



RCSI



RCSI



Faculty of Dentistry

Fellowship in General Dental Surgery (FGDS) Regulations

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

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1. General Regulations

The Fellowship in General Dental Surgery (FGDS) of the Faculty of Dentistry of the Royal College of Surgeons in Ireland is registrable as an additional qualification with the Dental Council in Ireland.

The requirements to present for the examinations are outlined below.

The dates of the examination and the fees payable for admission to the examination are set out in the examination calendars, which are published annually by the College and are available on the Faculty of Dentistry website <https://facultyofdentistry.ie>. The examination is conducted in the English language.

Applications must be made online through <https://postgradexams.rcsi.ie/>

Prior to formally applying, please ensure that you carefully read the following information that can be found on our Faculty [website](#)

- Exam regulations
- Exam Rules of Conduct

The online application must be received by the SARA Department (Student Academic and Regulatory Affairs) on or before the closing date of the examination. Once applications have reached the maximum quota, which may be in advance of the advertised closing date, no further applications will be accepted.

Once your online application has been processed, you will receive official confirmation, along with your examination number.

The SARA Department will be in contact with you prior to the examination regarding further details and timetables, etc.

The required certificates and the full amount of the fee payable for the examination must accompany applications for admission to an examination.

Candidates should make themselves familiar with the Examination Policies available on our [website](#)

Candidates withdrawing from an examination must adhere to the examination policies regarding withdrawal.

The College or Board of the Faculty reserves absolute discretion to refuse to admit to the examination, proceed with the examination of, any candidate who (a) infringes any of the Regulations or (b) who is considered by the Examiners to be acting in a manner prejudicial to the proper management and conduct of the examination or (c) whose conduct has rendered them in the College's or Board's opinion, unsuitable for conferral with the Diploma/Membership of Faculty of Dentistry of the Royal College of Surgeons in Ireland.

Candidates who wish to appeal should review the appeals policy.

2. Fellowship in General DentSurgery

Entry Requirements & Examination Format

FGDS – Entry Requirements

The two requirements to present for the examination in FGDSRCSI are:

1. Holder of the MFDRC SI in **good standing**.
2. Holder of MGDSRCSI in **good standing** for at least **2** years.

FGDS – Examination Format

Notes

The Fellowship in General Dental Surgery Examination has two sections, namely Section 1 (Defence of 3 Log Diaries) and Section 2 (Simulated Clinical Case, Clinical Audit, General Viva). The examination will normally be conducted at the Royal College of Surgeons in Ireland, or at other suitable venues approved by the Board of the Faculty. The two sections will normally be held on the same day. Each Candidate will be examined by 2 sets of Examiners.

Components	Description
Section 1 Defence of Log Diaries [3 completed cases illustrating different types of diagnostic and treatment problems that you have undertaken in your own clinical environment, presenting them in Log Diary format and defending them to a panel of examiners in the RCSI.]	<p style="text-align: center;">Defence of 3 Log Diaries (45 minutes)</p> <p style="text-align: center;">(Approximately 15 minutes for each Log Diary)</p>
Section 2 Simulated Clinical Case Clinical Audit General Viva Simulated Clinical Case Clinical Audit	<p style="text-align: center;">Simulated Clinical Case, Clinical Audit, General Viva (45 minutes)</p> <ul style="list-style-type: none"> • Simulated Clinical Case [covering competence in history taking, examination, diagnosis, treatment planning and communications with patients and fellow health care professionals] (15 minutes) • Presentation and discussion of one clinical audit project undertaken in primary care dentistry demonstrating the completion of audit (15 minutes)

General Viva	<ul style="list-style-type: none"> General Viva [covering all aspects of the scope of the examination] <p>(15 minutes)</p>
Award of the FGDS	The FGDS will be awarded to those who pass both sections of the examination (both sections of the examination must be passed, there will be no compensation between each section) and who fulfil the entry requirement.
Notes	The fees and deadline for candidates entering the examination is advertised on the Faculty website.

3. Withholding and/or annulling results

Candidates are advised that the Faculty of Dentistry RCSI may withhold or annul results and require a candidate (or a group of candidates) to re-take any part of their examinations. This action will be taken if the Faculty of Dentistry RCSI is present with: Sufficient evidence that the security of any part of the examination has been compromised.

