



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

**RACDS**

# OMS Supervisor Guide

**ORAL AND MAXILLOFACIAL SURGERY**



## Document information

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# Introduction

This guide was developed to support supervisors in providing education and training to accredited trainees of the Royal Australasian College of Dental Surgeons (RACDS) Oral and Maxillofacial Surgery (OMS) Training Program.



## Roles and responsibilities

Trainees undertake their training in accredited posts at regional training centres in Australia and New Zealand. Each training centre has a Regional Surgical Committee, which oversees the provision of training in collaboration with the Director of Training and Supervisor of Training at each training post. The roles and responsibilities for each of these entities in relation to the OMS Training Program are outlined below.

### Regional Surgical Committee

The Regional Surgical Committee (RSC) of each of the six training centres is responsible for facilitating the education and training of trainees according to the RACDS Accredited Training in OMS Curriculum. The RSC discusses and makes decisions on any relevant matter pertaining to the delivery of the OMS Training Program with the training centre and actions on any matters referred from the College.

Moreover, the RSC participates in preparing for and undertaking the accreditation review of the training posts within their training centre per the RACDS OMS Standards and Criteria for Accreditation of Regional Training Centres, Hospitals and Posts. Furthermore, the RSC advises the Selection Committee of the number of training posts available for the commencement of training in the following year and submits applications for new posts to the Accreditation Committee. The Director of Training (DoT) of each training centre is responsible for appointing trainees to training posts, evaluating trainees' and supervisors' performance, and implementing the curriculum.

### Supervisors

A Supervisor of Training (SoT) is allocated to a trainee for each 6 or 12-month term. The SoT, in collaboration with other supervisors (i.e., surgical consultants), supports trainees and ensures adequate supervision and training. This supervision must include regular constructive feedback on technical skills, communication and decision-making.

SoTs must ensure that trainees have sufficient opportunities to practise their skills under supervision and that they are appropriately supervised during new procedures. SoTs must make reasonable efforts to ensure that trainees are supported by on-call consultants after hours.



## Competencies for supervisors

The Royal Australasian College of Dental Surgeons (RACDS) adapted with permission the supervisor framework developed by the Royal Australasian College of Surgeons (RACS), which outlines the expectations of the clinical supervisor role. The framework comprises the five domains of professionalism, educational management and leadership, trainee and patient safety, teaching and facilitating learning, and assessment of learning.

Domains	Core competencies
1. Professionalism	<p><b>1.1. Models professional and ethical standards regarding Trainee education and training</b></p> <ul style="list-style-type: none"> <li>• Maintains performance as a competent practicing surgeon</li> <li>• Complies with the RACDS Code of Conduct, regulatory and legislative requirements</li> <li>• Leads and addresses a zero-tolerance approach towards unprofessional behaviour including discrimination, bullying and sexual harassment</li> <li>• Maintains respectful interactions when under stress and responding to adversity</li> </ul> <p><b>1.2. Develops professional educational expertise</b></p> <ul style="list-style-type: none"> <li>• Evaluates and reflects on own capabilities as a supervisor and teacher</li> <li>• Seeks to develop the skills, attitudes and practices of an effective teacher</li> </ul>
2. Educational management and leadership	<p><b>2.1. Implements high-quality evidence based educational standards</b></p> <ul style="list-style-type: none"> <li>• Manages and reports critical training incidents promptly</li> <li>• Advocates for training post compliance with accreditation standards</li> <li>• Maintains confidentiality of sensitive information relating to Trainees</li> </ul> <p><b>2.2. Facilitates a team approach to teaching</b></p> <ul style="list-style-type: none"> <li>• Involves and supports the clinical team in teaching and training</li> </ul>
3. Trainee and patient safety	<p><b>3.1. Maintains patient safety and high-quality care whilst facilitating Trainee learning</b></p> <ul style="list-style-type: none"> <li>• Facilitates cultural awareness and safety to ensure patient rights are respected in the training situation</li> <li>• Facilitates Aboriginal, Torres Strait Islander, and Maori cultural awareness training for Trainees</li> <li>• Demonstrates and instructs correct and safe surgery when supervising and teaching Trainees</li> <li>• Maintains patient safety whilst providing Trainees with opportunities for independent practice</li> </ul> <p><b>3.2. Facilitates personal health and wellbeing of the Trainee</b></p> <ul style="list-style-type: none"> <li>• Identifies Trainee stress and fatigue and provides resources to ensure wellbeing</li> <li>• Supports Trainees to take responsibility for their own health and wellbeing</li> </ul>

