Restorative Dentistry

Specialty Advisory Board Member

Faculty of Dental Surgery

**CALL FOR APPLICATIONS FOR THE RESTORATIVE DENTISTRY SPECIALTY ADVISORY BOARD MEMBER OF THE FACULTY OF DENTAL SURGERY, THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.**

**Deadline for Applications: Midday on 9 June 2025**

The Faculty of Dental Surgery (FDS) of the Royal College of Surgeons of Edinburgh (RCSEd) invites applications for the role of Advisory Board Member. Applicants must be Members or Fellows of FDS in good standing.

## Summary of the Role

The Dental Advisory Boards play a critical role within the Faculty. The Advisory Board roles are suitable for those with previous experience of examining who would like to engage in the strategic direction of RCSEd examinations. This voluntary position, with expenses reimbursed, includes support for travel and accommodation as needed. It is an ideal opportunity for individuals who are seeking a rewarding opportunity to contribute to the College and to the dental profession. N.B. The College is currently reviewing its governance frameworks and developing the Dental Specialty Fellowship Examinations. While the important work of this board will continue, the structure may change as new processes and procedures are implemented. Applicants keen to engage in Royal College examining are encouraged to apply and be part of an exciting time in the development of our examinations.

The Advisory Board Members main responsibilities include:

* Advising the board on key aspects of dentistry.
* Supporting the delivery of the Restorative Dentistry examinations and the transitions to the new tri-collegiate format.
* Collaborating with the Advisory Board Members.
* Collaborating with the Examinations and Faculties Teams.
* Collaborating with College departments and senior leaders in Faculties, Examinations, Education, Membership, and Governance to support the effective operating, development and growth of the Faculty.
* Supporting and developing the leadership pipeline for the board and the Restorative Dentistry examinations.
* Proactively contributing to the College and the dental profession

## Meeting Commitments

As a minimum, the Advisory Board Member will be expected to attend the following meetings, either in person or virtually:

* Two Advisory Board meetings per annum
* One Annual General Meeting (optional and at own expense), which usually falls in September

Advisory Board members will be required to assist with examiner application approval process. This will require an additional online commitment up to four times per annum.

The Members may also contribute to internal committees, working groups and ad-hoc meetings as required. They may represent the Faculty at a range of external events.

A more detailed description of the role is provided below.

## Commitment and Term of Office

It is estimated that to effectively discharge the core duties of the Board, a commitment of two meetings per annum, with interim assessment of examiner applications and meeting preparation as required, though this may be more on occasion according to workload.

Board Members are appointed for an initial period of up to three years, reviewed annually, subject to Dental Council approval.

## Eligibility

Applicants must be a current RCSEd Faculty of Dental Surgery Fellow or Member, in good standing.

The College is committed to fostering an inclusive and diverse environment and welcomes applications from individuals of all backgrounds. We encourage applications from people of all ages, genders, ethnicities, races, religions, sexual orientations, abilities, and socio-economic backgrounds. We value candidates who bring a range of lived experiences and perspectives. Our commitment to Equity, Diversity, and Inclusion (EDI) underpins our recruitment process, ensuring fairness and equal opportunities for all. We are dedicated to creating a welcoming environment where everyone can contribute meaningfully and thrive.

N.B. Due to the requirements of this role, the appointed applicants must be based in the UK.

In addition to the role specification, the Advisory Board Member should have the following qualities and experience:

**Essential Criteria**

* Professional experience in areas relevant to dentistry including experience gained through clinical and academic roles.
* A commitment to and experience of assessment and examination, including professional examinations.
* A good understanding of the technical and professional requirements of the role of examiner and experience of delivering examinations
* A strong commitment to the highest of ethical and academic standards.
* Alignment to the goals and aims of the Faculty.
* Proven capability in exercising professional and independent judgement.
* A commitment to professional development and lifelong learning.
* Sufficient time and capacity to attend as required meetings, either virtually or in person.
* A clear motivation to join and contribute to the development of the Faculty Dental Surgery.

