



Royal Australasian College
of Dental Surgeons
Let knowledge conquer disease

OMS CPD STANDARD

MARCH 2024

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Purpose

This standard provides an overview to facilitate participants' planning, monitoring, and recording of continuing medical and dental education activities. It incorporates the concepts of continual learning and encourages participants to consider their learning needs, connect their learning needs to suitable education activities, obtain credit for the activities, and contemplate their progress and activities to change current practice and guide future development.

Background

The Royal Australasian College of Dental Surgeons (RACDS) is the specialist medical and dental college accredited by the Australian Medical Council, the Australian Dental Council, the Medical Council of New Zealand, and the Dental Council of New Zealand to set the Continuing Professional Development (CPD) standard for Oral Maxillofacial Surgery (OMS).

Definitions

RACDS / the College	The Royal Australasian College of Dental Surgeons
Continuing professional development (CPD)	How health practitioners maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.
OMS Fellow	OMS specialists that have been admitted to Fellowship of the RACDS (OMS).
OMS Specialist	For the purposes of this policy, OMS specialists are non-OMS Fellows registered to participate in the OMS CPD program.

Policy Statement

1. PARTICIPATION AND REPORTING

- 1.1. All practicing OMS Fellows and specialists are responsible for complying with regulatory requirements that apply individually for medical and dental specialist registration purposes in Australia and New Zealand. The CPD requirements remain the same regardless of whether OMS specialists practice part-time or otherwise.
- 1.2. From 1 January 2022, all participants must complete 50 hours of CPD activities each year, made up of 12.5 hours of educational activities (Category 1); 25 hours in outcome measurements and performance review (Category 2 and 3) with five hours minimum of each category; and 12.5 hours from any category. The CPD activities must align with the RACDS CPD Framework (Appendix 1).

- 1.3. Participants may request, within six (6) months before the closing date of the current CPD reporting period, an extension of up to three (3) calendar months to meet the CPD requirements.
- 1.4. Participants must log completed CPD activities and an annual Professional Development Plan (PDP) in the RACDS online CPD tracker (*My OMS CPD Home*) by 28 February of the following year to receive a Certificate of Compliance. New Zealand practitioners must also engage in peer conversations. Unless selected for verification (i.e., audit), participants are not required to submit additional supporting documentation.
- 1.5. Participants need to maintain a CPD portfolio, which facilitates the documentation of the PDP, a record of professional peer interactions, completed learning activities, personal evaluation of CPD and provides a record of CPD participation for audit purposes. Participants should maintain evidence of their involvement in CPD for three years after the end of each one-year cycle and may be subject to additional periods of record retention requirements from regulatory bodies.
- 1.6. The CPD Committee will randomly select 10% of OMS Fellows and specialists annually to verify their CPD activities.
- 1.7. Participants who have not applied for an extension and who do not meet the annual CPD requirements by 28 February of the following year, or participants who were granted an extension but do not meet the annual CPD requirements at the end of the three (3) calendar month extension, will receive notification from the CPD Committee Chair advising that they must report their CPD activities within four (4) weeks from the date of the letter.
- 1.8. OMS Fellows who still do not meet the annual CPD requirements have failed to satisfy the requirements of Fellowship, and in line with the College Constitution, will be reported to the College Council. The Chief Executive Officer will notify the Fellow in writing of the decision made by Council and reasons for the decision. Such notification will include information on the applicant's right of appeal according to the College Appeals Processes.

2. CPD PROFESSIONAL DEVELOPMENT PLAN

- 2.1. The CPD Professional Development Plan forms the basis for planning, structuring, and monitoring of continuing medical and dental education activities. It is a requirement to have a PDP for the CPD year, which can subsequently be updated over the period as required.
- 2.2. The RACDS CPD Program supports the tenet of continual learning. It encourages participants to consider their learning needs, connect their learning needs to suitable education activities, obtain credit for the activities, and contemplate their progress and the activities in a way that may change current practice and guide future

development.

2.3. OMS Fellows should apply these concepts to the development of their CPD Professional Development Plan for each year:

2.3.1. Consider learning needs

- a) Participants should consider their current learning needs and create a plan for future involvement. Giving careful consideration to the style of learning to which the participant is most receptive is helpful (for example, auditory – lectures, interactive - group discussion, tactile – workshops, and hands on activities).

2.3.2. Connect needs with activities

- a) Participants should actively seek appropriate professional development activities and participate in those which fulfil identified learning needs.

2.3.3. Credit activities online

- a) Participants must use the online RACDS CPD Tracker to keep a current log of completed activities. The web page allows participants to record the number of hours of their activities.

2.3.4. Contemplate learning experiences

- a) Research suggests that effective continuing professional development involves a participant critically examining learning experiences and consciously determining how the experience can strengthen the quality and effectiveness of their work.