Domains	Core competencies
4. Teaches and facilitates learning	<p><b>4.1. Establishes and maintains a safe and supportive environment for learning</b></p> <ul style="list-style-type: none"> <li>Establishes and maintains a professional relationship with the Trainee</li> <li>Supports Trainees to learn and to ask questions without fear of repercussions</li> <li>Facilitates access to learning opportunities, including theatre and clinic lists</li> <li>Facilitates Trainee learning through clear instruction and constructive feedback</li> <li>Recognises potential barriers to Trainee learning and identifies strategies to manage</li> </ul> <p><b>4.2. Promotes learning through teaching</b></p> <ul style="list-style-type: none"> <li>Ensures Trainees have a comprehensive training orientation to the unit</li> <li>Identifies Trainee learning needs and co-creates specific learning goals with the Trainee</li> <li>Enables Trainees to undertake self-directed learning in a variety of clinical contexts and settings</li> <li>Provides Trainees with practical learning experiences appropriate for their level of training</li> <li>Supports Trainees to prepare for examinations</li> </ul>
5. Assessment of learning	<p><b>5.1. Monitors learning through assessment and feedback</b></p> <ul style="list-style-type: none"> <li>Establishes a culture of constructive feedback as the norm</li> <li>Provides regular and specific feedback to assist Trainees to monitor and improve their performance</li> <li>Makes fair, valid, unbiased and reliable judgements about Trainees' performance when assessing</li> <li>Facilitates and documents midterm and end of term assessments</li> </ul> <p><b>5.2. Manages underperformance</b></p> <ul style="list-style-type: none"> <li>Identifies underperforming Trainees based on objective information</li> <li>Informs Trainees of concerns and referral pathways and assistance offered by the training centre and RACDS</li> <li>Refers Trainees to the Supervisor of Training in a timely manner</li> <li>Ensures Trainees have an identified Supervisor available for all clinic and theatre list</li> </ul>





## Overview of workplace-based assessments

Trainees must complete workplace-based assessments at midterm and end of the six-month term following the [RACDS Accredited Training in OMS Handbook](#). The following documents are available on the trainee page of the [RACDS website](#):

Name of assessment	Form number	Completion date
Trainee Assessment Report	WBA Form 01	At midterm (if borderline or unsatisfactory only) and end of six-month term assessment in OMS 1, 2, 3, and 4
Assessment of Operative Process (AOP)	WBA Forms 02A-02Q	Minimum of two satisfactory AOPs at the end of each six-month term in OMS 1, 2, 3, and 4
Case Presentation plus Discussion (CP&D)	WBA Form 03	Satisfactory completion of CP&D assessment forms in all areas outlined in section 4.5 of the OMS Handbook
Team Appraisal of Conduct (TAC)	WBA Form 04	One TAC assessment during OMS 3
Remedial Plan	WBA Form 05	At midterm and end of six-month term assessment, if trainee receives a borderline or unsatisfactory grade in Trainee Assessment Report (WBA Form 01)
Surgical logbook	My OMS Logbook (online)	Maintained throughout training. Annual logbook summary report is provided at the end of OMS 1, 2, and 3, and the final logbook summary report at the end of OMS 4

### Trainee Assessment Report (WBA Form 01)

The midterm and six-monthly assessments aim to assist trainees' progress through the training program by identifying their strengths and weaknesses, providing an opportunity for regular feedback, and informing the development of additional learning activities and support for the trainee should they be required. The areas of assessment include:

- Clinical knowledge and skills – clinical knowledge of the subject, professional knowledge, clinical clerking, history taking, relevant procedural skills
- Clinical judgment – diagnostic skills, patient management, time management, recognising limits, ethical skills
- Communication – communication skills, ability to communicate with patients and families, sensitivity and ethical awareness

The Supervisor of Training (SoT) must consult other surgical consultants who supervised the trainee before completing the Trainee Assessment Report (WBA Form 01) at midterm and end of the six-month term. Trainees must submit to the College a completed Trainee Assessment Report (WBA Form 01) at midterm if borderline or unsatisfactory, and at the end of each six-month term regardless of the outcome.

## **Assessment of Operative Process (WBA Forms 02A-02Q)**

Assessment of Operative Process (AOP) involves the observation of procedures performed by the trainee and is designed to assess a trainee's technical skills and ability to safely and effectively perform appropriate surgical procedures. The SoT or other assigned supervisor will also be able to assess the trainee's ability to adapt their skills in the context of each patient for each procedure.

On most occasions, the trainee's SoT will complete the assessment; however, any consultant surgeon may undertake the assessment, particularly for certain procedures, depending on the trainee's work pattern.

