the preclinical and clinical activities.
- The core programme requires 75 per cent of the available time and must be supplemented for the remaining 25 per cent by additional activities (electives) that will vary according to the individual institution and the needs of the students. Such activities include: extension of the obligatory programme work, special programmes, additional clinical experience, more teaching engagements, supplementary research activities, evaluation of treatment accomplishments, as well as attending guest lectures and scientific meetings.
- The minimal number of clinical treatment hours is 16 hours per week (not including clinical seminars and discussion of treatment plans). The minimal number of hours over the 3-year period devoted to clinical practice (including preclinical laboratory hours) is 2000.
- The clinical staff-student ratio in supervising treatments must be at least 1:6.
- Students must treat patients under continuous supervision of qualified orthodontists.
- Dental laboratory work should be limited to learning experiences.
- Besides the theoretical and practical training in 'classical' orthodontics, students must gain experience in the treatment of patients that require a multidisciplinary approach and particularly orthognathic surgery.
- Students must either treat cleft palate patients or be exposed to this type of treatment in clinics or centres, notwithstanding the fact that they may not necessarily treat cleft palate patients later on.
- Mounting dental casts in an articulator is required for patients with TMJ-, surgical, and complex restorative problems.
- Teaching of undergraduate dental students can be part of the programme, but not for more than 10 per cent of the time.
- Students must conduct a research project (clinical, experimental, or literature research) and report their findings and conclusions in a thesis or written report.
- Results of research and other activities undertaken in the postgraduate programme in orthodontics can be used without limitation as partial fulfilment of requirements for an advanced degree.
- All academic theoretical programmes must be concluded with an assessment of the understanding and knowledge acquired by the students.
- At the end of the programme there must be a final examination by a committee including at least one external examiner.
- Part of the final examination is the presentation of completed treatment records and documented results of 10 patients for evaluation, representing different malocclusions and treatment procedures, started and completed by the student (patients may still be in retention).

Specific conditions for specialty education in orthodontics:-

1. The director of the programme must be:

- registered as a specialist in orthodontics for at least 5 years;
- actively practising the speciality;
- appointed for at least 80 per cent of the working week.

2. Besides the director, the equivalent of one full time position for an orthodontist must be present. When more than a total of four postgraduate students is enrolled, additional orthodontic staff are required.
3. Adequate library, laboratory, clinical, research, and administrative facilities must be available in suitable premises.
4. Sufficient non-academic staff must be available to realize an efficient conduct of the teaching programme and patient care.
5. An established connection with centres for oral and maxillofacial surgery, periodontology, and restorative dentistry is required.
6. Sufficient expertise must be available to realize the objectives of teaching general biological and medical subjects, and basic orthodontic subjects.
7. Research opportunities, statistical assistance, and computer facilities must be available.

Orthodontic programme: distribution of hours

It is essential that there is a correct balance in the orthodontic curriculum. The academic programme is based on a minimum of 40 weeks a year and 40 hours a week, which totals 4800 scheduled hours for 3 years.

Assignment of the 4800 scheduled hours

1. Staff/student contact activities (± 63 per cent)

○ Clinical (and preclinical) practical work	2000 hrs
○ Pre-treatment clinical conferences	230 hrs
○ Seminars on treatment evaluation	100 hrs
○ Lectures, seminars, workshops on obligatory academic programmes	455 hrs
○ Lectures, seminars, workshops on elective theoretical subjects	150 hrs
○ Staff/student contact time outside regular classes for individual consultations, research guidance, manuscript preparation, etc.	<u>115 hrs</u>
Total	3050 hrs

2. Non-staff/student contact activities (±37 per cent)

Analysis of records of patients to be treated	120 hrs
Undergraduate teaching, including preparation time (10 per cent of 4800 hrs)	480 hrs
Research	100 hrs
Elective activities (including additional time for research)	<u>1050 hrs</u>
Total	1750 hrs

Combined totals

4800 hrs

Of the scheduled 4800 hours, 25 per cent is assigned for electives (150 + 1050 = 1200 hrs)

In addition, students are required to put in a considerable number of hours of their own time for studying. For example, for every class hour on academic subjects, on an average 2 hours studying time are required.

Objectives of obligatory programmes for education of orthodontists

The hours indicated in parentheses in the following sections are the minimal number of hours necessary for the average student to devote to the subject to reach the specified level of comprehension or competence. At least one-third of these hours must be spent in staff-student contact activities (lectures, seminars, work-shops, etc.).

A. General biological and medical subjects

1. Growth and development of the human body (25 hrs)

Insight in:

somatic growth and its variations;
adolescent growth spurt and its relationship to growth of the craniofacial complex.

