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I. INTRODUCTION

The Saudi Specialty Certificate Program in Orthodontics (SBO) is a 4-years clinical training program in the field of orthodontics, approved by the Saudi Commission for Health Specialties (SCHS), leading to the attainment of a professional clinical degree called the Saudi Board in Orthodontics degree. SBO was first established in 2002 as a 5-year residency program. Since the Scientific Committee of the SBO endeavors to maintain its regulations as current as possible, a comprehensive review workshop (RW-SBO) was organized on May, 2013, to review the current program and improve its standards.

Orthodontists from different governmental and private sectors in the Kingdom were invited to the RW-SBO. Accordingly, this document (Third Edition) was established based on the recommendations of RW-SBO and was approved by the Scientific Committee of the SBO and submitted to Scientific Dental Council for approval.

The program is currently a 4-year comprehensive clinical program in which the trainees undergo intensive clinical orthodontic training, leading to the degree of the Saudi Board in Orthodontics.

II. Aims of the Program:

1. To provide residents with the appropriate knowledge, attitude and skills required to be an independent orthodontist.

2. To develop the sense of professionalism, ethics, interest and enquiry among residents.

3. To encourage residents to maintain competency throughout their career by the continuous pursuit of continuing professional development.

OBJECTIVES

The program prepares the residents to:

- Deal with patients in an ethical and professional manner.
- Be able to understand and analyze the relevant literature.
- Diagnose all types of malocclusions; dental, facial and functional.
- Diagnose craniofacial deformities.
• Understand the basic sciences behind malocclusion and tooth movement including growth and development, oral biology and biomechanics.

• Formulate a proper treatment plan and be able to predict it’s outcome.

• Execute simple and complex orthodontic treatment procedures.

• Evaluate progress of orthodontic treatment and treatment outcome.

• Implement proper post-orthodontic retention protocol to ensure adequate post-orthodontic stability.

• Be able to handle perfectly orthognathic and cleft lip and palate cases.

• Be able to work with medically compromised cases with a basic knowledge of the burden of the diseases and treatment limitations and precautions.

• Apply latest technology in orthodontics and practice management.

• Communicate, understand and function effectively with other health care professionals and understand the setting of their organizational system.

• Acquire adequate experience in teaching and supervising orthodontic residents.

• Develop adequate skills to independently evaluate literature and research studies in orthodontics.

III. TRAINING CENTERS

The Saudi Specialty Certificate Program in Orthodontics can be hosted by an institution or a dental center, which has an overall administrative control and responsibility for conducting the program. A governmental or a private dental center can be accepted as a training center after being evaluated and accredited by the SCHS as either a full training center or a partial training center. Full training center shall possess all the necessary resources and facilities to fulfill the educational requirements of the program, while a partial training center lacks one or more of the resources required for fulfillment of all the program requirements. An accreditation committee carries out the recognition process according to the classification standards and rules set by the SCHS. The following are some of the general guidelines concerning the accreditation of a training center:

• Center must provide a readily accessible facility for dental treatment including all dental specialties.
• At least two orthodontic consultants, registered at the SCHS should be available to conduct training.

• Center must hire a qualified consultant to direct the program, who should be agreed on by the Scientific Board of the SBO.

• Center must provide sufficient resources, including qualified staff and equipment’s, to conduct intended training for the residents.

• Residents must have privileges and responsibilities in the training center similar to those of in-house residents.

• Additional regulations are applied by the central accreditation committee of the SCHS. For more details, visit the SCHS web site at: www.scfhs.org.sa

IV. ADMISSION REQUIREMENTS

Applicants who fulfill the following requirements are eligible for admission to the Saudi Specialty Certificate Program in Orthodontics:

• Bachelor of Dental Surgery Degree (BDS) or equivalent from a SCHS-recognized University.

• Successful completion of one-year Internship Program in General Dentistry or equivalent.

• Provision of at least two recommendation letters.

• Provision of a sponsorship document to be in full-time training for the entire duration of the program.

• Full registration in the SCHS as a resident.

• Payment of application fees.

• Signed obligation agreement to abide by the rules and regulations of the SCHS and the SBO.

• Passing of all required admission tests and interviews.
V. PROGRAM DESCRIPTION

The Saudi Specialty Certificate Program in Orthodontics extends for a period of four years in which the didactic orthodontic knowledge is integrated with the clinical training for the entire program duration.

