

## M ORTH TRAINING PROGRAM

It is our pleasure to join us in our unique training program

And we promise to do our best with you to be one of the best orthodontists all over the world



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**PARTY A**

PROGRAM CENTER OFFICIAL

**PARTY B**

CANDIDATE NAME AND SIGNATURE

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# M ORTH TRAINING PROGRAM

## ROLES AND REGULATIONS

**No of years:** 3 years training program, divided in 6 semesters

**Supervision:** 10 long clinical days per month + the theoretical stream

### **General roles:**

- Candidates are expected to work on a full-time basis.
- Candidates will receive lectures and workshops covering Orthodontics.
- Candidates are expected to show high level of commitment to the training.
- Candidates are expected to show continuous improvement during clinical and written assessments that would take place periodically.
- Candidates not showing continuous improvement or not passing the assessments will have to repeat the failed semester/s. as an exam held per year and passing the exam with 65% is a must to pass to the next year, other you will repeat 6 months with extra fees.
- At the end of the 3-year training, candidates would receive a certificate of training that would allow them to sit for the exams of the Diploma in Membership in Orthodontics of The Royal College.

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## **M ORTH TRAINING PROGRAM**

- A zero-tolerance policy is in effect with any candidate violating the code of ethics and the moral code of conduct of the center.
- Candidates are to receive their training from orthodontic specialists.
- The Center reserves the right to change any procedural policy.

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## THE THEORETICAL PART

- **OCCLUSION AND MALOCCLUSION**

- Occlusion
- Development of the Occlusion
- Malocclusion
- Class I Malocclusions
- Class 11/1 Malocclusions
- Class 11/2 Malocclusions
- Class III Malocclusions
- Bimaxillary Proclination
- Anterior Open Bite (AOB)
- High Angle Cases
- Deep Bites
- Low Angle Cases
- Asymmetries

- **GROWTH**

- Embryology
- Growth Control and Growth Centres
- Growth Rotations

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- Growth and its Relevance to Orthodontics
- **CRANIOFACIAL ANOMALIES:**
  - Craniofacial Syndromes
  - Clefts
- **ANOMALIES:**
  - Hypodontia
  - Impacted Upper Canines
  - Supernumeraries
  - Unerupted Permanent Incisor
  - Transpositions
  - Double Teeth
  - Primary Failure of Eruption
  - Ectopic Eruption of Permanent First Molars
  - Molar-Incisor Hypomineralisation (MIH)
  - Infraocclusion of Primary Teeth
- **AIDS TO DIAGNOSIS**
  - Cephalometrics
  - Imaging
  - Space Analysis

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- Indices
- **INTERCEPTIVE ORTHODONTICS**
  - Interceptive Orthodontics
  - Timing of Interceptive Orthodontic Treatment
  - First Molars of Poor Prognosis
  - Early Loss of Primary Teeth
  - Early Treatment of Crossbites
  - Loss of Permanent Incisor
- **TREATMENT**
  - Bone Metabolism
  - Tooth Movement
  - Anchorage
  - Extraction versus Non-Extraction
  - Extractions and Facial Profile
  - Extraction of Specific Teeth
  - Removable Appliances
  - Fixed Appliances
  - Headgear
  - Reverse (Protraction) Headgear

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- Alternative Methods for Anchorage Support and Molar Distalisation
- Temporary Anchorage Devices (TAOS)
- Functional Appliances
- Arch Lengthening (Anteroposterior Expansion) and Lateral Expansion
- Correction of Skeletal Maxillary Transverse Arch Deficiency
- Adult Orthodontics
- Orthognathic Surgery
- Distraction Osteogenesis
- **RELAPSE AND RETENTION:**
  - Archform
  - Retention
  - Relapse and Stability
- **RISKS**
  - Iatrogenic/Deleterious Effects of Orthodontic Treatment
  - Intra-oral Iatrogenic Damage
  - Extra-oral Iatrogenic Damage
  - Systemic Effects of Treatment
  - Pain and Orthodontics
  - Periodontal Problems Related to Wear of Appliances

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- Trauma and Orthodontics
- Risk Benefit
- Medicolegal Aspects of Practice
- **MATERIALS**
  - Friction
  - Brackets
  - Archwires
  - Adhesives & Cements
  - Force Delivery Systems
- **RESEARCH ASPECTS**
  - Statistics
  - Research Methodology
  - Clinical Effectiveness (Clinical Audit)
  - Clinical Governance
- **MISCELLANEOUS**
  - Temporomandibular Dysfunction
  - Radiation Safety
  - Obstructive Sleep Apnoea (OSA)
  - Relevant Medical Disorders

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## **M ORTH TRAINING PROGRAM**

- Chronology of Tooth Development

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## THE CLINICAL PART

### **CLINICS PROTOCOL:**

To start cases treatment, doctor must fulfill:

