



Requirements for Credentialing – Cranio Maxillofacial Surgery

Introduction

The Royal Australasian College of Dental Surgeons (RACDS), through the Board of Studies in Oral and Maxillofacial Surgery is at present the principal professional organisation for Oral and Maxillofacial Surgeons. The College is recognized as the arbiter of training standards in OMS through the requirements and training protocols required for a surgeon to be awarded the diploma of FRACDS (OMS), which is the federally recognized qualification for entry into specialist practice.

The RACDS has set up a self-monitored system of Continuing Professional Development (CPD) and plays a leading role in developing standards and encouraging OMS specialists to be involved in ongoing surgical education. It is College policy that CPD will become mandatory. This view is fully supported by the Board of Studies for OMS and the profession.

The RACDS has an important role in liaison with Federal Government agencies in the Department of Health as well as with the Australian Medical Council, Australian Dental Council and other federal and state bodies.

Within hospital and healthcare organisations, the College, through its representatives and appointees plays an important role in ensuring excellence of clinical care and maintenance of standards through involvement in credentialing, appointments, audit and peer review committees and processes.

Definitions

Credentialing in Oral and Maxillofacial Surgery (OMS) is the establishment of the range of activities that Oral and Maxillofacial Surgeons can undertake in the core areas of the discipline, where specialist knowledge and skills is required.

Credentialing needs to incorporate four processes that are interrelated:

1. The minimum qualification required to practice as a specialist in OMS.
2. The verification of individual's credentials for employment at an institution or organisation.
3. The allocation of clinical responsibility within the institution or organization

4. The process of recredentialing on a regular basis

From Zusman, J. (1998). Credentialing and Privileging Systems (2nd Ed). APCE: Florida

Micro-accreditation, is credentialing of Oral and Maxillofacial Surgeons in specific areas of surgery that fall within the currently recognized scope of Oral and Maxillofacial Surgery but for which individuals need to demonstrate that specific and advanced training, education and assessment has been undertaken.

Post Fellowship Credentialing

Minimum requirements

Applicants should provide evidence to the satisfaction of the CPD Committee to establish that they are:

1. Fellows of the Royal Australasian College of Dental Surgeons (OMS) or equivalent, currently appointed as a surgeon in this discipline at a teaching hospital; or
2. Fellows of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of 12 months post fellowship training at a recognised training institution; or
3. Fellows of the Royal Australasian College of Dental Surgeons (OMS) or equivalent with a minimum of three years advanced surgical training in units with a recognised training program in this discipline.

Craniomaxillofacial Surgery

- A. A record of the applicant's (advanced) surgical training ie Specialty Fellowship
- B. A record of the applicant's post-Fellowship training in cranio-maxillofacial surgery verified by the mentor during the time of training
- C. A verified surgical statement (eg. operative reports as primary surgeon or signed log book) attesting to the performance of at least 35 procedures from 4 or more of the following categories in paediatric and adult patients:
 1. Fronto-orbital advancement
 2. Cranial vault reconstruction (including endoscopy / "spring"/distraction)
 3. Cranioplasty (onlay contouring, repair of contour defect etc.)
 4. Cranial vault decompression (ie posterior vault distraction)
 5. Correction of orbital dystopia
 6. Orbito-zygomatic reconstruction
 7. Correction of hypertelorism
 8. Correction of fronto-orbital meningo-encephaloceles
 9. Monobloc advancement

10. High-level mid-facial osteotomy (involving orbit)- conventional
11. High-level mid-facial osteotomy (involving orbit)- distraction
12. Skeletal management of Craniofacial Microsomia (ie facial osteotomies / condyle-ramus reconstruction)
13. Skeletal management of rare facial clefts (not cleft lip and palate)
14. Complex craniofacial trauma
15. Reconstruction of post-tumour and post-traumatic defects of the cranial and upper mid-facial region, and skull base

D. Evidence that the applicant is currently actively engaged in the performance of procedures in the craniofacial spectrum and has been so for at least 2 years, and is part of an active practising team

Disclaimer

This College statement is intended to provide general advice of the case work required to gain credentialing in Head and Neck Surgery to practitioners. This statement should never be relied upon for proper substitute for patient assessment with respect to the particular circumstances of each case and the needs of each patient.

The statement has been prepared having regard to general circumstances. It is the responsibility of each practitioner to have regard to the particular circumstances of each case, and the application of this statement in each case. In particular, clinical management must always be responsive to the needs of the individual patient and the particular circumstances of each case.