**Essential Criteria for Eligibility to Specialist Membership Examinations**

There has been increasing confusion regarding the criteria required for entry to the Specialty Membership examinations particularly in relation to the time and breadth of training. However, it is quite clear that the Royal College of Surgeons of Edinburgh, through the Interim Memorandum of Understanding with the General Dental Council, has a clear responsibility to ensure that the examination process is robust, fair and fit for purpose and follows the guidance given by this regulatory authority. The General Dental Council of the United Kingdom, and the Specialty Advisory Committees on the former’s behalf, has set specific criteria for entry and progression in Specialty training. These are set out in the ‘Gold Guide’ (Third Edition, June 2013) for Specialty Training produced by the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) and the specific curricula outcomes are published by the General Dental Council (ref GDC website; www.gdc-uk.org). It is these specific criteria that the Royal College of Surgeons of Edinburgh formulates for its own criteria for entry to the examination.

The Royal College of Surgeons of Edinburgh has only one level of summative assessment for the specialties, including examinations conducted overseas and conjoint examinations in the UK and overseas. Therefore, candidates for all examinations must be cognisant of the regulations developed by the General Dental Council of the United Kingdom when considering applying for entry to the speciality Membership examination. This short paper outlines those essential criteria. There are also specific criteria for each speciality and these are included in the Regulations relating to each examination on the College website.

**Generic Criteria**

Applicants must have completed:

1. A recognised training 3-year full time (or part-time equivalent) UK training programme as a stipendiary StR who has been awarded a training number.

or

2. A University Masters or Clinical Doctorate degree programme which parallels the training programme completed by an StR.

or

3. A three year period of supervised clinical training which parallels the structure of 1. above

**Time of Training**

1. It is expected that the candidate will have completed at least two years of general training following graduation from dental school prior to entry to specialty training.

2. The Specialty training period must be at least 3 years (4500 hours) full-time (or equivalent part-time). Less than full time training is allowed and is not disadvantaged but it is expected that this
training should be no less than 0.6 whole time equivalent (this equates to 6 clinical sessions\(^1\) of training per week).

3. Any training programme content should be apportioned as 60% clinical, 25% academic and 15% research.

**Curriculum**

1. The learning outcomes\(^2\) for each specialty have been published by the General Dental Council, on the recommendation of, and development by, various speciality authorities.
2. These outcomes include attainment of knowledge and decision-making at specialty level, and development of technical, management, audit, behavioural and clinical skills.
3. It is necessary that candidates provide evidence that they have completed the learning outcomes described for their specialty when applying to complete the Membership examination.
   It is recommended that this evidence is presented as a portfolio of activities, including workplace–based assessments (WPBA). These should include any evaluation carried out during chairside teaching.

**Clinical Supervision**

1. Evidence must be provided that there has been a named clinical supervisor for each stage of their training. Each supervisor must understand their responsibility for patient safety and have a clear understanding of the curriculum and clinical competence required for specialty training. The trainer must be fully trained in the clinical specialty for which specialty training is being provided; this may include inclusion of the country’s specialist list if one exists.
2. Evidence of clinical competence must be demonstrated through WPBAs to ensure clinical progression. The assessments can take various forms and should include directly observed procedures (DOPs), case note reviews, case based discussion (CbD), multi-source feedback (MSF) and mini-clinical evaluation exercises (mini CEX)\(^3\)
3. Evidence must be presented to demonstrate satisfactory progression. Where failure to progress is evident, evidence must be included to demonstrate remedial training has taken place. This would normally take the form of a portfolio or annual progression assessment. In the UK this is currently referred to as the Annual Review of Competence Progression, the ARCP.
4. It is an essential characteristic of the clinical training that it is directly supervised by a specialist or consultant in the appropriate discipline.

It is the responsibility of the candidate to ensure that these criteria have been fulfilled prior to application to sit the examination.

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\(^1\) A session is defined as a minimum of 3.5 hours

\(^2\) The learning outcomes are delivered in many forms and may be referred in the totality as the curriculum but can also be identified as the Blueprint on the College website.

\(^3\) The website which explains the different workplace based assessments is:

http://www.jrctb.org.uk/assessment/Pages/Workplace-Based-Assessment.aspx