Accredited Training in Oral and Maxillofacial Surgery

HANDBOOK
## Document Information

<table>
<thead>
<tr>
<th>Document Number</th>
<th>EXT_ACA_218_2.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Document</td>
<td>Handbook</td>
</tr>
<tr>
<td>Contact Officer</td>
<td>Director of Education</td>
</tr>
<tr>
<td>Authoriser</td>
<td>Education Policy Board</td>
</tr>
<tr>
<td>Approved</td>
<td>Board of Studies – OMS</td>
</tr>
<tr>
<td>Date Effective</td>
<td>1 March 2022</td>
</tr>
<tr>
<td>Date of Next Review</td>
<td>1 March 2027</td>
</tr>
</tbody>
</table>
| Related documents/policies | • Accreditation of Hospitals and Posts for OMS Education and Training Standard  
|                        | • Accredited Training in Oral and Maxillofacial Surgery Curriculum  
|                        | • OMS Examinations Policy          
|                        | • OMS Trainees Requiring Assistance Policy   
|                        | • RACDS Reconsideration, Review, and Appeals Policy |
Contents

Definitions .............................................................................................................................. 4
Handbook for accredited training in Oral and Maxillofacial Surgery ................................. 5
Key contact information ........................................................................................................ 5

1.  INTRODUCTION ............................................................................................................. 6
1.1 Goals of the training program ....................................................................................... 6
1.2 Supervision in the training program .............................................................................. 6

2.  CURRICULUM ................................................................................................................ 7

3.  TRAINING IN THE OMS PROGRAM .............................................................................. 9
3.1 Fees, dates and registration .......................................................................................... 9
3.2 Maintaining appropriate medical registration .............................................................. 9
3.3 Duration of training ....................................................................................................... 10
3.4 Leave entitlements ........................................................................................................ 10
3.5 Part-time and interrupted training ................................................................................ 10
3.6 Training posts ................................................................................................................ 11

4.  MANDATORY TRAINING REQUIREMENTS ................................................................ 12
4.1 Learning portfolio ........................................................................................................... 13
4.2 Logbooks ....................................................................................................................... 13
4.3 Assessment reports ....................................................................................................... 16
4.4 Mandatory research requirements ................................................................................. 19
4.5 Clinical Training Assessments ...................................................................................... 21
4.6 Surgical Science and Training Examination ................................................................. 26
4.7 Final Examination ......................................................................................................... 32
4.8 General exam procedural information ......................................................................... 35

5.  MANAGEMENT OF UNSATISFACTORY PROGRESS IN OMS TRAINING .......... 36
5.1 Formal warnings ............................................................................................................ 36
5.2 Unsatisfactory performance .......................................................................................... 36
5.3 Appeals procedures ...................................................................................................... 37
5.4 Termination of employment ......................................................................................... 37
5.5 Reapplying for entry into the OMS training program ..................................................... 37
5.6 Trainees in difficulty ..................................................................................................... 37
5.7 Withdrawal from the training program ......................................................................... 37

Appendix 1
Former Trainees Seeking to Reapply to the OMS Training Program Guidelines............ 38
### Definitions