**Desirable**

* Leadership experience
* Experience of sitting on boards or committees

We warmly encourage applications from individuals who may feel they do not fully meet the desirable criteria. For all desirable criteria listed, a comprehensive induction and ongoing support will be provided by our experienced and friendly Faculties team, ensuring you are fully equipped to succeed in the role. If you are passionate about contributing to the Faculty’s mission and believe you bring valuable skills or perspectives, we encourage you to apply.

## The Role in Detail

In practice, the role of Board Member includes working alongside the relevant RCSEd teams and providing oversight and guidance across the following areas:

**Faculty Liaison and Collaboration**

* Liaising with the staff team, Chair, and Advisory Board Members with particular emphasis on the objectives of the board and the Restorative Dentistry examinations.

**Board Participation**

* Attending Advisory Board meetings and contributing actively to board activities.
* Participating in the examiner application approval process and preparing for meetings in advance.

**Governance**

* Playing a positive role in succession planning, adherence to term cycles, and leadership pipeline development to identify and nurture future Faculty leaders.
* Collaborating with the Faculties Team to uphold strong governance practices within the Faculty.

**External Stakeholder Collaboration**

* Working with external stakeholders, groups, and institutions where required to the benefit of the Restorative Dentistry examinations.

**Additional Faculty Activities**

* Conducting additional Faculty-related activities as needed, such as leading courses, meetings, webinars, or other promotional initiatives.

## Application and Appointment Process

Provided below is a step-by-step guide to the application process for the role of Advisory Board Member, Faculty of Dental Surgery. Please follow the instructions below to ensure your application is submitted correctly:

1. **Complete the Application Form**
* Interested candidates should fill out the application form provided within this document.
1. **Submit the Application via Email**
* Send the completed application form by email to: dental@rcsed.ac.uk.
* Ensure that the email subject line includes: *Application for {Specified} Advisory Board Member, Faculty of Dental Surgery.*
1. **Application Deadline**
* Submit your application by Midday on 9 June 2025. Late applications will not be considered.
1. **Selection Process**
* Applications will be reviewed via an assessment panel.
* Appointment is subject to approval by the Advisory Board and ratification by the Dental Council.
1. **Appointment and Post-Appointment Induction**
* The successful candidate(s) will be asked to provide two professional references.
* A comprehensive induction process will be provided to the successful candidate(s), tailored to develop knowledge of the Faculty’s governance, structure, and operations.

Please direct any questions or requests for further information to dental@rcsed.ac.uk.

Please note that this position is voluntary, however, travel, accommodation and subsistence for activities relating to the role will be reimbursed in accordance with the RCSEd Travel Policy.

For a confidential discussion about the role, please contact Mrs. Catherine Thwaites, Faculty Development Manager, at dental@rcsed.ac.uk in the first instance.

Application Form

**Information supplied in this application will be held and used by the Royal College of Surgeons of Edinburgh only for the purpose of administering this application process.**

**Please complete the form below and return to** dental@rcsed.ac.uk **by Midday on 9 June 2025**

## SECTION A – PERSONAL DETAILS

|  |
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| **Surname:** |
| **First name:**  | **Preferred first name:** |
| **Title:**  | **GMC/GDC Number** (if applicable): |
| **Job Title:** | **Profession:** |
| **Region:** |
| **Specialty** (if applicable): | **College Membership Reference Number:**  |
| **Email:**  | **Mobile No:** |

## SECTION B – PERSONAL STATEMENTS

**Applications will be assessed and shortlisted against the criteria described in the Application and Appointment Process section of this document. Please do your best to address these in your supporting statement.**

