

EDUCATION

SPECIALISATION IN DENTISTRY IN THE UNITED KINGDOM

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ABSTRACT

Over the last few years, the postgraduate training in the United Kingdom has been changed and this may have some implications for the overseas trainees. The old FDS examination has become an exit (indicative) examination and a new MFD I MFDS examination has been introduced, which will mark the end of general dental training and a requirement for subsequent entry into a specialist training.

Getting into general training posts at Senior House Officer level is not very difficult, as at present 25% of these posts are filled by overseas candidates. Due to the shortage of specialist training posts, overseas trainees may find it difficult to get into such training in the United Kingdom. As a result of this, overseas candidates have to enter taught courses based at teaching dental hospitals. The different pathways leading to a specialist training in the United Kingdom are discussed in this article.

This article briefly describes the postgraduate pathways in dentistry in the United Kingdom. It is hoped that this will help potential trainees who want to pursue postgraduate training to know about the different career pathways available to them. It may equally add to the knowledge of our senior colleagues who can explain this to their students, as not all potential trainees will have the opportunity to read this article. This information is compiled from different sources including our personal knowledge.

In the following pages we shall discuss the different pathways leading to specialist in Orthodontics in the United Kingdom. The other specialities of dentistry will be briefly discussed. An attempt will be made to discuss the repercussions of the new postgraduate training system on overseas trainees wherever relevant.

However, before discussing the career pathways leading to a specialist, it will be logical to explain very briefly some of the concepts and terminologies we shall be referring to throughout this article.

REGISTRATION WITH THE GENERAL DENTAL COUNCIL (GDC)

Before we can discuss the training process further it will be helpful if the registration process can be elaborated briefly. The General Dental Council (GDC) is the regulatory body of the dental profession within the UK. Overseas dentists (the word "overseas" is used in the context of non-European throughout this article) who are attending clinics in the capacity of observers only, do not require registration. Registration with the GDC is not normally required in the UK for overseas postgraduate students following approved courses in dental schools (e.g., MSc, PhD courses) unless their training period involves an honorary or paid contract with a health authority.

Apart from these exceptions, no dentist can be in clinical contact with a patient or carry out dental treatment in the UK unless he/she is registered with the GDC. There are two kinds of registration - **full and temporary.**

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Temporary Registration

Temporary registration is normally granted for the purpose of postgraduate training and research or teaching in relation to a specific appointment. As mentioned above temporary registration is not normally required in the UK for overseas *postgraduate students* who are attending clinics as observers or who are following approved courses in dental schools unless their training period involves an honorary or paid contract with a health authority.

For those planning to undertake clinical work in a hospital, temporary registration may be granted to a dentist by the GDC for a limited period and for specific employment. The dentist must hold a primary dental qualification obtained overseas which is recognised by the GDC for temporary registration (most of the overseas dental qualifications including BDS from KCD is recognised for this purpose). The applicant must produce evidence that he/she has been accepted for employment in a hospital post approved by the GDC for the purpose of temporary registration. It is important to note that temporary registration will not be granted for overseas dentists to work in general or private practice, or in the Community Dental Service (except in relation to specialist training in Dental Public Health). In other words, temporary registration will not be granted for non-training posts. However, in future this set up might change. (The rules and regulations are currently being changed by the GDC). Temporary registration is granted for a set period after which a further application must be made.

Duration of Temporary Registration

The type of training overseas postgraduates with temporary registration will embark on, working either in basic (Junior) or higher training posts, is called *Permit Free Training*. Normally overseas trainees, who have their undergraduate degree (BDS) from a non-accredited dental school, can work up to 4 years in junior training posts with a temporary registration. This temporary registration can be extended for a further 6 years (minimum) if the trainee gets a higher training post (SpR post), regardless of whether the trainee has used the 4 year permit free training at the junior level or not. *It means that an overseas trainee can, theoretically, carry out a total of 10 years permit free training.*

Full Registration

Full registration can be obtained by passing the International Qualifying Examination (IQE). Formerly this examination was called the 'Statutory Examination' where a maximum of 2 attempts were allowed. The IQE examination is in three parts: A, B and C and one can make unlimited attempts. However, one needs to pass the Part C within 18 months of passing the Part B otherwise one has to re-sit the part B.

All candidates for the IQE will require to prove that they are proficient in the English language by having an International English Language Testing Service (IELTS) certificate with a score of at least seven in all sections.

