THE ROYAL AUSTRALASIAN COLLEGE OF DENTAL SURGEONS

College Statement OMS 1

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Requirements for Credentialing – Head and Neck 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.

Surgeons may apply for comprehensive credentialing in either or both, ablative and reconstructive surgery in keeping with the attached guidelines, or may apply for accreditation restricted to certain areas. I.e.

<u>Ablative</u>
Management of oral and mid midfacial tumours, including the primary and neck.
Management of salivary gland tumours including the primary and neck

<u>Reconstructive</u>
Loco-regional flap reconstruction including grafting
Distant flap reconstruction
Microvascular free flap reconstruction

Ablative Surgery in the Oral and Maxillofacial Region

1. A record of surgical training including posts, duration, supervisors and casemix.
2. Referee reports from supervising consultants specifically commenting on the management of Head and Neck conditions.
3. Evidence of Continuing Professional Development and currency of practice in the field of Head and Neck Surgery
4. Evidence of participation in Multidisciplinary meetings
5. Evidence of participation in Surgical Audit

6. A comprehensive surgical log documenting experience in the following areas. Surgery should be performed both as an assistant, supervised directly by a trainer and supervised remotely by a trainer.

Ablation of primary malignancy in the Oral and Maxillofacial region

A total of 75 cases from the following categories:

1. Resection of oral cavity primary malignancies
2. Mandibulectomy
3. Maxillectomy
4. Resection of oropharyngeal primary malignancies
5. Access procedures (lip split, drop down etc)
6. Major cutaneous malignancy excision

Whilst it is acknowledged that some Oral and Maxillofacial Surgeons perform Thryoidectomy, Laryngectomy and Pharyngolaryngectomy - Credentialing in these areas would require demonstration of additional training.

Management of the Neck

A total of 100 cases including demonstrable experience from each of the following categories.

1. Management of benign conditions of the neck (eg branchial cyst, thyroglossal cyst, neural tumors etc)
2. Selective neck dissection (eg Level 1-3)
3. Comprehensive neck dissection (eg Modified radical neck dissection type III)
4. Radical neck dissection

Salivary Gland Disease

A total of 50 cases including demonstrable experience from each of the following categories.

1. Removal of sublingual salivary gland
2. Removal of submandibular salivary gland
3. Removal of parotid salivary gland both with preservation of the facial nerve and radical.

Head and Neck Reconstructive Surgery

1. A record of surgical training including posts, duration, supervisors and casemix.
2. Referee reports from supervising consultants specifically commenting on the management of Head and Neck conditions.
3. Evidence of Continuing Professional Development and currency of practice in the field of Head and Neck Surgery
4. Evidence of participation in Multidisciplinary meetings
5. Evidence of participation in Surgical Audit

6. A comprehensive surgical log documenting experience in the following areas. Surgery should be performed both as an assistant, supervised directly by a trainer and supervised remotely by a trainer.

Grafts

1. A total of 50 cases from the following categories:
2. Split thickness skin graft
3. Full thickness skin graft
4. Non vascularised bone graft
5. Non vascularised cartilage graft
6. Fat graft

Locoregional reconstruction

A total of 30 cases from the following categories:

1. Large cutaneous advancement flap
2. Large cutaneous rotation flap
3. Local pedicled flap (palatal, tongue, buccinator, FAMM, Submental, Temporalis)
4. Regional pedicled flap (deltopectoral, pectoralis major, forehead)

Free tissue transfer

A total of 50 cases including demonstrable experience in each of the following categories. Harvesting, insetting, donor site closure, and microvascular anastamosis should all have been performed by the surgeon.

1. Fasciocutaneous
2. Osseocutaneous
3. Musculocutaneous
4. Myomucosal
5. Perforator flaps

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.