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADC</td>
<td>Australian Dental Council</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioners Regulatory Authority</td>
</tr>
<tr>
<td>AMC</td>
<td>Australian Medical Council</td>
</tr>
<tr>
<td>ANZAOMS</td>
<td>Australian and New Zealand Association of Oral and Maxillofacial Surgeons</td>
</tr>
<tr>
<td>AOP</td>
<td>Assessment of Operative Process</td>
</tr>
<tr>
<td>AST</td>
<td>Advanced Surgical Training</td>
</tr>
<tr>
<td>ASSET</td>
<td>Australian and New Zealand Surgical Skills Education and Training</td>
</tr>
<tr>
<td>BoS OMS</td>
<td>Board of Studies in Oral and Maxillofacial Surgery</td>
</tr>
<tr>
<td>CCriSP</td>
<td>Care of the Critically Ill Surgical Patient</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CP&amp;D</td>
<td>Case presentation plus discussion</td>
</tr>
<tr>
<td>CPD</td>
<td>Continuing Professional Development</td>
</tr>
<tr>
<td>DBA</td>
<td>Dental Board of Australia</td>
</tr>
<tr>
<td>DC(NZ)</td>
<td>Dental Council New Zealand</td>
</tr>
<tr>
<td>DoT</td>
<td>Director of Training</td>
</tr>
<tr>
<td>EMST</td>
<td>Early Management of Severe Trauma</td>
</tr>
<tr>
<td>EO</td>
<td>Education Officer</td>
</tr>
<tr>
<td>FRACDS</td>
<td>Fellow of the Royal Australasian College of Dental Surgeons</td>
</tr>
<tr>
<td>IMG</td>
<td>International Medical Graduate</td>
</tr>
<tr>
<td>MCNZ</td>
<td>Medical Council of New Zealand</td>
</tr>
<tr>
<td>OMS</td>
<td>Oral and Maxillofacial Surgery</td>
</tr>
<tr>
<td>OTOMS</td>
<td>Overseas Trained Oral and Maxillofacial Surgeon</td>
</tr>
<tr>
<td>RACDS</td>
<td>Royal Australasian College of Dental Surgeons</td>
</tr>
<tr>
<td>RACS</td>
<td>Royal Australasian College of Surgeons</td>
</tr>
<tr>
<td>RCS(Eng)</td>
<td>Royal College of Surgeons, England</td>
</tr>
<tr>
<td>Registrar</td>
<td>Registrar in Oral and Maxillofacial Surgery</td>
</tr>
<tr>
<td>RSC</td>
<td>Regional Surgical Committee</td>
</tr>
<tr>
<td>SIG</td>
<td>Surgery in General</td>
</tr>
<tr>
<td>SoT</td>
<td>Supervisor of Training</td>
</tr>
<tr>
<td>SST</td>
<td>Surgical Science and Training</td>
</tr>
<tr>
<td>TAC</td>
<td>Team Appraisal of Conduct</td>
</tr>
</tbody>
</table>
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 February 2022 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.

<table>
<thead>
<tr>
<th>Enquiry Type</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>General enquiries</td>
<td><a href="mailto:oms@racds.org">oms@racds.org</a></td>
</tr>
<tr>
<td>Selection</td>
<td><a href="mailto:omsselection@racds.org">omsselection@racds.org</a></td>
</tr>
<tr>
<td>Trainees</td>
<td><a href="mailto:omstrainee@racds.org">omstrainee@racds.org</a></td>
</tr>
<tr>
<td>Examinations</td>
<td><a href="mailto:omsexams@racds.org">omsexams@racds.org</a></td>
</tr>
<tr>
<td>Fellows</td>
<td><a href="mailto:omsfellow@racds.org">omsfellow@racds.org</a></td>
</tr>
<tr>
<td>International Medical Graduates</td>
<td><a href="mailto:omsimg@racds.org">omsimg@racds.org</a></td>
</tr>
</tbody>
</table>

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 RACDS website at www.racds.org. 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 a final 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.

Please refer to the 2022 OMS curriculum document 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

- Acquisition of knowledge
- Development of technical skills
- Theoretical understanding of managing patients
- Research
- CPD

Clinical Training
Exposure to re-occurring events within the hospital environment and supervised experience

- Application of knowledge
- Technical skills
- Case management skills
- Risk minimisation/contingency management skills
- Professional behaviour skills

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

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

FINAL 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 must complete the annual registration process with RACDS and pay the requisite fees prior to occupying an accredited training position.

It is the trainee's responsibility to register with the RACDS by 15 February each year. Trainees who have not completed their registration 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 College 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 and interrupted training

Applications for part-time or interrupted 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.

**Interrupted training prior to the commencement of training**

Applications for delay 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 fulfill 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 interruption of training, to delay the 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 of interrupted training under Special Consideration and will need to reapply for entry to the OMS training program.