TYPES OF TRAINING

In the UK there are basically two types of training

1. General or Junior training and
2. Specialist or Higher training

1 General Training

Basic training consists of substantive posts like house officer (HO), senior house officer (SHO) or honorary HO and SHO (most commonly referred to as clinical attachment).

Most of the junior training posts (e.g., HO, SHO) are in Oral and Maxillofacial surgery. Very few posts are available in Restorative dentistry, Paediatric dentistry, Oral medicine and Prosthodontics. Sometimes a combination of these posts is available as rotational posts. Several split posts are also available in Oral & Maxillofacial surgery and Orthodontics. These are all paid posts. Theoretically, one can work in junior training posts with a bachelor degree (e.g., BDS). In practice, however, one stands a better chance of getting such a post after qualifying Part A of MFD/MFDS. These posts are equally open to both overseas and local trainees. These posts are, no doubt, competitive and not very easy to secure but many overseas are working in junior training posts with temporary registration. Overseas dentists fill about 25% of general training posts. This may be due to the higher number of these posts available. These are normally advertised in the British Dental Journal, which is published every two weeks.

2 Specialist Training

Higher training posts are commonly known as specialist registrars (SpR).

Since July 2000, the GDC has powers to set up lists of registered dentists who meet certain conditions and have been given the right by the GDC to use a specialist title. Two dental specialties - Oral Surgery and Orthodontics - are recognised under European law but UK law allows the GDC to recognise any specialty where this would be justified in the interests of the public and the dental profession.

The lists indicate the registered dentists who are entitled to use a specialist title, but do not restrict the right of any registered dentist to practise in any particular field of dentistry or the right of any specialist to practise in other fields of dentistry.

In order to enter the specialist list of the GDC of the UK, a higher qualification in the specific speciality is required. However, before gaining entry to such a higher training post, it will be necessary to obtain the MFDS/MFD. In other words, MFDS is now an entry qualification to higher specialist training. *It must be emphasised that MFDS I MFD is not a specialist qualification in its own capacity.* Different specialities have different requirements and the period of higher training normally ranges from 3 to 5 years.

The higher training posts (SpR) are limited in number and entry to them is very competitive. Similar to junior training posts, in theory, SpR posts are open to overseas candidates and they have to enter into an open competition with the home trainees. However, in practice it is very difficult for overseas to get a substantive SpR post in any speciality. This is because the SpR posts are very limited in number. However, sometimes one may expect unexpected things to happen!

It may be useful to mention the Intercollegiate Speciality Fellowship Examination here. Many people think that FDS has been replaced by MFDS, which is not the case. In fact, FDS is an exit examination now. *Nobody would be appointed to a consultant post without having passed FDS or FRCS (in case of Oral and Maxillofacial Surgery) qualification, generally called by the descriptive name of Intercollegiate Speciality Fellowship Examination (ISFE).* Some of the specialities (e.g., Restorative monospecialities of endodontics, periodontics and prosthetic dentistry, and Surgical

dentistry) have no FDS examination, as there are no consultant posts in the UK in these specialities.

Finally, it must be emphasized that we are trying to explain the present reality on the ground and, under no circumstances, the above discussion should be taken in a negative sense and our frank discussion should not discourage any trainee, as conditions might get better in the future. This is expected as the system is relatively new and the authorities do not yet know a mechanism how to get the overseas into the higher training process. The system might become more flexible for overseas trainees in the future.

Currently the following specialities are recognised by the GDC:

- 1 Orthodontics
- 2 Paediatric Dentistry
- 3 Oral & Maxillofacial Surgery (under the directives of General Medical Council)
- 4 Academic Oral Surgery
- 5 Surgical Dentistry
- 6 Oral Medicine
- 7 Restorative Dentistry
- 8 Endodontics
- 9 Periodontics
- 10 Prosthodontics
- 11 Dental Public Health
- 12 Oral Pathology
- 13 Oral Microbiology
- 14 Oral and Maxillofacial Radiology

ORTHODONTICS

Three-Year Programmes in Orthodontics

The trainee has to enter a three year training programme (SpR post) after qualifying MFDS examination. By the end of 3 years the dentist has to sit the MOrthRCS examination (membership in Orthodontics of the Royal College of Surgeons) and then the dentist can apply to the General Dental Council (GDC) for the award of a CCST (Certificate of Completion of

Specialist Training) and entry to the GDC's list of Specialists in Orthodontics. However, it should be emphasised that dentists on temporary registration with the GDC could not be awarded a CCST at the conclusion of training. In other words, an overseas trainee cannot work as a specialist in Orthodontics in the UK unless he/she has full registration with the GDC at the same time. One final point worth mentioning here is that the CCST marks the end of specialist training and is essential for any subsequent consultant post. *Although a CCST is essential for a consultant post, getting a CCST does not necessarily qualifies one for a consultant post.* In other words, all consultants in the future will be holding a CCST but not all CCST holders will be eligible to obtain a consultant post.

