Royal Australasian College
of Dental Surgeons
*Let knowledge conquer disease*

# Accredited Training in Oral and Maxillofacial Surgery

# HANDBOOK

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## 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. Users of the Handbook are advised to consult the latest version which is available on the policy page of 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 which 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 the 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 in a 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 provision of training of the highest standard.

For each regional training centre there is a Regional Surgical Committee (RSC) and a Director of Training (DoT). Directors of Training are responsible for the appointment of trainees to training posts, evaluation of trainees' and supervisors' performance and implementation of 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 as well as 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 provide support to 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 consultant or senior registrar. They will make every reasonable effort to ensure that trainees have appropriate support from on-call 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 are delivered by means of demonstrations, tutorials, lectures, seminars, literature review, web-cases and are directed towards self-learning.

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

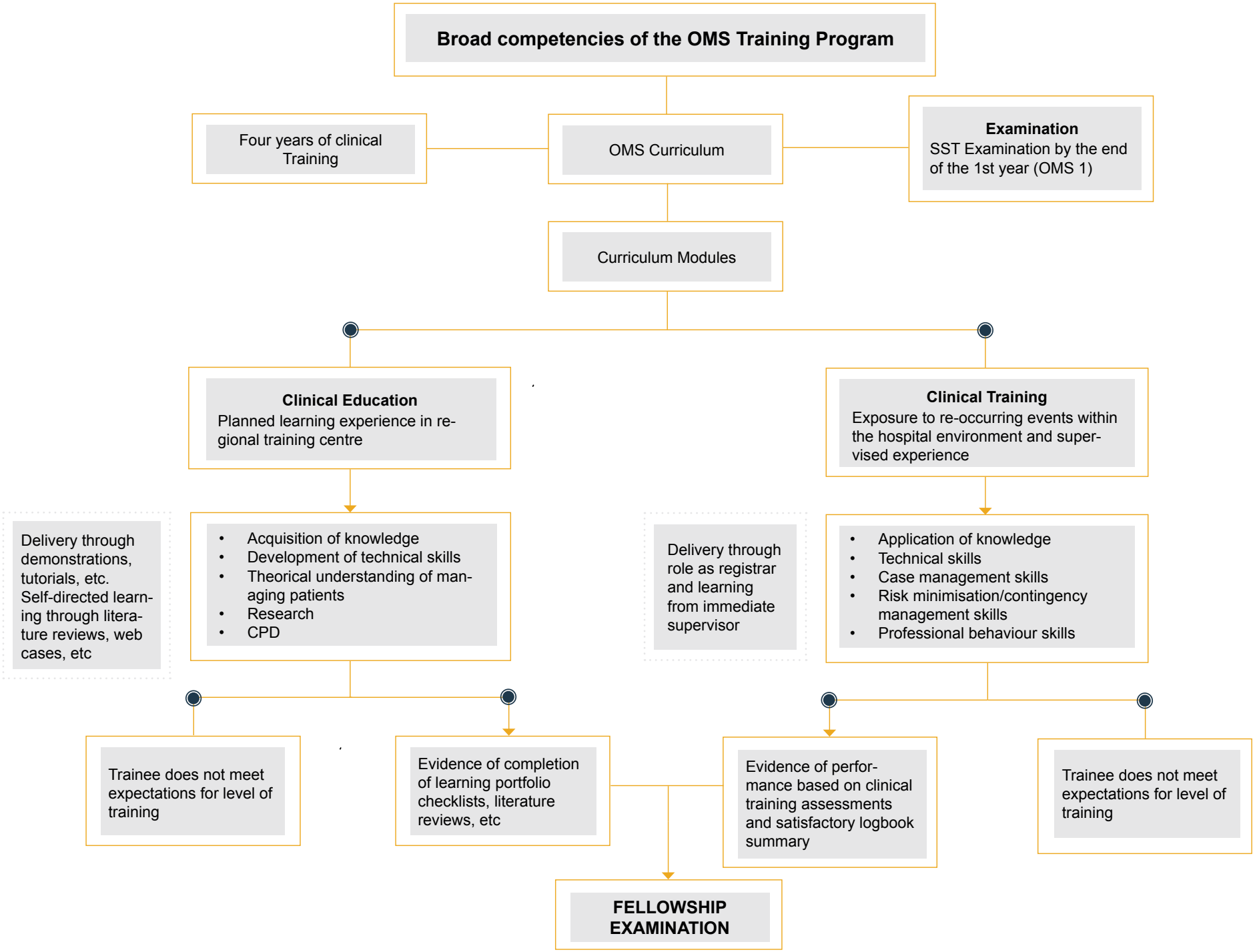
Evidence of completion of clinical education requirements will be determined by learning portfolio reviews and checks, literature reviews and the trainees' log of web-based cases.