The Faculty of Dentistry RCSI reserves the right to enforce this in the absence of evidence of direct candidate involvement in any activities that may be investigated under the misconduct regulations.

The Faculty of Dentistry RCSI reserves the right to decline to accept applications from candidates where concerns have been highlighted in relation to candidate behavior under these guidelines.

APPENDIX I

Candidate Code of Conduct:

RCSI can reasonably expect professional behaviours and to rely on candidates own registration with their professional bodies as indicative of understanding requisite professional behaviours and standards, including as they pertain to academic integrity and examination conduct.

RCSI and the Faculty of Dentistry are required to ensure that their assessments are equitable, valid and reliable. Any form of cheating poses a threat to the academic standards of the qualifications, and to the integrity of qualifications awarded to the vast majority who achieve their qualification entirely by legitimate means (based on QAA guidelines , 2013, 2016 cited in OIAHE: The good practice framework: disciplinary procedures 2018) .

The objective of these regulations is to help and encourage all candidates behave in a professional manner including but not limited to adherence to relevant codes of conduct, Examination / Assessment Regulations and Protocols, and other published standards of professional behaviour of the Royal College of Surgeons in Ireland ("RCSI") or relevant training bodies.

Together, with the statements below, these outline the defined standards and principles by which candidates must abide. These standards are considered by RCSI as evidence of fitness to study and practice in the chosen profession.

- Membership of a healthcare profession requires the highest standards of professional and ethical conduct. Candidates must behave professionally at all times and in all dealings with RCSI.
- Every candidate is personally responsible for their own acts or omissions.
- These regulations are based on the following core principles:
 - a. Your primary concern must be to maintain and improve the health, wellbeing, care and safety of patients.
 - b. Act according to the highest ethical principles at all times.
 - c. Demonstrate professional responsibility and behaviour.
 - d. Develop your professional competence, skills and standing so as to bring health gain and value to the community and society.
 - e. Be accountable for your own actions. Be honest and trustworthy and show respect for others.
 - f. Conduct yourself in a manner which enhances the service provided to society and which will maintain the good name of your profession.
 - g. Be aware of your obligations and do not do anything which constitutes a breach of these standards

Candidate acknowledgement of the code of conduct for examination

By enrolling in an examination held by the Faculty of Dentistry, Royal College of Surgeons in Ireland, I, a candidate for examination, confirm that I have read, understood and accepted the following code of conduct for the examination.

The Code of Conduct in respect of disseminating examination information:

1. I confirm that I will not disseminate in any way (written, oral or electronic) information regarding the content of this examination. I will maintain the confidentiality of the examination materials. I will not reproduce or attempt to reproduce examination materials through recording, memorization, or by any other means. I will not provide information relating to examination content to anyone, including those who may be taking or preparing others to take the examination. This includes postings regarding examination content and/or answers on the Internet.
2. Should RCSI obtain information that I had prior access to or was involved in, reproducing or disseminating RCSI examination question materials, I understand that I may be prohibited from ever taking or retaking any RCSI certification examinations.
3. I understand that prior knowledge of or disseminating information on the content of the a) Written Examination (both on line or paper based) or b) Oral Clinical Examination (Viva Voce, both on line of paper based), or c) Clinical Skills Examination (where applicable), could constitute a breach of my responsibility as an RCSI examination candidate.
4. I understand and accept that any violation of the above notices may mandate an investigation that may subject me to disciplinary and/or legal action taken by RCSI. The RCSI may, at its discretion, refuse to examine me or, having examined me, may refuse to issue a certificate based upon its above-described investigation. Should I already have become a Fellow, Member or Diplomate of the Faculty of Dentistry, RCSI, such violation may result in the revocation of my certificate. It would also be customary for RCSI to inform such violation to the relevant professional governing body with whom I am registered in the practice of dentistry.

Penalties for Examination Offences

Examination offences are taken extremely seriously. Anyone either suspected of or caught committing an examination offence or for breaching the code of conduct in relation to the dissemination of examination information will be reported immediately to the Faculty and College Authorities. Further action may be taken.