Some specialities award a CCST at the end of 5 year training while others award it at the end of 3 or 4 year training. For instance, in Orthodontics and Paediatric dentistry, a CCST is awarded at the end of 3 year training after passing MOrthRCS or MPaedRCS examinations respectively. However, with this 3 year qualification, though one will be able to get registered on the specialist list of the GDC, he/she cannot get a consultant post. The 3 year higher training and the subsequent respective examination (MOrth or MPaed) will enable him/her to work either in a private practice or work in a hospital below a consultant level (e.g., staff grade and associate specialist)

Types of Trainees on Three-Year Training Programmes in Orthodontics

1. Specialist Registrars (SpR) and Visiting Specialist Registrars (VSpR)

The following dentists may apply for specialist registrar posts leading to a CCST in Orthodontics (Type I training). For details of Type II training see paragraph 3 below.

- (i) Dentists who do or do not benefit from European Community rights or who
- (ii) Have overseas nationality but who have rights of indefinite residence or settled status in the UK or who do not have the right of indefinite residence or settled status in the UK.

As mentioned before, it implies that overseas candidates can enter into an open competition with the home students for SpR posts. Generally, the overseas trainees will be called Visiting Specialist

Registrar to differentiate them from the local trainees. This does not affect their training though, as both local and overseas trainees are pursuing the same training. This differentiation is used by the authorities to have an idea as to how many local candidates are in higher training. The overseas trainees (who might leave the UK at any stage) are not counted in their target production of trainees for consultant posts. Further discussion of this point is beyond the scope of this article.

2. Postgraduate Students

Both overseas and local trainees can enter a 3 year MOrth or 2 year masters (some schools have 3 year masters) course as sponsored or self-funded students. As mentioned before, in these posts the overseas students will not need to register with the GDC. However, it must be emphasized that anyone with a masters degree in Orthodontics is not recognised by the GDC as a specialist unless the dentist passes the MOrth examination. However, overseas trainee can benefit from this opportunity if he/she does not want to practise in the UK. Alternatively, it is sometimes possible to extend the course for a third year to sit the MOrthRCS examination and get registered on the GDC specialist list. Generally, the masters course is worth consideration for overseas candidates (provided they can afford it), as they will train alongside the SpRs and therefore they have the same standard of teaching/clinical experience.

3. Fixed Term Training Appointments (FTTA) Type II Training

These are specialist training programmes (also called Type II Training Programmes) where the dentist pursues an agreed training programme tailored to meet the individuals' training goals. They will usually last for six months to two years but may be longer. These programmes do not lead to the award of a CCST. They are restricted to:

- (i) Overseas dentists who do not have a right of indefinite residence or settled status in the UK.
- (ii) European nationals, but
- (iii) Not UK nationals *except* for the specific purpose of "The Two Year Additional Hospital Training Programmes in Orthodontics" (see latter).

However, such posts (FTTA-Type II) are very rare.

At the end of 3 year training and upon the award of the CCST, the trainee will be on the specialist list of GDC. In other words, the trainee is now a specialist in Orthodontics. He/she can enter either into private Orthodontic practice or community dentistry as a specialist or into a hospital below a consultant level.

The Two Year Additional Training (FTTA) for NHS Consultant and Academic Practice in Orthodontics

After the initial 3 year training if the trainee decided to become a consultant, he/she will have to take another 2 years training. Trainees aspiring for a consultant position will need to get the Intercollegiate Speciality Fellowship Examination or FDS (Orth) in Orthodontics which can be taken only at end of another 2 years training i.e., after 5 years total training.

The Fixed Term Training Appointment (FTTA) is for an additional 2 years (previously called senior registrar) and follows the 3 year UK specialty programme to create in total 5 years of training. It is important to note that this additional 2 years training is different from Fixed Term Training Appointment (Type II under Para. 3), which is theoretically open to both overseas and European candidates.