The following is a list of the recommended basic science courses, orthodontic topics, and clinical requirements of the program:

A. Basic Sciences

A number of basic science crash courses are offered to the residents at each level of the program. These courses are intended to broaden the knowledge foundation of the residents on various basic science topics and how they relate to the field of orthodontics.

a. First-Year (R1):

1. Integrated Basic Sciences Course I (R1)

This is an interdisciplinary sequence of several courses that represent the basic science foundation for the practice of orthodontics. Lectures on this course cover the normal anatomy of the head and neck, the embryology of these structures and the relevant immunology and pathology. It is an extended course supplemented with active learning lessons to apply the concepts of basic sciences to clinical scenarios related to orthodontics.

2. Integrated Basic Sciences Course II (R1)

This is a continuation of the Integrated Basic Sciences Course I. Lectures in this course cover the development of the face, microanatomy of the bone and hard dental tissues, oral mucous membrane, periodontium and salivary glands. In addition, lectures cover various oral and dental structures, their functions, relationship and response to systemic and environmental influences. The course will also include molecular biology of genes, cytogenetics, mechanisms of inheritance, inheritance of malocclusion, dental anomalies, craniofacial syndromes and medical genetics.

3. Biostatistics (R1)

Topics covered include variables, frequency distribution, sampling measure of central tendency, variance and measures of dispersion, various statistical tests, analysis and probability. It also introduces applied computed biostatistics as related to research in orthodontics.
4. **Research Methods and Scientific Writing (R1)**

The objective of this course is to teach the residents different methods of research design, ethical aspects of research on animals and humans, and to educate them on writing scientific papers and reports. Principles and methods in the study of the distribution and determinants of diseases in human populations are taught in this course.

5. **Advanced Oral and Maxillofacial Radiology (R1)**

This course provides knowledge about radiation physics, radiation biology, hazards and protection, advanced imaging techniques and diagnostic oral and maxillofacial radiology.

b. **Second-Year (R2):**

1. **Craniofacial Growth and Development (R2)**

This course provides knowledge regarding different developmental periods, standards of growth and development, methods for study of craniofacial growth, skeletal morphogenesis and growth principles, growth of the craniofacial complex, development of cleft lip and palate, and development of dentition.

2. **Biomechanics in Orthodontics (R2)**

This course is intended to guide the residents into proper application of the basic fundamentals of mechanics towards efficient treatment mechanotherapy. It also covers the basic biomechanics of different orthodontic appliances; fixed, removable and extra-oral appliances.

3. **Biomaterials (R2)**

This course provides the residents with knowledge and understanding necessary to properly select and manipulate various dental and orthodontic materials.

4. **Critical Appraisal of Scientific Literature (R2)**

The course aims to provide students with applied critical appraisal skills that will enable them to read and review the scientific dental literature. This course is designed to develop the ability of the residents to critically analyze a scientific study, evaluate the methodology and the validity of the study results, analyze the purpose, questions, or hypotheses that are a logical extension of the rationale, evaluate whether the discussion substantiates the objectives of the study and whether the results can be applied in a clinical decision making or practice.
c. **Third-Year (R3):**

1. **Occlusion and Craniomandibular Dysfunction (R3)**

Topics on stomatognathic physiology and craniomandibular dysfunction are covered in this course. It provides thorough understanding of occlusion and temporomandibular joint disorders (TMDs) and the rule of orthodontist in the management of TMDs.

2. **Behavioral Sciences (R3)**

This course should cover the main aspects of dental ethics, child psychology, geriatric dentistry, practice management and special patient care.

3. **Educational Methods (R3)**

The aim of this course is to expose the residents to the methods of teaching and learning. Topics include the nature of learning and teaching, instructional objectives, instructional media, audio-visual teaching and learning aids, and assessment methods for knowledge, skills and attitude.