**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 learned 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 by the various clinical assessment tools used during the training program.

As of 2025, a new curriculum will be introduced as the primary resource for training and assessment in oral and maxillofacial surgery. Trainees are encouraged to integrate their learning with the new curriculum and familiarise themselves with the revised content. Please refer to the OMS Accredited Training Curriculum until 2025 and the OMS Guide, Foundation and Advanced Modules from 2025 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 responsibility of each trainee to ensure that they maintain appropriate medical registration for the duration of the training program. Failure to maintain the required level of registration, or to report any changes to their registration status, may result in disciplinary action, which may lead 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, if there is loss of training time due to illness or other problems or failure to complete any of the listed requirements for the completion of 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 who are undertaking full-time training is six weeks per year and is inclusive of 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 a range of circumstances, including 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 will be accredited by RACDS. 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 per cent of full-time training, subject to approval by the employing authority.

Trainees who are 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. Where there are 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 a period of 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 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 of training**
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 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 towards total training time. Training completion within eight years is applicable from the year training commences.

Trainees undertaking unaccredited training time (between attempts of the SST Exam) will not have this time counted towards total training time.

## 3.6 Training posts

OMS training occurs in a variety of accredited training posts in the same or across several regional training centres, as it is recognised that a single training post in any one centre is unlikely to be able to offer complete training in all aspects of the specialty.

It is the responsibility of the trainee to secure suitable training posts. Training time completed in an accredited 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

a space 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) and 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' 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 satisfactorily complete the OMS training program, a trainee must successfully complete the following requirements:

- A minimum of four years of full-time training in accredited training posts.
- A learning portfolio of clinical training.
- 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.
- Satisfactory six-monthly assessment reports.
- Mandatory research requirements.
- All required clinical training assessments (CTAs).
- 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. This is mandatory to proceed into OMS 2. The exam 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 registration 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/OMS 4). A pass in this examination is mandatory for completion of the training program and award of Fellowship.

## 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 are expected to 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. Virtually 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, trainer or 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 trainer or consultant, in the presence of the trainer or consultant, or a substantial part of the operation with the consultant, i.e. “doing one side”. Generally, only one trainee may be the surgeon for an operation. If two trainees each “do one side” then only one is the surgeon, the other is the assistant.
b. Assistants assist another surgeon, either trainer, consultant or trainee. If a more experienced trainee is supervising another on how to perform a whole operation, then the more experienced is the assistant. 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 in applying these guidelines, or in the event of 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 & 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 ceph. 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 is not a malignancy workup.

**Temporomandibular joint**
Detailed clinical, imaging, medical and psychosocial evaluation 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 of the condition.

## 4.3 Assessment reports

Supervision and assessment of trainees by SoTs is necessary to ensure quality of training, progression of training, suitability to sit the Fellowship Examination, and whether completion of training has occurred. Every three months during training, supervisors 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 trainers and 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 who is experiencing difficulty should notify their SoT as soon as possible.

**Initial supervisor meeting**
At the beginning of the rotation, it is the trainee's responsibility to show the SoT their learning portfolio including copies of all previous assessments. The learning portfolio is to be used by the supervisor and trainee to set appropriate educational and clinical goals for the following rotation.