Those aspiring for a clinical academic career in Orthodontics will be appointed as clinical lecturer in Orthodontics once they have completed a speciality training programme and have been awarded MOrthRCS. This will be a three year minimum programme although contracts may be extended for up to 6 years. The trainee should complete a higher academic degree (Ph.D. etc) during the period of additional training. The Intercollegiate Speciality Fellowship Examination will be taken at the end of the programme.

Senior academic staff will hold an honorary consultant post in addition to the academic post (Senior lecturer/Reader/Professor in Orthodontics)-once fully trained but will have to apply for a post or get internal promotion. The different pathways leading to specialist are shown in Figure 1.

These are guidelines mainly for home trainees. For financial reasons many of the dental schools will continue to keep masters/MOrth for overseas trainees. In addition, almost all home students, during their 3 years Specialist Registrar training, complete masters in Orthodontics as well.

As mentioned before, SpR posts are very competitive and therefore overseas candidates are left with no option other than to enter masters/MOrthRCS course as a postgraduate student. The tuition fees for a master course for overseas students currently range from £17000-00 to £22000-00 per year. Obviously, an overseas candidate can enter such postgraduate courses without having MFDS qualifications. This will make one think "what is the benefit of MFDS for overseas trainee then?" One benefit could be that after getting MOrth he/she might be able to take the exit fellowship examination {FDS (Ortho)} after 2-5 years working as a specialist in Orthodontics in one's own country. However, at present the GDC and the Royal Colleges regulations are not very clear in this regard.

One final point to mention is that currently the Royal College of Surgeons of Edinburgh is allowing MOrth holders to sit the FDS (dental surgery) examination by assessment after being engaged in Orthodontic practice for 5 years after getting MOrth, without holding the MFDS qualification. This puts further doubt on the benefit of MFDS for overseas candidates aspiring for postgraduate training in Orthodontics in the United Kingdom. However, such an FDS will not entitle the candidate to add the suitable suffix to his/her FDS, e.g., FDS (Ortho) unless the candidate have passed the Intercollegiate Speciality Fellowship examination at the same time.

In theory, overseas candidates may be allowed to sit the Intercollegiate Speciality Fellowship Examination (ISFE) without holding an MFDS in dental surgery provided they have fulfilled other requirements of training (MOrth plus two years additional training). However, those candidates who do not hold such a Fellowship/MFDS in dental surgery must note that success in the ISFE does not confer a Fellowship of any of the Royal Surgical Colleges of Great Britain and Ireland and such a description must not be used.

Finally, it must be emphasized that in spite of doubtful benefits of the MFDS for getting higher training posts, it has a great value in securing junior training posts for overseas trainees. One has to decide for himself/herself what he/she wants to achieve by sitting the MFDS examination.

PAEDIATRIC DENTISTRY

The training pathway for Paediatric dentistry is identical to Orthodontics. The three year training at the SpR level will enable one to sit MPaedRCS, be

