

**JOINT COMMITTEE FOR POSTGRADUATE TRAINING IN DENTISTRY  
SPECIALTY ADVISORY COMMITTEE IN ORTHODONTICS**

**GUIDELINES FOR THE UK THREE-YEAR TRAINING  
PROGRAMMES IN ORTHODONTICS FOR SPECIALTY  
REGISTRARS**

**July 2012**

**1. INTRODUCTION**

This guidance is intended to be used by universities and hospitals for three year training programmes leading to a Certificate of Completion of Specialty Training (CCST) in Orthodontics and to guide trainees, trainers, Training Programme Directors (TPD), educational supervisors (ES), and Deaneries working with these programmes. These programmes are designed to equip the trainee to meet the regulations for the Memberships in Orthodontics (MOrth) of the Royal Surgical Colleges. This guidance should therefore be read in conjunction with the regulations for the diplomas of Membership in Orthodontics of the Royal Surgical Colleges of the UK.

At entry to a training programme all trainees will be given a Training Number so that their training can be monitored by the Postgraduate Dental Deans/Directors and Specialty Advisory Committee (SAC) in Orthodontics.

The training must be structured and training should take precedence over service provision. Few hospitals and clinics can provide complete training and hospital departments are expected to link with University Dental Schools or other approved academic centres and provide all aspects of training including clinical work and basic sciences.

The three year specialty registrar curriculum is available on the General Dental Council website at <http://www.gdc-uk.org/Dentalprofessionals/Specialistlist/Documents/OrthodonticCurriculum.pdf>

**2. THREE YEAR StR PROGRAMMES IN ORTHODONTICS**

Training programmes should be designed to equip trainees to master the appropriate technical skills and to develop a level of diagnostic skill and understanding sufficient to obtain a qualification which will allow the award of a CCST and registration on the list of Specialists in Orthodontics of the General Dental Council.

Training Programme Directors must consult with Postgraduate Dental Deans/Directors, the SAC in Orthodontics and other relevant Royal College advisers when planning these programmes. Additional advice on the arrangements for training programmes is available in the "Dental Gold Guide".

**2.1 Award of the Certificate of Completion of Specialty training (CCST)**

On satisfactory completion of the three year full time programme and all ARCPs, and having passed the M.Orth examination, the dentist can apply to the General Dental Council for the award of a CCST and entry to the General Dental Council's list of Specialists in Orthodontics.

## **22 Access To Training Programmes**

Fully registered dental graduates may apply for specialty registrar (StR) posts leading to a CCST in Orthodontics, usually following 2 years foundation training or its equivalent, in the UK or the European Union.

Any applicant who is unsure of their eligibility should speak to their Postgraduate Dean at the earliest opportunity.

Access to all specialty dental training programmes will be competitive and all training posts in orthodontics in the United Kingdom must be advertised. All trainees should be in receipt of a full-time salary (or part time equivalent) for their grade.

## **3. THE STRUCTURE OF TRAINING PROGRAMMES**

### **3.1 The Objectives of Three Year Training Programmes in Orthodontics**

Those trainees who complete training programmes in orthodontics should be able to: -

1. Diagnose anomalies of the dentition
2. Detect deviations of the development of the dentition, of facial growth and occurrence of functional abnormalities
3. Formulate a treatment plan and predict its course
4. Carry out interceptive orthodontic measures
5. Execute simple and complex treatment procedures
6. Understand the multi-disciplinary management of a variety of treatments including orthodontic surgical, orthodontic restorative, and cleft lip and/or palate
7. Evaluate the need for orthodontic treatment
8. Understand psychological aspects relevant to orthodontics
9. Develop a scientific attitude and an inquiring mind and the stimulation of professional curiosity
10. Undergo training in scientific methodology
11. Be capable of interpretation of the literature
12. Carry out research activities
13. Prepare oral and written presentation of clinical and research findings

All trainees will be expected to undertake a University higher degree, which includes a research component. If a higher degree is not undertaken trainees must be involved in the production of at least 2 papers based on their own research carried out during StR training and these papers must have been submitted to professionally refereed journals.

Training programmes should provide a comprehensive education in all aspects of orthodontics although it is not expected that every programme will cover all features to the same degree.