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 Final 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**

<table>
<thead>
<tr>
<th>Procedure Area (main)</th>
<th>Sub-procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentoalveolar</td>
<td>Autotransplantation of teeth</td>
</tr>
<tr>
<td></td>
<td>Exposure of unerupted teeth via open or closed technique</td>
</tr>
<tr>
<td></td>
<td>Orthodontic adjunctive procedures</td>
</tr>
<tr>
<td></td>
<td>Periradicular surgery</td>
</tr>
<tr>
<td></td>
<td>Surgical removal of erupted teeth</td>
</tr>
<tr>
<td></td>
<td>Surgical removal of impacted teeth</td>
</tr>
<tr>
<td>Oral &amp; Facial Infection</td>
<td>Localised infection</td>
</tr>
<tr>
<td></td>
<td>Multiple space infection</td>
</tr>
<tr>
<td></td>
<td>Osteomyelitis</td>
</tr>
<tr>
<td></td>
<td>Salivary gland infection</td>
</tr>
<tr>
<td></td>
<td>Skin abscess</td>
</tr>
<tr>
<td>Facial Trauma</td>
<td>Soft Tissue</td>
</tr>
<tr>
<td></td>
<td>Dento-alaevolar</td>
</tr>
<tr>
<td></td>
<td>Mandible/condyle</td>
</tr>
<tr>
<td></td>
<td>Zygoma</td>
</tr>
<tr>
<td></td>
<td>Orbit</td>
</tr>
<tr>
<td></td>
<td>Naso maxillary/Nasoethmoid</td>
</tr>
<tr>
<td></td>
<td>Le Fort</td>
</tr>
<tr>
<td></td>
<td>Pan facial / complex</td>
</tr>
<tr>
<td></td>
<td>Frontal bone</td>
</tr>
<tr>
<td></td>
<td>Neck injuries</td>
</tr>
<tr>
<td></td>
<td>Foreign body retrieval</td>
</tr>
<tr>
<td>Pathology - benign</td>
<td>Cystic lesion</td>
</tr>
<tr>
<td></td>
<td>Soft tissue lesion</td>
</tr>
<tr>
<td></td>
<td>Odontogenic tumour</td>
</tr>
<tr>
<td></td>
<td>Salivary gland lesion / calculus</td>
</tr>
<tr>
<td>Pathology - malignant</td>
<td>Oral cavity</td>
</tr>
<tr>
<td></td>
<td>Oropharynx</td>
</tr>
<tr>
<td></td>
<td>Nasopharynx</td>
</tr>
<tr>
<td></td>
<td>Hypopharynx</td>
</tr>
<tr>
<td></td>
<td>Cutaneous</td>
</tr>
<tr>
<td></td>
<td>Salivary gland</td>
</tr>
<tr>
<td>Preprosthetic &amp; adjunctive procedures</td>
<td>Implant treatment planning</td>
</tr>
<tr>
<td></td>
<td>Sinus lift</td>
</tr>
<tr>
<td></td>
<td>Alevolar augmentation</td>
</tr>
</tbody>
</table>
| **Implantology** | Alevolar recontouring, torus/tuberosity reeducation  
Soft tissue graft  
Autologous bone harvest  
Sulcualoplasty/Vestibuloplasty  
Soft tissue recontouring  
Nerve transposition  
Alveolar distractor insertion |
| **Orthognathic - single jaw or SAME** | Conventional fixture placement  
Blade / onlay implant  
Zygomatic fixtures (any sinus pattern)  
Craniofacial fixtures (extra oral)  
Removal of fixtures  
Management of peri-implantitis  
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  
Aloplast |
| **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 cephal. 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 Final 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**
Trainees must arrange a meeting with their SoT at the three-month point of each six-month rotation to discuss their progress, to seek feedback, and identify strengths and weaknesses in their clinical performance. The SoT will document the meeting using the [Trainee Assessment Report (WBA FORM 01)](https://example.com).

