



British Academy of
Cosmetic Dentistry

BACD Accreditation Dentists & Technicians Protocol v 1.9 (July 2016)

Background

The BACD, in line with its overall objectives of promoting the practice of quality cosmetic dentistry, introduced credentials for its members to allow them to demonstrate that they have reached an agreed level of ability. The process is intended to be reflective of the way that cosmetic dentistry is practiced in the UK, maintaining the same high standard as seen in other accreditation programmes. The examination will have no taught syllabus, but will represent a means of a member demonstrating that they have reached the required level of competence at the end of a very much self-directed learning process.

It should be stressed that participation in the Accreditation process is not compulsory to become or remain a member of BACD.

Aims of the process

The aim of the process is to allow dentists to demonstrate that they have the ability to diagnose, plan and execute cosmetic dental treatment of the highest standard, safely, ethically and competently. The assessment process will include demonstration of the ability to gain valid consent for the procedures and prescribe appropriate post-treatment maintenance.

Technicians should be able to demonstrate that they have the ability to plan and produce restorations of the highest standard and be an active member of the dental team delivering cosmetic dentistry through superior communication skills, and knowledge of materials and clinical techniques.

Organisation

The process will be administered by the BACD Central Office, under direction from the Credentialing Committee.

Deadline dates for submission of Clinical Cases or Viva examinations will be advertised to candidates by the Central Office. Examinations will be held at least twice per year.

It is expected that this protocol will change and evolve from time to time. The most up-to-date version of it can be found at the BACD website, www.bacd.com. Submissions are expected to follow the most current version of the protocol. Changes in the protocol will be advised in a timely manner to candidates who have entered the process by the Central Office.

1. Requirements to enter the process

- Be a BACD Full Member in good standing
- Complete the entry form outlining the above details and submit it to Central Office to indicate willingness to enter the process

It is strongly recommended to attend both a BACD Accreditation workshop and a clinical photography workshop. The Accreditation workshop includes discussions of case selection and how examiners mark case submissions, so gives valuable insight into successful submissions. These workshops are held at the BACD Annual Conference each year and also at regional meetings from time to time. For details please refer to www.bacd.com.

2. Examination

Stage 1: Clinical case submission

Submissions

The examination will take the form of anonymous submission of before and after pictures, in digital format. Candidates should follow the current BACD protocol for clinical case submission in preparing their submission. Cases must have been prepared by the candidates working independently, and should not have been produced as part of a hands-on educational programme. However, cases that have been successfully submitted for another cosmetic dentistry examination process, e.g. AACD Accreditation, may be resubmitted provided they meet the criteria. It should be noted that a pass in one process does not guarantee success in another.

Cases do not all have to be submitted at the same time. However, each candidate may only have one case of each type submitted at any one time and may only submit a further case following notification that the submitted case has not been passed by the examiners.

Case types

Dentist candidates will present 5 cases, one of each from the following list.

1. Multiple, complex restorations using direct or indirect restorative procedures that demonstrate an understanding of smile design principles and protocols
2. One or two indirect restorations with natural teeth beside (treated teeth should be incisors or canines in the upper arch)
3. Tooth replacement case: implant or bridge to replace missing upper anterior teeth
4. A posterior quadrant, showing two or more direct or indirect restorations (upper or lower arch)
5. Complex bonding: class IV or upper anterior diastema closure

Technician candidates will present 4 cases, one of each from the following list.

1. Multiple, complex restorations that demonstrate an understanding of smile design principles and protocols
2. One or two indirect restoration with natural teeth beside (treated teeth should be permanent upper incisors or canines)
3. Tooth replacement case: implant or bridge to replace missing permanent upper anterior tooth/teeth

4. A posterior quadrant, showing two or more direct or indirect restorations (upper or lower arch)

Notes:

- Treatment should be carried out in accordance with current best practice
- One case of each type must be presented
- Cases do not have to be submitted in the order given here – any sequence is acceptable
- The same patient may not be used for more than one submitted case
- For case types 1, 2, 3 & 5, the treated teeth must be permanent, upper anterior teeth
- For case type 5, the diastema must be at least 2mm wide. A class IV restoration must involve replacement of at least 25% of the coronal tooth substance
- For case type 4, the quadrant must include at least one class II restoration. Indirect restorations may be inlays, onlays or a combination but not crowns
- The required treatment must have been carried out by the candidate working independently. Patients treated as part of any form of “hands on” course, mentored programme, etc., may not be submitted
- When additional teeth are treated they are judged using the same criteria as the required teeth
- Only one case of each type may be submitted and under examination at one time. A subsequent case (of the same type) may not be submitted until a candidate is notified that the submitted case has not been successful

Fee: A non-refundable fee of £100.00 must accompany each case submission.

Verification of cases

The recent changes in technology, which allow photographic images to be altered, create a potential for fraud. Although the BACD knows that few would resort to such unethical behaviour, the best way to ensure the integrity of the Accreditation process, is to be proactive.

