Royal Australasian College
of Dental Surgeons
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Accredited Training in Oral and Maxillofacial Surgery

HANDBOOK

Document Information

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Contents

Definitions

ADC	Australian Dental Council
AHPRA	Australian Health Practitioners Regulatory Authority
AMC	Australian Medical Council
ANZAOMS	Australian and New Zealand Association of Oral and Maxillofacial Surgeons
AOP	Assessment of Operative Process
AST	Advanced Surgical Training
ASSET	Australian and New Zealand Surgical Skills Education and Training
BoS OMS	Board of Studies in Oral and Maxillofacial Surgery
CCrISP	Care of the Critically Ill Surgical Patient
CEO	Chief Executive Officer
CP&D	Case presentation plus discussion
CPD	Continuing Professional Development
DBA	Dental Board of Australia
DC(NZ)	Dental Council New Zealand
DoT	Director of Training
EMST	Early Management of Severe Trauma
EO	Education Officer
FRACDS	Fellow of the Royal Australasian College of Dental Surgeons
IMG	International Medical Graduate
MCNZ	Medical Council of New Zealand
OMS	Oral and Maxillofacial Surgery
OTOMS	Overseas Trained Oral and Maxillofacial Surgeon
RACDS	Royal Australasian College of Dental Surgeons
RACS	Royal Australasian College of Surgeons
RCS(Eng)	Royal College of Surgeons, England
Registrar	Registrar in Oral and Maxillofacial Surgery
RSC	Regional Surgical Committee
SIG	Surgery in General
SoT	Supervisor of Training
SST	Surgical Science and Training
TAC	Team Appraisal of Conduct

Handbook for accredited training in Oral and Maxillofacial Surgery

This Accredited Training in Oral and Maxillofacial Surgery Handbook (the Handbook) provides comprehensive information on the specialist training program in Oral and Maxillofacial Surgery (OMS). for trainees. The comprehensive OMS training program curriculum is available as a separate document.

The Handbook is revised regularly, and trainees must comply with the current version. This version of the Handbook supersedes previous editions.

The OMS curriculum document and relevant policies referenced in this Handbook can be found on the policy page of the RACDS website.

All forms referred to in this Handbook can be located on the OMS trainees page of the RACDS website.

Key contact information

The Board of Studies – Oral Maxillofacial Surgery (BoS OMS) and its committees are committed to continuous improvement of the OMS training program. The BoS OMS endeavours are strengthened by input from those involved in the OMS specialty at all levels. Please contact RACDS should you wish to provide feedback using the relevant email addresses below.

Enquiry Type	Email
General enquiries	oms@racds.org
Selection	omsselection@racds.org
Trainees	omstrainee@racds.org
Examinations	omsexams@racds.org
Fellows	omsfellow@racds.org
International Medical Graduates	omsimg@racds.org

The information in this Handbook is correct at the time of publication. The Handbook is regularly updated and users are advised to consult the latest version available on the RACDS website. Enquiries can be made to oms@racds.org.

1. INTRODUCTION

1.1 Goals of the training program

Specialist training in Oral and Maxillofacial Surgery (OMS) is provided by the Royal Australasian College of Dental Surgeons (RACDS). The RACDS, through the BoS OMS, is committed to providing a postgraduate specialist training program in OMS that is of an international standard. RACDS aims to produce specialist practitioners with a high level of knowledge and advanced clinical skills and attitudes in the specialty, who will provide the best quality and service to meet the healthcare needs of all communities of Australia and New Zealand. The OMS training program aims to actively promote and improve the health of Aboriginal and Torres Strait Islander and Māori communities.

The Board and RACDS have adopted the international definition for the scope of practice in Oral and Maxillofacial Surgery, where Oral and Maxillofacial Surgery is defined as:

> *'That part of surgery which deals with the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects of the human jaws and associated structures*." (International Association of Oral and Maxillofacial Surgeons, 2001)

The structured OMS training program is predicated on trainees undertaking surgery with increasing levels of independence and incremental complexity. RACDS OMS training program establishes a common standard across Australia and New Zealand through regional training centres, which operate in a consistent manner based on bi-nationally agreed requirements and protocols, which are centrally regulated and accredited through the BoS OMS. All trainees must complete clinical training assessments and a Fellowship Examination, which is centrally conducted and leads to the award of Fellowship in Oral and Maxillofacial Surgery, FRACDS (OMS).

The purpose of the OMS training program is to ensure that all candidates who are awarded the FRACDS (OMS) are highly competent practitioners in OMS who have the requisite knowledge, skills and professional attitudes for successful independent practice, and have the necessary attitudes and attributes to strive for continual review and improvement of their practice.

1.2 Supervision in the training program

Training in Oral and Maxillofacial Surgery is completed under the supervision of trained Oral and Maxillofacial Surgeons and other surgical consultants where rotations in other disciplines are required. Training posts in OMS can be located in hospitals, oral health centres, or private practice. Training posts are grouped in a regional training centre. Each training post within the regional training centre is accredited (either conditionally or fully accredited) to ensure the provision of training of the highest standard.

Each regional training centre has a Regional Surgical Committee (RSC) and a Director of Training (DoT). Directors of Training appoint trainees to training posts, evaluate trainee and supervisor performance, and implement the OMS training program curriculum.

Membership of the RSC comprises a DoT, the Chair of the RSC, Heads of Unit and representatives from the training hospitals, Supervisors of Training, persons providing academic and surgical input in the accredited posts, and a trainee representative.

Each trainee will be allocated a Supervisor of Training (SoT) for each training post. The SoTs are nominated by the Regional Surgical Committee and hold the FRACDS (OMS) or an equivalent qualification acceptable to the BoS OMS. In hospitals with larger numbers of trainees, the BoS may approve more than one SoT. Where possible, there should be one SoT for up to four trainees and two SoTs for up to seven trainees.

The role of the SoT is to support trainees and ensure hands-on supervision and training. This supervision must include regular, constructive formal, and informal feedback. SoTs will ensure that trainees are given opportunities to practise their skills under supervision and are supervised during new procedures by a surgical consultant or senior registrar. They will make every reasonable effort to ensure that trainees have appropriate support from on-call surgical consultants after hours and will encourage trainees to improve their communication and decision-making skills. Supervisors will also be available to listen to 'trainees' concerns about training and respect their right to be assertive and questioning.

Some instruction during the OMS training program may be undertaken by Visiting Medical Officers (VMOs), who are fully qualified and registered specialists (OMS or related specialties).

2. CURRICULUM

As can be seen in the overall structure of the OMS curriculum, the teaching and learning in the OMS curriculum can be divided into two distinct areas, clinical education, and clinical training.

Clinical education is delivered in planned learning experiences. These learning experiences are taught within the regional training centres and delivered through demonstrations, tutorials, lectures, seminars, literature reviews, web cases and are directed towards self-learning.

Research is also an integral part of the OMS training program.

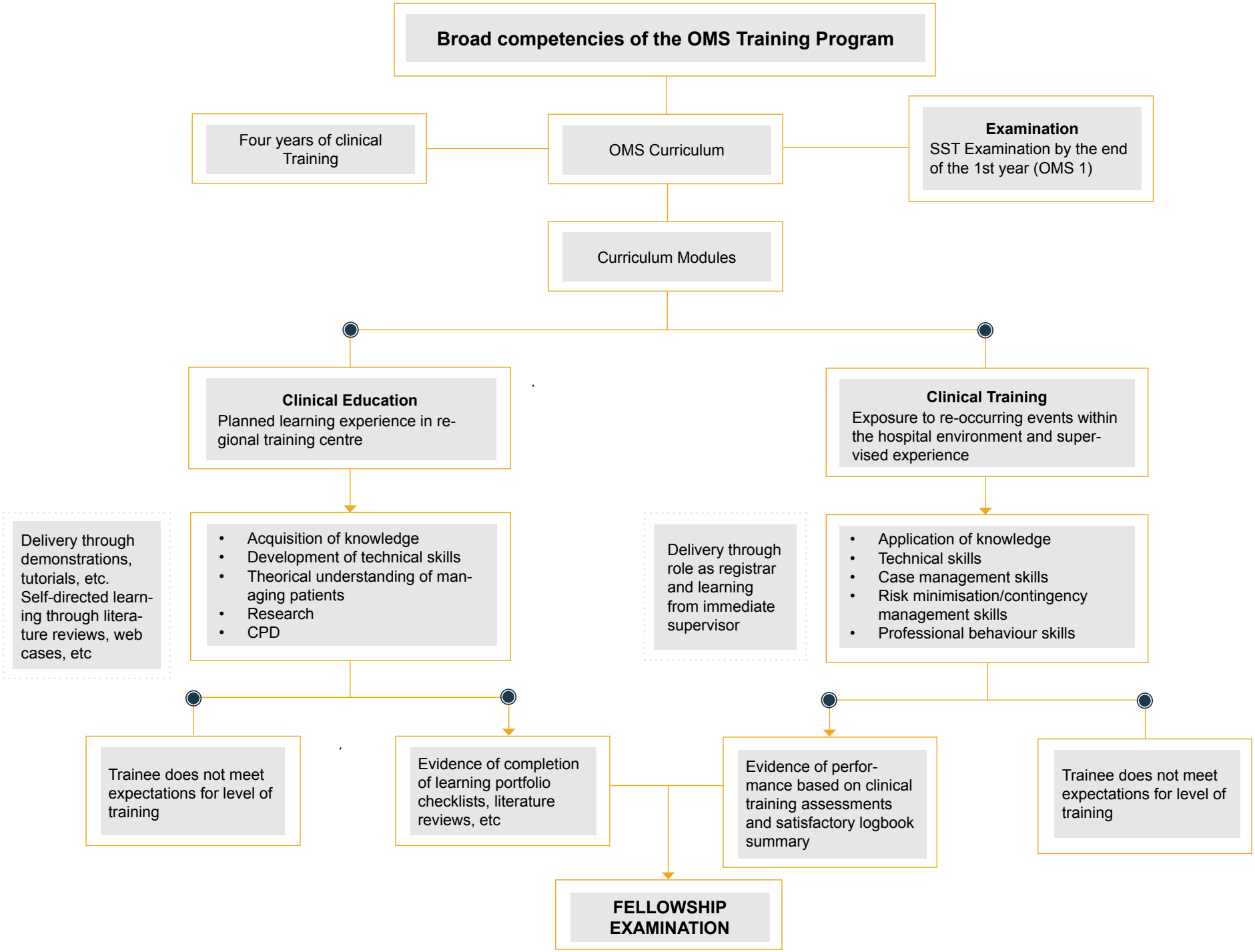
Evidence of completion of clinical education requirements will be determined by learning portfolio reviews and checks, literature reviews, and the 'trainees' log of web-based cases.