There are two outcomes to the midterm interim assessment:

1. The trainee’s performance is identified as *satisfactory* – the SoT and DoT continue the current training plan.
2. The trainee’s performance is identified as *borderline or unsatisfactory* – the SoT and DoT must develop a remedial plan to provide more support and guidance to the trainee.

The DoT will notify the Regional Surgical Committee Chair of the outcomes of their trainees. 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 remedial plan are provided to the College within two weeks of the meeting.

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, together with the DoT, remedial strategies established.

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

The assessment relates to the trainee’s overall performance during the previous six-month period and considers all aspects including the areas outlined in the below table:

**Areas of assessment: six-monthly assessment reports**

<table>
<thead>
<tr>
<th>Assessment area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical knowledge and skills</td>
<td>Clinical knowledge of subject, professional knowledge, clinical clerking,</td>
</tr>
<tr>
<td></td>
<td>history taking, relevant procedural skills</td>
</tr>
<tr>
<td>Clinical judgement</td>
<td>Diagnostic skills, patient management, time management, recognising limits,</td>
</tr>
<tr>
<td></td>
<td>ethical skills</td>
</tr>
<tr>
<td>Communication</td>
<td>Communication skills, ability to communicate with patients and families,</td>
</tr>
<tr>
<td></td>
<td>sensitivity and ethical awareness</td>
</tr>
</tbody>
</table>
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.

Two weeks before the end of each six-month term, the SoT and trainee should meet to discuss the trainee’s progress. This meeting is specifically 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 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 four weeks of the completion of 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. The RACDS office must receive a copy of each six-monthly assessment report regardless of the outcome. Six-monthly assessment reports are to be completed by the end of July and January and submitted to the RACDS by 15 August and 15 February.

Failure to submit the six-monthly assessment report within a maximum of two weeks after the published due date will mean that time in training from that point will not be recognised until the report is submitted. Additional training time may be required because of the deficit in accredited training time. The six-monthly assessment report form will not be considered valid unless it is signed by the trainee, the SoT who is responsible for its completion, and the DoT.

Outcomes of six-monthly assessment reports

Satisfactory result
Where the trainee’s performance is identified as satisfactory, the SoT and DoT continue the current training plan.

Borderline result
Where the trainee’s performance on the six-monthly assessment report is Borderline, the DoT advises the trainee of specific problems and identifies the areas where improvements are required. The Remedial Plan (WBA FORM 05) is completed. The trainee should also be informed of the potential consequences of the assessment for their next six months of training:

- If the next six-monthly assessment report is deemed as Satisfactory, then the previous Borderline six months will be deemed as Satisfactory.
- If the next six-monthly assessment report is deemed as Borderline, then both assessments will be deemed as Unsatisfactory and the training time for these 12 months will not be credited.
- If the next six-monthly assessment is deemed Unsatisfactory, then the Borderline six months will be deemed Unsatisfactory and the training time for these 12 months will not be credited.
- Six-monthly training periods are regarded as continuous and they are not based on a calendar year. A trainee who receives a Borderline six-monthly assessment report for the second part of one calendar year and for the first part of the following calendar year will have this training period deemed Unsatisfactory.
- 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.
Unsatisfactory result
In the event of a borderline or unsatisfactory report, the DoT will assess:

- 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.

If the six-monthly assessment is deemed Unsatisfactory, the trainee will be notified in writing by the RACDS that this training period will not be credited.

Any six-monthly assessment reports that are deemed as Borderline or Unsatisfactory are reviewed by the Training Committee. Trainees will receive written correspondence from the RACDS following the review.

Any trainee who accumulates three unsatisfactory six-monthly assessment reports at any time during the course of their training, will not be permitted to continue in the OMS 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).
- Recognition of prior completion of a research qualification - Research Masters or PhD completed prior to the commencement of OMS training.

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.

Prior completion of research qualification
Trainees who wish to submit a completed research qualification for consideration of fulfilment of their research requirements must submit Application for Recognition of Prior Research via Pathway 1 (FOMS 7C) for review by the Research Subcommittee. It is recommended that trainees applying for recognition of prior research submit their application in their first year of training with the deadline being 30 June of OMS 2.