It is the trainee's responsibility to initiate the assessment process with their supervisor. The supervisor should observe the trainee undertaking the agreed sections of the AOP in the normal course of workplace activity. The supervisor 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. If the trainee is in danger of harming the patient at any point, they must be warned or stopped by the supervisor immediately.

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

Trainees must provide their SoT and the College with a copy of the completed AOP (WBA Form 02A-02Q) and retain originals in their learning portfolio.

## **Case Presentation plus Discussion (WBA Form 03)**

The Case Presentation plus Discussion (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 supervisor.

Trainees are responsible for initiating the assessment process, usually with their SoT or other designated supervisors. The trainee should advise the supervisor 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 supervisor to complete.



Trainees select a case record from a patient they have seen recently and in whose notes they have made an entry. The presentation and discussion must start from, and be centred around, the trainee's record in the notes. The supervisor and the trainee need to identify agreed strengths, areas for development, and an action plan.

Trainees must provide their SoT and the College with a copy of the completed CP&D (WBA Form 03) and retain originals in their learning portfolio.

### **Team Appraisal of Conduct (WBA Form 04)**

The Team Appraisal of Conduct (TAC) assesses 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 feedback is designed to highlight several factors for discussion, including the team's perception of the trainee's performance, any serious concerns, the trainee's awareness of their strengths and weaknesses, and the trainee's learning and development needs.

Trainees are responsible for initiating the TAC with the OMS Education Officer and will select a minimum of eight raters (maximum of 12) to provide assessments. Raters should be members of the trainee's multidisciplinary healthcare team who represent a range of different grades and environments and have sufficient expertise to make an objective judgment about the trainee's performance.

The assessment is completed online, and feedback is confidential as all contributions from colleagues are anonymous. Feedback to the trainee is delivered through a report sent to the trainee and the SoT with the raters' aggregate ratings compared with the trainee's self-assessment, plus the raters' verbatim comments.

Once the SoT receives the results, they must sign off the TAC report by selecting the appropriate outcome: satisfactory, development required, or unsatisfactory. The completed TAC form must also be submitted to the College. If development is required or the report is unsatisfactory, this is discussed with the Director of Training (DoT) a targeted training plan should be detailed. The re-assessment should occur when the SoT indicates that progress has been made in any areas identified for development.

### **Surgical logbook (*My OMS Logbook*)**

Trainees are required to maintain a surgical logbook online throughout their training via *My OMS Logbook* to demonstrate their clinical experience. These should be available for review by the SoT or DoT at least every six months.

Trainees must submit an Annual Logbook Summary to the College. Logbooks are audited by the Training Committee.





## Supervisor and trainee meetings

The Supervisor of Training (SoT) is responsible for regularly meeting trainees during each six-month term. These occur at the beginning of the term, after three months, and at the end of the six-month term. In addition to these required meetings, additional meetings between the SoT and trainee may be scheduled as required. Trainees are responsible for notifying their SoT as soon as practical of any difficulties they are experiencing that may affect their progress..

### At the beginning of the six-month term

The initial meeting between the SoT and trainee should occur at the beginning of each six-month term to discuss their intentions for the term. The trainee must share their learning portfolio with the SoT, including copies of all previous assessments. The SoT and trainee use the learning portfolio to set appropriate educational and clinical goals for the rotation.

### At the three-month point (i.e., interim midterm assessment)

Trainees are responsible for arranging a meeting with their SoT at the three-month point of each six-month term to discuss their progress, seek feedback, and identify strengths and weaknesses in their clinical performance.

The SoT is responsible for documenting the meeting using the Trainee Assessment Report (WBA Form 01). While the Director of Training (DoT) is responsible for notifying the Regional Surgical Committee Chair of the progress of their trainees at the mid-point of the rotation. A copy of the formative assessment report will be provided to the trainee within two weeks. Trainees identified as performing at a borderline or unsatisfactory level must also ensure a copy of their assessment report and the remedial plan is provided to the College within two weeks of the meeting.

Trainees rated as borderline or unsatisfactory on any of the skills, attitudes, or abilities on the form must discuss their learning needs with their SoT and DoT to establish a learning plan. A single rating of unsatisfactory should not necessarily constitute an overall unsatisfactory assessment. Where an attribute is consistently unsatisfactory over more than one assessment or where there are multiple unsatisfactory attributes on a single occasion, these must be discussed with the trainee and, together with the DoT, remedial strategies established.

Outcomes of interim midterm assessment reports:

1. **Satisfactory performance** – the SoT and DoT continue the current training plan.
2. **Borderline or unsatisfactory performance** – the SoT and DoT must develop a remedial plan to provide more support and guidance to the trainee.

