

PRE-ACCREDITATION VISIT SURVEY FOR ORAL AND MAXILLOFACIAL SURGERY TRAINING POST

FOMS 18

Instructions

This form relates to applications for the accreditation of all new and existing OMS training posts, in accordance with the RACDS Standards and Criteria for Oral and Maxillofacial Surgery (SCOMS).

Please refer to the *RACDS Standards and Criteria for Accreditation of Regional Training Centres, Hospitals and Posts* for further information.

Please choose one of the following:

- ☐ Application for accreditation for additional or a new post
- ☐ Application for accreditation of existing post/s

| | | | |
|---|--|---|--|
| Post Title | | Date of Application | |
| Post Address(Hospital site/ Institutions where training occurs) | | Current number of accredited posts | |
| Training Centre | | Current number of accredited posts in Training Centre | |
| Supervisor of Training | | Director of Training | |

PART 1 – SUPERVISOR OF TRAINING TO COMPLETE

Training Post Information – Supervision & Hospital Structure

| | | | | |
|---|------------------------------|-----------------|--|-----------------------------------|
| Head of Department/ Unit | | | | |
| Chief of Surgery | | | | |
| Supervisors of Training | Full Name | Post FTE | Number of operating lists per month | Number of clinics per week |
| | | | | |
| | | | | |
| | | | | |
| Consultant Trainers | Full Name | Post FTE | Number of operating lists per month | Number of clinics per week |
| | | | | |
| | | | | |
| | | | | |
| Number of Theatres | | | Number of Beds | |
| Is OMS a standalone department or headed by ENT/PRS? | <input type="checkbox"/> Yes | | <input type="checkbox"/> No Department headed by: | |
| Number of Registered Nurses in unit | | | Number of Dental Assistants in unit | |

| Current OMS Trainees | Full Name | Year of Training | FTE |
|----------------------|-----------|------------------|-----|
| | | | |
| | | | |
| | | | |

| Standard 1: Education and Training | | | |
|--|--|---------------------|---|
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 1.1 Co-ordinated schedule of learning experiences for each trainee | <p>Trainee's/registrar's weekly timetable. <i>*In units with more than one trainee/registrar – please attach individual trainee/registrar timetables.</i></p> <p>The frequency and nature of coordinated learning experiences. E.g., Audits, journal clubs, tutorials.</p> | | |
| 1.2 Clinical Training Assessment | Individual trainee portfolio's to be available for checking at time of visit. | | |
| 1.3 Access to external educational activities for trainees | Institutions HR Policy on educational leave for trainees/registrars. | | |
| 1.4 Opportunities for research | Please attach the five (5) most recent publications from the training unit. | | |

| Standard 2: Clinical Experience | | | |
|--|--|---------------------|---|
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 2.1 Supervised consultant outpatient clinics | Scheduling documenting frequency of consultative clinics. Documentation showing trainees/ registrars see new patients and follow up / review patients. | | |
| 2.2 Beds available for OMS | Documentation on accessible beds for OMS. | | |
| 2.3 Consultant led ward rounds with educational and clinical goals | Scheduling documenting frequency of consultant led ward rounds. | | |
| 2.4 Caseload and case-mix of trainees | Summary statistics of number and case-mix of surgical cases managed by the OMS in the previous year. Annual logbook summary for each trainee/ registrar occupying post for the previous and current year. | | |
| 2.5 Operative experience of the trainee | Weekly theatre schedules. <i>*In units with more than one trainee/registrar – please attach all relevant schedules.</i> | | |



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|---|---|--|--|
| 2.6 Experience in peri- operative care | Are there clinical examination rooms available for use? | | |
| 2.7 Access to day care/minor surgery | Is there regular access to day care/ minor surgery lists? | | |
| 2.8 Involvement in the acute/emergency care of surgical patients | On-call roster. Documentation showing frequency of involvement in acute/emergency care of surgical patients. | | |