Clinical training is delivered by supervised training in teaching hospitals associated with the regional training centres and relevant university departments. The application of knowledge and technical skills are passed on by experienced clinical teachers and mentors who are skilled in their specialty and can deliver this training.

Case management and risk management skills are learnt in this setting along with professional skills, which are passed on through registrar teaching and supervised training.

Evidence of training is assessed by learning portfolio and logbook review and the various clinical assessment tools used during the training program.

Please refer to the OMS curriculum document to discover the full scope of the learning objectives of the OMS training program and detailed information on the modules that must be completed during the OMS training program.


Broad competencies of the OMS Training Program
Four years of clinical Training
OMS Curriculum
Examination
SST Examination by the end of the 1st year (OMS 1)
Curriculum Modules
Clinical Education
Planned learning experience in regional training centre
Clinical Training
Exposure to re-occurring events within the hospital environment and supervised experience
Delivery through demonstrations, tutorials, etc. Self-directed learning through literature reviews, web cases, etc
Acquisition of knowledge
Development of technical skills
Theorical understanding of managing patients
Research
CPD
Delivery through role as registrar and learning from immediate supervisor
Application of knowledge
Technical skills
Case management skills
Risk minimisation/contingency management skills
Professional behaviour skills
Trainee does not meet expectations for level of training
Evidence of completion of learning portfolio checklists, literature reviews, etc
Evidence of performance based on clinical training assessments and satisfactory logbook summary
Trainee does not meet expectations for level of training
FELLOWSHIP EXAMINATION

3. TRAINING IN THE OMS PROGRAM

3.1 Fees, dates and registration

For current fees, please visit the College Fees page of the RACDS website.

For current calendar dates, please visit the College Calendar page of the RACDS website.

All trainees occupying an accredited training position or in an approved post must complete the annual registration process with RACDS and pay the requisite fees.

It is the trainee's responsibility to register with the RACDS by 15 February each year. Trainees who have not completed their registration and payment by 15 February will not have training accredited for the period they remain non-financial.

The annual registration form (FOMS 02) is available from the RACDS website.

A completed trainee registration form will only be accepted when:

- It has been signed by the trainee and the Director of Training.
- It indicates the start date of the training post for the relevant year.
- It is accompanied by the prescribed fee.
- It is accompanied by the six-monthly trainee assessment from the previous training term and an annual logbook summary report.

3.2 Maintaining appropriate medical registration

It is the trainee's responsibility to ensure that they maintain appropriate medical registration for the duration of the training program. Failure to maintain the required registration level, or to report any changes to their registration status, may result in disciplinary action, leading to dismissal from the training program.

Registration in Australia
Trainees in Australia must have general registration from the Medical Board of Australia and the Dental Board of Australia without conditions or undertakings.

Trainees must notify RACDS within two working days of notification from the Australian Health Practitioners Regulatory Authority (AHPRA) of any conditions or undertakings on their registration or if their registration is cancelled or suspended.

Trainees based in New Zealand for the majority of their training must, for the duration of any Australian rotations, obtain a level of registration from the Medical Board of Australia and Dental Board of Australia that enables full participation in the OMS training program.

Registration in New Zealand
Trainees based in New Zealand must have general scope registration or restricted general scope registration in the speciality of training from the Medical Council of New Zealand and the Dental Council of New Zealand without conditions.

Trainees must notify RACDS within two working days of notification from the Medical Council of New Zealand or Dental Council of New Zealand of any conditions on their registration or if their registration is cancelled or suspended.

Trainees based in Australia for the majority of their training must, for the duration of New Zealand rotations, obtain from the Medical Council of New Zealand and Dental Council of New Zealand a level of registration that enables full participation in the OMS training program.

3.3 Duration of training

The duration of the OMS training program is a minimum of four continuous full-time years, with a maximum of eight years. Additional time may be required if logbook experience is inadequate, assessments are unsatisfactory, or there is a loss of training time due to illness or other problems or failure to complete any of the listed requirements for completing training, such as the mandatory research requirements.

Training is continuous unless approval for interrupted training has been applied for and granted, by RACDS.

3.4 Leave entitlements

The maximum leave entitlement for trainees undertaking full-time training is six weeks per year and includes annual leave, compassionate leave, parental leave, study and examination leave, and personal and carer's leave. Trainees who wish to take more than the annual leave and additional leave entitlements must receive prior approval for interruption of training or extension of leave from the Board of Studies. These requests are also subject to approval by the employing authority.

3.5 Part-time training, interrupted training and deferral

Applications for part-time training, interrupted training, or deferral of training may be approved in various circumstances, including the availability of accredited positions, research requirements, ill-health or parental duties.

Since RACDS does not employ trainees, RACDS can only mandate the approval of training that RACDS will accredit. The specific part-time training arrangements must be documented and supported in writing by the trainee's Director of Training.

Part-time training
Applications for part-time training must be made in writing in advance to the Registrar (OMS) for consideration by the Board of Studies. Trainees can apply to work part-time in blocks of 12 months with a minimum commitment of 50 percent of full-time training, subject to approval by the employing authority.

Trainees approved to undertake part-time training must complete their training within eight years.

Trainees may apply to enter part-time training from a period of interrupted training. Under exceptional circumstances, the Board of Studies may approve an amended training program.

Trainees who are approved for part-time training must:

- Complete the same mandatory training program requirements as full-time trainees.
- Meet a satisfactory standard on in-training assessments and examinations.
- Enrol with RACDS and pay the annual trainee enrolment fee.

Interrupted training
Trainees can apply to interrupt training for at least six months due to medical, family, or other valid personal reasons subject to approval by the employing authority. Trainees who are approved for interruption of training must complete training within eight years. A period of continuous interruption of training exceeding two years will necessitate additional training as determined by the Board of Studies due to loss of skills and rapid change in medical and dental knowledge. Applications for interrupted training must be made by completing the Application for Interrupted Training or Deferral Form (FOMS 10) in advance for consideration by the OMS Training Committee.

During a period of interrupted training, trainees cannot sit for examinations or participate in any part of the program. Trainees must re-enrol following a period of interrupted training.

Deferral
Applications for deferral in the planned commencement of training date must be made in writing in advance to the Registrar (OMS) for consideration by the Training Committee. Applications must fulfil one of the special circumstances outlined in the Special Consideration in Examination and Assessment Policy.

Applications should be made as soon as possible when a special circumstance is identified. Applications for deferral to delay the commencement of training, will only be considered for a period of up to 12 months. Applicants who are not able to commence training 12 months after the scheduled date will be ineligible for any further extension under Special Consideration and will need to reapply for entry to the OMS training program.

The year of deferment does not count toward total training time. Training completion within eight years is applicable from the year training commences.

3.6 Training posts

OMS training occurs in accredited training posts within the trainee's regional training centre, as it is recognised that a single training post is unlikely to be able to offer complete training in all aspects of the specialty. Training time satisfactorily completed in an accredited training post is credited in periods of six or 12 months only.

Transfers between training centres
Transfers between regional training centres must be approved by the Regional Surgical Committees of both regional training centres. The trainee's prospective regional training centre must formally confirm that a training position is available prior to the transfer. The planned transfer must be documented and submitted to the OMS Education Officer via a completed Application for Training Centre Transfer (FOMS 11). It should include signatures from the Directors of Training at both regional training centres and detail the duration of the transfer (i.e., whether it is permanent or for a designated period).

Trainees must demonstrate satisfactory training progress, and requests for transfer will not be approved during an unsatisfactory term or where the previous term has been borderline or unsatisfactory. A transfer between regional training centres that has been approved may be withdrawn if the transfer occurs near a formative assessment due date and the trainee receives a borderline or unsatisfactory term.

Recognition of overseas training experience

Approval must be obtained prospectively for recognition of overseas training experience. Retrospective applications for recognition of overseas training will not be accepted. A minimum of six months and a maximum of 12 months of experience will be considered. The training facility for the planned overseas training experience should be recognised for surgical training within the relevant national system of training.

An application must be made to the OMS Education Officer in writing and must include a proposed roster/timetable, a letter of appointment, and the name and contact details of the SoT in the overseas training facility.

A suitable supervisor must be identified and will be responsible for overseeing the completion of clinical training assessments during the overseas rotation. Trainees, whilst overseas, must continue to undertake components of the program in accordance with the normal progression of program requirements. An Annual Logbook Summary Report must be completed, then verified by the identified supervisor, and submitted to RACDS when the training rotation is complete for training time to be accredited.

Trainees must remain enrolled with RACDS and pay the annual registration fee whilst participating in an approved overseas program. Satisfactory six-monthly assessment reports must be submitted to RACDS for training time to be accredited.