## At the end of the six-month term

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

The DoT will also meet with each trainee and consider their assessment report within four weeks of completing the relevant six-month training period. Once six-monthly assessments are complete, the DoT notifies the Regional Surgical Committee Chair of the outcome of their trainees.

Outcomes of six-monthly assessment reports:

1. **Satisfactory performance** – the SoT and DoT continue the current training plan.
2. **Borderline performance** – the DoT advises the trainee of specific problems and identifies the areas where makes recommendations for improvements are required  
The Remedial Plan is completed.

The DoT or SoT must inform the trainee of the potential consequences of the assessment for their next six months of training:

- If the following six-monthly assessment report is deemed satisfactory, the previous six months will be considered satisfactory.
  - If the following six-monthly assessment report is deemed borderline, then both assessments will be considered unsatisfactory, and the training time for these 12 months will not be credited.
  - If the following six-monthly assessment is deemed unsatisfactory, then the borderline six months will be considered unsatisfactory, and the training time for these 12 months will not be credited.
  - If a trainee receives a borderline report following an unsatisfactory report in the previous six months, then the borderline report will be deemed unsatisfactory, and the training time for these 12 months will not be credited.
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3. **Unsatisfactory performance** - in case of a borderline or unsatisfactory report, the DoT will assess the likely impact of the issues noted (e.g., lack of knowledge, inability to cope with emotional demands. The trainee's insight and 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 may have influenced behaviour or affected performance. Whether or not specific assistance can be provided. Whether the trainee is likely to improve their performance or whether they are at risk of ongoing problems.

If the six-monthly assessment is deemed unsatisfactory, the College will notify the trainee in writing that this training period will not be credited. Any trainee who accumulates three unsatisfactory six-monthly assessment reports at any time during their training will not be permitted to continue in the OMS Training Program.



## College Contact

Supervisors may contact the Education Officer by email at [omstraineer@racds.org](mailto:omstraineer@racds.org) or by phone +61 2 9262 6044.



## Related Documents

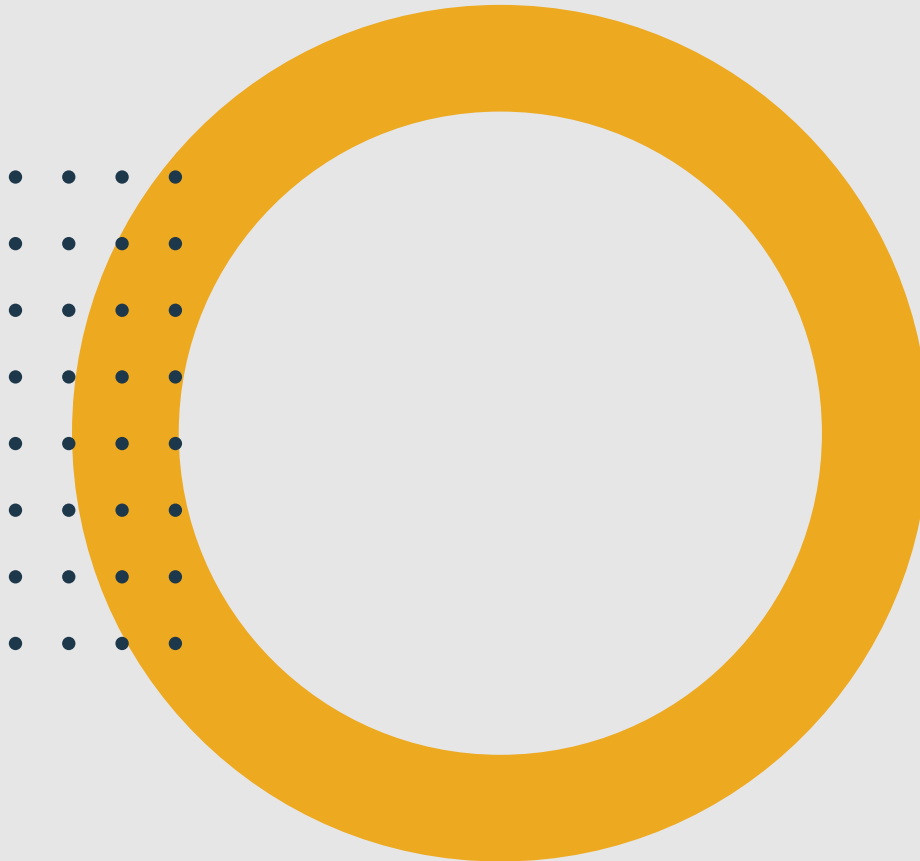
The following documents are available on the policy page of the [RACDS website](#):

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