Therefore, at the examiners’ sole discretion, candidates may be asked to submit material for case verification. On the request of the examiners the candidate should produce an additional set of “After” photographs along with the associated RAW format files.

Alternatively, if such material is unavailable, the candidate may present the patient in person to a group of examiners (at the candidate’s expense) in a location specified by the examiners.

Where verification materials are requested, they must be supplied within 28 days, or arrangements made for personal presentation, or the candidate will be deemed to have withdrawn the case.

Grading of cases

Each case is judged anonymously by a panel of five examiners. A majority of “pass” votes are required to pass a case. If the case fails by a narrow margin (i.e. 3 votes to 2), the examiners may decide to refer the case to a second group of three different examiners for re-grading. The result of the second grading will be final.

The candidate may resubmit clinical cases until all required cases have received a passing score. When all required clinical cases have received a passing grade, the candidate is eligible to continue to phase 2, the Viva Examination.

Stage 2: Viva examination

Once the candidate has passed all 5 clinical cases, he/she will be invited to take the final viva examination. This will consist of a review of some or all of the candidate's clinical cases and a discussion. Candidates will present their clinical cases to the examiners and will answer questions about the treatment methods chosen and the materials used, alternative treatments etc.

The viva for Technician candidates will have an emphasis on technical aspects, communication with a dentist carrying out the treatment and material choices.

All candidates should note that the discussion may extend to all aspects of aesthetic and restorative dentistry and not be limited to the treatment presented.

Fee: no fee is payable for the Viva.

Outcome of Viva Examination

The examiners will meet following the viva examination and agree on a pass/fail mark for the candidate.

Once the viva examination has been passed, the candidate automatically becomes an Accredited member of the Academy with the associated rights and privileges attaining thereto.

3. Following successful completion of the examination

Presentation of Accreditation plaque

Candidates who have passed the accreditation will have their plaques presented to them during the subsequent BACD Annual conference.

Announcement of Accredited status

Accredited members will be permitted to make the statement "Accredited Member of the British Academy of Cosmetic Dentistry" in any professional communication and will be entitled to use an approved version of the BACD logo for the same purpose.

Maintenance of Accredited status

The aim of these requirements is to ensure that Accredited members stay up to date with evolving standards and treatment methods.

1. Maintain BACD Full member status. This includes good financial standing and on-going CPD requirements
2. Attend the BACD Annual Conference at least once every three years
3. Attend BACD Examiners training workshop at least once every three years



BACD Accreditation Protocol for Clinical Case Submissions

Version 1.9: July 2016

Candidates must submit the following:

1. Clinical Case Submission Form

Case submission forms will be sent to the candidate after all prerequisites have been completed. All information must be complete and legible.

2. Fee

The non-refundable submission fee is £100.00 per clinical case submitted.

3. Photographic Documentation

The AACD *Photographic Documentation and Evaluation in Cosmetic Dentistry (A Guide to Accreditation Photography)* guide represents and illustrates the specific photographic documentation required for the clinical case submission portion of the BACD Accreditation examination. The list of required views for each case type is shown in Appendix 1 of this document.

Cases should be submitted in digital format. Cases can be submitted either

1. On a CD-ROM(s) or memory stick(s)
2. Via Dropbox to suzy@bacd.com

Submissions must contain:

- (a) Submission presentation with photographs in approved template (PowerPoint or Keynote format)
- (b) Pre-operative (“Before”) images (jpeg/TIFF format, with each of the 15 images numbered “Before 1”, “Before 2”, etc)
- (c) Photographs of prepared teeth or photographs of working models clearly showing the tooth preparations.
- (d) Post-operative (“After”) images (jpeg/TIFF format, with each of the 15 images numbered “After 1”, “After 2”, etc)
- (e) Post-operative (“After”) images (RAW format, with original file names)
- (f) Written Case Report (see 5. below) in Microsoft Word format

Documents should be named in the following format:

Member No, Case Type, Document Name, e.g.

123 CT1 Before Images
123 CT1 After Images
123 CT1 After RAW files
123 CT1 Case Report
123 CT1 Slide Presentation

4. Radiographic Documentation

Pre-operative radiographs must be submitted for all cases.

For Case Type 3, pre-operative and post-restorative radiographs are required if an implant has been placed. Radiographs must be of diagnostic quality and clearly show the implant site and the interface between the implant and the restoration.

Digital radiographs should be exported in jpeg or TIFF format from the radiograph software and incorporated into the presentation. Film radiographs should be scanned (or photographed on a light box) prior to incorporation.

5. Written Case Report

The case report should be submitted electronically in Microsoft Word format. Reports are expected to be well organised, original, accurate, and complete. Candidates should include the following information in the written report:

Dentist candidates

- Introduction and main complaint
- History-medical and dental
- Diagnosis and treatment plan
- Description of clinical stages of treatment
- References to literature pertaining to the treatment prescribed

Technician candidates

- Introduction and patient's main complaint
- Summary of clinical information: medical and dental history, diagnosis, treatment plan and treatment carried out
- Description of technical aspects of treatment:
 - Description of preparation design
 - Copy of lab prescription including shading diagram
 - Discussion of material chosen and reasons for choosing it
 - Description of production of model
 - Description of design and production of framework or ceramic coping(s)
 - Description of layering of ceramic
 - References to literature pertaining to the treatment prescribed

Note that case reports should not include clinical photographs.