### **3.2 Training Rotations**

Training will usually involve a combined and integrated training between a dental teaching hospital and a single district general hospital. Close clinical supervision and teaching is essential. The following rotations will be possible:

- In years 1, 2 and 3 time is spent in both a dental teaching hospital and a district general hospital

- Year 1 is spent primarily within the dental teaching hospital and a rotation is established in years 2 & 3

All three years may be spent within the dental teaching hospital but it is important that several consultants are able to make a substantial contribution to training if this approach is followed.

In two centre programmes, considerable emphasis is placed on the need for integration of the training programme between the teaching hospital and district general hospital. This requires close communication, collaboration and a common philosophy and sense of purpose between trainers in both hospitals.

Occasionally, it may be necessary to involve more than one district general hospital in the training programme although this type of rotation is not encouraged. This is permissible, provided a high degree of programme integration is maintained, in the following circumstances:

- where a consultant in a district general hospital main base visits peripheral hospitals and takes the trainee to the peripheral unit
- where a training centre has a part-time consultant and supervision cannot be adequately provided on the clinical sessions when the consultant is not present
- Where a training centre has only one consultant
- For other sound educational reasons

All trainees must have access to formal teaching, tutorials and research supervision. They must have training in assessing new patients, investigation, diagnosis and treatment planning. Due to the diversity of training programmes, arrangements for aspects of training will vary. For trainees spending substantial sessions in a Dental Teaching Hospital most of this training can be provided on that site, with a more clinical emphasis at peripheral centres. For trainees spending most sessions in a District General Hospital there will be a need to forge links with an academic centre to provide some aspects of training, depending on the facilities and particular skills and qualifications of the trainers in the District General.

The pastoral care of trainees is important, especially if they are a single trainee in the specialty in a District General Hospital. There are benefits of meeting trainers in other medical specialties, but Training Programme Directors must ensure that meeting, studying and working with other Orthodontic trainees can take place.

Programmes for part-time trainees and those who visit another training programme for academic and research training can work well but require extra effort on the part of district general hospital and teaching centre to avoid deficiencies in the programme. The programme at the dental teaching hospital must achieve full integration of such trainees into the academic timetable.

### **3.3 Full-time Training**

The period of full-time training will be not less than three continuous years. Locum experience will not be accepted.

### **3.4 Less than Full Time Training**

Less than Full Time Training (LTFT) is permitted for Specialty Registrars. The arrangements for such part-time training are given in the *“Guide to Specialty Training in Dentistry”* (‘the Dental Gold Guide’). To be eligible for such training individuals will have to show that “training on a full time basis would not be practicable for well-founded individual reasons”.

Approval must be obtained in advance from the Deanery, with advice from the SAC in Orthodontics, and the appropriate duration of training will be calculated. Current advice is that part-time training programmes must be for a minimum of six sessions per week.

### 3.5 Distribution of Time within Training Programmes

In full-time Specialty Registrar training posts, 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 (see Tables 1 and 2).

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

The time devoted to the dissertation for a higher university degree will depend upon university regulations and how the sessions are distributed over two or three years of the training programme. The number of sessions, on average, should not exceed two per week.

Those trainees who are less than full time (LTFT) should be given a timetable for a **minimum** of six sessions per week, which should include at least three personal treatment sessions. The Deanery and SAC must advise on the duration of training and the appropriate time to sit MOrth for LTFT trainees.

**Table 1: The table below gives details of training times and clinical sessional distribution:**

Trainee	Training time (years)	Weekly sessions	Total clinical sessions	Personal treatment	Other – diagnostics, review clinics etc
Full-time trainee	3	10	6	5	1

**Table 2: The table below gives the sessional distribution within non-clinical sessions:**

Trainee	Total sessions	Total clinical sessions	Total non-clinical sessions	Non-clinical taught	Non-clinical research, study, audit	Non-clinical management, admin
Full-time trainee	10	6	4	1.5	2	0.5

### 3.6 Facilities

At each training unit there should be:

- Fully equipped surgery accommodation with an appropriate range of appliance systems and instruments
- Qualified dental nursing support with reasonable continuity of personnel
- Adequate secretarial support
- Adequate access to a full range of relevant diagnostic facilities including radiography and photography
- Access to a full range of high quality laboratory services associated with orthodontics
- Desk space for personal study by the trainee during the time they spend in the unit, and access to personal computer facilities
- Ready access to a range of relevant journals and text books within the department