Familiar with:

genetic and environmental factors that influence somatic growth;
concept of biological age and determination of skeletal age, dental age, and stages of sexual development.

2. Anatomy of the head (35 hrs)

Knowledge of anatomical features, tissue systems, and functional anatomy essential for comprehension of:

growth of the craniofacial skeleton;
development of skeletal deformities;
dentofacial orthopaedics;
orthognathic surgical correction of facial
dysmorphology and malocclusion.

3. Genetics (25 hrs)

Familiar with genetic principles essential for comprehension of: the development of the head; craniofacial malformations.

4. Embryology of the head (25 hrs)

Insight in embryology of craniofacial structures for understanding of normal growth and development of face, jaws, and teeth, teratogenesis, and development of clefts and other facial congenital malformations.

5. Cell biology (30 hrs)

Insight in cytological and histochemical aspects essential for the understanding of:

cell metabolism under normal and abnormal conditions;
tissue formation and proliferation;
development of bone, cartilage, teeth, and muscle;
facial growth;
temporomandibular joint;
tooth movements and reactions in tooth supporting tissues;
dentofacial orthopaedics;
soft tissue changes related to orthodontics;
mechanisms of root resorption.

6. Physiology of breathing, speech, swallowing, and mastication (20 hrs)
Knowledge of oronasal aspects of different modes of breathing.

Familiar with:
normal and abnormal speech;
various ways of swallowing;
the process of mastication.

7. Syndromes in which the head is involved (20 hrs)
Familiar with principles of classification of syndromes in relation to aetiology, prognosis, and reaction to orthodontic and orthognathic surgery treatment.

8. Psychology of the child, adolescent and adult (35 hrs)
Insight in:
concepts and principles of developmental psychology;
potential and limitation in behaviour modification;
aspects of patient motivation and assessment of co-operation;
psychological aspects of puberty and adolescence;
impact of facial appearance on self-esteem;
psychological aspects of orthognathic surgery.

9. Biostatistics (45 hrs)
Insight in statistical methodology.
Familiar with:
commonly used statistical methods;
data processing procedures.

Competent to:
understand and evaluate statistical aspects in current literature;
evaluate validity of statistical methodology and interpretation of findings in clinical and research papers relevant to orthodontics and related subjects.

10. Epidemiology (10 hrs)
Familiar with:
principles of epidemiologic surveys;
research designs;
sample composition and requirements for control groups;
data analysis and critical interpretation of findings.

11. Research methodology (35 hrs)

Familiar with:

philosophy of science;
ethical aspects of research on animals and humans.

Insight in various methods of research design.

Competent to:

perform an analytical review of biomedical research and clinical research papers;
write a protocol for a research project;
interpret own research findings;
evaluate validity of conclusions in research papers;
present research findings in oral and written form.

B. Basic orthodontic subjects

1. Development of the dentition (normal and abnormal) (60 hrs)

Knowledge of:

the development of normal occlusion from birth to adulthood;
variations in this development;
abnormalities in number, size, form, and position of teeth;
genetic and environmental factors relevant to the development of the dentition;
developmental patterns of different malocclusions, also with consideration of severity;
effect of agenesis and supernumerary teeth and as well as (premature) loss or extraction of deciduous and permanent teeth on the development of the dentition;

Competent to recognise and identify a given situation of the dentition in terms of:

normality or abnormality;
developmental stage attained;
future development;
possibilities for interceptive measures to improve the ultimate situation.

2. Facial growth (normal and abnormal) (50 hrs)

Insight in growth of cartilage, bone, and muscle.

Knowledge of:

growth sites in the craniofacial skeleton;
post-natal growth changes in the craniofacial region, including soft tissues;
variation in the function of components within the craniofacial region relevant to facial growth;
individual variation in facial configuration;
influence of environmental factors on facial growth.

3. Physiology and pathophysiology of the stomatognathic system (35 hrs)

Knowledge of:

normal and abnormal functional occlusion of the dentition;
normal and abnormal behaviour of soft tissue structures;
normal and abnormal functioning of the temporomandibular joint;
diagnostic procedures regarding the temporomandibular joint;
treatment procedures of temporomandibular joint disorders.

4. Aspects of tooth movements and dentofacial orthopaedics (35 hrs)

Knowledge of:

process of tooth eruption and spontaneous tooth movement;
effect of different types of force application on cells and tissues;
influence of force systems and force magnitude;

post-treatment changes;
cellular aspects of endochondral growth in the nasal septum, condyles and epiphyses, and bone growth at sutures and bone surfaces;
effect of dentofacial orthopaedic measures on tissue systems;
relationship between adaptability of tissues and results of dentofacial orthopaedic measures.