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 Final 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

<table>
<thead>
<tr>
<th>Area</th>
<th>Descriptor – A satisfactory trainee:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Record Keeping</td>
<td>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.</td>
</tr>
<tr>
<td>Clinical Assessment</td>
<td>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.</td>
</tr>
<tr>
<td>Investigation(s)</td>
<td>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.</td>
</tr>
<tr>
<td>Differential Diagnosis</td>
<td>Can discuss the outcomes of investigations and explain the formulation of a differential and then a final diagnosis.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Can discuss the rationale for the treatment, including the risks and benefits.</td>
</tr>
<tr>
<td>Follow Up and Future Planning</td>
<td>Can discuss the rationale for the formulation of the management plan including follow up.</td>
</tr>
</tbody>
</table>

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)](https://www.racds.org) 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 Final Examination Eligibility (FOMS 05)](https://www.racds.org).

### 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:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Removal of an impacted tooth</td>
<td>Requiring raising a flap, bone removal, tooth division and elevation and repair</td>
</tr>
<tr>
<td>Treatment requiring a hard tissue graft or flap</td>
<td>From a local site</td>
</tr>
<tr>
<td></td>
<td>From a distant site</td>
</tr>
<tr>
<td>Placement of implant fixtures</td>
<td></td>
</tr>
<tr>
<td>Closure of an oro-antral communication</td>
<td></td>
</tr>
<tr>
<td>Tracheostomy</td>
<td></td>
</tr>
<tr>
<td>Osteotomy</td>
<td>Mandibular</td>
</tr>
<tr>
<td></td>
<td>Maxillary</td>
</tr>
<tr>
<td>Incision and drainage for infection (cervico-facial)</td>
<td></td>
</tr>
<tr>
<td>Enucleation of a jaw cyst</td>
<td></td>
</tr>
<tr>
<td>Surgical approaches</td>
<td>Mandibular</td>
</tr>
<tr>
<td></td>
<td>Maxillary</td>
</tr>
<tr>
<td></td>
<td>Zygomatic/Orbital</td>
</tr>
<tr>
<td>Open reduction and internal fixation of fractures</td>
<td>Mandible</td>
</tr>
<tr>
<td></td>
<td>Maxilla</td>
</tr>
<tr>
<td></td>
<td>Zygomatico/Orbital</td>
</tr>
<tr>
<td>Highly Recommended</td>
<td></td>
</tr>
<tr>
<td>Removal of submandibular gland</td>
<td></td>
</tr>
</tbody>
</table>

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 Final 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 required or unsatisfactory. 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 Final 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.

Eligible candidates who are currently in their Surgery in General (SiG) year may sit the SST Examination prior to entry into the OMS training program, pending available places. Any candidate presenting for examination outside the training program, must have completed both dental and medical degrees together with a medical intern registration year and an accredited year of SiG.

Exemption from the SST Examination
Trainees will only be eligible for an exemption from the SST Examination if they have completed the RACS Generic SET Surgical Science and SET Clinical Examination (GSSE & CE) or the Intercollegiate MRCS (United Kingdom) – Part A & B. Trainees must provide certified evidence of completion of ALL components of the RACS GSSE & CE or the Intercollegiate MRCS. Trainees who are applying for exemption from the SST examination must submit their Application for SST Exemption (FOMS 03) and supportive documentation by 15 February of OMS 1. Only OMS accredited trainees are eligible to apply for SST exemption.

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

<table>
<thead>
<tr>
<th>Exam component</th>
<th>Format</th>
<th>Content</th>
</tr>
</thead>
</table>
| **Written Examinations** | Two-hour multiple choice question (MCQ) and 50-minute short answer question (SAQ) examination | • Focus on basic surgical science comprising single best answer, relationship-analysis and variable response questions.  
• 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:  
• Anatomy  
• Acute care  
• Ward scenario  
• Critical care  
• 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.

