1. THE STRUCTURE OF THE EXAMINATION

1.1 The specialty examination of Membership in Orthodontics includes Applied Sciences relevant to Orthodontics and the Principles and Practice of Orthodontics.

1.2 All components of the examination are conducted in English.

1.3 All components of the examination must be passed to be eligible for the award of MOrth RCSEd.

1.3 There are two separate parts of the examination:

1.4 **Part A - Written Examination**

The written examination will be of three hours duration and will consist of 180 Short Best Answer (SBA) questions as specified in the learning outcomes.

All questions should be attempted. Marks are not deducted for incorrect answers.

It is important to note that written papers are machine marked. Instructions on completing your answer sheet will be provided and candidates are advised to follow them carefully.

For each examination diet, a passing standard is set using an Angoff standard setting procedure.

The following related documentation is available on the website:

*Membership in Orthodontics Written SBA Question - Example 2017*

1.5 **Part B – Clinical Examination**

This consists of four components:

1.5.1 **Component 1 - Diagnostic Examination**

This will comprise a two-hour examination (in two sections) on four patient histories and related diagnostic records. Candidates will be given fifteen minutes to study each patient history, followed by a fifteen-minute structured oral examination on each history. Candidates are expected to demonstrate an understanding of the principal features of the case and discuss an appropriate treatment plan.

The pass mark for this section is 24. The maximum mark possible is 32.

The following related documentation is available on the website:

*Membership in Orthodontics Diagnostic Records Example*

1.5.2 **Component 2 - Oral Examination of the Clinical Case Histories**

An oral examination of one hour duration based on FOUR documented clinical case histories (fifteen minutes per case), each describing a patient personally treated by the candidate.
Candidates are requested to submit electronic copies of their completed four documented clinical case histories **no later than 2 weeks prior to the start date of the examination.** Candidates will each be sent a file share link to enable the upload of their cases onto a secure site for review. This link will be issued no later than 3 weeks prior to the examination with a reminder of the deadline for submission. No changes may be made to the submitted cases after the submission deadline.

The candidate must have been personally involved in the majority of the patient’s treatment. The cases should normally have been treated during training and within the three years preceding the examination and it is expected that treatment would normally have been completed. Cases which were started more than seven years before the examination date cannot be submitted. Candidates are NOT required to bring cast models with them to the examination, but may bring their own printed copies of each of their cases for reference. Printed copies of their submitted cases will be made available to the examiners at the oral examination.

Candidates will be examined on all four of the specified clinical case history records they have submitted. The oral examination will be an assessment of the candidate’s understanding of all aspects of the cases to which their submitted records refer. No marks are awarded for the case presentations, and marks are awarded for the oral examination only.

The pass mark for this section is 24. The maximum mark possible is 32.

The following related documentation is available on the website:

- **Membership in Orthodontics Case History Template Guidance 2019**
- **Membership in Orthodontics Case History Template 2019**
- **Membership in Orthodontics - Case History Example 2019**
- **Membership in Orthodontics Appendix D: Declaration Form**
- **Membership in Orthodontics Appendix E: Consent Form**

### 1.5.3 Component 3 - Oral Examination in Communication

There will be a fifteen-minute assessment of a candidate’s ability to communicate aspects of orthodontic care and management to a simulated patient or parent as specified in the Learning Outcomes. You will be given clear instructions on a scenario to be explained to the simulated patient or parent. You will be given 5 minutes to read through the scenario and make notes, and then spend 10 minutes with the simulated patient. You should be able to explain clearly the procedure or process, to defend the treatment and demonstrate an evidence base for your explanations. Candidates will be assessed on the content of information as well as their empathy and ability to communicate clearly.

The pass mark for this section is 6. The maximum mark possible is 8.

The following related documentation is available on the website:

- **Membership in Orthodontics Communication Scenario - Example 2009**

### 1.5.4 Component 4 - Oral Examination on Orthodontics

There will be a thirty-minute structured oral examination (two fifteen minute orals) and questions may be asked on any aspect of Orthodontics as specified in the Learning Outcomes. Reference may be made to illustrations, radiographs, study models, appliances and instruments relating to various aspects of clinical Orthodontics.