5. Radiology and other imaging techniques (30 hrs)

Knowledge of abnormalities and pathological conditions that can be diagnosed on radiographs.
Insight in methods and risks involved in making radiographs for orthodontic purposes.
Familiar with digital radiographic and other imaging techniques.

6. Cephalometrics (including tracings) (45 hrs)

Competent to:

identify relevant anatomical structures on cephalograms;
describe the morphology of the head on basis of cephalograms;
make tracings of cephalograms in normal lateralis and frontalis that include essential contours;
perform several cephalometric diagnostic analyses on tracings.
Knowledge of limitations of cephalograms and their analyses.

7. Orthodontic materials (25 hrs)

Insight in property and composition of orthodontic materials.

Knowledge of:

parameters for selection of correct material for various orthodontic procedures;
proper handling and application of orthodontic materials.

8. Orthodontic biomechanics (35 hrs)

Competent to:

understand basic principles of statics and mechanics of materials;
relate principles of mechanics to clinical and research problems;
solve problems related to force resultants and force equivalents;
estimate forces produced by different orthodontic appliances;
estimate forces produced by dentofacial orthopaedic devices.

C. General orthodontic subjects

1. Aetiology (25 hrs)

Insight in genetic and environmental factors that influence post-natal development of the dentition and facial growth.

Knowledge of unfavourable influence of environmental factors and their interception.

2. Diagnostic procedures (15 hrs)

Competent to:

obtain a relevant patient history;
perform a thorough clinical examination;
determine habitual occlusion, evaluate functional occlusion, and different jaw relationships of patients;
evaluate influence of functional components of soft tissues on dentofacial morphology;
take high quality impressions of the dentition with a maximal reproduction of alveolar processes;
make face bow registrations and mount dental casts in an articulator;

take good extra-oral and intra-oral photographs;
take good radiographs necessary for orthodontic purposes.

3. Orthodontic diagnostic assessment, treatment objectives, and treatment planning (60 hrs)

Competent to:

arrive at a tentative diagnostic assessment and classification on the basis of a cursory examination of a patient;

provide advice after a cursory examination concerning feasibility of treatment, need for more detailed analysis and treatment planning, or consultation of other specialists for further evaluation and treatment;

arrive at a proper diagnostic assessment on the basis of anamnestic data, patient examination, dental casts, photographs, radiographs, cephalograms, and other relevant data;

predict the likely effect on growth and development of face and dentition if no therapy is implemented;

define objectives of treatment with due consideration of alternatives;

define a treatment plan for various types of orthodontic and dentofacial abnormalities, including strategy of treatment and retention, therapeutic measures, timing and sequence of their application, prognosis, and estimated treatment and retention time.

4. Growth and treatment analysis (35 hrs)

Knowledge of:

potential and limitation of different methods of longitudinal cephalometric assessment;

limitation of analyses of growth and treatment changes;

validity and limitation of growth prediction including computerized prediction.

Competent to:

perform growth analyses based on serial cephalograms;

detect treatment changes by analysis of tracings obtained at critical stages of treatment.

5. Long-term effect of orthodontic treatment (30 hrs)

Knowledge of:

relapse associated with different anomalies and treatment procedures;

changes that can take place during retention period;

changes that can occur after retention has been terminated.

Competent to predict the probable long-term effect of orthodontic treatment in individual patients.

6. Iatrogenic effects of orthodontic treatment (30 hrs)

Knowledge of:

risk involved in different treatment and retention procedures;

influence of various conditions and age ranges on iatrogenic effects;

possible influence of treatment on temporomandibular joints;

effect of different types of treatment on periodontal tissues in the long run;

factors involved in root resorption;

possible influence of treatment on facial expressivity;

possible influence of treatment on dentofacial appearance and aesthetics.

7. Epidemiology in orthodontic research (35 hrs)

Insight in:

basic principles of epidemiology;

prevalence and incidence of orthodontic anomalies;

validity of indices in estimating need for treatment;
models to determine the demand for treatment;
influence of society on demand for treatment;
aspects involved in subjective need for treatment;
role played by orthodontists in demand for treatment;
factors involved in estimating objective need.

8. Orthodontic literature (120 hrs)

Familiar with various orthodontic journals.

Competent to:

detect essentials in current literature (taught in specific literature review sessions);
present concise and analytic literature reviews.

D. Orthodontic techniques

1. Removable appliances (30 hrs)

Knowledge of:

indication, design, and use of removable appliances;
potential and limitation of removable appliances.

Competent to construct and repair removable appliances.

