The Final Report of the Examination Committee

At the EOS Meeting in Graz in June 1994 a committee was formed to look at the means of setting up a European Specialist Examination at the end of the agreed Erasmus Orthodontic Programme for the whole of Europe and to consider its organization, regulation, content, timing and examination procedure.

Members of this committee are Professor Frans van der Linden, The Netherlands (Chairman), Dr Holger Boch, Denmark, Professor Franc Farcnik, Slovenia, Professor Gerda Kompsoch, Germany, Professsor Franco Magni, Italy, Professor Jim Moss, United Kingdom and Dr Kari-Line Roald. Norway.

The Committee has studied the examination procedures in various European countries and in the USA. Most European countries have some form of examination at the end of the postgraduate programme. However, there are major discrepancies in the contents and the levels of different examinations. The Committee is of the opinion that the level of orthodontic education, the quality of graduating orthodontists and the service to the population will benefit from setting up a European model for an examination. Such an examination would allow the result of the education to be evaluated.

The Committee wants to emphasize that this proposal is intended to serve only as a model for an examination and in no way should be considered as an attempt to eliminate or overrule national examinations or to introduce a uniform European examination. No supernational or European body can impose a uniform European examination. European laws do not allow such an implementation. Every country has the privilege to determine how it wants to structure the examination at the end of the specialist education.

The committee also considered the evaluation of the contents and quality of the programmes. However, for the time being this approach does not seem to be feasible for practical and political reasons. It may be that accreditation of postgraduate programmes can become a reality at a later stage.

The Final Report of the Erasmus Project [European Journal of Orthodontics 14 (1992) 85–94] served as a guideline for conformation of programmes. Some parts of the report are particularly relevant and are reproduced here. The appendices referred to are available from the EOS.

Main objective of the programme for speciality education in orthodontics

The general objective of the programme is to educate dentists to become specialists in orthodontics with a solid and broad academic background and adequate clinical experience in different treatment methods.

The graduate should be able to:

(a) Diagnose anomalies of the dentition, facial structures and functional conditions;
(b) Detect deviations of the development of the dentition, of facial growth and the occurrence of functional abnormalities;
(c) Formulate a treatment plan and predict its course.

The Committee proposes the following model for a European Examination at the end of the nationally recognized postgraduate orthodontic education based on the contents of the Erasmus Orthodontic Programme.

The examination should be in English or a native language and have five parts:

1. A written test

The written test should deal with topics relevant to clinical orthodontics with an emphasis on the diagnosis, treatment and retention planning of orthodomic patients. The written test should be taken at least four weeks in advance of the oral examination. The subjects that can be examined in the written test are specified in Appendix I.

2. A thesis, published scientific articles or written scientific report

Eight weeks prior to the oral examination the candidate should submit a thesis, a published article or a scientific report dealing with a subject relevant to the field of orthodontics. In addition the candidate should provide a short description of the eight cases he or she will present.

3. Presentation of the documentation of eight patients treated by the candidate.

The treatment of the eight cases must be started and completed by the candidate. The cases should cover a variation of anomalies and demonstrate the candidate's practical skills (Appendix II). The documentation should follow a standard protocol as presented in Appendices III and IV. In the write-ups the candidate should explain the rationale behind decisions reached and critically evaluate the treatment procedures and results.

4. An oral examination on diagnosis and treatment planning

The oral examination on diagnosis and treatment planning should be based on the presentation by the examiners of the records of two patients with orthodontic anomalies. The candidate will examine these records for 30 minutes and will then be examined for 30 minutes on their diagnosis and treatment planning.

5. An interview including dicussion of the thesis or written report

The interview will last one hour. Half of that time will be spent on a discussion of the presented eight treated patients. The other half will be devoted to the submitted thesis, published article or scientific report.

Type of cases

The eight cases presented shall cover the following spectrum.

1. Early treatment malocclusion

Either a one or two stage treatment started in the primary or mixed dentition and completed in the permanent dentition. Initial records (A) taken prior to the start of phase one are required. If treatment is in two stages, (B) interim records are required following the completion of stage one or prior to the start of stage two. The final records (C) must be taken within one year after the end of treatment.

2. Adult malocclusion

An adult not requiring orthognathic surgery but requiring comprehensive therapy and significant diagnostic and biomechanical skills, which also may include interdisciplinary cooperation.

Class I malocclusion

A malocclusion with either a dento-alveolar protrusion, open bite, deep bite or a significant arch length deficiency, or eruption problems requiring orthodontic treatment.

4. Class II division 2 malocclusion

5. Class II division 1 malocclusion

A malocclusion with a high mandibular angle, minimum FMA angle of 30 degrees and/or SN to G_0–G_n angle of 37 degrees.

6. Class II division 1 malocclusion

A malocclusion with a significant mandibular arch length deficiency. In at least one of the two Class II.1 cases the treatment must involve extractions in both dental arches.

7. A severe skeletal discrepancy

A malocclusion with a severe anteroposterior and/or vertical discrepancy including comprehensive orthodontic therapy.

8. A significant transverse discrepancy

A posterior crossbite that requires full appliance treatment.

Presentation of cases

Each case to be presented shall have the following records:

1. (a) A diagnostic description of the malocclusion and the functional status. (b) Treatment plan including the reasons for it. (c) A report of the actual treatment carried out including any diffficulties encountered. (d) An evaluation of the treatment and an assessment of the result.
2. Dental casts taken immediately before the

commencement of treatment and at the completion of treatment.
3. An intial lateral skull radiograph with the teeth in habitual occlusion is mandatory.
4. Such other skull radiographs as may be necessary for subsequent monitoring.
5. Tracings of the lateral skull radiograph (S) traced according to the candidate's usual practice.
6. Periapical or panormaic radiographs of adequate diagnostic quality before and after the end of treatment.
7. Orientated full face and profile photographic prints taken before and after treatment, at least 5 cm × 8 cm. The candidate may also present such other records as may seem desirable; for example, intra-oral photographs.
8. Intra-oral photographs.
9. Any additional patient records.

Identification of records

Each item in the case presentation, including each upper and each lower cast, cephalometric film, tracing, radiograph and photograph, must be clearly marked with the following information:

Candidate's number
Case number or patient's name.
Date on which the record was made.
Patient's age to the nearest month,
e.g. "11-8".
Stage of treatment:

I	Start of treatment. (Black)
II	Completion of treatment. (Red)
III	Follow up records. (Green)

Adhesive labels should be used to identify study models, unless the information is indelibly written on the record itself. (Colours: I, black; II, red; III, green).