### Unsuccessful attempts
If a trainee 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 trainee does not pass the SST Examination, they may attempt the examination again, with a maximum of three attempts permitted. The trainee cannot commence OMS 2 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. If a candidate is unsuccessful, another year in an approved post is required prior to undertaking the examination again.

SST Syllabus
The syllabus for SST covers the following areas:

- Anatomy
- Physiology and immunology
- Pathology and neoplasia
- Applied pathology and tissue response to injury
- Microbiology
- Pharmacology and therapeutics
- Principles in the management of the trauma patient
- Management of the critically ill surgical patient
- Surgical skills and clinical care

Anatomy
The candidate should demonstrate an adequate level of knowledge, understanding and application of anatomy, particularly in the areas of:

- The genesis and implications of physical signs.
- Investigative procedures – radiology, organ imaging and endoscopy, e.g. identification of structures on radiographs or CT scans.
- The principles of surgical approaches, e.g. incision and drainage of facial space infections.
- The genesis of operative complications, e.g. the maxillary artery and other vessels in mid-facial osteotomies, the facial nerve in trauma.
- The principles underlying the healing processes e.g. in bone or peripheral nerves.
- The basic mechanisms of structure and function, e.g. the organisation of the muscle spindle.
- A detailed understanding of head and neck anatomy.

The candidate should be able to identify:

- Anatomical structures in the head and neck from prepared dissections and osteology.
- Detailed anatomy of the head and neck.
- Detailed anatomy of other parts of the body as it pertains to oral and maxillofacial surgery.

Physiology and Immunology
The candidate should demonstrate an understanding of:

Physiology and Molecular Biology

- Aspects of human physiology applicable to all surgical specialties.
- How normal physiology may be altered by pathological processes, surgery or anaesthesia.
- The correlation between physiological change and physical signs or symptoms elicited in patients including, for example, physiological changes that:
  - Ensue a patient following prolonged periods of vomiting or diarrhoea.
  - Occur in renal function after surgery, or
  - Prevail in a patient with, for example, oral cancer.
- The physiological response to acute trauma or surgery.
- Metabolism and nutrition following surgery.
• The physiology of coagulation.
• Respiratory compromise or dysfunction, peri-operative and post-operative.
• Endocrine physiology as it pertains to surgery, e.g. insulin dependent diabetes mellitus in relation to surgery and infection.
• Physiology of pain.
• Nature of DNA and RNA, the cell cycle, the generation of genetic and chromosomal abnormalities.
• Principles of autosomal dominant and recessive conditions.
• Specific conditions in so far as they illustrate important principles or are common or important disorders e.g. beta thalassemia, inheritance patterns of conditions such as neurofibromatosis.

**Immunology**

• Basic immunology including non-specific defence mechanisms.
• The complement system, the major histocompatibility complex.
• The cells of the immune system, their functions and their interactions.
• Immunity and infection including bacteria, viruses, fungi and protozoa.
• Abnormal immunological responses including hypersensitivity, autoimmune disorders and immunodeficiency disorders.
• Diagnostic immunology including the basic principles of commonly used immunological tests and their applications.

**Pathology and Neoplasia**

The candidate should demonstrate knowledge and understanding of the principles of Pathology and Neoplasia particularly as applied to:

• The general pathological mechanisms (degenerative, reactive and neoplastic) underlying common disease, including:
  o Aetiology, pathogenesis, epidemiology, investigation and natural history.
  o How these may be modified by the appropriate use of therapeutic agents.
• Common and important issues in systemic pathology so far as:
  o A given lesion exemplifies a basic pathological process, e.g. anaphylaxis is an example of hypersensitivity reactions; myocardial infarction in atherosclerosis; mucoepidermoid carcinoma as an example of neoplasia.
  o Disorders of a given system which are likely to be encountered in surgical practice, e.g. post-operative pneumonia, thromboembolic disease.
• Laboratory medicine to make the optimum use of diagnostic services e.g. microscopy and sensitivity testing, blood gas analysis.