B. **Specialty Training**

The orthodontic specialty training consists of a comprehensive pre-clinical preparation, crash course, lectures in various orthodontic topics, review of books and literature, and clinical training on the management of a wide variety of malocclusions and dentofacial deformities. Before getting exposed to the clinical experience, first-year residents are expected to comprehend various orthodontic diagnostic procedures and to be able to formulate an acceptable orthodontic treatment plan for different types of malocclusion. In addition, residents are exposed to intensive wire-bending and typodont exercises during the preclinical preparation period, which enhance the manual skills of the residents that are required to provide a proper orthodontic therapy. During their first to fourth year of residency, the residents continue to provide quality orthodontic care to their patients guided by well-qualified clinical instructors, along with a continuous didactic component to ensure exposure of the residents to wide range of orthodontic topics and knowledge update.

a. **First-Year (R1):**

First-year residents are gradually introduced to clinical orthodontics through a comprehensive preparatory education in the format of lectures, book reviews, literature review seminars, and a wide range of orthodontic laboratory exercises. An introductory course, a group of comprehensive lectures and book review sessions are assigned during the first two to three months of the program to prepare the residents for clinical work. These are:
1. **Preclinical Orthodontic Course**

This is a comprehensive course, given in the form of lectures, seminars, and practical sessions, which aims at exposing the first-year residents to various orthodontic diagnostic measures including clinical examination, impression taking, radiographic analysis and interpretation, model analysis, photographic analysis, diagnosis and treatment planning of different types of malocclusion, comprehensive wire bending, banding and bonding, typodont simulation of orthodontic treatment, fabrication of some of the common laboratory orthodontic appliances and the fabrication of orthodontic study models. Other modern aspects of orthodontics will also be covered during this course such as the manipulation of miniscrews.

2. **Lectures**

The following orthodontic topics are covered by senior staff members during the first-year residency of the program:

1. Craniofacial growth and development
2. Development of the dentition
3. Classification and etiology of malocclusion
4. Timing of orthodontic treatment
5. Treatment in the early and mixed dentition
6. Orthodontic treatment planning (multi-disciplinary approach)
7. Review of orthodontic brackets and fixed orthodontic appliances
8. Removable and Functional Appliances
9. Biology of tooth movement
10. Adverse effects of orthodontic treatment
11. Pre-surgical orthodontics
12. The use of Temporary Anchorage Devices (TADs)

3. **Book Review**

Residents are required to present selected chapters from major orthodontic textbooks. The following books are recommended (Latest edition):
1. Proffit WR, Fields HW. *Contemporary Orthodontics.*


5. McNamara JA, Brudon WL. *Orthodontics and Dentofacial Orthopedics.*


4. **Journal Club**

In addition to the above materials, residents are required to assess and present selected articles from the most recent orthodontic literature. Recommended orthodontic journals are:

- American Journal of Orthodontics and Dentofacial Orthopedics
- European Journal of Orthodontics
- Angle Orthodontist
- Seminars in Orthodontics
- Journal of Clinical Orthodontics

**Orthodontic Clinic**

While attending the preclinical course, residents are exposed to various orthodontic clinical procedures through attachment to senior orthodontic specialists during regular clinical sessions. By the end of the preclinical course, residents will be ready to start their clinical training and to join clinics.
Orthodontic clinical training is based on a multi-center approach and spreads over the four years duration of the program. It is designed to train the residents on practicing the highest level of clinical orthodontic diagnostic procedures and comprehensive orthodontic treatment. Residents are required to treat a specified number of patients under the guidance and supervision of clinical instructors at various centers. Each resident is assigned a minimum of 40-45 new cases to be treated during the entire period of the program and 5-10 transferred cases. A variety of malocclusion cases should be started by each resident in order to be exposed to the various types of malocclusion. Recommended categories of cases to be started by each resident are as follows:

1. Interceptive treatment in the primary or mixed dentition
2. Growth modification
3. Class I malocclusion
4. Class II malocclusion
5. Class III malocclusion
6. Malocclusion with transverse discrepancy
7. Malocclusion with interdisciplinary treatment approach
8. Dentofacial deformity with combined orthodontic and orthognathic surgery treatment approach
9. Cleft lip and palate

Residents should formulate complete diagnosis and treatment plan for each patient. All Patients’ records should meet publication standards. Residents should prepare a separate binder for each patient that contains the following: (Template for the binder is available).

a. All necessary initial radiographs. This includes any cephalometric, panoramic, bitewings, periapical or cone beam images taken for the patient (Look the guidelines of the SBO in the use of radiographs in orthodontics)

b. Standard initial orthodontic photographs consisting of nine shots (extra-oral frontal repose, extra-oral frontal smile, extra-oral 45º frontal smile, extra-oral profile, intra-oral frontal occlusion, intra-oral right occlusion, intra-oral left occlusion, upper occlusal, lower occlusal).

c. Signed and approved work-up of the case by the case supervisor. Work-up includes patient's personal information, chief complaint, etiology of malocclusion, dental and medical history, clinical examination findings,
photographic analysis, radiographic analysis, model analysis, diagnosis, problem list, treatment objectives, and treatment plan.

d. Progress and/or final records and any work-up of the case in the middle or at the end of treatment.

e. All progress or final cephalometric radiographs should be accompanied with proper superimposition and interpretation (refer to the guidelines for orthodontic model preparation and cephalometric superimposition).

f. All patients’ personal data including medical and dental history should be annually updated and documented.

g. Any other requirement as dictated by the case supervisor or the training center.