APPENDIX II

Scope of Examination

The scope of the examination is broad and covers all aspects of general dental practice. No syllabus can be comprehensive and the list that follows is not intended to be prescriptive but to give candidates a guide to the scope of the examination. Both theoretical and practical knowledge in respect of the following non-exhaustive headings will be expected.

1. **Clinical Application of basic dental and medical sciences:** demonstrating and applying a sound knowledge of the basic sciences relevant to the examination, diagnosis, treatment planning and treatment of patients in general dental practice, including the impact of underlying medical conditions, psycho-social factors and past dental history on their dental care
2. **Preventive Dentistry:** integrating the concept of active disease prevention into general dental practice including preventive care in relation to caries, periodontal disease, tooth surface loss and dental health education.
3. **Clinical dentistry:** a level of expertise consistent with at least 3 years post –qualification in the practice of all aspects of clinical dentistry.
4. **Biomaterials:** clinical performance of dental materials available for use in the oral environment, including rationale for particular choices, alternatives and their limitations.
5. **Emergencies in dental practice:** Medical emergencies in dental practice including cardio-pulmonary resuscitation. The management of acute dental emergencies and the overall management of the emergency patient.
6. **Management of Special Care Patients:** including the individuals with special needs, medically compromised and elderly patients.
7. **Medical ethics and medico-legal responsibilities:** knowledge of professional ethics, jurisprudence and regulations pertaining to the practice of general dentistry.
8. **Therapeutics:** Principles of applied pharmacology in dentistry, prescribing in dental practice including a thorough understanding of the contra-indications and side effects of relevant medications and how they may affect the provision of dental care.
9. **Radiology:** knowledge of radiology, radiation hazards, principles of safe and effective imaging, the effects of ionising radiation in clinical practice including radiation protection, monitoring and dose reduction.
10. **Practice management and personnel issues:** understanding of the socio-economics of providing dental care, communication skills, information management, clinical record keeping, clinical audit including the audit cycle , quality assurance, strategic planning in the practice environment, the

mechanics of practice management, cost efficiency, selection and management of staff, delegation, motivation and supervision of dental auxiliaries, and maintenance of standards of laboratory work.

11. **Health and safety:** The knowledge, and where applicable, implementation of best practice regarding all health and safety issues relating to the practice of general dentistry including implications of COVID-19 with its physical & psychological effects on clinicians, staff, patients and specifically for the safe management of general dental practice. Constant monitoring review and update of workplace guidance related to the practice of dentistry including heating, air- conditioning and ventilation relevant to SARS-CoV-2.
12. **Dental literature:** knowledge of relevant current literature from which contemporary best practice is based and an ability to evaluate relevant scientific reports.
13. **Epidemiology & Research:** knowledge of how frequently oral or dentally related diseases occur in different groups of population and why, including plans and strategies to prevent such occurrences.

APPENDIX III

Guidelines for Selection of Patients for the FGDS RCSI Log Diary Presentations

1. This is a **primary care dentistry** based examination and as such, a variation in the types of log diary cases shown is expected. The candidate should be able to display his/her ability to manage the range of problems commonly encountered within primary care dentistry.
2. **Three completed log diary cases** are required for the examination. The cases presented should illustrate different types of Diagnostic & Treatment problems.
3. There is no age limit to the cases for presentation.
4. Potential cases should not be too complex, but should be of a type that allows the candidate to display a number of skills achieving a high standard of care and competency. It is acceptable to present a case in which some element of the care was carried out by a specialist e.g. some procedure of a complex nature, but if this is the situation, the candidate should have carried out the majority of the work in the care of the patient. The treatment carried out by the specialist should be stated explicitly in the Log Diary.
5. The personality of the log diary patient is also important. An easier time is had by all if the patients are cooperative types, highly motivated to have treatment that may take more time than usual and are readily available for the candidate for treatment plan completion.
6. Inclusion of patients that have high aspirations regarding treatment or who are very critical of treatment carried out by previous dentists should only be done with extreme caution as they may cause undue stress on the mentor or the candidate.

The guidelines stated above are advisory only and are not the definitive guide to the selection of log diary cases for the examination

APPENDIX IV

GUIDANCE on the CONTENT of the FGDS RCSI LOG DIARY

Definition: A log diary is a report of the case history, diagnosis, treatment planning and treatment of a specific case.