Appendix 1: Photographic views to be submitted

Magnification ratios in clinical photography

Almost all textbooks and reference manuals on clinical photography refer to a ratio relating the size of the subject on a piece of 35mm film to life-size. Thus a tooth that is 10mm tall in the mouth and 10mm tall on a 35mm negative has been photographed at 1:1. The *AACD Accreditation Photography Guide* lists views that are taken at 1:10, 1:2 and 1:1 for case documentation using 35mm film. Most consumer-level digital cameras have an imaging sensor that is smaller, typically around 66% of the size, of a piece of 35mm film.

This means that there is an effective magnification ratio of between 1.5-1.6 depending on the exact make and model of camera. Therefore, in the following tables, by “equivalent” it is meant whichever ratio on the candidate’s camera gives a field of view closest to the samples found in the *AACD Accreditation Photography Guide*, for example, a 1:1 equivalent will usually show 4 upper anterior teeth and the mesial aspects of the adjacent canines.

Dentist candidates

For cases 1, 2, 3 and 5, all fifteen views of the patient before and after treatment should be submitted. The required views are:

- | | | |
|-----|-----------------|---|
| 1. | 1:10 equivalent | Full face |
| 2. | 1:2 equivalent | Frontal smile view |
| 3. | 1:2 equivalent | Right lateral smile view |
| 4. | 1:2 equivalent | Left lateral smile view |
| 5. | 1:2 equivalent | Frontal retracted view, teeth in occlusion |
| 6. | 1:2 equivalent | Right lateral retracted view, teeth in occlusion |
| 7. | 1:2 equivalent | Left lateral retracted view, teeth in occlusion |
| 8. | 1:2 equivalent | Frontal retracted view, teeth slightly parted |
| 9. | 1:2 equivalent | Right lateral retracted view, teeth slightly parted |
| 10. | 1:2 equivalent | Left lateral retracted view, teeth slightly parted |
| 11. | 1:1 equivalent | Anterior close up view |
| 12. | 1:1 equivalent | Right lateral close up view |
| 13. | 1:1 equivalent | Left lateral close up view |
| 14. | 1:2 equivalent | Upper occlusal view |
| 15. | 1:2 equivalent | Lower occlusal view |

Notice:

After 1st January 2014, candidates must submit photos of tooth preparations or models

For any case where orthodontic movement has been carried out all 15 views are required

- (a) at the beginning of treatment
- (b) following completion of orthodontic completion and
- (c) at the end of treatment

For Case Type 4 (posterior quadrant), the required views are:

- | | | |
|----|------------------------|--|
| 1. | 1:2 equivalent | occlusal view of arch treated |
| 2. | 1:1.5 – 1:1 equivalent | close up of quadrant |
| 3. | 1:2 equivalent | Lateral retracted view of side treated
(all treated teeth should be visible in this view) |

Technician candidates

The required views are

<ol style="list-style-type: none"> 1. 1:10 equivalent Full face 2. 1:2 equivalent Frontal smile view 3. 1:2 equivalent Right lateral smile view 4. 1:2 equivalent Left lateral smile view 5. 1:2 equivalent Frontal retracted view, teeth in occlusion 6. 1:2 equivalent Right lateral retracted view, teeth in occlusion 7. 1:2 equivalent Left lateral retracted view, teeth in occlusion 8. 1:2 equivalent Frontal retracted view, teeth slightly parted 9. 1:2 equivalent Right lateral retracted view, teeth slightly parted 10. 1:2 equivalent Left lateral retracted view, teeth slightly parted 11. 1:1 equivalent Anterior close up view 12. 1:1 equivalent Right lateral close up view 13. 1:1 equivalent Left lateral close up view 14. 1:2 equivalent Upper occlusal view 15. 1:2 equivalent Lower occlusal view 	<p>Additional technical photographs (all 1:2):</p> <ul style="list-style-type: none"> • Frontal view of models articulated • Occlusal view of model • Lingual view of model • Frontal view of soft tissue site (case 3 only) • Frontal view of framework / coping • Frontal view of build-up • Frontal view of bisque bake showing adaptation to tissue • View of completed case on model
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<p>For case 4 (posterior quadrant), the required views are</p> <ol style="list-style-type: none"> 1. 1:2 equivalent occlusal view of arch treated 2. 1:1.5 – 1:1 equivalent close up of quadrant 	<p>Additional technical photographs (all 1:2):</p> <ul style="list-style-type: none"> • Frontal view of models articulated • Occlusal view of model • Lingual view of model • Frontal view of soft tissue site (case 3 only) • Frontal view of framework / coping • Frontal view of build-up • Frontal view of bisque bake showing adaptation to tissue • View of completed case on model
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