In addition to the patient’s binder, study models of the case should be properly prepared and maintained. Models should be neatly trimmed and always be present whenever the patient is seen. A logbook of clinical activities should always be present to monitor patient’s treatment progress and compliance. Uncooperative behavior by the patient including missing appointments or noncompliance with instructions should be promptly documented and brought to the attention of the case supervisor. Residents are encouraged to attend continuous education activities in the field of orthodontics. Also, residents are allowed to visit other reputable orthodontic and specialized centers for the purpose of obtaining a new specialized experience in the field upon the recommendation and approval of the local supervising committee and the responsible training center.

b. Second to Fourth Year (R2-R4):

Second to fourth-year residents are grouped together in a weekly educational series of seminars and monthly case presentations. Scientific interaction between residents from different training levels during seminars and case presentation is intended to encourage exchange of knowledge and clinical experience. (Please refer to the literature review list of the SBO)

1. Advanced Orthodontic Seminars

Starting from the second through the fourth year of residency, a series of advanced orthodontic seminars are conducted on a weekly and cyclic basis. Each session represents a 3-hour-contact seminar supervised by a staff member where residents are required to present and discuss selected articles or book chapters on a major orthodontic topic. Topics and the recommended number of sessions assigned to each topic are as follows:
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>NO. OF SESSIONS</th>
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<tbody>
<tr>
<td>1. Craniofacial Growth and Development/</td>
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<tr>
<td>Development of the Dentition</td>
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<td>2. Biology of Tooth Movement and Tissue Reaction</td>
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<td>3. Etiology of Malocclusion</td>
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<td>4. Cephalometric Analysis and Superimposition</td>
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<td>5. Diagnostic Procedures and Case Analysis</td>
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<td>6. Early Interceptive Treatment/Eruption Guidance</td>
<td>3</td>
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<tr>
<td>7. Early Treatment of Class II &amp; Class III/Dentofacial Orthopedics</td>
<td>3</td>
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<tr>
<td>8. Oral Habits and their Orthodontic Management</td>
<td>2</td>
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<tr>
<td>9. Adult Orthodontics and Multidisciplinary Treatment Approach</td>
<td>3</td>
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<td>10. Mandibular Incisor Extraction</td>
<td>1</td>
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<tr>
<td>11. Extraction versus Non-Extraction Therapy</td>
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<tr>
<td>12. Bimaxillary Protusion</td>
<td>1</td>
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<tr>
<td>13. Orthodontic Management of Transverse Problems/</td>
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<tr>
<td>Maxillary Expansion &amp; SARME</td>
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<td>14. Orthodontic Management of Vertical Transverse Problems/</td>
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<tr>
<td>Deep Overbite and Anterior Open Bite</td>
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<td>15. Upper Airway/Sleep Apnea</td>
<td>2</td>
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<tr>
<td>16. Management of Upper Midline Diastema</td>
<td>1</td>
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<tr>
<td>By Langlade (Latest Edition)</td>
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<tr>
<td>18. Facial and Dental Esthetics/Smile Analysis</td>
<td>3</td>
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<tr>
<td>19. Management of Congenitally Missing Teeth</td>
<td>2</td>
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<tr>
<td>20. Orthodontic Management of Dental Anomalies</td>
<td>2</td>
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<tr>
<td>21. Orthodontic Management of tongue Thrust Problem</td>
<td>1</td>
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<tr>
<td>22. Dental and Facial Asymmetries</td>
<td>2</td>
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<tr>
<td>23. Ectopic Maxillary Canine</td>
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<tr>
<td>24. Role of Third Molars and Late Mandibular Crowding</td>
<td>1</td>
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<tr>
<td>25. Occlusion and Temporomandibular Joint Dysfunction</td>
<td>2</td>
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<tr>
<td>of Dentofacial Deformity” by Proffit, White and Sarver</td>
<td></td>
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<tr>
<td>(Latest Edition)</td>
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<tr>
<td>27. Cleft Lip/Palate and Craniofacial Anomalies</td>
<td>3</td>
</tr>
<tr>
<td>28. Orthodontic Management of Medically Compromised Patients</td>
<td>1</td>
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<tr>
<td>29. Retention and Stability</td>
<td>2</td>
</tr>
<tr>
<td>30. Temporary Anchorage Devices/Mini-Implants and Mini-Screws</td>
<td>2</td>
</tr>
<tr>
<td>31. Distraction Osteogenesis</td>
<td>2</td>
</tr>
<tr>
<td>32. Orthognathic Surgery: Literature Review</td>
<td>3</td>
</tr>
<tr>
<td>33. Root Resorption/Risks Associated with Orthodontic Treatment</td>
<td>2</td>
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<tr>
<td>34. 3-D Imaging/Technology in the Orthodontic Office</td>
<td>2</td>
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<tr>
<td>35. Orthodontic Materials</td>
<td>3</td>
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<tr>
<td>36. Evidence-Based Orthodontic Practice</td>
<td>2</td>
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<tr>
<td><strong>TOTAL</strong></td>
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2. **Journal Club**