4. MANDATORY TRAINING REQUIREMENTS

To complete the OMS training program, a trainee must satisfy the following requirements:

- A minimum of four years of full-time training in accredited training posts.
- A learning portfolio of clinical training.
- Satisfactory six-monthly assessment reports.
- Satisfactory clinical training assessments
    - Case presentation plus discussion
    - Assessment of operative process (AOP)
    - Team appraisal of conduct (TAC)
- An annual logbook summary report at the end of OMS 1, 2 and 3.
- A final logbook summary report at the end of OMS 4.
- Mandatory research requirements.
- The following prescribed skills training courses by 31 October in OMS 2:
    - Australian and New Zealand Surgical Skills Education and Training (ASSET).
    - Emergency Management of Severe Trauma (EMST).
    - Care of the Critically Ill Surgical Patient (CCrISP).
- Achieving a satisfactory standard in the Surgical Science and Training (SST) examination to proceed into OMS 2. The examination can be undertaken in the first year (OMS 1) of the training program or in the year in which selection to the program is sought, subject to available non-trainee places. Non-trainee applicants must have both registrations in medicine and dentistry and are either undertaking or have completed a surgery-in-general (SIG) year.
- Achieving a satisfactory standard in the Fellowship Examination during the last 18 months of training (OMS 3 or OMS 4).

4.1 Learning portfolio

Trainees must maintain a learning portfolio. This portfolio should contain annual and final logbook summary reports, copies of all assessment forms, certificates of any relevant courses completed, conferences attended, and all presentations. The portfolio must be kept up-to-date and contain all the required documentation and reports related to the OMS training program. It will be submitted to the DoT as part of the completion of training requirements.

4.2 Logbooks

All trainees must maintain a logbook online via the My OMS Logbook to demonstrate their clinical experience. These should be available for review by the SoT or DoT at any stage.

All logbooks are reviewed at least six-monthly by the DoT, and a summary report must be submitted to RACDS on an annual basis. Logbooks are audited by the Training Committee.

Patient details should include the hospital number and name. Generally, the expectation is that entries in the logbook would use the Hospital Identifier Label. All public and private hospitals in Australia and New Zealand use these for inpatients.

If these are not available for outpatients or private room patients, the following details should be recorded:

- Gender
- Date of birth
- SoT, surgical consultant
- Date of operation

For investigative procedures, the date on which the investigation was completed should be recorded. If a patient has two operations at different times, then both are counted.

The basic unit of the logbook is the individual patient having an operation, not a series of procedures. Thus, generally the operation will be covered by a single description in a single category. These categories of operations used by RACDS for analysis are included for guidance in the table below. There are some defined exceptions to this:

a. When a graft is taken from a distant site and used as part of an orthognathic, pre-prosthetic or reconstruction operation.
b. When there is an extensive operation for removal of a pathology involving a graft from a distant site as part of a reconstruction.

The details of the operation should be written using standard descriptive terms of what was undertaken. Avoid eponymous terms for operations.

There are two categories of involvement – either surgeon or assistant.

a. Surgeons perform the operation in the absence of the responsible surgical consultant, in the presence of the trainer or surgical consultant, or a substantial part of the operation with the surgical consultant, i.e. "doing one side." Generally, only one trainee may be the surgeon for an operation. If two trainees each "do one side," only one is the surgeon, and the other is the assistant.
b. Assistants assist another surgeon, either surgical consultant, or trainee. If a more experienced trainee supervises another on how to perform a whole operation, then the assistant is more experienced. If the more experienced trainee is doing the procedure but supervising the junior in some part, then the junior is the assistant. A person who does not scrub in or is not the first assistant should not claim to be an assistant on the case.

If a trainee has difficulties applying these guidelines, or in the event of a dispute between two trainees, then the SoT or DoT will arbitrate.

The drop-down options from the OMS logbook are included in the table below for guidance. The operation must be described in full.

Categories of operation used in the OMS logbook

Procedure Area (main)	Sub-procedure
Dentoalveolar	Autotransplantation of teeth
	Exposure of unerupted teeth via open or closed technique
	Orthodontic adjunctive procedures
	Periradicular surgery
	Surgical removal of erupted teeth
	Surgical removal of impacted teeth
Oral & Facial Infection	Localised infection
	Multiple space infection
	Osteomyelitis
	Salivary gland infection
	Skin abscess
Facial Trauma	Soft Tissue
	Dento-alevolar
	Mandible/condyle
	Zygoma
	Orbit
	Naso maxillary/Nasoethmoid
	Le Fort
	Pan facial / complex
	Frontal bone
	Neck injuries
	Foreign body retrieval
Pathology - benign	Cystic lesion
	Soft tissue lesion
	Odontogenic tumour
	Salivary gland lesion / calculus
Pathology - malignant	Oral cavity
	Oropharynx
	Nasopharynx
	Hypopharynx
	Cutaneous
	Salivary gland
Preprosthetic & adjunctive procedures	Implant treatment planning
	Sinus lift
	Alevolar augmentation
	Alevolar recontouring, torus/tuberosity reducation
	Soft tissue graft
	Autologous bone harvest
	Sulculoplasty/Vestibulplasty
	Soft tissue recontouring
	Nerve transposition
	Alveolar distractor insertion
Implantology	Conventional fixture placement
	Blade / onlay implant
	Zygomatic fixtures (any sinus pattern)
	Craniofacial fixtures (extra oral)
	Removal of fixtures

	Management of peri-implantitis
Orthognathic - single jaw or SAME	Maxilla
	Mandible
	Genioplasty
	SAME
Orthognathic - bimaxillary osteotomy	Bimaxillary
	Segmental bimaxillary
	Genioplasty
Orthognathic - other	Distraction procedure
	Zygomatic osteotomy
	Le Fort III
	Le Fort II
Temporomandibular joint	Arthrocentesis
	Arthroscope
	Open joint procedure - Arthrotomy, disc surgery
	Reconstruction
	Dislocation
Maxillary sinus	Management of oral antral communication with local flap
	Management of oral antral fistula with regional flap
	Antral pathology
	Foreign body retrieval
	Management of sinus infection
	Use of endoscope for diagnosis or management
Reconstructive - hard tissue	Graft
	Flap
Reconstructive - soft tissue	Graft
	Flap
	Alloplast
Reconstructive - composite	Graft
	Flap
Reconstructive - graft harvest	Iliac crest
	Costochondral
	Calvarial
	Mandibula / symphysis
Other procedures	Tracheostomy
	Submental intubation
	Alveolar bone graft for maxillary cleft
	Removal of appliances and fixation

Preprosthetic and adjunctive implant procedures

The category includes procedures to facilitate the placement of prosthesis, such as tori reduction, reduction of tuberosity and sulcoplasty/vestibuloplasty. Adjunctive procedures relate to the procedures performed to facilitate fixture placement with local augmentation, closed sinus lift, socket augmentation procedures and soft tissue grafts (connective tissue grafts).

Other procedures

This category can include other procedures, such as tracheostomy and the figures for each of these should be recorded and listed separately under 'other 'procedures.'

Distraction procedures
Mid-facial, maxillary and mandibular distraction procedures should be recorded in 10. Orthognathic other.

Orthognathic workup
Detailed clinical, cephalometric, photographic, model surgery, computer planning, medical and psychosocial evaluation. Consultation with colleagues in orthodontics, speech pathology, etc. A quick look at the models and the lateral cephalogram radiograph is not an orthognathic workup.

Pathology, malignant
Detailed clinical, medical and psychosocial evaluation, imaging, and pathologic studies. Consultation with Head and Neck colleagues so that the malignancy is fully staged (TNM) and management planned. Biopsy and referral are not malignancy workup.

Temporomandibular joint
Detailed clinical, medical and psychosocial evaluation, imaging, and consultations as appropriate. Implementation of non-surgical management to resolution or surgery.

Oral medicine
Detailed clinical, medical and psychosocial evaluation, and appropriate pathologic investigation. Consultations as appropriate and implementation of non-surgical management to control the condition.

4.3 Assessment reports

Supervision and assessment of trainees by SoTs are necessary to ensure quality of training, progression of training, suitability to sit the Fellowship Examination, and whether training has been completed. Every three months during training, SoTs are required to complete an assessment report for each of their trainees.

These assessment reports are compiled from the SoT's personal observations and integrates feedback from other supervisors (i.e., surgical consultants) who have worked with the trainee. The SoT and trainee must sign each report after the trainee has had the opportunity to respond to the feedback.

Formal assessment meetings should occur between the SoT and each trainee at the beginning, midterm, and end of each six-month term. Additional meetings between the trainee and the SoT should occur as appropriate. Any trainee experiencing difficulty should notify their SoT as soon as possible.

Initial supervisor meeting
At the beginning of the rotation, the trainee must show the SoT their learning portfolio including copies of all previous assessments. The supervisor and trainee will use the learning portfolio to set appropriate educational and clinical goals for the following rotation.

Midterm interim assessment
Trainees must arrange a meeting with their SoT at the three-month point of each six-month rotation to discuss their progress, seek feedback, and identify strengths and weaknesses in their clinical performance. The SoT will document the meeting using the Trainee Assessment Report (WBA FORM 01).

There are two outcomes to the midterm interim assessment:

1. **Satisfactory**

   Where the trainee's performance is identified as satisfactory, the SoT and DoT continue the current training plan.

2. **Borderline or unsatisfactory**

   Where the trainee's performance on the midterm interim assessment report is borderline or unsatisfactory, the SoT and DoT must develop a remedial plan to provide more support and guidance to the trainee.

The DoT will notify the Regional Surgical Committee Chair of the outcomes of their trainees. A copy of the formative assessment report will be provided to the trainee within two weeks. Trainees identified as performing at a borderline or unsatisfactory level must also ensure a copy of their assessment report and remedial plan are provided to the College within two weeks of the meeting.