Summary statistics of number and casemix of surgical cases managed by OMS in the previous year

| Scope of practice | Full or limited scope? | Shared with other service? | Number of cases in the last 12 months |
|---|------------------------|----------------------------|---------------------------------------|
| Dentoalveolar | | | |
| Oral and facial infection | | | |
| Facial trauma | | | |
| Pathology – benign and malignant) | | | |
| Preprosthetic and adjunctive implant procedures | | | |
| Implants | | | |
| Orthognathic – single jaw | | | |
| Orthognathic – bimaxillary | | | |
| Orthognathic – other | | | |
| TMJ | | | |
| Maxillary sinus | | | |
| Trauma | | | |
| Reconstructive – hard tissue | | | |
| Reconstructive – soft tissue and composite | | | |
| Reconstructive – graft harvest | | | |
| Other procedures | | | |

| Standard 3: Equipment and Support Services | | | |
|---|--|---------------------|--|
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 3.1 Facilities and equipment available to carry out surgery | Evidence of accreditation by ACHS (Australia) or HealthCERT (New Zealand). | | |
| 3.2 Imaging – diagnostic and intervention services | Summary of services available | | |
| Standard 4: Resources to Support Education and Training | | | |
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 4.1 Medical Library services and access | Please provide name and location of library. Do trainees/registrar have after- hours access to the library? | | |
| 4.2 Computer facilities with IT support | Computers available with free internet access. 24-hour computer access acknowledging security issues. | | |
| 4.3 Tutorial room available | Tutorial rooms available when required. | | |
| 4.4 Access to private study area | Designated study room/area available isolated from busy clinical areas. | | |

| Standard 5: Supervision | | | |
|---|--|---------------------|--|
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 5.4 Specialist surgical staff appropriately qualified to carry out surgical training | OMS unit organisational chart which includes specialist surgical staff qualifications. | | |
| 5.5 Regular supervision, assessment, and feedback to trainees | Documentation on institution/dept practices relating to supervision, assessment, and feedback to trainees. | | |

PART 2 – INSTITUTION TO COMPLETE

Standard 6: Organisational Support for Trainees/ Registrars

| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
|---|--|---------------------|--|
| 6.1 Hospital support for trainees | <p>Policy on safe working hours and appropriate on-call scheduling.</p> <p>Summary of Institutions safety procedures for trainees working outside of normal working hours.</p> <p>A copy of the award under which the trainee/registrar is paid and safe working hours are determined.</p> | | |
| 6.2 Appropriate hospital/ unit orientation for new trainees | Documentation on Hospital induction plan/ process. | | |

Standard 7: Institutional Responsibilities

| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
|--|---|---------------------|--|
| 7.1 Supervisor's Role and Responsibilities | <p>Hospital documentation on supervisor's role in keeping with college requirements.</p> <p>HR Policy on educational leave.</p> | | |

| 7.2 Flexible training options are available for trainees | Institutions HR policy on part-time and job-sharing options. | | |
|---|--|----------------------------|--|
| 7.3 Hospital support for surgeons involved in training | Documentation on weekly service and educational activities of staff. HR policy on educational leave. | | |
| Standard 8: Quality and Safety | | | |
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 8.1 Hospital accreditation status | Evidence of hospital accreditation (minimum requirement accredited by ACHS (Australia) or HealthCERT (New Zealand)). | | |
| 8.2 Risk management processes with patient safety and quality committee reporting to Quality Assurance Board | Documentation on processes including those for correct site surgery. Documentation on Quality Assurance Board or equivalent reporting to appropriate governance body. <i>e.g., Documentation published by HR, clinical risk management and other safety policies</i> | | |
| 8.3 Head of OMS Department and governance role | Documentation on structure of surgical department. Position description and reporting lines of OMS service. | | |

| 8.4 Hospital credentialing or privileging committee | Documentation on credentialing or privileging committee and its activities. | | |
|---|---|----------------------------|--|
| 8.5 Surgical audit and peer review program | Documentation on audit and peer review program for unit. | | |
| 8.6 Hospital systems reviews | Documentation on systems reviews. | | |
| 8.7 Occupational safety | <p>Evidence of education on protection against ionising radiation and/or laser to patients and staff.</p> <p>Documentation on hospital protocol relating to accidental infection of staff i.e. needle stick injury etc. (e.g. Infection Control).</p> | | |
| Standard 9: Promoting an environment of culture and respect for staff and patients | | | |
| Accreditation Criteria | Documentation Requested | Comments / Response | Supporting attachment reference (If applicable) |
| 9.1 Hospital fosters a culture of respect and professionalism | Institutions policies and procedures on building and maintaining an environment of culture and respect, including training for all staff. | | |
| 9.2 Hospital complaint management process | Institutions policies and procedures for the open and transparent management and investigation of complaints of discrimination, bullying, and sexual harassment. | | |