SPECIALIST TRAINING PATHWAYS

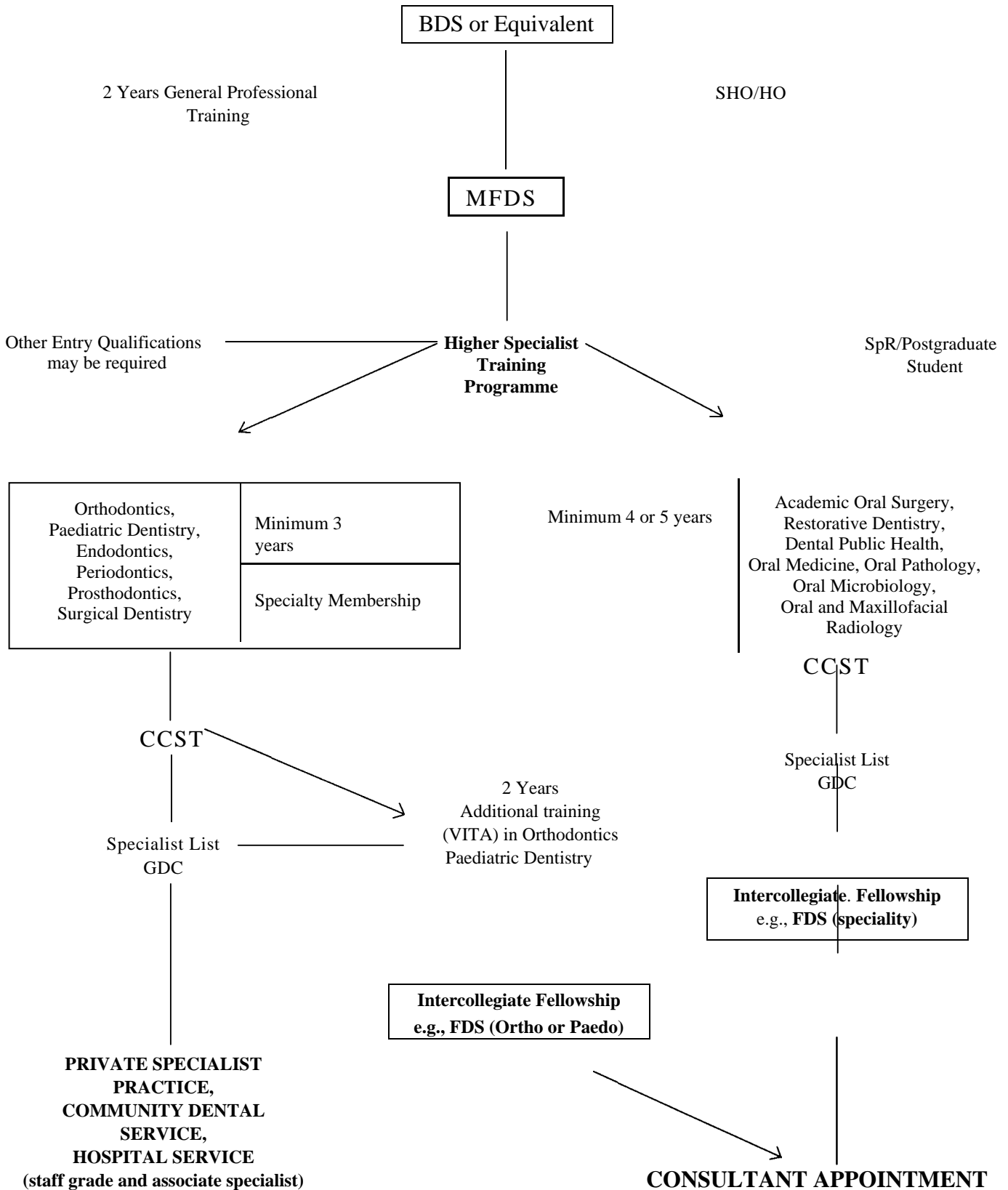


Figure 1. Schematic diagram showing the different pathways to become a specialist and/or consultant.

registered on the GDC specialist list and work either in private practice or in a post in hospital below a consultant level. However, for a consultant post one has to take another 2 year training and then sit the Intercollegiate Speciality Fellowship Examination to get FDS in Paediatric dentistry.

ORAL & MAXILLOFACIAL SURGERY

It must be mentioned that the speciality of Oral and Maxillofacial Surgery is under the directives of the General Medical Council.

Criteria for Entry to the Specialist Registrar Grade

Trainees must

1. be both medically (e.g., MBBS) and dentally (e.g., BDS) qualified
2. have completed a Fellowship in Dental Surgery of one of the four Royal Colleges or its equivalent
3. and have completed the training requirements for the General Surgery examination FRCS/MRCS or its equivalent

or

- have completed the General Surgery examination FRCS/MRC and have completed the training requirements for the Fellowship in Dental Surgery.

From **2003** the entry criteria will change and trainees must:

- be both medically and dentally qualified
- possess the full MRCS/FRCS

The minimum period of training will normally be five years. Successful completion of higher training is conditional upon (*from 2003 onwards*) acquisition of the MFDS (part C) within the continuum of the 5 year training. This is shown in Figure 2.

Success in the Intercollegiate Specialty Fellowship Examination in Oral and Maxillofacial Surgery (FRCS) will mark the end of training in Oral and Maxillofacial surgery and eligibility to a consultant post. As mentioned before, Oral and Maxillofacial surgery is no more a dental speciality and is registered with the General Medical Council, instead of the GDC. A doctor must have passed BDS, MBBS,

FDSRCS/MFDS and FRCS before being appointed to a consultant post. However, doctors with only BDS and FDSRCS qualifications who have held a substantive consultant post in Oral and Maxillofacial surgery before January 1997 will still be eligible for a consultant post. They will continue to keep their registration with the GDC, instead of the GMC.

Overseas candidates can obviously enter a master course in Oral and Maxillofacial Surgery if they plan to return to their home's country as masters in Oral & Maxillofacial Surgery. This does not give any great benefit from career point of view in the UK. Currently, the minimum requirement for a simple staff grade post is FDS and 2 years training at SHO level.