If performance is below expectation or unsatisfactory on any of the skills/attitudes/abilities on the form, then it must be discussed with the trainee to establish remedial strategies. An isolated 'unsatisfactory' attribute does not necessarily constitute an overall unsatisfactory assessment.

Where an attribute is consistently unsatisfactory over more than one assessment or where there are multiple unsatisfactory attributes on a single occasion, these must be discussed with the trainee and, together with the DoT, remedial strategies established.

Six-monthly assessment
The broad objectives of the six-monthly assessment are to:

- Assist with trainees' progress through the training program by identifying their strengths and weaknesses.
- Provide an opportunity for regular, written feedback to trainees.
- Inform the development of any additional learning activities or supports for the trainee should they be required.

The assessment relates to the trainee's overall performance during the previous six-month period and considers all aspects, including the areas outlined in the below table:

Areas of assessment: six-monthly assessment reports

Assessment area	Description
Clinical knowledge and skills	Clinical knowledge of subject, professional knowledge, clinical clerking, history taking, relevant procedural skills
Clinical judgement	Diagnostic skills, patient management, time management, recognising limits, ethical skills
Communication	Communication skills, ability to communicate with patients and families, sensitivity and ethical awareness
Co-operation and teamwork	Ability to cooperate with other healthcare professionals, show initiative and enthusiasm, take responsibility for own learning and motivation to teach
Professional attitudes and behaviour	Reliability and dependability, ability to cope with stress, emotional demands, and emergency situations and personal manner.

Two weeks before the end of each six-month term, the SoT and trainee should meet to discuss the trainee's progress. This meeting is specifically to review and discuss the trainee's performance in the completed rotation. The SoT will document the meeting using the Trainee Assessment Report (WBA FORM 01). If the trainee continues at the same site, with the same supervisor for the following six months, goal setting for the next six months may occur in the same meeting.

The DoT will also meet with each trainee and consider their assessment report within four weeks of completing the relevant six-month training period.

Once six-monthly assessments are complete, the DoT notifies the Regional Surgical Committee Chair of the outcome of their trainees. The RACDS office must receive a copy of each six-monthly assessment report regardless of the outcome. Six-monthly assessment reports are to be completed by the end of July and January and submitted to the RACDS by 15 August and 15 February.

Failure to submit the six-monthly assessment report within a maximum of two weeks after the published due date will mean that time in training from that point will not be recognised until the report is submitted. Additional training time may be required because of the deficit in accredited training time. The six-monthly assessment report form will not be considered valid unless it is signed by the trainee, the SoT who is responsible for its completion, and the DoT.

There are three outcomes to the six-monthly assessment:

1. **Satisfactory**

   Where the trainee's performance is identified as satisfactory, the SoT and DoT continue the current training plan.

2. **Borderline**

   Where the trainee's performance on the six-monthly assessment report is borderline, the DoT advises the trainee of specific problems, identifies the areas where improvements are required and makes recommendations. The Remedial Plan (WBA FORM 05) is completed. The trainee should also be informed of the potential consequences of the assessment for their next six months of training:

   - If the next six-monthly assessment report is deemed as Satisfactory, then the previous Borderline six months will be deemed as Satisfactory.
   - If the next six-monthly assessment report is deemed as Borderline, then both assessments will be deemed as Unsatisfactory and the training time for these 12 months will not be credited.
   - If the next six-monthly assessment is deemed Unsatisfactory, then the Borderline six months will be deemed Unsatisfactory and the training time for these 12 months will not be credited.
   - Six-monthly training periods are regarded as continuous and they are not based on a calendar year. A trainee who receives a Borderline six-monthly assessment report for the second part of one calendar year and for the first part of the following calendar year will have this training period deemed Unsatisfactory.
   - If a trainee receives a Borderline report following an Unsatisfactory report in the previous six months, then the Borderline report will be deemed Unsatisfactory and the training time for these 12 months will not be credited.

3. Unsatisfactory

In the event of a borderline or unsatisfactory report, the DoT will assess:

- The likely impact of the issues noted. Can they be improved in a reasonable period of time (e.g. lack of knowledge) or are they more difficult to deal with (e.g. inability to cope with emotional demands)?
- The insight of the trainee and his/her willingness to modify their behaviour (e.g. accepting, keen to improve on the unsatisfactory attribute or denial of the problem).
- Factors such as personality differences with a staff member(s) or psychosocial stress which may have influenced behaviour or affected performance.
- Whether or not specific assistance can be provided.
- Whether the trainee is likely to improve his/her performance or whether he/she is at risk of ongoing problems.

If the six-monthly assessment is deemed Unsatisfactory, the trainee will be notified in writing by the RACDS that this training period will not be credited.

Any six-monthly assessment reports that are deemed as Borderline or Unsatisfactory are reviewed by the Training Committee. Trainees will receive written correspondence from the RACDS following the review.

Any trainee who accumulates three unsatisfactory six-monthly assessment reports at any time during the course of their training, will not be permitted to continue in the OMS training program.

4.4 Mandatory research requirements

The mandatory research requirements must be fulfilled for trainees to receive the award of Fellowship. These consist of a research study and a presentation.

The research requirement can be completed via the following pathways:

- Satisfactory completion of a formal research project undertaken as part of a postgraduate research qualification (Pathway 1).
- Independent research culminating in a paper that is accepted for publication in a peer-reviewed journal (Pathway 2).
- Recognition of prior completion of a research qualification – Doctor of Philosophy (PhD) or Masters degree by research completed prior to the commencement of OMS training. Masters by research refers to a Master of Philosophy (MPhil) or equivalent which must include a dissertation assessed by external examiners.

Pathway 1
Trainees who are undertaking a University qualification must complete and submit Submission of Research Proposal – Pathway 1 (FOMS 7A) when the University has approved the research study, and enrolment completed. The submission of the form must be made by 15 February of OMS 2.

Trainees who want to fulfil this requirement by enrolling in a PhD will need to discuss and obtain written approval from their DoT (in consultation with the Regional Surgical Committee). This is to ensure trainees can balance other training requirements whilst undertaking this study.

Pathway 2
Trainees who plan to fulfil their research requirement independently of a postgraduate degree must apply to the Research Committee with the submission of completed Submission of Research Proposal – Pathway 2 (FOMS 7B). Trainees must provide an outline of the research paper for approval of their proposed research study and their supervisors. If relevant to the study, ethics approval should also be submitted. The Committee will assess the research proposal and advise trainees of the requirements for the submission of their study, which will be of an equivalent standard to that of a higher degree qualification.

Trainees are advised to contact the OMS Education Officer if they wish to make a submission to the Research Committee. The submissions must be made to the Research Committee by 15 February of OMS 2. Clinical case reports and stand-alone literature reviews will not be approved for this purpose.

Completion of research via this pathway must conclude with a paper accepted for publication in a peer-reviewed journal.

In addition, trainees completing their research via Pathway 2 must enrol in a research methodology course (such as a University postgraduate course or an approved research skills course) or undertake the RACS Critical Literature Evaluation and Research (CLEAR) course.

Trainees should ideally commence their research at the beginning of OMS 2 and complete their project by the end of OMS 3. The Research Committee may only approve proposals for research that can be completed in two years to allow for publication and presentation in OMS 4. Trainees will be asked to provide regular updates on their research progress.

Prior completion of research qualification
Trainees who wish to submit a completed research qualification for consideration of fulfilment of their research requirements must submit an Application for Recognition of Prior Research via Pathway 1 (FOMS 7C) for review by the Research Subcommittee. It is recommended that trainees applying for recognition of prior research submit their application in their first year of training, with the deadline being 30 June of OMS 2.

Presentation of research findings
All trainees are required to present a paper at a national annual conference of the specialty or equivalent as approved by the Research Committee at least once during their advanced surgical training.

Trainees who have completed a research qualification prior to entering the OMS training program are still required to present at a national annual conference at least once during training if their research has not been presented previously.

Presenting in person is the preferred method; however, due to the impact of the COVID-19 pandemic, the Research Committee acknowledges that an online presentation may be suitable if face-to-face meetings are not feasible.

Completion of research requirements
Completed research must be submitted to RACDS for review by the Research Committee by 1 December of the final year of training, OMS 4. Trainees should allow up to four weeks for a completed research project to be considered by the Research Committee.

Once the Research Committee has confirmed research completion, a Completion of Research Requirement Form (FOMS 09) must be completed by trainees and their DoTs and included in their application for Fellowship (FRACDS(OMS)). The research component must be completed prior to the award of Fellowship.

Extension of training for completion of research requirements
Trainees who satisfactorily complete their training time and the Fellowship Examination but who have not fulfilled the mandatory research requirements must apply for an extension of training to complete their research. An extension of training to complete research is undertaken in six-month periods to a maximum of three periods of extension (18 months). A fee of 50 percent of the annual trainee registration will apply for each six months of extension.

4.5 Clinical Training Assessments

Clinical Training Assessment comprises three forms of work-based assessment:

1. Case Presentation plus Discussion (CP&D)
2. Assessment of Operative Process (AOP)
3. Team Appraisal of Conduct (TAC)

Collectively, these workplace assessments will provide evidence that a trainee is competent in the practice of Oral and Maxillofacial Surgery.

Trainees are encouraged to try to spread assessments over the training period to ensure there is adequate time to repeat assessments if development is required. By the end of training, each trainee should have satisfactorily completed assessment forms for all areas listed.