- Semester 1 theoretical part
- Attending at least 75% of the loctures and workshops and Passing the semester exam in theoretical and unseen case
- Check the instruments and camera with program manager
- Units will be arranged by sequential blind order, each will be equipped with orthodontic aids.
- Make sure you are understanding the clinics protocol
- Infection control protocols discussion with one of the clinical supervisors
- Clean white coat over scrubs uniform, over black/white T-shirt
- Full orthodontic set, sterilized and clean
- Materials should be asked for from the clinic nurse.
- Sterilization cycle is performed every 3 hours. Please write your name clearly by thick black ink on the your pouches not to get mixed in the cycle.
- Any expected delay, please inform the patients to rearrange the schedule.  
Never let the patient stay in the waiting area more than 30 mins.

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- No loud voices nor arguing in the clinics or in front of the patients
- Never leave clinics with masks or gloves.
- **Any illegal action in the center will lead to immediate dismissal of the candidate from the training without any refund.**

### **CASES DISTRIBUTION PROTOCOL:**

- 20 cases to be delivered to the trainer during his clinical training.
- Each case distributed by written order from the clinics supervisor. No doctor will receive a new case until he completes bonding of all cases in his load.
- The case diagnosis seminar should be presented within two weeks maximum and treatment plan provided, or the case will be withdrawn and redistributed on another colleague. Diagnosis seminar should include extra and intra oral standard photographs, casts, ceph and ceph tracing according to Eastman Analysis, panorex and cast analysis.
- After reaching treatment plan, the candidate fulfills the patient's file and decision maker in the program provides signature.
- Bonding should be done within two weeks max

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### **CASES FOLLOW-UP PROTOCOL:**

- Cases should be followed within four to eight weeks period.
- Every step performed should be signed from the clinics supervisor
- Every case should been assigned to 45 mins period
- Cases should not be kept waiting more than 30 mins in the waiting room.  
Repeated delays are subjected to 5 demerit points
- Each case should be followed under clinical supervisor directions.
- Any conflict between the clinical supervisor and the decision maker should recall for a full records taken and a joint meeting between the candidate , the clinical supervisor and the decision maker.
- justification seminar of the case is: Mid treatment photos of the case and we need the candidate to justify in English all steps he have done as “ why you started with this wire , why you accept this rotation , why you did not apply force from day one,...Etc “ All the answer must be with evidence
- every candidate should provide variety cases chart and update it biannually with the decision maker

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### DEMERIT POINTS:

- Every candidate has 25 demerit points maximum per year. If exceeded, the training will be freeze for that candidate and an interview with the course director is in due.
- Violation of infection control protocol is 10 demerit points
- Delay for the cases in the waiting area beyond 30 mins is 5 demerit points
- No updated file for the case is 1 demerit point
- Practicing without supervision is 5 demerit points
- Arguing with the supervisor in front of the patients is 1 demerit point
- Raising voice inside the clinic is 1 demerit point
- No signature on the follow-ups from the supervisor is 1 demerit point

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### **EXAMS PROTOCOL:**

- Exams will be held at the middle and the end of each semester. Attending 75% of the lectures and Passing the semester exams is mandatory to sit the next semester.
- In case of failing the exam, there will be another trial within one month. In case of failing the trial, the semester must be repeated and semester fees will be charged.
- Before attending the MORTH exams, an assessment exam will be performed and a recommendation advice will be granted to the candidate regarding his/her expectations.
- 75% attendance at least and Passing the exams are mandatory and crucial to get the three years training certificate to be able to sit MORTH exams.

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## **M ORTH TRAINING PROGRAM**

### **WITHDRAWAL POLICY:**

It is our pleasure for you to join our training program. In case of any issues you need to stop the training:

- It is allowed to hold the training for a maximum of two semesters. The hold should be counted from the beginning of a semester.
- The withdrawal before starting the program is subjected to full fees refund minus the application fees.
- The withdrawal after starting the semester by a maximum of 3 months is subjected to deduction of half the semester fees.
- The withdrawal after starting the semester by more than 3 months is subjected to deduction of full of the semester fees
- If you decided to re-attach to the program after the hold period, all regulations and the required fees must be applied and fulfilled before restarting the training.

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## **M ORTH TRAINING PROGRAM**

### **APPLICATION AND PAYMENT POLICY:**

- Attend a personal interview with the director.
- In case of acceptance, candidates have to pay remaining 1<sup>st</sup> installment of the fee before the beginning of the semester.
- Each semester fee must be paid maximum on the time of payment and no postpone of the fee is allowed more than 2 weeks.
- If the trainee postpones the semester fee more than 2 weeks his theoretical training will be stopped by deactivation of the website account
- If the trainee postpones the semester fee more than one month his clinical training will be stopped and blocked from the clinic.

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