- Computerised facilities for the storage, analysis and retrieval of cephalometric data, the collection and analysis of audit data, maintenance of the trainee's logbook and routine business functions such as word processing

In at least one unit there should be:

- A fully equipped Postgraduate Centre
- Full library facilities including the facility for borrowing from other libraries and computerised literature searches
- Facilities for medical illustration such as the production of diagrams, poster material and slides
- An on-site dental laboratory employing orthodontic technicians

### **3.7 Treatment Experience and Caseload**

Clinical training should include exposure to new patient clinics, record collection and treatment planning sessions, clinical appliance management to effect treatment changes and some supervision of the retention phase of orthodontic care. Trainees should work with their trainers to gain the skills of assessing malocclusions and associated conditions within a reasonable time.

The objective of a training programme is to equip the trainee at the end of a 3 year programme to provide a specialist service outside the hospital and teaching environment. Whilst it is appreciated that clinical practices will vary from institution to institution, there should be some degree of uniformity in the quantity and quality of training achieved. This objective should be met by seeing a sufficient number of new patients and treating a sufficient number of patients to a high standard under supervision over the 3 years.

The following case-mix is suggested for patients undergoing active treatment as a basis for postgraduate training. However, there must be some flexibility in these numbers which can only act as guidance.

- Total patient numbers

For the trainee to gain experience in a broad spectrum of malocclusions, it would be reasonable to expect 80-120 patients to have been treated. The trainee should have acquired expertise in a specific appliance technique which could be utilised in all patients. An objective of 60-90 patients with the primary appliance system might be appropriate.

- Trainees should also have knowledge of other techniques

The use of a secondary appliance system in 5 to 10 cases would provide a basis from which expertise could be developed for future practice.

- Growth modification

As a specialist practitioner is inevitably involved in a number of patients requiring the use of functional or orthopaedic appliances, it would be expected that 10-25 patients should be treated who have such appliances as an integral part of treatment.

- Interdisciplinary care

A trainee should be equipped to deal with straightforward interdisciplinary cases involving restorative dentistry and paediatric dentistry and 5 to 10 cases of this nature might be

anticipated.

- Orthognathic treatment

A detailed knowledge and experience of orthognathic planning could not be expected within 3 years. Nevertheless the trainee should be exposed to a number of orthognathic clinics, and in particular to be involved in case conferences. The trainee should participate in the planning of a small number of cases.

- Transfers

Inevitably a service element exists in all training and a specialist should be able to deal with cases treated by other specialists. It would be undesirable, however, if more than 25% of a case load involved case transfers in which the trainee had not been involved in the planning process.

- Supervision of retention

Some of this experience should be gained at diagnostic clinics and in the transfer of patients.

It is not intended that the numbers should be prescriptive in any way, but rather helpful as guidelines. All trainees must have a logbook available for inspection as part of the ARCP and other assessment processes.

### **3.8 Supervision**

Close supervision of the training programme is essential. Training programme arrangements should ensure the following:

- A Training Programme Director will be appointed by the Deanery and must have the confidence of all those on the Specialty Training Committee: this individual is responsible for the organisation and day to day management of the training programme. The TPD should have sessions at the dental teaching hospital and be a consultant involved in the training scheme who has undergone a period of hospital training in orthodontics.

The TPD is responsible for the organisation of the training programme. The TPD should appoint for each trainee an educational supervisor responsible for monitoring the trainee's progress and ensuring that any difficulties are identified and resolved as rapidly as possible. For rotations involving a district general hospital, the most suitable person may be the consultant at the district general hospital most involved in the particular training programme.

The TPD should ensure that formal meetings take place (including those for appraisal) between the educational supervisor and the individual trainee in order to monitor and advise on a trainee's progress and training needs. A record should be kept of these meetings to inform the ARCP. At the time of publishing these guidelines it is anticipated this will be through the ISCP site.

Formal appraisal meetings between individual trainees and the educational supervisor should take place to monitor and advise on a trainee's progress and training needs. A record, which is confidential between the trainer and trainee, should be kept of these meetings which should occur at least 2 or 3 times a year. These appraisal meetings are distinct and serve a different function from the ARCP process carried out on behalf of the Deanery. The SAC requires that a copy of the end of year ARCP form is returned to the SAC.

