

**THE FACULTY OF DENTISTRY OF
THE ROYAL COLLEGE OF SURGEONS IN IRELAND**

Regulations for the Diploma
of Fellowship in
General Dental Surgery

FGDSRCS (IREL)

June 2014

INTRODUCTION

This booklet contains the Regulations relating to the Diploma of Fellowship in General Dental Surgery of the Faculty of Dentistry of the Royal College of Surgeons in Ireland

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GENERAL REGULATIONS

1. The Fellowship Diploma of the Royal College of Surgeons in Ireland in General Dental Surgery – FGDSRCSI - may be granted to those who hold a dental qualification fully registrable in the Register of Dentists in Ireland or with other licensing bodies as approved by the College.
2. The award of the FGDSRCSI marks the attainment of an outstanding breadth and depth of knowledge of both the clinical and non-clinical aspects of primary dental care.
3. The examination is held annually at time(s) and location(s) as determined by the Board of the Faculty. The examination dates are available from the Faculty of Dentistry Office, Royal College of Surgeons in Ireland, St. Stephen's Green, Dublin 2. The list of fees payable for admission and re-admission to the examination along with those fees payable prior to granting the diploma are also available from the Faculty Office.

Application forms for the Examination are available on request from the Faculty Secretary, Faculty of Dentistry, Royal College of Surgeons in Ireland, St. Stephen's Green, Dublin 2.

4. Successful candidates will be granted the Fellowship in General Dental Surgery of the Faculty, on payment of such subscriptions as may be required by the Faculty and to in be good standing. This Diploma is registrable in the Register of Dentists in Ireland as an additional qualification, provided that the name of the holder already appears in that Register. Full particulars about registration of the Diploma can be obtained from: The Registrar, The Dental Council, 57 Merrion Square, Dublin 2.
5. The requirements to enter for the examination in the Fellowship in General Dental Surgery, FGDSRCSI are:
 - a). MFD/S or equivalent, and
 - b). MGDSRCSI and should be in good standing in relation to the maintenance of the RCSI annual subscription and
 - c). Evidence of satisfactory completion of an approved training programme or equivalent as determined by the Board of the Faculty of Dentistry, organised by an institution or hospital or equivalent training organisations or specialist practitioners acceptable to the Faculty. **A minimum of 420 hours of approved training is required,** and
 - d). Evidence of having undertaken further verifiable Continuing Professional Development (CPD) activities which satisfies the Dental Council in Ireland's criterion for verifiable CPD. **A minimum of 50 verifiable hours of CPD is required per year for the 2 years leading up to the Fellowship examination.**

6. Candidates who have held the MGDSRCSI for no less than 7 years are exempted from the requirement to hold the MFD/S or equivalent.
7. All holders of the MGDSRCSI embarking on this pathway leading to the eligibility to enter for the FGDSRCSI examination will submit, as soon as practicable, certified documented evidence of their training to-date to the Chairman of the Education Committee of the Faculty for early determination and guidance on the specific training requirements in order to satisfy the requirements for entry to the FGDSRCSI examination. All enquiries should be addressed to the Education Committee of the Faculty.
8. 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 (<http://dentistry.rcsi.ie>). The examination is conducted in the English language.
9. Applications must be addressed to the Education Committee of the Faculty of Dentistry. The final arbiter of eligibility to sit the examination is the Board of the Faculty of Dentistry, Royal College of Surgeons in Ireland.
10. Applications for admission to an examination must be accompanied by the documentations required for all the components of the examination as per paragraph 20 of the regulations (i.e. the log diary, the two completed audits and the training portfolio) and the full amount of the fee payable for the examination.
11. Candidates may withdraw up to six weeks before the examination and must do so in writing. The entrance fee will be returned less a 20% administration charge. Candidates who withdraw less than 6 weeks before the examination or fail to attend will not be entitled to any refund of the fee. A refund on medical grounds, even if there is a medical certificate is not normally allowed. Applications for consideration on medical or compassionate ground must be supported by the relevant Postgraduate Dean or Trainer and must be submitted to the College with any accompanying evidence within 1 month of the commencement of the examination.
12. 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 of Fellow of the Faculty of Dentistry of the Royal College of Surgeons in Ireland (See Appendix 1)
13. Each candidate shall give notice of intention to present himself/herself for examination as required. The required submissions and the full amount of the

fee payable for the examination must accompany applications for admission to an examination.