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| **Supporting Statement** ***Please limit your answer to a maximum of 750*** **words** |
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| **Question 2:** **What relevant activity have you undertaken to date that would enable you to be an effective Advisory Board Member?*****Please limit your answer to a maximum of 250*** **words** |
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| **Question 3:** **What would you bring to the role and what would you hope to achieve during your term of office?** ***Please limit your answer to a maximum of 250*** **words** |
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## SECTION C – TIME COMMITMENT

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| **Are you able to commit to the following;** * **attending a minimum of two Advisory Board meetings per annum**
* **a commitment of approximately 4 days per annum. In addition to attending meetings, this includes the time required for other administrative duties.**
 | Yes / No  |

## SECTION D – DECLARATIONS

**Applicants are requested to declare any relevant interests that could, or could be perceived to, conflict with the role of Advisory Board Member. Those holding a similar position with another Royal College or Faculty should declare this below in case of a potential conflict of interest. Any questions can be discussed with the Faculty Team.**

A declaration of interest is the process whereby an individual can disclose all interests. It is through declaring such interests that an assessment can be made to determine if there are any actual or perceived conflicts of interest. For the purposes of this policy, RCSEd defines a ‘conflict of interest’ as: “*A set of circumstances by which a reasonable person would consider that an individual’s ability to apply a fair judgement or act, in the context of acting on behalf of the College and fulfilling the College`s charitable objectives is, or could be, impaired or influenced by a secondary interest*.”

Your answers will be held securely and will only be able to be viewed by relevant individuals in managing the work of the College.

Guidance: For each section below, enter details of any relevant interest and whether it applies to yourself or, where appropriate, a member of your immediate family, connected persons or some other close personal connection - please leave blank if not applicable. A 'connected person' is someone connected to you by virtue of [section 68(2) of the Charities and Trustee Investment (Scotland) Act 2005](https://www.legislation.gov.uk/asp/2005/10/section/68).

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| **Registerable Interest** | **Description of Interest** |
| **Current employment and any previous employment in which you continue to have a financial interest.** |  |
| **Appointments (voluntary or otherwise) e.g., trusteeships, directorships, local authority membership, tribunals etc.** |  |
| **Membership of any professional bodies, special interest groups or mutual support organisations.** |  |
| **Significant investments in unlisted companies, partnerships and other forms of business, major shareholdings (more than 5% of issued capital) and beneficial interests.** |  |
| **Involvement in external exams or education activity relevant to the interests of RCSEd or the Faculty of Dental Trainers.**  |  |
| **Honorariums, gifts or hospitality offered to you by external bodies, the value and whether these were declined or accepted in the last 12 months.** |  |
| **Any contractual relationship with the charity, its group companies or its commercial subsidiary.** |  |
| **Any relationships to other College representatives or RCSEd staff.** |  |
| **Any other conflicts (or potential conflicts) that are not covered by the categories above.** |  |

SECTION E – REFERENCES

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| Please provide the names of two references in support of your application. Should you be put forward for appointment, they will be contacted so please provide an email address and contact telephone number for each reference. At least one should be a Dental Fellow of RCSEd in Good Standing with the College.  |
| Reference 1.  |  |
| Reference 2.  |  |

## Submission Declaration

Please read the statement below and type your name to indicate your signature. We consider a form submission to be a signed form.

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| Tothe best of my knowledge, the given information is complete and accurate. I undertake to update, as necessary, the information provided, and to review the accuracy of the information on an annual basis and when requested. I give my consent for it to be used for the purposes of identifying potential conflicts of interest in relation to my appointed role and for no other purpose. I am aware of no other issues which might give rise to a conflict of interest that would prevent me from acting effectively in the position offered to me or in the best interests of the RCSEd and/or its faculties. I understand that the information provided will be held in accordance with the Royal College of Surgeons of Edinburgh’s [Privacy Policy](https://www.rcsed.ac.uk/privacy) and Records Management Policy. | *(please tick)* |
| **I confirm I am a Fellow or Member of the Faculty of Dental Surgery RCSEd in good standing.** | *(please tick)* |
| **Signature:**  | **Date:** |