Case Presentation plus Discussion (CP&D)
The CP&D assesses a range of competencies including clinical decision-making and the application and use of medical and dental knowledge in relation to patient care for which the trainee has been responsible. It also facilitates the discussion of the ethical and legal framework of practice and requires the trainees to discuss why they acted as they did. The presentation and discussion process should take 10-15 minutes, and then five minutes should be allocated for detailed feedback from the assessor.

By the end of training, each trainee must have satisfactorily completed CP&D assessment forms for the following:

- Management of the persistent oro-antral fistula.
- Management of dento-alveolar injuries.
- Formulate detailed differential diagnoses for lesions of the maxillofacial region using advanced imaging techniques including intraoperative imaging.
- Manage, as part of a multidisciplinary team, pathology of the maxillofacial region, e.g. ORN, vascular lesions.
- Management of surgical and non-surgical treatments for a patient with facial pain.
- Management of TMJ disorders:
    - Management of non-surgical treatment of TMJ disorders, e.g. dislocations of the jaw joint, internal derangements, occlusal splints, exercises, physiotherapy.
    - Management of common intra operative complications of TMJ surgery.
    - Post-operative and continuing care of the patient with a TMJ disorder.
- Management of advanced oral malignancy.
- Application of technologies, e.g. endoscopy, sialoendoscopy, laser ablation in maxillofacial surgery and 3-D imaging for surgical planning.

Competencies Assessed in the Case Presentation plus Discussion

Area	Descriptor – A satisfactory trainee:
Medical Record Keeping	The record is legible, signed, dated and appropriate to the problem, meaningful in relation to, and in sequence with, other entries. It helps the next clinician to give effective and appropriate care.
Clinical Assessment	Can demonstrate an understanding of the ' 'patient's story and how, through the use of further questions and an examination appropriate to the clinical problem, a clinical assessment was made from which further action was derived.
Investigation(s)	Can discuss the rationale for the investigations and necessary referrals. Shows understanding of why the diagnostic studies were ordered/performed, including the risks and benefits and relationship to the differential diagnosis.
Differential Diagnosis	Can discuss the outcomes of investigations and explain the formulation of a differential and then a final diagnosis.
Treatment	Can discuss the rationale for the treatment, including the risks and benefits.
Follow Up and Future Planning	Can discuss the rationale for the formulation of the management plan including follow-up.

Trainees are responsible for initiating the assessment process with their SoT or surgical consultant. The trainee should advise the assessor that a specific case provides an opportunity for assessment, organise a mutually acceptable time for the assessment, and ensure that the appropriate assessment form is provided to the assessor to complete.

Trainees select a case record from a patient they have seen recently and in whose notes they have made an entry. The presentation and discussion must start from, and be centred around, the trainee's record in the notes. Case Presentation (WBA FORM 03) can be found on the RACDS website.

To maximise the educational impact of this assessment, the assessor and the trainee need to identify agreed strengths, areas for development, and an action plan. This should be done one on one in a suitable environment.

Once the assessment has been completed, the trainee must copy the completed form for the SoT and retain originals of all assessments in their learning portfolio. Completed CP&D assessment forms must also be submitted to the RACDS.

Trainees will be required to submit a minimum of one satisfactorily completed CP&D form for every six months of accredited OMS training. These forms must be included in an Application for Fellowship Examination Eligibility (FOMS 05).

Assessment of Operative Process (AOP)

This AOP involves the observation of procedures performed by the trainee and is designed to assess a trainee's technical skills and ability to safely and effectively perform appropriate surgical procedures. The SoT or trainer will also be able to assess the trainee's ability to adapt their skills in the context of each patient, for each procedure. The AOP should not be completed retrospectively.

The AOP has two principal components, one consisting of a series of competencies within six core domains and a global competency rating. Most of the competencies are common to all procedures, but a relatively small number of competencies within certain domains are specific to particular procedures.

The global assessment is divided into four levels of overall global rating, the highest of which is the ability to perform the procedure to a standard expected of a specialist in practice.

The trainee is assessed as either achieving a satisfactory standard or development required on items within the following areas:

- Consent.
- Pre-operative Planning.
- Pre-operative Preparation.
- Exposure and Closure.
- Intra-operative technique.
- Post-operative management.

By the end of the OMS training program, each trainee should have satisfactorily completed AOP assessment forms (WBA FORM 2A-2Q) for the following procedures:

Procedure	Detail
Mandatory	
Removal of an impacted tooth	Requiring raising a flap, bone removal, tooth division and elevation, and repair
Treatment requiring a hard tissue graft or flap	From a local site From a distant site
Placement of implant fixtures	
Closure of an oro-antral communication	
Tracheostomy	
Osteotomy	Mandibular Maxillary
Incision and drainage for infection (cervico-facial)	
Enucleation of a jaw cyst	
Surgical approaches	Mandibular Maxillary Zygomatic/Orbital
Open reduction and internal fixation of fractures	Mandible Maxilla Zygomatic/Orbital
Highly Recommended	
Removal of submandibular gland	

To aid the trainee's development, additional procedures may be recommended by the SoT.

On most occasions, the trainee's SoT will complete the assessment; however, it is anticipated that other surgical consultants may undertake the assessment, particularly for certain procedures, and depending on the trainee's work pattern.

It is the trainee's responsibility to initiate the assessment process with their assessor. The trainee should advise their assessor that a particular case provides an opportunity for assessment and ensures that the appropriate assessment form is provided for completion.

The procedure should be representative of those the trainee would normally carry out at that level and should be one from the official list of AOP procedures above.

The assessor should observe the trainee undertaking the agreed sections of the AOP in the normal course of workplace activity (usually scrubbed). Given the priority of patient care, the trainer should choose the appropriate level of supervision depending on the trainee's stage of training. Trainees should carry out the procedure, explaining what they intend to do throughout. If the trainee is in danger of harming the patient, they must be warned or stopped by the trainer immediately.

Trainees will also find that reflecting on the assessment criteria (as detailed in the relevant AOP form) can help them define any gaps in their understanding or ability, which they can bring to the discussion with their senior colleagues.

Over the training program, the AOPs form a summative assessment of the trainee's competence in learning to perform operative procedures using the correct protocols to the correct standards. Trainees are encouraged to perform as many as possible.

When an AOP is completed, the assessor should provide immediate feedback to the trainee in a debriefing session and identify areas of achievement and opportunities for development. This should be done sensitively and in a suitable environment. The duration of the AOP is the length of the procedure, but completing the form should take about 15 minutes, including the time to provide feedback to the trainee.

Once the assessment has been completed, the trainee must provide their SoT with a copy of the completed form and retain originals of all AOP assessment forms in their learning portfolio. Completed AOP assessment forms must also be submitted to the RACDS.

Trainees are required to submit a minimum of two satisfactorily completed AOP forms for each six months of accredited OMS training. These forms must be included in an Application for Fellowship Examination Eligibility (FOMS 05).

Team Appraisal of Conduct (TAC)

As part of a multidisciplinary team, surgical trainees work with other people who have complementary skills. They are expected to understand the range of roles and expertise of team members to work effectively within that team. The TAC is a method of assessing competence in professional skills within a team-working environment. It consists of a self-assessment by the trainee and the collated ratings from a range of colleagues who work with the trainee.

The trainee is assessed on items within the following areas:

- Good clinical care.
- Maintaining good clinical practice.
- Teaching, training, appraising, and assessing.
- Relationship with patients.
- Working with colleagues.

The feedback is designed to highlight several factors for discussion:

- The team perception of the trainee's performance covering a range of competencies, including any serious concerns (the SoT may need to make further inquiries from individual raters).
- The trainee's awareness of their own strengths and weaknesses in relation to working within a team.
- The trainee's learning and development needs.

Trainees should complete one TAC assessment during the third year of their surgical training. The assessment should be completed in approximately the fourth month of a six-month rotation, or the eighth month of a 12-month rotation to allow sufficient time for development if this is required. Trainees are responsible for initiating the TAC with the OMS Education Officer.

The trainee must select a minimum of eight raters (maximum of 12) to provide assessments. The trainee must liaise with the OMS Education Officer to provide the list of names and email addresses of the raters. The OMS Education Officer will provide a link to the TAC for each of the assessors as well as a link to the trainee's self-assessment.

It is important that the trainee selects different raters to cover a variety of perspectives. The raters should be members of the trainee's multidisciplinary healthcare team who represent a range of different grades and environments (e.g. ward, theatre, outpatients) and who have sufficient expertise to be able to make an objective judgment about the trainee's performance. Raters do not include administrators, support staff or patients.

The assessment must be completed online and should only take 10-15 minutes to complete. Completed assessments should be submitted by the due date (approximately one to two weeks after receiving the survey).

The TAC assessment is confidential as all contributions from colleagues are anonymous. Feedback to the trainee is delivered through a report which is sent to the trainee and the SoT with Team Appraisal of Conduct (WBA FORM 04) to be completed. The report comprises the 'raters' aggregate ratings compared with the trainee's self-assessment, plus 'raters' verbatim comments.

Once the SoT receives the results, they must sign off the TAC report by selecting the appropriate outcome: *satisfactory, development req*uired or *unsatisfactory* on. The completed TAC form must also be submitted to the RACDS. If development is required, a targeted training plan should be detailed. The re-assessment should take place when the SoT indicates that progress has been made in any areas identified for development.

Situations in which the TAC can be deemed unsatisfactory are listed below with recommended actions.

1. The TAC was not completed.
2. The TAC form cannot be signed off until it has been completed. At the earliest opportunity, the SoT and trainee must ascertain the reasons preventing the TAC from being completed and take any necessary action to resolve the difficulties so that the TAC can be completed within a suitable period.
3. There were not enough raters to generate a feedback report.
4. The SoT must decide whether the range of evaluations received is enough to enable a judgment to be made about a trainee's performance. If not enough ratings have been provided, signing off on the TAC must be deferred. The SoT and trainee must then take any necessary action to resolve difficulties so that the TAC can be completed within a suitable period.
5. The feedback report showed that the trainee needed to improve performance. The trainee and SoT must develop a learning and development plan for improvement that includes a timeframe. The SoT can recommend additional training or support, such as mentoring or personal development activities, and can also recommend a repeat of the TAC assessment. The repeat assessment could occur in the following six months under the supervision of the next SoT.
6. Serious concerns were raised.