Following every two orthodontic topics covered in the seminar series, a journal club session is conducted. Two or three residents are requested to select one article, each from the most recent issue of major orthodontic journals and present it to the group with his/her scientific critique of the article.

3. **Monthly Case Presentation**

Towards the end of each month, a session is allocated for case presentations. Each case presentation should follow a specific high-standard format that is distributed to the residents at the start of their second year of residency. All instructors from different training centers are expected to attend the monthly case presentation meetings. Also, a weekly case presentation sessions are encouraged to be held weekly in each training center.

4. **Annual Resident's Lecture**

Each resident in the second to the fourth-year level of residency is required to prepare and present a 35-40 minutes annual scientific presentation on a selected orthodontic topic, research or a community project. A hard copy of the assignment should be submitted.

5. **Advanced craniofacial anomalies Course:**

The objective of this course is to teach the residents how to handle cases that require orthognathic surgery, cleft lip and palate and other common craniofacial anomalies. It is given as a crash course during the third year level.

6. **Orthodontic Clinic**

Residents of the first to the fourth level are assigned a minimum of seven clinical sessions including one or two clinical attachments to senior orthodontist per week. All clinical activities are supervised by qualified orthodontic instructors. Residents are required to firmly adhere to the clinical rules and guidelines of each training center.

C. **Research**

Each resident is encouraged to conduct one research to be published in a peer reviewed journal. A research type could be either original research or systematic review.

VI. **EVALUATION**

According to the rules and regulations of the Saudi Commission for Health Specialties, the following elements of evaluation are carried out:
A. Annual Evaluation

The annual evaluation is carried out at the end of each year to assess the resident's ability and competency to be promoted to the following year. It consists of three periodic assessment reports of resident's performance by all contributing instructors in the program and a written promotion test towards the end of the year that covers basic science crash courses and the literature assignments of each year (residents are referred to the general examination rules and regulations of the SCHS for details). For residents in the first year level, they should pass satisfactorily the preclinical course.

In addition, the annual evaluation of the fourth year requires each resident to submit a detailed report showing an evidence of completing the treatment of a minimum of 30 cases during their training period including five completed transferred cases and an evidence of transferring the other started cases to other residents in the program. Also, each resident is required to submit the complete records and documentation of a minimum of 10 finished cases treated by the resident during his/her training period from start to finish. These finished cases shall meet a minimum of 7 categories of the following with a maximum of 2 cases per category:

1. Interceptive treatment in the primary or mixed dentition
2. Growth modification
3. Class I malocclusion treated with extraction or non-extraction
4. Class II malocclusion treated with extraction or non-extraction
5. Class III malocclusion treated with extraction or non-extraction
6. Malocclusion with transverse discrepancy
7. Malocclusion treated with interdisciplinary treatment approach
8. Dentofacial deformity treated with combined orthodontic and orthognathic surgery treatment
9. Cleft lip and palate (single treatment phase or more)

Residents should follow previously stated guidelines when preparing each case binder to be submitted as a final examination case.
B. Part I Examination

This is a written examination to be conducted at the end of the first year of residency. Passing part I examination will exempt the resident from the annual promotion examination (residents are referred to the general examination rules and regulations of the SCHS for details).

