



Diploma in Dental and Maxillofacial Radiology (Part B) Examination

Guidance Notes for Candidates

1 Examination Structure

The Diploma in Dental and Maxillofacial Radiology (DDMFR) Part B Examination comprises 3 components: a rapid reporting component, a long case reporting component and an oral component (2 oral examination sessions).

2 Rapid Reporting and Long Case Reporting Components

2a Rapid Reporting Component

The rapid reporting component comprises of 30 cases viewed over 35 minutes. The images are primarily plain radiographs. It requires candidates to identify those cases that show a normal appearance and those that show an abnormality. Where an abnormality is present, candidates are expected to succinctly identify this or give a diagnosis. Each abnormal case shows one significant diagnosable abnormality. A differential diagnosis is not required. Anatomical variants should be recorded as normal. Sound restorative work should also be regarded as normal. For some questions the candidate **may** be asked to disregard dental diseases such as caries and periodontal disease.

Candidates are provided with a digital format on which to view the images. Each case comprises either a single image or a montage of different views. Further information on basic functionality and how candidates can move between cases will be provided in advance of the examination.

2b Long Case Reporting Component

The long case reporting component is of 1 hour duration and involves reporting on 6 cases which may include a combination of plain radiographs, ultrasound, cone beam CT, conventional CT, MRI and nuclear medicine images.

Candidates are provided with a digital format on which to view the images. Further information on basic functionality and how candidates can move between images will be provided in advance of the examination. Each case may comprise multiple imaging modalities and it may be possible to scroll through the cross-sectional imaging studies.

The cases vary in complexity and difficulty; some require more time for analysis and reporting than others. Candidates should ensure sufficient time is allocated to report each case adequately.

A brief case history and other relevant clinical data will be provided. A radiological report is required which should be accurate and succinct and can be provided in bullet points or long hand form. Responses should be presented in a standard format as follows.

Observations/ Description: This section is for recording observations on the images from all imaging studies available, including relevant positive and negative findings.

Interpretation/ Conclusion: This section is for stating interpretations of the observed findings; for example, describing whether the mass or process observed appears benign or malignant or infective rather than neoplastic, giving reasons.

Main or Principal Diagnosis: This should be based on the interpretation provided above. If a single diagnosis is not possible, then the most likely diagnosis should be stated with a list of alternatives, in order of the likelihood of the differential diagnoses detailed below.

Differential Diagnoses: For some cases there will be no differential diagnoses; in others a few may merit inclusion. These should be limited in number and the report should indicate why these are less likely than the main or principal diagnosis.

Relevant Further Investigations / Management: This section is for indicating whether any further investigations are appropriate or urgent clinical management is required. For example, if an abscess or tumour is diagnosed indicate whether drainage or biopsy is appropriate.

2c Equipment and Software

The Long Case Reporting and Rapid Reporting Examination platform allows the provision of image-based exams, and capture of candidate responses, electronically. The platform provides a simple image viewing window and the ability to move through images. Candidates will record their responses directly via a keyboard and mouse onto the platform.

A demonstration site is available via the College website which enables candidates and trainers to familiarise themselves with the platform in advance of the examination.

During the examination, keystrokes and screen activity are monitored and recorded centrally. If a candidate continues to type after the examination, this information will be recorded, and the College will investigate further to determine whether the candidate should be disqualified. In the unlikely event of computer hardware or software failure during the examination, candidates should alert an invigilator by raising their hand – spare workstations are available if necessary.

3 Oral Component

The Oral Component comprises two oral examinations each lasting 30 minutes. Each examining panel comprises one Clinical Radiologist and one Dental and Maxillofacial Radiologist. The candidate will therefore be assessed by four examiners in total during this part of the examination.

No pre-examination review time is given. The candidate will spend a total of 30 minutes with each of the two panels (being assessed by each of the examiners in 15-minute blocks).

Images will be presented digitally on high resolution monitors. A wide range of material of varying complexity will be shown. A higher level of performance will be expected in the interpretation of common and routine examinations than will be the case with highly specialised investigations. A logical and informed approach to film interpretation, as well as a clear ability to debate the merits, relevance and role of techniques that might assist in further investigation of diagnostic problems, will be expected. Examiners may ask supplementary questions to further assess a candidate's understanding of the problem.

In reaching a conclusion, candidates should place their diagnoses in order of probability. In some cases, it will be possible to make the correct diagnosis as soon as the signs are elicited. In others, further views or investigations will be helpful and it is important that candidates clearly state their reasons for wanting these.

Candidates should listen carefully to any information provided and ask for clarification if anything the examiner asks or says is unclear. The amount of discussion that takes place on each case, and the number of cases shown will vary between candidates and is at the discretion of the individual examiner.

4 Anonymity of Patients

During the examination, although cases should be anonymised, information about patients may become available. Candidates are reminded that patients' confidentiality must be respected at all times. Examination cases must not be discussed with anyone other than the examiners.

Patient and hospital identification names and numbers have been removed from the material used in the examination. The examiners will advise candidates of any personal details relevant to the images under consideration during the oral examination so that candidates need not spend time looking for these on the images shown.

5 Marking and Results Awarding

The [scoring system](#) document provides more information on how results for each component are calculated. Each of the three components is independently marked, with the three sets of marks considered as a whole to generate a pass or fail. In order to pass the examination **each** of the 3 components (rapid reporting, long case reporting and oral component) must be passed. Failure in one component CANNOT be offset by good performance in another.

6 Information Provided to Unsuccessful Candidates

Unsuccessful candidates will receive details of scores achieved in each component and the level of performance that was required to achieve success.

Candidates who are unsuccessful at the examination on two occasions will receive written feedback from the Examining Board Chair. It is hoped that this will be of assistance when preparing for a further attempt at the examination.

7 Further Information

Queries arising from this document should be addressed to the College's Examinations Office, either by email to examinations@rcr.ac.uk or by telephone on 020 7406 5905.

Queries at the time of the examination should be raised with the invigilators or College staff present. Comments, feedback, or complaints following the examination should be brought to the attention of the Examinations Manager, by email to examinations@rcr.ac.uk or by telephone on 020 7406 5905.