7. The SoT must identify strengths and weaknesses in the trainee's professional behaviour and sign off the TAC form as unsatisfactory if concerns are justified. The SoT must then notify the DoT. The DoT should undertake a review of the trainee's overall performance and decide on a support strategy.

Trainees will be required to submit one satisfactory TAC. This assessment must be included in the Application for Fellowship Examination Eligibility (FOMS 05).

4.6 Surgical Science and Training Examination

The SST examination is designed to assess whether the candidate has the appropriate knowledge and experience to care for the surgical patient. It is required that competence is demonstrated in general medical assessment, the diagnosis of common peri-operative complications, and the initiation of appropriate investigations and treatment. It is expected that candidates will have a reasonable level of basic surgical skills and a competence in clinical care. One diet of the SST Examination will be held each year.

Timing of the SST Examination
Trainees undertake the SST Examination during their first clinical OMS training year; progress into OMS 2 is dependent on passing the examination.

Eligible candidates who are currently in their Surgery in General (SiG) year may sit the SST Examination prior to entry into the OMS training program, pending available places. Any candidate presenting for examination outside the training program, must have completed both dental and medical degrees together with a medical intern registration year and an accredited year of SiG.

Exemption from the SST Examination
Trainees will only be eligible for an exemption from the SST Examination if they have completed both the RACS Generic SET Surgical Science and SET Clinical Examination (GSSE & CE) or the Intercollegiate MRCS (United Kingdom) – Part A & B prior to commencing training. Trainees must provide certified evidence of completion of **ALL** components of the RACS GSSE & CE or the Intercollegiate MRCS. Trainees who are applying for exemption from the SST examination must submit their Application for SST Exemption (FOMS 03) and supporting documentation by 15 February of OMS 1. Only OMS trainees are eligible to apply for SST exemption.

Format of the SST Examination
The format for the SST Examination has been designed to assess that candidates have acquired sufficient knowledge and practical experience in applying basic sciences in the management of the surgical patient.

The SST Examination Components and Content

Exam component	Format	Content
Written Examinations	Two-hour multiple choice question (MCQ) and 50-minute short answer question (SAQ) examination	• Focus on basic surgical science comprising single best answer, relationship-analysis and variable response questions. • Five short answer questions (10 minutes each)
Clinical Examinations	Five 20-minute viva stations	The tasks required include, but are not limited to, history taking and examination, demonstration of practical technical skills, the application of basic science knowledge, data acquisition and analysis. The stations cover the following topics: • Anatomy • Acute care • Ward scenario • Critical care • Surgical skills

Examination passing standards

Candidates should review the curriculum that will be assessed for the SST Examination in the OMS SST Syllabus.

To successfully pass the SST examination, a candidate must achieve the passing standard in each of the following sections at the same examination diet:

- MCQ examination
- SAQ examination
- Overall clinical examination
- Critical care station

The highest performing candidate in each diet of the examination will be identified by averaging both sections of the examination (written and clinical) so that a percentage out of 100 is achieved. The Registrar (OMS) will notify the Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS) of the result for issuing the ANZAOMS Medal.

Notification of results

Candidates will be sent formal notification of results from the Registrar (OMS) within two working days. After the examination, candidates will be advised of a time for the release of results.

Unsuccessful attempts

If a candidate is unsuccessful in an attempt at the SST examination, the Chair of the Court of Examiners will prepare a detailed report using information provided by individual examiners for each component of the examination. Trainees and their DoT will receive this feedback in the form of a letter and written report from the Registrar (OMS). Trainees are encouraged to discuss their report with the DoT.

If a candidate does not pass the SST Examination, they may attempt the examination again, with a maximum of three attempts permitted. Any attempts prior to commencing training will also count towards these three attempts. The trainee cannot commence their next year of training until a pass in the SST examination has been achieved.

The time taken between the completion of OMS 1 and the commencement of OMS 2 will not be considered for accredited training time. During unaccredited training time, candidates are not required to undertake midterm interim and six-monthly assessments.

SST Syllabus
The syllabus for SST covers the following areas:

- Anatomy
- Physiology and immunology
- Pathology and neoplasia
- Applied pathology and tissue response to injury
- Microbiology
- Pharmacology and therapeutics
- Principles in the management of the trauma patient
- Management of the critically ill surgical patient
- Surgical skills and clinical care

Anatomy
The candidate should demonstrate an adequate level of knowledge, understanding and application of anatomy, particularly in the areas of:

- The genesis and implications of physical signs.
- Investigative procedures – radiology, organ imaging and endoscopy, e.g. identification of structures on radiographs or CT scans.
- The principles of surgical approaches, e.g. incision and drainage of facial space infections.
- The genesis of operative complications, e.g. the maxillary artery and other vessels in mid-facial osteotomies, the facial nerve in trauma.
- The principles underlying the healing processes e.g. in bone or peripheral nerves.
- The basic mechanisms of structure and function, e.g. the organisation of the muscle spindle.
- A detailed understanding of head and neck anatomy.

The candidate should be able to identify:

- Anatomical structures in the head and neck from prepared dissections and osteology.
- Detailed anatomy of the head and neck.
- Detailed anatomy of other parts of the body as it pertains to oral and maxillofacial surgery.

Physiology and immunology
The candidate should demonstrate an understanding of:

Physiology and Molecular Biology

- Aspects of human physiology applicable to all surgical specialties.
- How normal physiology may be altered by pathological processes, surgery or anaesthesia.
- The correlation between physiological change and physical signs or symptoms elicited in patients including, for example, physiological changes that:
    - Ensue a patient following prolonged periods of vomiting or diarrhoea.
    - Occur in renal function after surgery, or
    - Prevail in a patient with, for example, oral cancer.
- The physiological response to acute trauma or surgery.
- Metabolism and nutrition following surgery.

- The physiology of coagulation.
- Respiratory compromise or dysfunction, peri-operative and post-operative.
- Endocrine physiology as it pertains to surgery, e.g. insulin dependent diabetes mellitus in relation to surgery and infection.
- Physiology of pain.
- Nature of DNA and RNA, the cell cycle, the generation of genetic and chromosomal abnormalities.
- Principles of autosomal dominant and recessive conditions.
- Specific conditions in so far as they illustrate important principles or are common or important disorders e.g. beta thalassemia, inheritance patterns of conditions such as neurofibromatosis.

Immunology

- Basic immunology including non-specific defence mechanisms.
- The complement system, the major histocompatibility complex.
- The cells of the immune system, their functions and their interactions.
- Immunity and infection including bacteria, viruses, fungi and protozoa.
- Abnormal immunological responses including hypersensitivity, autoimmune disorders and immunodeficiency disorders.
- Diagnostic immunology including the basic principles of commonly used immunological tests and their applications.

Pathology and Neoplasia

The candidate should demonstrate knowledge and understanding of the principles of Pathology and Neoplasia particularly as applied to:

- The general pathological mechanisms (degenerative, reactive and neoplastic) underlying common disease, including;
    - Aetiology, pathogenesis, epidemiology, investigation and natural history.
    - How these may be modified by the appropriate use of therapeutic agents.
- Common and important issues in systemic pathology so far as;
    - A given lesion exemplifies a basic pathological process, e.g. anaphylaxis is an example of hypersensitivity reactions; myocardial infarction in atherosclerosis; mucoepidermoid carcinoma as an example of neoplasia.
    - Disorders of a given system which are likely to be encountered in surgical practice, e.g. post-operative pneumonia, thromboembolic disease.
- Laboratory medicine to make the optimum use of diagnostic services e.g. microscopy and sensitivity testing, blood gas analysis.

The candidate should be able to identify:

- The more common pathological processes from photographs of gross specimens and the histopathological features of basic processes from photomicrographs.

The candidate should demonstrate knowledge and understanding of neoplasia with specific detailed emphasis upon:

- Its cells and tissues of origin and components.
- Reproductive, growth (proliferative) patterns and host interactions.
- Mechanisms of invasion and metastasis.
- The molecular basis of the pathogenesis of carcinoma, including oral cancer.
- Geographic and racial factors.

- Mechanisms and types of chemical, physical and microbial carcinogenesis
- Distinctive pathological (macroscopic, histological and immunochemical) features which aid diagnosis.

Applied pathology and tissue response to injury
This area of the syllabus concentrates on the understanding of factors in the aetiology, pathogenesis, epidemiology and natural history of common diseases, and their implications in the management of surgical patients.

The candidate should demonstrate knowledge and understanding of:

- Wound healing: skin, bone, nerves, cartilage, tendon and muscle.
- Pathological wound healing e.g. keloid scarring, radiotherapy.
- Factors in the aetiology, pathogenesis, epidemiology, aspects of investigation and natural history of common diseases.
- Understand the implications of diseases in the care and management of surgical patients e.g. ischaemic heart disease, renal impairment, insulin dependent diabetes and chronic obstructive airways disease.
- Factors common to basic mechanisms of disease recognising passive, degenerative, reactive and neoplastic phenomena.
- General pathological phenomena include cell injury, adaptation and death, degenerations including atherosclerosis and calculus formation, alterations of growth, differentiation and function of cells.
- Tissue response to injury includes the adaptive reactions of the body to injury.
- Important morphological manifestations and pathophysiology of important disease states e.g. major organ failure, shock, sepsis.
- The origin and differentiation of haematopoietic cells.
- Anaemias of acute and chronic blood loss.
- Types and mechanisms of haemolysis.
- Common bleeding disorders and their management in the patient undergoing surgery.
- Transfusion and the potential complications of transfusion.