14. A candidate who wishes to make representations with regard to the conduct of his/her examination, must address himself/herself to the Examinations Officer of the Royal College of Surgeons in Ireland within 1 month of the examination, and not, in any circumstances to an Examiner. Representation will then be dealt with according to the policy agreed by the College.
15. The Board of the Faculty may refuse to admit to examination, or proceed with the examination of, any candidate, who infringes any of the Regulations or who is considered by the Examiners to be acting in a manner prejudicial to the proper management and conduct of the examination.
16. All enquiries and communications with reference to the Regulations and Examinations for the Fellowship in General Dental Surgery of the Royal College of Surgeons in Ireland must be addressed to the Faculty of Dentistry Office, 123 St Stephen's Green, Dublin 2.
17. Guidance on the scope of the examinations is given in *Appendix II*.
Guidance on the format of the Log Diaries is given in *Appendix III*.
Guidance on the approved training programmes/activities is given in *Appendix IV*.
Guidance on the clinical audit projects is given in *Appendix V*.
Guidance on the training portfolio is given in *Appendix VI*.
18. The examination consists of the following three components:
 - Presentation and discussion of one complex multi-disciplinary total patient care clinical case in Log Diary format demonstrating the highest standard of patient care undertaken by the candidate in a primary dental care environment. The candidate would also be expected to be conversant with the recent evidence-based clinical developments to support the treatment provided
20 minutes
 - Presentation and discussion of two clinical audit projects undertaken in primary care dentistry demonstrating the completion of audit cycles in two different aspects
20 minutes
 - General viva on any aspects of clinical practice and discussion of any aspects of the training portfolio
20 minutes
19. In all sections of the examination where candidates meet the Examiners, there will normally be at least two Examiners present.
20. The Examiners may, at their discretion, defer for two years, a candidate whose performance is such that re-examination within such a time is not considered to be in his/her best interest.



APPENDIX 1:

FACULTY OF DENTISTRY ROYAL COLLEGE OF SURGEONS IN IRELAND

CANDIDATE CODE OF CONDUCT

Exam Title

Date

Examination Number

CODE OF CONDUCT FOR 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.
2. Should RCSI obtain information that I had prior access to or was involved in, copying 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 or b) Oral Clinical Examination (Viva Voce), or c) Clinical Skills Examination, or d) Objective Structural Clinical Examinations (OSCEs) 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 actions 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.

CANDIDATE'S DECLARATION:

1. For written examinations, I shall place my ID card face-up and clearly visible on my assigned desk. I may read the front cover of the examination paper before the start of my examination.

2. For clinical, viva voce or clinical skills exams, I shall wear the identity card provided and make sure that my candidate number is clearly visible at all time.
3. I understand that electronic devices are **not** permitted in the examination, and I am not in possession any such devices with me. All electronic devices must be handed into the College representative prior to the start of the examination.
4. Prior to the commencement of the examination, all personal belongings must be placed in the areas designed by the College representative.
5. I will not communicate with any other candidates following entry into the examination venue. If I have any queries regarding the exam, I shall seek advice of an invigilator by raising my hand.

Examples of Examination Offences

1. Violating the above code of conduct, particularly to discuss or disseminate information regarding the content of the examination.
2. Opening the exam paper before the exam has commenced.
3. Having unauthorised items either on your person, in the vicinity of your desk or in the examination venue including the toilets.
4. Communicating in any manner with other candidates in the examination venue.
5. Having an electronic device on your person at any time when in the examination venue including the toilets.
6. Continuing to write after the end of the exam has been announced.
7. Removing any used or unused answer books, exam papers or any other examination stationary from the examination venue, even temporarily.
8. Ignoring or disobeying any other instructions given by an invigilator or member of the Student, Academic and Regulatory Affairs office.
9. Subsequently publishing any examination material on internet or social media platforms.
10. Disseminating and sharing any illicitly obtained examination material.

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.

The above applies to all parts of the examination. By signing below, I confirm that I have read and I fully understand the contents of this document which I accept.

Signature:

Date

APPENDIX II

SCOPE OF THE EXAMINATION

The scope of the examination is broad and covers all aspects of primary care dentistry. No syllabus or curriculum 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.