**Midterm interim assessment – Formative**
The midterm assessment report is a Formative assessment that occurs at the three-month point of each six-month rotation. The trainee will discuss with their SoT their training progress, identify strengths and weaknesses in their clinical performance, and seek feedback and guidance on areas for improvement.

It is the trainee's responsibility to arrange a meeting with their SoT to complete the midterm assessment report. The SoT will document their assessment of the trainee's progression using the Midterm Trainee Assessment Report (WBA FORM 01A).

There are two outcomes to the midterm interim assessment:

1. The trainee's performance is identified as *Satisfactory* – the trainee will continue the current training plan.
2. The trainee's performance is identified as *Borderline* or *Unsatisfactory* – the SoT must develop a Remedial Plan (WBA FORM 05) with the trainee to provide further support and guidance to the trainee.

It is the trainee's responsibility to ensure their midterm assessment report is fully completed and, if necessary, submitted to the College by the relevant due date. The report is considered valid when all contents have been appropriately completed and signed by the trainee and SoT.

Trainees identified as performing at a Satisfactory level continue their current training plan. The trainee must keep a copy of their midterm assessment report for their own records. Submission of the assessment report to the College is not required at this time but may be requested at a later time.

Where the trainee's performance on the midterm assessment report is Borderline or Unsatisfactory, the SoT advises the trainee of specific problems, identifies deficiencies in training and makes recommendations for improvements that are required. The trainee should note the potential consequences of the assessment for their current six months of training:

- The six-monthly assessment report for the current training rotation will either be Satisfactory or Unsatisfactory.
- If the six-monthly assessment for the current training rotation is Satisfactory, then this six-month training period will be deemed as Satisfactory and count towards accredited training time.
- If the six-monthly assessment for the current training rotation is Unsatisfactory, then this six-month training period will not be accredited and will not count towards accredited training time.

Trainees identified as performing at a Borderline or Unsatisfactory level must ensure a copy of their completed assessment report and the Remedial Plan are provided to the College within two (2) weeks

of the midterm assessment being finalised with their SoT, and by the relevant due date (17 May for February to August term; 15 November for August to February term).

If performance is below expectation or unsatisfactory on any one of the skills/attitudes/abilities on the form, then it must be discussed with the trainee with a view to establishing 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, remedial strategies established.

**Six-monthly assessment – Summative**
The six-monthly assessment report is a Summative assessment where the SoT will, in consideration of the trainee's progression and development through the training rotation, assess the trainee's overall performance for the period.

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 formal, written feedback to trainees.
- Inform the development of any additional learning activities and/or supports for the trainee should they be required.

The assessment 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. |

It is the trainee's responsibility to arrange a meeting with their SoT two weeks before the end of each six-month term. This meeting is specifically to review and discuss the trainee's performance in the current rotation. The SoT will document their assessment of the trainee's overall performance using the Six-monthly Trainee Assessment Report (WBA FORM 01B). If the trainee is continuing 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 two weeks of the completion of the relevant six-month training period. The DoT is responsible for determining the final outcome of the assessment and may do so, as required, after consultation with other individuals involved in training, including but not limited to the relevant Regional Surgical Committee. Once six-monthly assessments are complete, the DoT notifies the Regional Surgical Committee Chair of the outcome of their trainees.

It is the trainee's responsibility to ensure their six-monthly assessment report is fully completed and submitted to the College by the relevant due date (15 August for February to August term; 15 February for August to February term). The assessment report is considered valid when all contents have been appropriately completed and signed by the trainee, SoT and DoT.

Failure to submit the six-monthly assessment report within a maximum of two weeks following the published due date may result in the term being considered as Unsatisfactory, unless a late submission has been approved. As a result, additional training time will be required because of the deficit in accredited training time.