The candidate should be able to identify:

• The more common pathological processes from photographs of gross specimens and the histopathological features of basic processes from photomicrographs.

The candidate should demonstrate knowledge and understanding of neoplasia with specific detailed emphasis upon:

• Its cells and tissues of origin and components.
• Reproductive, growth (proliferative) patterns and host interactions.
• Mechanisms of invasion and metastasis.
• The molecular basis of the pathogenesis of carcinoma, including oral cancer.
• Geographic and racial factors.
• Mechanisms and types of chemical, physical and microbial carcinogenesis
• Distinctive pathological (macroscopic, histological and immunochemical) features which aid diagnosis.

**Applied pathology and tissue response to injury**
This area of the syllabus concentrates on the understanding of factors in the aetiology, pathogenesis, epidemiology and natural history of common diseases, and their implications in the management of surgical patients.

The candidate should demonstrate knowledge and understanding of:

• Wound healing: skin, bone, nerves, cartilage, tendon and muscle.
• Pathological wound healing e.g. keloid scarring, radiotherapy.
• Factors in the aetiology, pathogenesis, epidemiology, aspects of investigation and natural history of common diseases.
• Understand the implications of diseases in the care and management of surgical patients e.g. ischaemic heart disease, renal impairment, insulin dependent diabetes and chronic obstructive airways disease.
• Factors common to basic mechanisms of disease recognising passive, degenerative, reactive and neoplastic phenomena.
• General pathological phenomena include cell injury, adaptation and death, degenerations including atherosclerosis and calculus formation, alterations of growth, differentiation and function of cells.
• Tissue response to injury includes the adaptive reactions of the body to injury.
• Important morphological manifestations and pathophysiology of important disease states e.g. major organ failure, shock, sepsis.
• The origin and differentiation of haematopoietic cells.
• Anaemias of acute and chronic blood loss.
• Types and mechanisms of haemolysis.
• Common bleeding disorders and their management in the patient undergoing surgery.
• Transfusion and the potential complications of transfusion.

**Microbiology**
The candidate should demonstrate knowledge and understanding of:

• The microbial flora of the body and its role in disease.
• Pathogenesis of infection - host defence mechanisms and microbial virulence.
• Surgically relevant bacterial, viral, fungal and parasitic infections;
  o Infection following surgery, e.g. wound infection, septicaemia, urinary tract, pneumonia and nosocomial infections.
  o Infections with surgical implications e.g. HIV, necrotizing fasciitis, facial space infections.
• Antimicrobial agents and their scientific use in the therapy and prevention (prophylaxis) of infection.
• Sterilisation and disinfection.
• Laboratory medicine aspects of infectious diseases, e.g. principles behind blood culture techniques, interpretation of gram stains, antimicrobial susceptibility techniques.
Pharmacology and therapeutics
This area involves an expected knowledge of major therapeutic areas and major drug groups. Candidates should be able to apply basic pharmacological principles and understand such information as set out in a mini Pharmacopoeia. Candidates should understand the mechanism of drug actions and side-effects, routes of administration and bioavailability, and metabolism and clearance. Detailed knowledge is expected for medications commonly used in Oral and Maxillofacial Surgical practice.

For example, for antibiotic and antifungal therapy candidates should demonstrate knowledge and understanding of:

- Possible drug interactions e.g. warfarin, tetracyclines and absorption.
- Potential adverse effects e.g. nephrotoxicity, thrombophlebitis, pseudomembranous colitis.
- Monitoring of drugs e.g. aminoglycosides.
- Addition of special cases e.g. paediatric, pregnancy, ageing.

Basic principles in the management of the trauma patient
In consolidating the principles of Early Management of Severe Trauma (EMST) candidates should be able to:

- Demonstrate concepts and principles of primary and secondary patient assessment.
- Establish management priorities in a trauma situation.
- Initiate primary and secondary management of unstable patients.
- Demonstrate skills used in initial assessment and management and describe a systematic evaluation of a traumatised patient for general trauma and for oral and maxillofacial surgery injuries.
- Accurately describe and identify the metabolic response to trauma.
- Assess and manage shock.