Following the individualised post MGDSRCSI training programme, demonstration of both theoretical and practical deliveries to a consistent and high standard will be expected in respect of the following non-exhaustive headings:

1. **Applied basic dental and medical sciences:** demonstrating and applying a sound knowledge of the basic sciences relevant to the diagnosis and treatment of patients in primary care dentistry, including their underlying medical conditions and impact on their dental care.
2. **Emergencies in dental practice:** Medical emergencies in dental practice including cardio-pulmonary resuscitation. The management of acute dental emergencies.
3. **Therapeutics:** Principles of applied pharmacology in dentistry, prescribing in primary care dentistry including a thorough understanding of patients' medical histories and how they may affect the provision of dental care.
4. **Clinical dentistry:** a level of expertise consistent with at least 7 years post – qualification in the practice of all aspects of clinical dentistry, demonstrating a high level of competency in delivering both routine and complex clinical dentistry in the areas where candidates normally work, including diagnosis, treatment planning, provision of comprehensive patient care including appropriate clinical intervention and maintenance of patients.
5. **Biomaterials:** clinical performance of dental materials available for use in the oral environment, including rationale for particular choices, alternatives and their limitations.
6. **Practice management and personnel issues:** understanding of the socio-economics of providing dental care, communication skills, information management, clinical record keeping, audit, 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.
7. **Health and safety:** All aspects of health and safety issues are required, e.g. the practising premises, infection prevention and control protocols, radiation protection protocols, personnel and patient safety protocols, waste disposal protocols.
8. **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.

9. **Medical ethics and medico-legal responsibilities:** knowledge of professional ethics, jurisprudence and regulations pertaining to the practice of primary care dentistry.
10. **Dental literature:** knowledge of relevant current literature from which contemporary best practice is based and an ability to evaluate relevant scientific reports.
11. **Preventive Dentistry:** integrating the concept of active disease prevention into general dental practice including preventive care in relation to caries, periodontal disease and tooth surface loss, diagnosis and planning of appropriate non-operative and operative care, and dental health education.

APPENDIX III

GUIDANCE ON FORMAT OF THE LOG DIARY PRESENTATION

1. Presentation

- (a) A4 papers should be used.
- (b) All presentations should be typed and adequately bound. **One master copy, 1 duplicate copy and 1 electronic copy** shall be forwarded to the Faculty of Dentistry Office on or before the required date. Models, impressions, appliances etc., may be presented during the examination.
- (c) All photographs, models and radiographs must be numbered as described in the text.
- (d) Where applicable, photographs should be mounted on pages in each Log Diary. All photographs should be clearly numbered in the sequence in which they are mentioned in the Log Diary.
- (e) All models should be boxed securely, numbered and labelled clearly.
- (f) Radiographs may be presented as originals, digital copies or good photographic prints. However, candidates are advised that wherever possible, 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 declaration by the candidate as follows:

'I declare that the treatment of the case presented in the Log Diary is my own work except where otherwise indicated. This Log Diary has not been submitted to any other College as part of a previous examination attempt'.

2. Patient treatment case

Each candidate should present a comprehensive log diary of one patient personally treated by him/her, illustrating the diagnostic and treatment problems of a complex nature.

The cases chosen should enable the candidate to display his/her ability to manage to a consistent standard of excellence the range of clinical problems usually encountered within primary care dentistry, and also to show 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 standard of excellence demonstrating the practice of total patient care.

A case, where the advice of consultants or other colleagues has been obtained, may be included. However, most 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. The Log Diary should indicate:

- (a) The patient's initials or other coding, by which the patient may be identified. (Candidates are reminded that **the patient's full name and address should not be shown in the Log Diary** and should be blanked out from other materials presented).
- (b) Sex, date of birth of the patient and other relevant facts e.g. marital status, occupation etc.
- (c) Reason why the patient first attended candidate's practice.
- (d) A statement of the relevant history obtained at the first visit, together with clinical and other findings e.g. radiographs, gained at the first visit.
- (e) This should be followed by an account of the candidate's assessment and diagnosis or provisional diagnoses, with an explanation of the formulation of the treatment plan and its objectives, which should show an adequate assessment of the patient's needs, personal, clinical and psychological.
- (f) The Log Diary should also record any further investigations and/or treatment or advice given, alternative treatment plan options considered, together with a description of any difficulties encountered or any reasons for modifying the original treatment plan.
- (g) The presentation of each Log Diary should conclude with a reflection of the results of the treatment given, the prognosis and plans for future management.