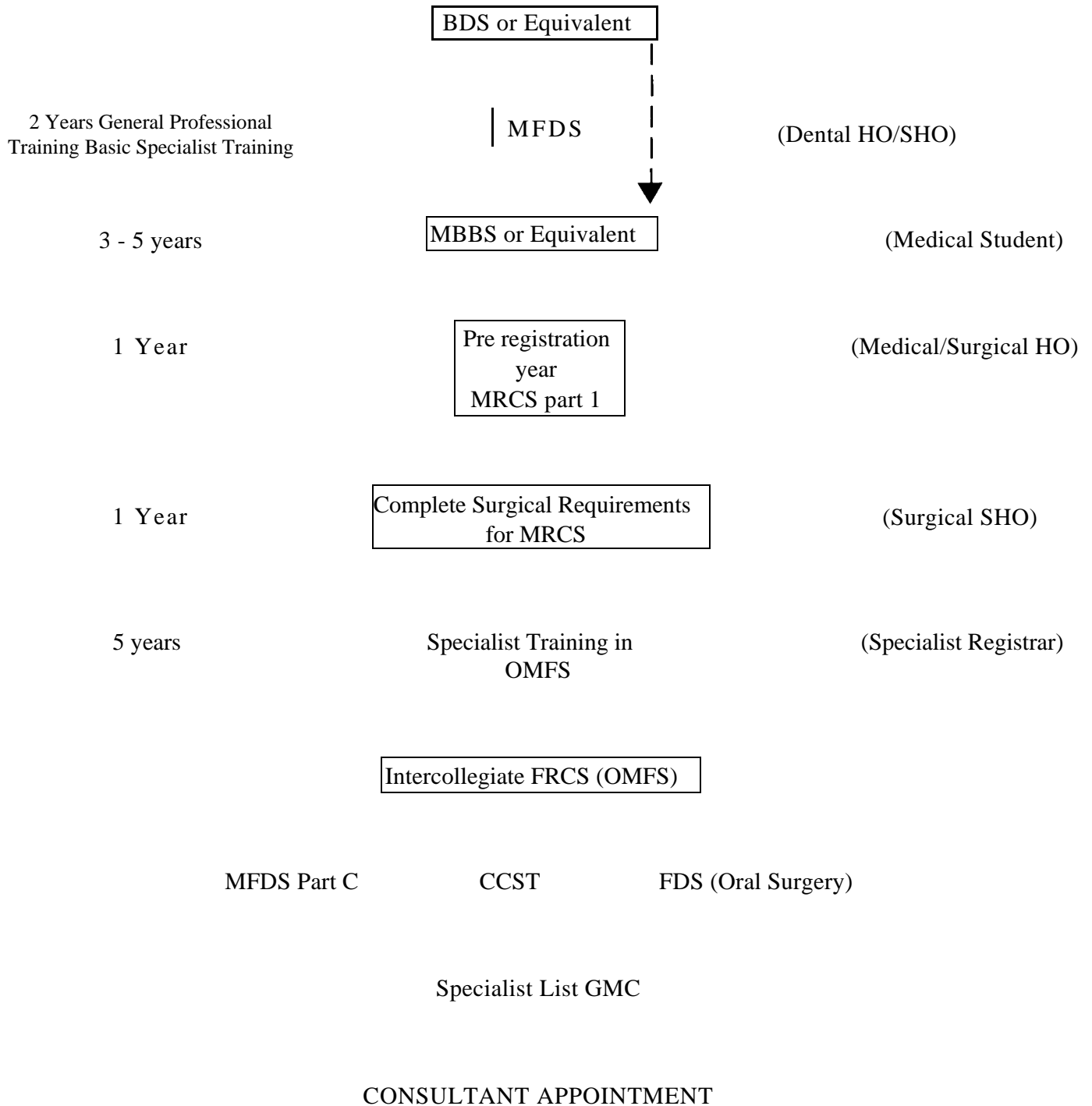
ACADEMIC ORAL SURGERY

When the decision was made in 1982 that from a date ten years later (1992) it would be mandatory for all those appointed to a consultant position in Oral and Maxillofacial surgery in the National Health Services (NHS) to hold a registrable medical qualification, it was recognised that this could place an unacceptable burden on potential recruits to Academic Oral Surgery. By the time a trainee has fulfilled all the requirements of clinical training, research and teaching they would be of such an age that their ultimate contribution to academia would be compromised. In recognition of this, two training pathways for academics *in* Oral Surgery were developed.