Microbiology
The candidate should demonstrate knowledge and understanding of:

- The microbial flora of the body and its role in disease.
- Pathogenesis of infection - host defence mechanisms and microbial virulence.
- Surgically relevant bacterial, viral, fungal and parasitic infections;
    - Infection following surgery, e.g. wound infection, septicaemia, urinary tract, pneumonia and nosocomial infections.
    - Infections with surgical implications e.g. HIV, necrotizing fasciitis, facial space infections.
- Antimicrobial agents and their scientific use in the therapy and prevention (prophylaxis) of infection.
- Sterilisation and disinfection.
- Laboratory medicine aspects of infectious diseases, e.g. principles behind blood culture techniques, interpretation of gram stains, antimicrobial susceptibility techniques.

Pharmacology and therapeutics
This area involves an expected knowledge of major therapeutic areas and major drug groups. Candidates should be able to apply basic pharmacological principles and understand such information as set out in a mini Pharmacopoeia. Candidates should understand the mechanism of drug actions and side-effects, routes of administration and bioavailability, and metabolism and clearance. Detailed knowledge is expected for medications commonly used in Oral and Maxillofacial Surgical practice.

For example, for antibiotic and antifungal therapy candidates should demonstrate knowledge and understanding of:

- Possible drug interactions e.g. warfarin, tetracyclines and absorption.
- Potential adverse effects e.g. nephrotoxicity, thrombophlebitis, pseudomembranous colitis.
- Monitoring of drugs e.g. aminoglycosides.
- Addition of special cases e.g. paediatric, pregnancy, ageing.

Basic principles in the management of the trauma patient
In consolidating the principles of Early Management of Severe Trauma (EMST) candidates should be able to:

- Demonstrate concepts and principles of primary and secondary patient assessment.
- Establish management priorities in a trauma situation.
- Initiate primary and secondary management of unstable patients.
- Demonstrate skills used in initial assessment and management and describe a systematic evaluation of a traumatised patient for general trauma and for oral and maxillofacial surgery injuries.
- Accurately describe and identify the metabolic response to trauma.
- Assess and manage shock.

Management of the critically ill surgical patient
In consolidating the principles of Care of the Critically Ill Surgical Patient (CCrISP) candidates should be able to:

- Systematically assess critically ill patients.
- Understand the variations in presentations of illness and the methods available for investigation and to improve detection.
- Describe a plan of action to achieve a diagnosis, early treatment and clinical progress.
- Ask for appropriate assistance in a timely manner.
- Be aware of and discuss the support facilities available with specialties and multidisciplinary care.
- Understand the requirements of the patient, and family, and communicate appropriately.

Surgical skills and clinical care
The candidate should be able to demonstrate knowledge of and perform:

- Suturing techniques and the properties and indications for different suture materials.
- Wound care and management of infected wounds.
- Use of drains and surgical dressings.
- Knowledge of common surgical instruments and operating theatre equipment e.g. diathermy.
- Use of local anaesthetics including agents and side-effects.

- Pre-operative assessment of patients, understanding of co-morbidities and risks, and appropriate investigations.
- Peri-operative management; fluids, analgesia, post-operative care.
- Assessment of patients presenting with facial emergencies and describe a management approach
  e.g. facial and dento-alveolar trauma, facial and oral infections, oral and nasal haemorrhage.

Surgical Science and Training recommended texts

- Applied Basic Science for Basic Surgical Training (MRCS Study Guides) - A. Raftery
- MCQ's for Applied Basic Science for Basic Surgical Training (MRCS Study Guides) - S. Jacob
- Textbook of Surgery - J. Tjandra, G. Clunie, A. Kaye, and J. Smith
- MCQs and Short Answer Questions for Surgery - J. Tjandra
- Clinical Cases and ' 'OSCE's in Surgery (MRCS Study Guides) - M. Ramachandran and M. Gladman
- Abernathy's Surgical Secrets - A. Harken
- Surgery On Call - A. Lefor, L Gomella, B Mann
- Davidson's Principles and Practice of Medicine - N. Colledge, B. Walker, and S. Ralston
- MCQ's for General Medicine (MRCP Study Guides) - M. Ford and I. Wilkinson
- Care of the Critically Ill Surgical Patient - I. Anderson
- EMST Course Manual
- Basic Surgical Skills & Techniques - D. Stoke
- Head, Neck and Dental Emergencies (Oxford Medical Publications) - M Perry
- Robbins & Cotran Pathologic Basis of Disease - V. Kumar, A. Abbas, N. Fausto, and J. Aster
- Ganong's Review of Medical Physiology, 23rd Edition - K. Barrett, S. Barman, S. Boitano, and H. Brooks
- Clinical Examination: A Systematic Guide to Physical Diagnosis - N. Talley and S. O'Connor
- Gray's Anatomy: The Anatomical Basis of Clinical Practice - S. Standring
- Head and Neck Anatomy: A Clinical Reference - B. Berkovitz and B. Moxham

4.7 Fellowship Examination

Assessment of eligibility for the Fellowship Examination
When trainees have completed their training time, or are in the last 18 months of training they may apply to sit the Fellowship Examination.

To be eligible for the Fellowship Examination, candidates must have successfully achieved the following:

- Successful attempt at the SST examination.
- Completion of OMS training time or be in the final 18 months of OMS training.
- Registration as an accredited trainee for the duration of training.
- Satisfactory assessment reports for all approved training posts.
- Completion of all required assessments during the training period and at least one satisfactory TAC (OMS 4 exam candidates only). OMS 3 exam candidates have until the end of OMS 3 to complete the TAC).

The completed Application for Fellowship Examination Eligibility Form (FOMS 05) should be accompanied by the following:

- Annual Logbook Summary Reports and a Final Logbook Summary Report (or part thereof) if they have not been submitted to the RACDS office prior to this application.
- Copies of satisfactory six-monthly assessment reports, CP&D reports, and AOP reports if they have not been submitted to the RACDS prior to this application.
- Payment of the Fellowship Examination eligibility fee.

The Training Committee will assess applications for Fellowship Examination eligibility, and trainees will be notified of the outcome after their application has been considered. Eligible trainees who have been successful must then enrol for the Fellowship Examination prior to the closing date as published on the RACDS website. They must also pay the examination registration fee and complete the Registration for Fellowship Examination Form (FOMS 06). Enrolled candidates will receive advice from RACDS regarding the examination schedule.

Format of the Fellowship Examination

The Fellowship Examination has four components (see table below). Each candidate must sit all components of the examination. Components from previous failed examinations will not be considered.

The Fellowship Examination is held annually in October and November. Candidates complete the written examinations online via ExamSoft from their home or office following guidelines. Clinical examinations are held at a professional venue in one central location.

Fellowship Examination Components and Content

Exam component	Format	Content
Written Examinations	Short answer questions (two exams of three hours each)	Evidence-based medicine will be examined, and appropriate citations of historical and contemporary research will be required.
Clinical Examinations	Six medium cases (17 minutes each)	A mix of clinical patients and associated investigations, where a face-to-face examination is possible. Questions will be asked at any stage during the exam.
Surgical anatomy viva	One Viva (15 minutes)	Viva will consist of any combination of photos, diagrams or specimens for the assessment of anatomical knowledge. Any area of the body with relevance to OMS may be examined.
Oral and Maxillofacial Surgery vivas	Three OMS Vivas (20 minutes each)	These vivas involve PowerPoint images of clinical material. Identical images are used for each candidate with standardised questions. Surgical Pathology will be incorporated as a component of the OMS Vivas with photographic presentations of histopathology specimens and case scenarios.

Examination passing standards
To successfully pass the Fellowship Examination, a candidate must attempt and achieve the passing standard across all four sections (written, anatomy, medium cases, and OMS vivas) in the same examination diet.

Examiners
Examiners assess individually or in pairs for the clinical examinations and are rotated between the candidates. The Chair of the Examination Panel may also examine. At the completion of the clinical examinations, a Court of 'Examiners' meeting is held, with the Registrar (OMS), Chair of the Court of Examiners and all Examiners.

Notification of results
Candidates will be sent formal notification of results from the Registrar (OMS), in writing, within two working days post examination completion. After the examination, candidates will be advised of a time for release of results.

Unsuccessful attempts
A maximum of three attempts at the Fellowship Examination will be permitted.

If a trainee is unsuccessful in passing the Fellowship Examination, the Chair of the Court of Examiners prepares a detailed report using information provided by individual examiners for each component of the examination. Trainees and their DoT will receive this feedback in the form of a letter and written report from the Registrar (OMS). Trainees are encouraged to discuss this report with their DoT. Candidates who do not achieve a pass in the Fellowship Examination do not satisfy the requirements for the award of Fellowship.

Eligibility to re-present for the Fellowship Examination remains for a period of three years following the assessment of eligibility. Candidates must be re-assessed for eligibility following expiry of the three-year eligibility period and will be required to complete the assessment of eligibility form and pay the prescribed fee again.

All candidates re-attempting the examination must hold an approved position at the time of the next diet of the Fellowship Examination. This position should be primarily based in one regional training centre and be held for at least six months prior to the Fellowship Examination. This position must be approved by the BoS and Training Committee and be supported by the RSC. The candidate should submit a Registration for Trainee Occupying an Approved Post (FOMS 12) and a proposed timetable for the position, to the Education Officer – OMS by the 15 December, of the year of the unsuccessful Fellowship Examination. This will be reviewed by the Training Committee before it reports to the BoS. The candidate must demonstrate that the position contains elements of clinical training and formal education sessions affiliated with a regional training centre before endorsement can be considered.