THE REPORT STRUCTURE:

- 1. Brief Executive Summary, List of Contents & Introduction.**
- 2. BODY OF THE CASE.**
- 3. Conclusions, Recommendations, “*SELF REFLECTION REPORT*”.** *(Refer to Note:3)*
- 4. Appendices.**
- 5. Bibliography.**

BODY OF THE CASE:

- (a) Case History.**
- (b) Examination.**
- (c) Investigations.**
- (d) Treatment Planning.**
- (e) Treatment Provided.**
- (f) Treatment Outcome.**

THE CASE SEQUENCE:

- (a) Case History.**
 - Personal data.
 - Reason for attendance in patient’s own words.
 - Previous Medical History including recreational habits (e.g. tobacco, alcohol.)
 - Previous Dental History including any difficulties with dental treatment in the past.
 - Lifestyle
- (b) Examination.**
 - Extra-Oral:
 - Overall appearance from head to toe; is there anything noteworthy?
 - Appearance of the dentition on speaking and smiling
 - Head & Neck specifically
 - Intra-Oral:
 - Soft Tissues.
 - Periodontium.
 - Saliva.

- Hard Tissues.
- Bone
- Dental Charting
- Discolouration
- Occlusal Assessment: Static & Dynamic

(c) Investigations.

(i) Standard and special investigations.

- Radiographs
- Study Casts
- Sensibility Testing
- Diet Analysis
- Others: e.g. Advanced Periodontal Charting, Scans etc.

(ii) Disease risk assessment.

- Soft Tissues:
 - Pre-malignancy,
 - Periodontal problems etc.
- Hard Tissues:
 - Caries.
 - Tooth Surface Loss.

(Risk assessment is necessary to isolate the high-risk cases as there are different considerations in treatment planning these cases.)

(d) Treatment Planning.

(i) Treatment plan formulation.

- **Problem List** (a major problem with a case should be included in the Body of the Case while minor issues e.g. choice of material or procedure should be recorded in the Appendix)
- **Diagnosis** (a synopsis of the diagnosis is **essential**)
- **Treatment Objectives** (define the treatment objectives)
- **Treatment Choices/Options** (a number of choices can be made. List the options if relevant and giving reasons why a certain choice was made if it complements the text.)

(ii) Integrated treatment plan.

- The treatment plan should be devised prior to commencement of definitive treatment. It should begin with some or all of the **four P's** as applicable i.e. pain relief, palliation, periodontal treatment & prevention.
- If the treatment plan changes, record that it has changed.

(e) Treatment Execution.

(Based on the case notes and is a contemporaneous record of the delivery of the treatment)

(f) Treatment Outcome.

(A record of the end result of treatment of the case.)

Note 1. Executive Summary: designed by the College to get a quick insight into the case. Pseudonym and brief patient details, reasons for attendance and brief summary of treatment carried out.

Note 2. Introduction: Oral and visual information leading the Examiner into the case, how the patient came to you, who the patient was, what he/she did, where they came from. What the patient had to say in the initial meeting that was relevant to the case.

Note 3. Conclusions & Recommendations: THE SELF-REFLECTION REPORT

A 250 word of reflective self-appraisal on the completed treatment results achieved, including clinical and patient management, challenges encountered and identifying areas that might require improvement, lessons learnt in managing the case that would influence how you might treat such a case in the future.

Note 4. Appendices: All supporting documentation relevant to the case e.g. Clinical notes, correspondence, problem list, diet history etc.

Note 5. Bibliography: Any references used that were relevant to the case if further reading had been required.

APPENDIX V.

GUIDANCE ON FORMAT OF FGDS RCSI LOG DIARY

1. Log Diary Format:

- (a) Restrict wordage to no more than **2000 words** (excluding appendices, bibliography + photographic illustrations) to be compiled and submitted by the candidate.
- (b) All photographs and radiographs must be numbered and dated as described in the text.
- (c) Additionally the candidate is required to compile a **250 word** of Self-reflection Report for each, as part of each Log Diary (*see Appendix III Note 3.*)
- (d) Two copies of each of the three Log Diaries are to be submitted electronically at least 2 months prior to the advertised date of the examination (memory sticks)
- (e) Relevant artefacts for all of the Log Diaries are to be brought to the examination centre on the appointed day.
- (f) Radiographs may be presented as originals, copies, good photographic prints or as digital films, if available. Where applicable, candidates are advised that they should retain the original radiographs in their own possession.
- (g) The last page of each Log Diary shall consist of a signed and dated copy of the patient consent form (Appendix VI) in addition to the signed and dated candidate declaration form (Appendix VII)

2. Regarding Log Diaries

Please note that the acceptance of any Log Diary case(s) by the FGDS Examination Committee for entry to the Examination is in no way a reflection of the standard achieved as being sufficient to pass the FGDSRCSI examination. The examination process remains the final arbiter.