The first pathway is similar to the "standard" training pathway for the award of a CCST in Oral and Maxillofacial Surgery except that in addition to passing the Intercollegiate Specialty Fellowship Examination in Oral and Maxillofacial Surgery, FRCS (OMFS), the trainee would also acquire a higher academic degree (e.g., PhD). Assuming a full dental undergraduate course and a four year medical course such training could be completed in a minimum of 17 years.

A second pathway was developed for those academics aspiring to a career largely based on laboratory research. For this small group, trainees would not be required to hold a registrable medical qualification, but instead would have to gain a Doctorate Degree (PhD or equivalent) and also demonstrate an ability to publish in scientific journals and to raise research funding prior to commencing SpR training in the speciality. At the end of clinical training they would have to pass the Intercollegiate Specialty Fellowship Examination in Oral Surgery, FDS (Oral Sur-

ORAL AND MAXILLOFACIAL SURGERY



Note: Medical Degree may be taken first

Figure 2. Schematic diagram showing the training pathway to become a specialist Consultant in Oral and Maxillofacial Surgery (OMFS).

gery), and would be awarded a CCST in Academic Oral Surgery. The training programme would normally be completed in a minimum of 15 years. Such a CCST would allow appointment to a senior academic post holding an honorary consultant contract, and the individual's name would appear in the Specialist Oral Surgery list held by the General Dental Council. The clinical SpR training on this pathway is equivalent to the training for Oral and Maxillofacial Surgery with the exception that trainees would not be expected to undertake the surgical management of patients with malignant neoplastic disease.

SURGICAL DENTISTRY

Surgical Dentistry is a specialty of dentistry which deals with the diagnosis and surgical management of anomalies and pathological processes of the teeth and their supporting structures. Treatment is normally carried out on an outpatient basis under local anaesthesia supplemented if appropriate by sedation.

The requirement to enter a higher training programme is MFDS and extends for a minimum of 3 years. Formal assessment towards the end of the programme is by the Membership in Surgical Dentistry (MSurgDentRCS).

Specialists in surgical dentistry may work in specialist practice, the hospital service or be employed in the community dental service.

Within a hospital based maxillofacial unit specialists in surgical dentistry may be employed as associate specialists or in staff grade posts. In this case they will not work as an independent specialist but under the supervision of a consultant in Oral and Maxillofacial Surgery. As a consequence they may be expected to take on a wider clinical role. There are no consultant posts in Surgical Dentistry and that's why there is no ISFE/FDS in Surgical dentistry.

ORAL MEDICINE

Again the requirements for entering an SpR post in Oral Medicine are MBBS, BDS and MFDS/MFD. At the end of 3 year higher training (minimum), the Intercollegiate Speciality Fellowship Examination (FDS in Oral Medicine) will be taken which will mark the end of successful completion of training in Oral Medicine and eligibility for a consultant post.

RESTORATIVE SPECIALTIES

Restorative Dentistry

The training leading to a CCST in Restorative Dentistry lasts 5 years and covers the curricula for all three of the restorative monospecialties (Endo, Perio and Prosthodontics), together with a number of other subjects more specifically related to the provision of a comprehensive service in Restorative Dentistry in the hospital environment. Towards the end of the training period the trainee will complete the Intercollegiate Specialty Fellowship Examination in Restorative Dentistry with the award of the FDS (Restorative Dentistry). Satisfactory formative assessments must be completed before the trainee can be recommended for a CCST.

The majority of specialists in Restorative Dentistry will practice as NHS or honorary consultants in Restorative Dentistry. The honorary consultants will normally be senior academics in dental schools in charge of teaching and research for which they will have to have undertaken additional academic qualifications as part of their agreed SpR training programme in Restorative Dentistry.

Normally a consultant in Restorative Dentistry would hold only one CCST, although in exceptional circumstances it may be appropriate to hold not more than two. The educational requirements to maintain the separate specialist registrations would make it impracticable to do so.

Endodontics, Periodontics and Prosthodontics

The three Monospecialties of Endodontics, Periodontics and Prosthodontics each have 3 year training programmes with the same balance of clinical activity, and academic and research work. The training will be largely in university clinical departments with an opportunity, where possible, for an elective period to be spent in accredited practices under the supervision of registered specialists. Separate components of training programmes, for example, an MSc course of less than 3 years duration will not be approved individually. At present there is no central funding for trainees in the Monospecialties; therefore the majority of trainees will be self-funded and it is assumed that most will enter specialty private practice. The end point of training for the Restorative Monospecialties is the Membership in Restorative Dentistry which is a single examination, but for which

candidates must elect a specialty within it. The qualification will, therefore, be recorded as MRD (Endodontics) or (Periodontics) or (Prosthodontics).