Management of the critically ill surgical patient
In consolidating the principles of Care of the Critically Ill Surgical Patient (CCrISP) candidates should be able to:

- Systematically assess critically ill patients.
- Understand the variations in presentations of illness and the methods available for investigation and to improve detection.
- Describe a plan of action to achieve a diagnosis, early treatment and clinical progress.
- Ask for appropriate assistance in a timely manner.
- Be aware of and discuss the support facilities available with specialties and multidisciplinary care.
- Understand the requirements of the patient, and family, and communicate appropriately.

Surgical skills and clinical care
The candidate should be able to demonstrate knowledge of and perform:

- Suturing techniques and the properties and indications for different suture materials.
- Wound care and management of infected wounds.
- Use of drains and surgical dressings.
- Knowledge of common surgical instruments and operating theatre equipment e.g. diathermy.
- Use of local anaesthetics including agents and side-effects.
• Pre-operative assessment of patients, understanding of co-morbidities and risks, and appropriate investigations.
• Peri-operative management; fluids, analgesia, post-operative care.
• Assessment of patients presenting with facial emergencies and describe a management approach e.g. facial and dento-alveolar trauma, facial and oral infections, oral and nasal haemorrhage.

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
• 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 Final Examination

Assessment of eligibility for the Final Examination
When trainees have completed their training time, or are in the last 18 months of training they may apply to sit the Final Examination.

To be eligible for the Final 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 Final 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 Final Examination eligibility fee.

The OMS Training Committee will assess applications for Final 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 Final 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 Final Examination Form (FOMS 06). Enrolled candidates will receive advice from RACDS regarding the examination schedule.

Format of the Final Examination
The Final 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 Final 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.

Final Examination Components and Content

<table>
<thead>
<tr>
<th>Exam component</th>
<th>Format</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Examinations</td>
<td>Short answer questions</td>
<td>Evidence-based medicine will be examined, and appropriate citations of historical and contemporary research will be required.</td>
</tr>
<tr>
<td></td>
<td>(two exams of three hours each)</td>
<td></td>
</tr>
<tr>
<td>Clinical Examinations</td>
<td>Six medium cases</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>(17 minutes each)</td>
<td></td>
</tr>
<tr>
<td>Surgical anatomy viva</td>
<td>One Viva</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>(15 minutes)</td>
<td></td>
</tr>
<tr>
<td>Oral and Maxillofacial Surgery vivas</td>
<td>Three OMS Vivas</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>(20 minutes each)</td>
<td></td>
</tr>
</tbody>
</table>
Examination passing standards
To successfully pass the Final 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.

Unsuccessful attempts
A maximum of three attempts at the Final Examination will be permitted.

If a trainee is unsuccessful in passing the Final 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 Final Examination do not satisfy the requirements for the award of Fellowship.

Eligibility to re-present for the Final 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 Final Examination. This position should be primarily based in one regional training centre and be held for at least six months prior to the Final 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 Final 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 after failing an examination, 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 due to failure of the Surgical Science and Training (SST) exam or other reasons 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 3 diets of the examination.
- Unsatisfactory performance or formative 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.

1. **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.
   - Trainees who have failed to complete the SST examination.

2. **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).
   - Ceased for failure to complete the SST examination within 2 years of completing OMS 1.

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.

2. 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).
- Successful completion of the SST examination, prior to commencing OMS 2.

3. Process to recommence surgical training
For former trainees who satisfy eligibility criteria 1 (under Item 3) and are automatically granted permission to reapply, with good standing, the applicant should contact the Director of Training of their previous Training Centre to discuss the recommencement of surgical training in that training centre the following year, pending an available position.

For former trainees who satisfy eligibility criteria 2 (under Item 3), the applicant should contact the Director of Training of their previous Training Centre to discuss the recommencement of surgical training in that training centre in the following year. If there is no position available in the original Training Centre, then negotiations will be undertaken with other Training Centres to endeavour to enable training to continue.