2. Functional appliances (40 hrs)

Knowledge of:

indication, design, and use of functional appliances;
potential and limitation of functional appliances.

Familiar with different varieties, designs, and constructions of functional appliances.

Competent to construct and repair functional appliances.

3. Extra-oral appliances (25 hrs)

Knowledge of:

indication, design, and use of various types of headgears, facial masks, chin-caps; and
combined extra-oral/functional appliances;
potential and limitation of these appliances.

4. Partial fixed appliances (25 hrs)

Knowledge of:

indication and application of partial fixed appliances (e.g. lingual, palatal, and vestibular
arches, rapid maxillary expansion devices, and partially banded/bonded dental arches);
potential and limitation of different approaches in partial fixed appliance therapy.

5. Fixed appliances (60 hrs)

Insight in:

indication and application of fixed appliances;
different concepts and treatment approaches in design and biomechanical principles of fixed
appliance therapy;

potential and 1 imitation of different appliance systems.

Knowledge of at least one type of full fixed appliance.

6. Retention appliances (15 hrs)

Knowledge of:

indication and contra-indication, design, and use of retention appliances;

potential and limitation of retention appliances;
the most appropriate duration of retention.

E. Multidisciplinary treatment procedures

1. Cleft palate treatment (20 hrs)

Insight in:

multidisciplinary approaches in the treatment of cleft palate patients;
indication, timing, and application of multidisciplinary treatment of cleft palate patients;
specific aspects of orthodontic treatment in cleft palate patients.

2. Orthodontic-surgical treatment (20 hrs)

Knowledge of:

indication and application of combined orthodontic-surgical treatments;
specific aspects of orthodontic treatment in patients requiring orthognathic surgery.

3. Orthodontic-periodontal treatment (20 hrs)

Knowledge of:

indication and contra-indication of orthodontic treatment in periodontally compromised dentitions;
specific aspects of orthodontic treatment in periodontally compromised dentitions;
contribution of orthodontic treatment to the periodontal condition of patients.

4. Orthodontic-restorative treatment (10 hrs)

Knowledge of:

indication and application of combined orthodontic-restorative treatment;
specific aspects of orthodontic treatment in combined orthodontic-restorative patient care.

F. Specific treatment procedures

1. Guiding the development of occlusions (10 hrs)

Knowledge of indication and contraindication of interceptive measures.

2. Adult orthodontics (15 hrs)

Knowledge of:

indication and specific aspects of orthodontic treatment of adults;
treatment of adult patients in collaboration with general dental practitioners.

3. Craniomandibular dysfunction (40 hrs)

Familiar with:

aetiology of craniomandibular dysfunction;
general measures to improve craniomandibular dysfunction;
various therapeutic procedures.

Knowledge of:

indication and contra-indication for orthodontic treatment in patients with craniomandibular dysfunction;
possible implications of orthodontic treatment in the presence of craniomandibular dysfunction;
appropriate orthodontic procedures contributing to the treatment of patients with craniomandibular dysfunction by a team of specialists.

G. Management of health and safety

1. Management of oral health (15 hrs)

Insight in specific aetiological features encountered in orthodontic practice regarding development of dental caries, periodontal problems, and soft tissue lesions.

Knowledge of:

procedures to detect a high risk of developing dental caries in patients;

procedures to detect a high risk of developing periodontal problems in patients.

Competent to instruct patients to maintain optimal oral hygiene as a preventive measure for gingival and dental lesions.

2. Health and safety conditions in an orthodontic practice (5 hrs)

Knowledge of:

prevention of cross-infection;

methods of sterilization of instruments;

management of high risk patients;

control of substances hazardous to health for patients and personnel.

H. Practice management, administration, and ethics

1. Office management (15 hrs)

Insight in:

design of an orthodontic practise;

equipment and instruments needed in an orthodontic practise;

recruitment and selection of auxiliary personnel;

training and quality control of auxiliary personnel;

financing and administration of an orthodontic practice;

public relationships.

2. Use of computers (10 hrs)

Familiar with utilization of computers in clinical orthodontics and patient management.

3. Ergonomy (5 hrs)

Knowledge of:

optimal position of patient, orthodontist chair-side assistant, and placement of instruments to conduct specific clinical tasks;

most efficient sequence to perform specific clinical procedures.

4. Legislation (10 hrs)

Insight in:

rules and laws that apply to an orthodontic practise;

responsibilities and services vulnerable to malpractice law suits;

different insurance coverages required;

procedures to follow when a lawsuit arises.

5. Professional ethics (5 hrs)

Knowledge of:

behaviour and conduct expected of an orthodontist as health care provider;

ethical standards that apply to relationships with personnel, patients, and colleagues.