The BoS considers a mentor to be essential during this period and a list of potential mentors can be obtained from the RACDS. The candidate re-presenting must also have completed all other training requirements including accredited training time and assessments and maintain enrolment as an approved trainee, not occupying an accredited post.

4.8 General exam procedural information

Standard setting
The examination passing standards for the OMS examinations are set by the relevant examination review panel using formal standard setting methods. The 'passing 'standard' is reviewed at each examination series and may be adjusted with consideration to differences in the difficulty of examinations and to maintain the standards. The minimum score required to pass may be set by applying an error adjustment to the 'passing 'standard' score.

As all components of the examinations are blueprinted to curriculum modules and proficiency domains, minimum passing standards may also be set based on the aggregation of these.

Observers
An observer may be present in any of the examination components. Although advance notification is preferred, candidates retain the right to object to an observer being present at the time of the examination. A candidate may only object to the observer based on a previous relationship. The Chair of the Court of Examiners or the Registrar (OMS) may elect to observe any segment of the examination, and candidates cannot object to their presence.

Conflict during examinations
If a dispute arises between a candidate and examiner, the Chair of the Court of Examiners will be asked to document the dispute and adjudicate. If the Chair is unavailable or unable to resolve the dispute, it should be dealt with expeditiously by the Registrar (OMS). The arbitration of the Registrar (OMS) will be final at that time. The parties involved have the right to appeal to the Registrar (OMS) and may do so in writing through RACDS office. This is done through the Complaints Handling and Appeals Processes.

Application for special consideration for examination attempts
In the event of illness or bereavement, or any other matter warranting special consideration, prior to the examination:

- The candidate must notify the Registrar (OMS) and forward the details via a completed Special Consideration in Assessment Application (GEN 05). In the case of illness, a medical certificate must accompany the form.
- The Registrar (OMS) will assess the acuteness or severity of the event.
- The Registrar (OMS) will advise the candidate whether to proceed with the examination.

Where a candidate withdraws from an examination, the enrolment fee is not normally refundable. However, if the RACDS CEO determines that exceptional circumstances will preclude presentation for the examination, a partial refund may be offered. In the instance of events that occur during the examination:

- The candidate will inform the Chair of the Court of Examiners that a problem has arisen and complete an Application for Special Consideration form. In the case of illness, a medical certificate must also be provided.
- The Chair (or nominee) will, if possible, interview the candidate and will then advise the candidate whether to continue with the examination.
- If the candidate decides to continue with the examination, the details of the request will be considered by the Court of Examiners after the ' 'candidate's marks have been discussed, but prior to final determination of a result.
- If a candidate fails to appear for the examination, or if withdrawal from the examination is advised, a portion of the fee may be refunded to the candidate, at the discretion of the CEO.

The evidence for medical or compassionate grounds should be received by RACDS within seven days.

Cheating or the use of prohibited equipment or material during the examination

An examiner, invigilator or observer who identifies a candidate cheating or using prohibited equipment or materials during the examination will report this immediately to the Chair of the Examination Panel and the Registrar (OMS) and prepare a written report. The incident will be considered by the Court of Examiners.

Please refer to the Academic Integrity Policy for further information.

5. MANAGEMENT OF UNSATISFACTORY PROGRESS IN OMS TRAINING

5.1 Formal warnings

If the SoT has significant concerns about a trainee's performance and progress, a formal warning may be issued to the trainee by the Director of Training, prior to the six-monthly assessment. The trainee will be advised that improvement in performance and progress will be expected in specified areas or an unsatisfactory six-monthly assessment report may result. This warning must be indicated on Remedial Plan (FORM 05) and signed and dated by the DoT and the trainee. A copy of the Remedial Plan should be filed in the trainee's Learning Portfolio and the original retained by the DoT.

Initial steps by the DoT (in consultation with the SoT) in issuing a formal warning to a trainee comprise:

- A formal time should be set aside for a discussion with advance notice for the trainee.
- The presence of a support person should be offered.
- Shortcomings in progress/performance should be clearly identified and documented by the SoT on the Remedial Plan (or attached to it).
- Clear expectations on required progress/performance should be provided to the trainee agreed, achievable goals should be set.
- Assistance and resources available to the trainee should be identified and offered (this may include assistance in identifying a mentor for advice or counselling from a professional counsellor).
- A documented action plan including follow up meeting dates (with the Director and SoT) should be developed.

5.2 Unsatisfactory performance

When a trainee consistently performs below an acceptable standard for a developing oral and maxillofacial surgeon, despite repeated documented attempts at remediation, the DoT will notify the BoS. After ensuring that appropriate counselling and remedial measures have occurred, the BoS of the RACDS may recommend any of the following options, depending on the nature of the problem:

- A further period of specified training and review of progress.
- Leave of absence to be followed by a specified period of training (see regulations on interrupted training).
- A career change on a temporary or permanent basis.

The processes of procedural fairness must be observed so that the trainee is notified of any steps being taken. The DoT must advise the BoS of any action which may alter the training status of the trainee.

5.3 Appeals procedures

The trainee may appeal to the RACDS against any decision that affects their training. RACDS will consider this appeal according to the Reconsideration, Review and Appeals Policy.

5.4 Termination of employment

If a trainee is dismissed or terminated from their hospital employment, they will be automatically terminated from their accredited training position and the OMS training program.

5.5 Reapplying for entry into the OMS training program

A former trainee will not be eligible to reapply for selection for the OMS training program where they have been terminated from the OMS training program and/or an employing institution for any of the reasons outlined below:

- Failure to complete the SST exam after three diets of the examination.
- Unsatisfactory performance on six-monthly assessment reports.
- Failure to satisfy hospital employment requirements.
- Unprofessional conduct, professional misconduct or notifiable conduct as defined by the registering bodies for medicine and dentistry in Australia and New Zealand.

For further information on re-applying to the training program, please refer to the Former Trainees Seeking to Reapply to the Oral and Maxillofacial Surgical Training Program Guidelines (Appendix 1).

5.6 Trainees in difficulty

Any trainee encountering difficulties in their training for any reason, are encouraged in the first instance to discuss with their SoT or DoT. Other avenues for support include the OMS mentoring program.

The Trainees Requiring Assistance Policy provides an overview to assist DoTs and SoTs who are assisting a trainee requiring assistance.

5.7 Withdrawal from the training program

Trainees must advise the RACDS office and the DoT for their region in writing of their intention to withdraw from the program. Fees will not be refunded.

Appendix 1 Former Trainees Seeking to Reapply to the OMS Training Program Guidelines

1. Purpose

These guidelines are for former trainees who have voluntarily withdrawn or have ceased training and are seeking to reapply to recommence accredited training in Oral and Maxillofacial Surgery (OMS). These guidelines have been developed in accordance with the accreditation requirements of the Australian Medical Council, the Australian Dental Council, the Medical Council of New Zealand and the Dental Council of New Zealand.

2. Ineligible to reapply

A former trainee who has been dismissed from the OMS training program and/or an employing institution due to the following reasons will not be granted permission to reapply for OMS training:

- Failure to complete the SST exam after three attempts of the examination.
- Unsatisfactory performance or formative assessment report.
- Failure to satisfy hospital employment requirements.
- Unprofessional conduct, professional misconduct or notifiable conduct as defined by the registering bodies for medicine and dentistry in Australia and New Zealand.

3. Eligibility to apply for consideration to recommence surgical training

Practitioners wishing to make an application for re-entry into the OMS Training Program must have:

- Formerly been in a recognised training centre and,
- Under the following criteria (1 and 2), they are regarded to be in good standing.

A former trainee is regarded as being in good standing if, at the time of withdrawal, they did not have a borderline or unsatisfactory six-monthly assessment report or had not committed an act that could result in an investigation for unprofessional conduct, professional misconduct, or notifiable conduct.

a. Permission to reapply to the training centre will be automatically granted to the following former trainees in good standing (however may be subject to conditions):

- Trainees have voluntarily withdrawn in good standing from a training centre.
- Trainees who have been dismissed from the RACDS for failure to pay the annual registration fee or any other outstanding monies.

b. Former trainees who ceased training due to the following may be granted permission to apply to the training program:

- Dismissed for failure to satisfy dental or medical registration. (At the time of reapplication, the doctor must have medical & dental registration with no restrictions).

4. Application process

Former trainees seeking permission to reapply should do so in writing to the Registrar (OMS) by the closing date stated on the RACDS website to be considered for selection for commencement of training for the next year.

The correspondence must:

- Include a letter of good standing from the Director of Training of the previous training centre.
- Provide information relating to any factors which may warrant special consideration.
- Provide information giving the reasons for leaving the training program and why these reasons no longer apply.

5. Consideration of applications

In considering applications to rejoin the OMS Training Program after a period of absence, all OMS Fellows engaged on the Board of Studies or the annual trainee selection process will declare any competing interests they may have in relation to the applicant/s. These competing interests may not preclude the member from providing relevant information to the process; however, they will be excused from final decision-making.

The information submitted by the former trainee will be discussed with the Chair of the Board of Studies. The Chair, on behalf of, or in conjunction with, the Board of Studies will determine whether the trainee may apply to a training centre to recommence training on the OMS Training Program.

The Chair of the Board of Studies may seek additional information from the previous training centre and may consult with other OMS Fellows.

The Chair of the Board of Studies will make a recommendation to the Registrar (OMS) and the Registrar (OMS) will communicate the decision to the applicant.

If permission is granted to reapply for training in OMS, the applicant will be informed of any conditions attached to this such as (including but not limited to) payment of registration fees or any outstanding monies (if dismissed for non-payment of fees).