The Log Diary cases compiled and submitted by the candidate for the FGDSRCSI examination should enable him/her to display his/her ability to manage to a high standard of care, the range of clinical problems usually encountered within general dental practice, and also to show, if the candidate wishes, areas of dentistry in which he/she has special interest and skills. There shall be no age limit to the patients presented.

Emphasis should be placed on the thorough assessment of the needs of the patients presented and how these identified needs have been met by the treatment offered in the best interests of the patients and to a high standard of care demonstrating the practice of total patient care.

Although a comprehensive range of clinical and patient management competencies should be demonstrated in the Log Diaries presented, candidates should be reminded that in selecting appropriate clinical cases for presentation, the appropriate comprehensive management of the patient and the standard of excellence for the clinical work undertaken should take precedence over the complexity of the cases presented.

Cases, in which the advice of specialists or other colleagues has been obtained, may be included, but in every case, the majority of the treatment must have been carried out by the candidate.

Special emphasis should **not** be placed on the selection of patients with rare or obscure conditions.

APPENDIX VI

FGDS RCSI PATIENT CONSENT

Patient's Consent for Reproduction of Records

I (full name)
 Of (address)
 ()
 ()
 ()

consent to records of my dental treatment, including photographs, radiographs and models of my teeth and jaws, being used for the purpose of supporting an examination entry for the Diploma of Fellowship in General Dental Surgery examination of the Royal College of Surgeons in Ireland. No part of the records, including the case report of my treatment, may be reproduced or divulged to anyone outside the examination process without my further consent.

I understand that I am entitled in accordance with current legislation to scrutinise these records, including the log diary transcribed from the records, and may ask for copies for which the candidate may seek reimbursement of reasonable expenses.

My consent is only in respect of the dental practitioner whose name appears below.
 I have been given a copy of this consent form.

(date)
 (signature)
 a patient (parent/guardian
 in the case of a child under
 the age of 16 years)

(date)
 (signature)
 a candidate

Completion Mandatory Requirement ***

APPENDIX VII

FGDS RCSI CANDIDATE'S DECLARATION

Candidate's Declaration

I declare that the log diary presented is my own original work produced during time spent in primary dental care and has not been presented for any other examination. I declare that all materials supplied are true records and have not been altered in any way or by any means, including manual or electronic.

(date)

(signature)

(case number)

a candidate

Completion Mandatory Requirement ***

CANDIDATE EXAMINATION NUMBER:

APPENDIX VIII

GUIDANCE ON THE FGDS RCSI CLINICAL AUDIT PROJECTS

Clinical audit is defined as “a quality improvement process that seeks to improve patient care and outcome through systematic review of care and comparison with explicit criteria followed by implementation of change”.

In a clinical audit, aspects of the structure, processes and outcomes of care are selected and systematically reviewed against explicit criteria. Improvements are then instituted and the process re-evaluated, thus completing the audit cycle.

In respect of the FGDSRCSI examination, the candidate is required to present one clinical audit completed within the last two years with a summary of actions taken as a result and lesson learnt. It is important to ensure that the full audit cycles has been completed for the audit presented. The suggested process and layout for the audit presentation is as follows:

1. The reasons for choosing this area of practice: examining the sources of evidence and relevance of the subject examined
2. Setting the standard: and the reasons for the standard
3. Methodology: how the performance is to be measured against the set standard
4. Data collection
5. Presentation and analysis of the initial results
6. Making the changes necessary to raise the standards: identifying any problems and proposing the changes to raise the performance
7. Re-audit and presentation of the new results
8. Ascertaining that the target has been met
9. Discussion, analysis and reflective commentary, including future implications for practice