**Outcomes of six- monthly assessment reports**

**Satisfactory result**
Trainees identified as performing at a Satisfactory level should continue their current training plan as discussed with their SoT and DoT.

**Unsatisfactory result**
In the event of an Unsatisfactory outcome or if there are discrepancies in the assessment, the DoT is responsible for determining the final outcome of the trainee's overall performance, in consideration of the following:

- 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.

Submission of an Unsatisfactory six-monthly assessment report must be accompanied by the trainee's Remedial Plan (WBA FORM 05) developed with their SoT and DoT, and a copy of their midterm assessment report of the same six-month training period if not previously provided to the College.

If a six-monthly assessment report is deemed Unsatisfactory, the relevant six-month training period will not be accredited. The trainee will be notified in writing following receipt of the Unsatisfactory six-monthly assessment report.

All Unsatisfactory six-monthly assessment reports will be reviewed by the Training Committee. Trainees will be notified in writing of the decision of that review and any further actions as deemed necessary by the Training Committee.

Any trainee who accumulates three (3) Unsatisfactory six-monthly assessment reports over the course of their training will not be permitted to continue in the OMS training program. The Training Committee will oversee all decisions regarding a trainee's position in the 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).

**Pathway 1**
Trainees who are undertaking a University qualification must complete and submit Submission of Research Proposal – Pathway 1 (FOMS 7A) when the research study has been approved by the University, 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 be required to first 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 post-graduate 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.

**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 acknowledge 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 research completion has been confirmed by the Research Committee, 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 per cent of the annual trainee registration will apply for each six -month period 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) and
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, which will usually occur with their SoT or a provider of training/consultant. The trainee should advise the assessor that a specific case provides an opportunity for assessment, organise a mutually acceptable time for the assessment to take place, 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 own record in the notes. Case Presentation (WBA FORM 03) can be found on the RACDS website.

In order 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 should 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 each 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 their 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<br>From a distant site |
| Placement of implant fixtures | |
| Closure of an oro-antral communication | |
| Tracheostomy | |
| Osteotomy | Mandibular<br>Maxillary |
| Incision and drainage for infection (cervico-facial) | |
| Enucleation of a jaw cyst | |
| Surgical approaches | Mandibular<br>Maxillary<br>Zygomatic/Orbital |
| Open reduction and internal fixation of fractures | Mandible |

| | |
|---|---|
| | Maxilla<br>Zygomatico/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 at any point 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 should 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**
The SST Examination is undertaken by trainees during their first clinical OMS training year; progress into OMS 2 is dependent on passing the examination.

**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 | • Focus on basic surgical science comprising single best answer, relationship-analysis and variable response questions. |

| | | |
|---|---|---|
| | question (SAQ) examination | • 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:<br>• Anatomy<br>• Acute care<br>• Ward scenario<br>• Critical care<br>• 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 of the ANZAOMS Medal.

**Notification of results**
Candidates will be sent formal notification of results from the Registrar, in writing, within two working days. After the examination, candidates will be advised of a time for 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.

**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:

- 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 OMS 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 to November. (Refer to the calendar on the RACDS website. All examination timing is approximate and subject to change each year). The written examinations are held on two consecutive days in advance of the commencement of the clinical examinations. Candidates complete the written examinations at regional locations or online via ExamSoft from their home or office. Clinical examinations are held in one central location face-to-face, or via Zoom where candidates attend professional examination venues in their nearest capital city.

**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, 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. The arbitration of the Registrar will be final at that time. The parties involved have the right to appeal to the Registrar 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 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 will assess the acuteness or severity of the event.
- The Registrar 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 OMS Registrar 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 of a summative 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 in a recognised training centre and,
- Under the following criteria (1 and 2), 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 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 will determine whether the trainee may apply to a training centre to recommence training on the OMS Training Program.

The Chair of the Board may seek additional information from the previous Training Centre and may consult with other OMS Fellows.

The Chair of the Board will make a recommendation to the Registrar and the Registrar will communicate the decision to the former trainee.

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).