C. Part II Examination

Residents who complete all the requirements of the residency including the finished clinical cases become eligible to sit for the Part II examination at the end of the fourth year. The objective of this examination is to assess the general theoretical and clinical knowledge as well as skills of the resident and to evaluate his/her ability to practice orthodontics. Part II examination consists of:

a. Written Examination

This is a comprehensive written examination on various orthodontic topics to evaluate the candidate's knowledge for being eligible to sit for the clinical/oral examination. The passing score for this written examination is 70% (residents are referred to the general examination rules and regulations of the SCHS for details).

b. Clinical/Oral Examination

Eligibility for the final clinical/oral examination is based on passing the final Part II written examination. The objective of this examination is to assess the ability of the candidate to practice orthodontics and to utilize different orthodontic diagnostic and treatment modalities for proper assessment and management of various orthodontic cases. Eligible residents will be examined on the various aspects of orthodontic diagnosis and treatment planning. Each resident will be challenged on selected cases of his/her submitted final cases. Moreover, each resident will be provided with complete initial records of a malocclusion case and will be asked to present the diagnosis and treatment planning of the case during his/her interview with the examination committee.

D. Program Evaluation

The scientific committee shall regularly evaluate the degree to which the goals of the program have been met.

VII. ADMISSION OF CANDIDATES WITH PREVIOUS FORMAL POSTGRADUATE TRAINING IN ORTHODONTICS TO THE PROGRAM:

The goal of admission of eligible candidates with previous formal post-graduate training in orthodontics is to ensure proper standardization of knowledge and clinical skills for obtaining a certificate of completion of the SBO program. Candidates with previous formal post-graduate training in orthodontics and desire
to join SBO can apply to the SCHS/SBO Scientific Committee. Recognition of the previous training program is subjected to the rules and regulations of the SCHS and the final judgment of the SBO Scientific Committee. Each application is individually examined and reviewed by the SBO Scientific Committee and the appropriate equalizations and exemptions are determined based on the contents of the previous program curriculum of the applicant. The SBO Scientific Committee shall then decide the level at which the candidate will start the program and all granted exemptions and remaining requirements of the SBO are identified to the applicant. However, according to the SCHS rules and regulations, the maximum equalization that can be granted for any candidate with previous formal post-graduate education is 50% of the SBO program duration. Candidates who are eligible for 50% equalization should have completed a minimum of two years of formal post-graduate training in a recognized program. Those candidates who are granted 50% equalization of the SBO program are legitimately exempted from Part I examination and start the program at the third-year level (R3).

Candidates with previous formal post-graduate training in orthodontics who have been exempted 50% of the SBO program and admitted to the third year (R3) of the program are recommended to start at least 25 advanced cases of different malocclusions according to the following categories:

1. Interceptive treatment in the primary or mixed dentition
2. Growth modification
3. Class I malocclusion
4. Class II malocclusion
5. Class III malocclusion
6. Malocclusion with transverse discrepancy
7. Malocclusion with interdisciplinary treatment approach
8. Dentofacial deformity with combined orthodontic and orthognathic surgery treatment approach
9. Cleft lip and palate

At the end of the fourth year of the program, each resident must submit an evidence of completing the treatment of a minimum of 15 cases including a maximum of 5 completed transferred cases. In addition, each resident is required to submit the complete records and documentation of a minimum of 5 cases that have been treated by the resident from start to finish to the examination committee for the application to the Part II examination. The 5 cases shall meet a
minimum of 4 of the following categories with a maximum of 2 cases per category:

1. Interceptive treatment in the primary or mixed dentition
2. Growth modification
3. Class I malocclusion treated with extraction or non-extraction
4. Class II malocclusion treated with extraction or non-extraction
5. Class III malocclusion treated with extraction or non-extraction
6. Malocclusion with transverse discrepancy
7. Malocclusion treated with interdisciplinary treatment approach
8. Dentofacial deformity treated with combined orthodontic and orthognathic surgery treatment
9. Cleft lip and palate (single treatment phase or more)

VIII. LEAVES AND EXEMPTIONS

The trainee is entitled to an annual leave of 30 days in addition to Eid's leaves. All residents are subjected to the rules and regulations governing leaves and exemption or interruption of training stated in the rules of procedure for training of Saudi Board Specialties.

IX. CERTIFICATION

Upon successful completion of all requirements of the program and passing the Part II Examination, the candidate shall receive a Certificate of Completion of the Saudi Board Program in Orthodontics issued by the Saudi Commission for Health Specialties.