Trainees should be exposed to the views of more than one consultant and this will

normally happen through the linked appointments between teaching hospital and district general hospital. The majority of direct supervision should be provided by a consultant, however some guidance by an experienced senior specialist practitioner in orthodontics is also welcomed.

- Research supervisors (for the dissertation) are appointed: these individuals must have academic training or proven academic ability.
- Each clinical session should have a named supervisor: this individual should be available for the majority of the time to provide direct clinical supervision and will arrange appropriate cover when unavailable. The case notes for any unsupervised clinics must be discussed with the trainee prior to planned leave of the supervisor.
- Trainees should be exposed to the clinical and academic views of more than one consultant: this will normally happen through the linked appointments between teaching hospital and district general hospital. Most direct supervision should be provided by a consultant. However, some supervision by a post-CCST trainee, an experienced specialist practitioner in orthodontics, or by a person of similar experience and seniority is also permitted. A balance should be struck in which different approaches are presented so that the trainee has a solid core of knowledge against which to make judgments and gain perspective of the range and effectiveness of contemporary orthodontic therapy.

### **3.9 Trainer Training**

The quality and ability of all trainers is an important element in successful training. Trainers must undertake Continuing Professional Development and have been on appropriate training courses run by the Deanery or other relevant organisations.

### **3.10 Training Capacity of the Programme**

The following guidelines are suggested to indicate the appropriate number of trainees that can be enrolled on a training programme. In a unit with adequate physical and human resources the training capacity is limited principally by the staff: student ratio.

#### *Clinical Training*

In district general hospitals, chairside teaching is usually on a 1:1 basis. In Dental Hospitals there may be more students per member of staff. The Erasmus Report recommends that this should not exceed a 1:6 staff:trainee ratio and this should apply.

#### *Didactic Teaching*

It is beneficial for student interaction that groups should normally not be smaller than 3. The maximum number in a seminar to permit interaction with the tutor should be no more than 8. It is appropriate, however, to accommodate larger numbers in a lecturing/Journal Club format.

#### *Research Degree dissertations*

It is debatable how many theses an individual staff member is able to supervise as this depends to some extent on the individual's weekly timetable. However, an excessive load should be avoided for any member of staff whether they are NHS or University employed.

### 3.11 Documentation

#### Course Documentation

Clear documentation of the training programme is essential. All trainees and trainers should have written information detailing: -

- Background information about the programme
- The syllabus
- The timetable
- Details of supervision
- Educational guidance. This should include a core list of recommended text books, journals, keynote papers in the literature, audio and video tapes.
- Taught course material which is not readily available from textbooks
- An educational agreement.

#### Trainee Documentation

Trainees should maintain documentation regarding the patients they have under treatment. This should be done through a secure computerised spreadsheet or database. The records should include all patients who are under or have completed treatment. Each patient record should contain relevant data about:

- Demographic information about the patient
- Diagnosis
- Indices
- Treatment
- Adjunctive treatment from other disciplines
- Outcomes including complications
- Retention
- Consultant responsible

While most of the record entries will relate to cases requiring active orthodontic treatment, it should also represent the full range of the trainee's clinical activity.

### 3.12 The Training Plan

The SAC recommend that training to be defined year by year by each training centre. Years 1 to 3 should be structured to give general orthodontic experience and equip trainees for independent practice. Transfer from one training year to the next is dependent on satisfactory completion of the ARCP and this should be regarded as evidence of a satisfactory and completed year of training.

It is recommended that, to facilitate training and the examination process, the training year commences at the beginning of October each year.

Annual holiday entitlement must be allocated in accordance with contracts of employment or other agreements arranged prior to commencement of the course.

### 3.13 Curriculum

A curriculum for the three year postgraduate training programme in orthodontics has been approved by the General Dental Council. The three year specialty registrar curriculum is available on the General Dental Council website at <http://www.gdc-uk.org/Dentalprofessionals/Specialistlist/Documents/OrthodonticCurriculum.pdf>

The curriculum is in accordance with the European Erasmus training programme (November 1991).

#### **4. APPROVAL OF POSTS**

Full details of new posts or changes to posts must be submitted to the relevant Deanery *before* approval is granted. This is to ensure that the guidance is met, to discuss the training programme with the trainers and to identify any difficulties in implementing these requirements. It is also appropriate to seek advice from the SAC at that stage and the SAC should be formally notified of any new posts or changes to existing posts once approved by the Deanery.