The pass mark for this section is 12. The maximum possible mark is 16.
2. SCALE OF MARKS AND DESCRIPTORS

2.1 The following scale of marks and descriptors is used for all sections of Part B except the communication component:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Detailed description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Pass</td>
<td>Reassuringly sound, rather than impressive. Able to justify only some approaches well, but most appear sensible. Adequate decision making skills.</td>
</tr>
<tr>
<td>2</td>
<td>Fail</td>
<td>Examiner is uncomfortable with candidate’s adequacy. Not much justification of approaches. Decision making and other skills tested are, on balance, unacceptable.</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
<td>Questionable approaches, sometimes neither justifiable nor justified. Poor decision making. Potentially risky in practice.</td>
</tr>
</tbody>
</table>

2.2 The following scale of marks and descriptors is used for the communications component:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Detailed description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Good</td>
<td>Impressive candidate, excellent communicator. Comprehensive content Clearly expressed in wording well suited to patient Fully sensitive to patient’s needs and concerns Reliably high level of personal interaction</td>
</tr>
<tr>
<td>3</td>
<td>Pass</td>
<td>Reassuringly sound, rather than impressive. Adequate content Acceptable clarity, avoids jargon Responds adequately to patient needs and concerns Engages satisfactorily with patient</td>
</tr>
<tr>
<td>2</td>
<td>Fail</td>
<td>Examiner is uncomfortable with candidate’s adequacy. Some essential content missing Delivery muddled or rambling, prone to jargon Fails to respond adequately to patient concerns Does not engage fully with patient</td>
</tr>
<tr>
<td>1</td>
<td>Poor</td>
<td>Potentially risky in practice. Much essential content missing Seldom to the point, largely incomprehensible to patient Little sense of personal interaction Inappropriate manner or attitude</td>
</tr>
</tbody>
</table>
3. THE PRESENTATION OF CLINICAL CASE HISTORIES

Guidance on the format for the case histories presentation can be accessed on the College website. Candidates are strongly advised to comply with this guidance.

3.1 The candidate's examination number and the patient's initials should be clearly shown on all the relevant material submitted which should be colour coded using labels as shown below. The cover should indicate the patient's initials and the type of case presented as follows:

<table>
<thead>
<tr>
<th>Case histories ranked according to complexity*</th>
<th>Code on front cover (see case template)</th>
<th>Colour: indicate on the front cover of the case (see case example)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case A (patient's initials)</td>
<td>A</td>
<td>Green</td>
</tr>
<tr>
<td>Case B (patient's initials)</td>
<td>B</td>
<td>Blue</td>
</tr>
<tr>
<td>Case C (patient's initials)</td>
<td>C</td>
<td>Red</td>
</tr>
<tr>
<td>Case D (patient's initials)</td>
<td>D</td>
<td>Yellow</td>
</tr>
</tbody>
</table>

*Candidates should rank the four case histories according to complexity: Case A (Green) being the most complex, Case D (Yellow) being the least complex.

3.2 The texts relating to each case must be neatly presented with adequate margins and spacing, as per the example case, and checked before submission for spelling and typographical errors.

3.3 The candidate's name and training centre must not be stated on any part of the material submitted, and the patient's address should not be referred to in the personal details.

3.4 a) A Declaration form (Appendix D) must be completed for each case history presentation and inserted into the patient's folder. This includes the statement 'I confirm that I have not plagiarised from any source'. Candidates presenting for this examination will be subject to the relevant plagiarism regulations of the College.

   b) A Consent form (Appendix E) must be completed for each case history presentation and inserted into the patient's folder.

3.5 The requirements for the individual clinical case histories are as follows:

Documented case history:

(i) Candidates are advised to follow the template provided. Where a maximum number of words is suggested these should not be exceeded.

   (ii) The clinical case histories should take the form of an abbreviated set of records covering comprehensive orthodontic assessments based on the clinical examination of the patients. Radiographs relevant to the cases must be included. Where used, a cephalometric analysis should be included to match the template provided. The candidate should also demonstrate responsibility for monitoring the general oral and dental health of each patient whilst undergoing orthodontic treatment;

   (iii) The progress of the cases during treatment should beillustrated by key stage photographs.
(iv) The cases should be adequately illustrated to match the template

4. GENERAL INFORMATION

4.1 In each part of the examination candidates are examined by two examiners, who each mark independently.

4.2 Candidates should note that no practical work will be required during the examinations.

4.3 Any candidate failing the examination may request confidential advice concerning any additional training which may be beneficial before attempting the examination again.

5. MEMBERSHIP IN ORTHODONTICS: SUMMARY OF EXAMPLES

5.1 Written Examination
   
a) Membership in Orthodontics Written SBA Question - Example 2017

5.2 Diagnosis Examination:
   
a) Membership in Orthodontics Diagnostic Records Example

5.3 Oral Examination of four Clinical Case Histories:
   
a) Membership in Orthodontics Case History Template Guidance 2019
   b) Membership in Orthodontics Case History Template 2019
   c) Membership in Orthodontics - Case History Example 2019
   d) Membership in Orthodontics Appendix D: Declaration Form
   e) Membership in Orthodontics Appendix E: Consent Form

5.4 Communication Examination:

a) Membership in Orthodontics Communication Scenario - Example 2009

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