The specialists in Endodontics, Periodontics and Prosthodontics will be based mainly in private practice and also in community dental clinics. There are no consultant posts in the monospecialities of Restorative Dentistry.

DENTAL PUBLIC HEALTH

The MFDS or equivalent will normally be the minimum entry qualification for higher training. On completion of the 4 year higher training programme and satisfactory structured assessments throughout the training the trainee must pass the Intercollegiate Speciality Fellowship Examination in Dental Public Health prior to the recommendation for the award of a CCST in Dental Public Health.

ORAL PATHOLOGY

The Royal College of Pathologists is responsible for the training programmes and assessment procedures in Oral Pathology. Specialist training will be within General and Oral Pathology units for a minimum of 5 years and comply with the regulations for the Membership of the Royal College of Pathologists (MRCPATH). Part 1 is taken after a minimum of 3 years and Part 2 in the final year of training leading to the award of a CCST in Oral Pathology.

ORAL MICROBIOLOGY

The Royal College of Pathologists is responsible for the training programmes. Specialist training will be in Oral Microbiology and General Microbiology units for a minimum of 5 years and must comply with the regulations for the MRCPATH. Part 1 is taken after a minimum of 3 years specialist training. The award of a CCST would then follow after not less than 2 years further training and successful completion of the Part 2 Membership Examination in either Oral Microbiology or Medical Microbiology.

DENTAL AND MAXILLOFACIAL RADIOLOGY

Dental and Maxillofacial Radiology is the specialty concerned with non-neurological head and neck imaging with particular reference to the teeth and jaws. Those specialising in the discipline are expected to be competent in advanced organ imaging in these areas.

Training is regulated by the Examining Board for the Diploma in Dental Radiology of the Royal College of Radiologists. The specialist qualification is the Diploma in Dental Radiology of the Royal College of Radiologists. Training must be undertaken in Departments of Dental Radiology which hold the Royal College of Radiologists Training Accreditation. A minimum of 2 years general professional training must be completed prior to specialist training.

Part I of the Diploma in Dental Radiology may be taken after an academic year (9 months) of training, Part II after a minimum of 2 years training. Following completion of the Diploma in Dental Radiology 2 further years of full-time training in Radiology are required. The Royal College of Radiologists will then inform the GDC that training has been completed and candidates can apply to the GDC for the award of a CCST and entry on to the Specialist Register.

REFERENCES

1. Postgraduate Training Pathways in Orthodontics in the United Kingdom by Anwar Ali Shah, *Pakistan Journal of Orthodontics, Paediatric & Community Dentistry*, Vol: 01, 67-70, January 2002.
2. *Specialization in Dentistry: A Practical Guide*, Faculty of Dental Surgery, The Royal College of Surgeons of England, February 1999.
3. Regulations relating to the Speciality Fellowship Examination in Orthodontics; FDS (Orth.), The Royal College of Physicians and Surgeons of Glasgow, September 1999.
4. Regulations for the Intercollegiate Speciality Diploma of Membership in Orthodontics; MOrth, The Royal College of Physicians and Surgeons of Glasgow, January 2000.
5. *A Manual of Specialist Training in Dentistry in the United Kingdom and Ireland*, Joint Committee for Specialist Training in Dentistry, The Royal College of Surgeons of England, December 1999.
6. National Advice Centre for Postgraduate Dental Education: *Notes for Overseas Dental Graduates*, Faculty of Dental Surgery, The Royal College of Surgeons of England.
7. Guidelines for the UK three year training programmes in Orthodontics for Specialist Registrars and other Postgraduate Trainees, Joint Committee for Specialist Training in Dentistry, Specialist Advisory Committee in Orthodontics, April 1999.
8. Guidelines for the UK two years Fixed Term Training Appointments for NHS Consultant and Academic Practice in Orthodontics, Joint Committee for Specialist Training in Dentistry, Specialist Advisory Committee in Orthodontics, February 2000.
9. *A Guide to Specialist Registrar Training*, February 1998.
10. Dental attachments and dental observerships for overseas dentists, Faculty of Dental Surgery, The Royal College of Surgeons of England, January 2001.