Sample patient's consent form for the reproduction of records and the candidate's declaration for the log diary:

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

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) |
| | a candidate |

APPENDIX IV

GUIDANCE ON THE APPROVED TRAINING PROGRAMMES/ACTIVITIES

In addition to the required training for the MFD/S or equivalent, and the continuing additional clinical experience/CPD/other training for the MGDSRCSI and other continuing CPD activities, a post-MGDSRCSI advanced standing FGDSRCSI candidate should also have received and certified competent in most of the following four aspects of training:

1. Advanced restorative skills
2. Advanced surgical skills
3. Advanced diagnostic skills, and
4. Advanced patient management/practice management skills

Many aspects of these training elements may overlap those in specialist training in the respective disciplines although the depth and breadth of these training would not be expected to be at the same intensity/level.

Although the ideal candidate will have achieved most of these four main areas of training, the Faculty recognises that holders of the MGDSRCSI may well already have developed non-exhaustive areas of special interests in clinical dentistry (e.g. by holding the appropriate MSc, Dip Clin Dent) in respect of their main areas of clinical practice.

It is clear that no two profiles for these advanced primary care practitioners would be the same. The details listed below for these four areas of training are therefore non-definitive guidance in respect of the specific training requirements for individual candidates.

On producing appropriate evidence of the current training/CPD profile and plans for future training, the Education Committee will advise individual MGDSRCSI holders as to their further specific training/CPD requirements by mapping these records against the agreed training criterion to validate eligibility for entry to the FGDSRCSI examination.

A training log/diary is to be kept by the candidate in order to verify that at least the minimum number of hours of training/CPD has been achieved in the manner directed by the Educational Committee.

The training components are as follows:

Advanced Restorative Skills

- **Prosthodontics:**

Restoration of teeth with single tooth implants, from diagnosis, treatment planning but excluding the placement of implant fixtures (which will be dealt with later), to the implant super-structure having been restored as part of the comprehensive treatment offered to the patients.

Fixed and removable prosthesis: including cases for occlusal reorganisation/reconstruction and where implants/overdentures are involved.

- **Periodontics:**
Advanced periodontal diagnosis and treatment : including aspects of surgical/non-surgical periodontal treatment in a team approach, where applicable
- **Endodontics:**
Including surgical endodontics and re-root treatment of single and multiple rooted teeth

Advanced Surgical Skills

- Surgical aspects of periodontics and endodontics as listed above
- Placement of implants (including implant fixtures and the appropriate methods of bone augmentations, where applicable)
- Management of biopsies
- Removal of impacted teeth and retained roots

Advanced diagnostic skills in the Primary Dental Care

- Orthodontic diagnosis
- Oral Medicine/Oral Surgery diagnosis
- Diagnostic imaging
- Evaluation of outcome of restorative treatment as related to total patient care
- Evaluation of outcome of surgical treatment as related to total patient care
- Making the appropriate referrals to the appropriate specialists where applicable

Advanced patient/practice management skills

- Clinical audits and the audit cycle
- Clinical governance and good practice
- Practice development, inclusive of the compilation of Curriculum Vitae and Personal Development Plan
- The reflective practitioner
- Techniques for case presentations

These training components should be provided by the appropriate University and Dental Hospital training programmes or attachments provided by the appropriate Specialist Practitioners. The Education Committee of the Faculty will be able to evaluate the training proposals compiled by the candidate and advice accordingly. It is expected that in the fullness of time, specific programmes of training developed by appropriate training institutes will fully satisfy the training elements required for entry to the FGDSRCSI.

APPENDIX V

GUIDANCE ON THE 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 two clinical audits completed within the last three years with a summary of actions taken as a result and lesson learnt. It is important to ensure that full audit cycles have been completed for both audits.

The suggested process and layout for each of 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

APPENDIX VI

GUIDANCE ON THE TRAINING PORTFOLIO

Candidates engaged in this training pathway leading to the FGDSRCSI shall compile a detailed and certified portfolio of evidence of the training undertaken in satisfying the training requirements as advised by the Chairman of the Education Committee.

The portfolio should also contain detailed reflective commentary as to the value, applications, strength and weaknesses of the overall post-MGDSRCSI training undertaken for the benefit of the practice of high standards of comprehensive patient care in a primary care environment and for the career development of the candidate.

The reflective commentary is designed to allow the candidate to reflect on the learning experience and the way that it has changed the way he/she practices.

A detailed and up-to-date *curriculum vitae* should also be included in the portfolio.

This portfolio shall be submitted with the application for the examination and will be discussed as part of the examination.