3. RE-ENTRY TO PRACTICE

3.1. The Medical Board of Australia (MBA) requires a practitioner who has two or more years of clinical experience as a registered practitioner and is returning to practice after an absence of between one and three years to complete a minimum of one year's pro-rata CPD activities relevant to the intended scope of practice before recommencement. Medical practitioners who have not practised for more than three years must provide a plan for professional development and re-entry to practice to the MBA for consideration and approval. Please refer to the MBA Recency of Practice Registration Standard for more information.

3.2. The Medical Council of New Zealand (MCNZ) requires practitioners registered in a vocational scope of practice to prove that they are enrolled and actively participating in an MCNZ-accredited recertification programme. Please refer to the MCNZ Restoration to the Register Policy and MCNZ Returning to Practice Policy.

- 3.3. The College can guide OMS Fellows and specialists in completing one-year pro-rata CPD activities relevant to their intended scope of practice and designed to maintain and update their knowledge and clinical judgment. Moreover, the College can assist in completing a plan for professional development and re-entry to practice.
- 3.4. The CPD Committee will audit the CPD records of OMS Fellows and specialists after one year of re-entering practice. Afterward, they will be audited randomly like other participants. The CPD committee can give guidance in planning the required audit.

4. TRAINING IN NEW SCOPES OF PRACTICE

- 4.1. The Medical Board of Australia and the Medical Council of New Zealand do not require College oversight of OMS Fellows and specialists extending their practice.
- 4.2. The College may assist OMS Fellows, when requested, to determine what training their peers would expect when extending practice or resuming after a break. OMS Fellows should undertake their annual audit requirement on an aspect of their surgery outcomes or processes.
- 4.3. The College may assist OMS Fellows who are changing to a different field of practice to develop their professional development plan related to OMS. Fellows must then liaise with the other specialist college(s) relevant to the new field before presenting the plan to the Medical Board of Australia or the Medical Council of New Zealand.

5. RELATED DOCUMENTS

- 5.1. This standard must be read in conjunction with the RACDS CPD Mandatory Compliance Policy and the following regulatory documents:
 - a) Medical Board of Australia CPD Registration Standard
 - b) Medical Board of Australia Professional Performance Framework Strengthening CPD
 - c) Medical Board of Australia Recency of Practice Registration Standard
 - d) Medical Council of New Zealand Recertification and CPD Guide
 - e) Medical Council of New Zealand Recertification Requirements for Vocationally Registered Doctors in New Zealand
 - f) Medical Council of New Zealand Restoration to the Register Policy
 - g) Medical Council of New Zealand Returning to Practice Policy
 - h) Dental Board of Australia Guidelines on CPD
 - i) Dental Council of New Zealand Recertification of Oral Health Practitioners Policy
 - j) Dental Council of New Zealand CPD Activities Policy
 - k) RACDS CPD Mandatory Compliance Policy
 - l) RACDS OMS Procedure for CPD Activity Approval
 - m) RACDS Reconsideration Review and Appeals Policy

Appendix 1: OMS CPD Framework

Each year all participants must complete a minimum of 12.5 hours of educational activities (Category 1); 25 hours in outcome measurements and performance review (Category 2 and 3) with five hours minimum of each category; and 12.5 hours from any category.

Category 1: Educational Activities

Include participation in independent learning, College activities, and educational events.

Examples:

- **Self-directed learning** by participating in journal clubs; professional reading; online courses
- **Group learning** such as lectures, meetings, and conferences; seminars, small group discussion, and workshops; presentations at conferences, workshops, or meetings
- **Teaching, assessing, and research** including supervision and mentoring; RACDS SST and Fellowship examiner; research supervisor; clinical Training Assessments (CTA); clinical research projects and publications; further formal education through research
- **Committee work** in RACDS working groups, committees, and boards; external medical and dental committees and advisory bodies
- **Culturally safe practice, addressing health inequities, maintaining and developing professionalism or maintaining and developing ethical practice**

Category 2: Outcome Measurement

Includes a systematic analysis of outcomes of care and reflection on patient outcomes.

Examples:

- **Audits and data review**, including clinical and surgical audits; comparison of processes and health outcomes with best practice; analysis of patient outcomes
- **Review of medical records** such as medico-legal work and clinical case reviews.
- **Review of data or measurement of outcomes** in educational resources, publications, reports, and quality programs.
- **Participation in OMS accreditation** site visits, progress reviews, and reporting.

Category 3: Performance Review

Includes self-evaluation and peer-review of work processes.

Examples:

- **Self-evaluation and reflection for any activity**
- **Peer conversations** (mandatory for New Zealand practitioners) with a peer, colleague, or employer to reflect on development goals for learning and professional activities.
- **Peer review and feedback** including practice peer review as participant or reviewer; peer groups; teaching or supervision related feedback (feedback from trainees)
- **Clinical meetings** such as case review; morbidity and mortality meetings; multidisciplinary grand rounds