Royal Australasian College of Dental Surgeons

Let knowledge conquer disease

Accredited Training in Oral and Maxillofacial Surgery

HANDBOOK

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Contents

Definitions

ADC	Australian Dental Council
AHPRA	Australian Health Practitioner Regulation Authority
AMC	Australian Medical Council
ANZAOMS	Australian and New Zealand Association of Oral and Maxillofacial Surgeons
AOP	Assessment of Operative Process
AST	Advanced Surgical Training
ASSET	Australian and New Zealand Surgical Skills Education and Training
BoS OMS	Board of Studies in Oral and Maxillofacial Surgery
CCrISP	Care of the Critically Ill Surgical Patient
CEO	Chief Executive Officer
CP	Case Presentation
CPD	Continuing Professional Development
DAP	Digital Assessment Platform
DBA	Dental Board of Australia
DC(NZ)	Dental Council New Zealand
DoT	Director of Training
EMST	Early Management of Severe Trauma
EO	Education Officer
FRACDS	Fellow of the Royal Australasian College of Dental Surgeons
IMG	International Medical Graduate
MCNZ	Medical Council of New Zealand
OMS	Oral and Maxillofacial Surgery
OTOMS	Overseas Trained Oral and Maxillofacial Surgeon
RACDS	Royal Australasian College of Dental Surgeons
RACS	Royal Australasian College of Surgeons
RCS(Eng)	Royal College of Surgeons, England
Registrar	Registrar in Oral and Maxillofacial Surgery
RSC	Regional Surgical Committee
SoT	Supervisor of Training
SST	Surgical Science and Training
TAC	Team Appraisal of Conduct

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 – Guide, Foundation and Advanced modules are available as separate documents.

The Handbook is revised regularly, and Trainees must comply with the current version. This 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.

Enquiry Type	Email
General enquiries	oms@racds.org
Selection	omsselection@racds.org
Trainees	omstrainee@racds.org
Examinations	omsexams@racds.org
Fellows	omsfellow@racds.org
International Medical Graduates	omsimg@racds.org

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 the policy page of the RACDS website. 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 the Fellowship 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 (RSC) and hold the FRACDS (OMS) or an equivalent qualification acceptable to the BoS OMS. In hospitals with larger numbers of Trainees, the BoS OMS 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 practice 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

The OMS Curriculum is designed to reflect the routine scope of practice for Oral and Maxillofacial surgeons. It combines all the competencies and elements of training together to produce a well-trained OMS consultant capable of independent practice.

The OMS Curriculum has been separated into two levels: Foundation and Advanced, along with an Overarching Guide.

The Guide to the Foundation and Advanced Modules outlines the overall structure of the Curriculum and modules, the teaching and learning opportunities, expected graduate outcomes and the broad competencies of the OMS program.

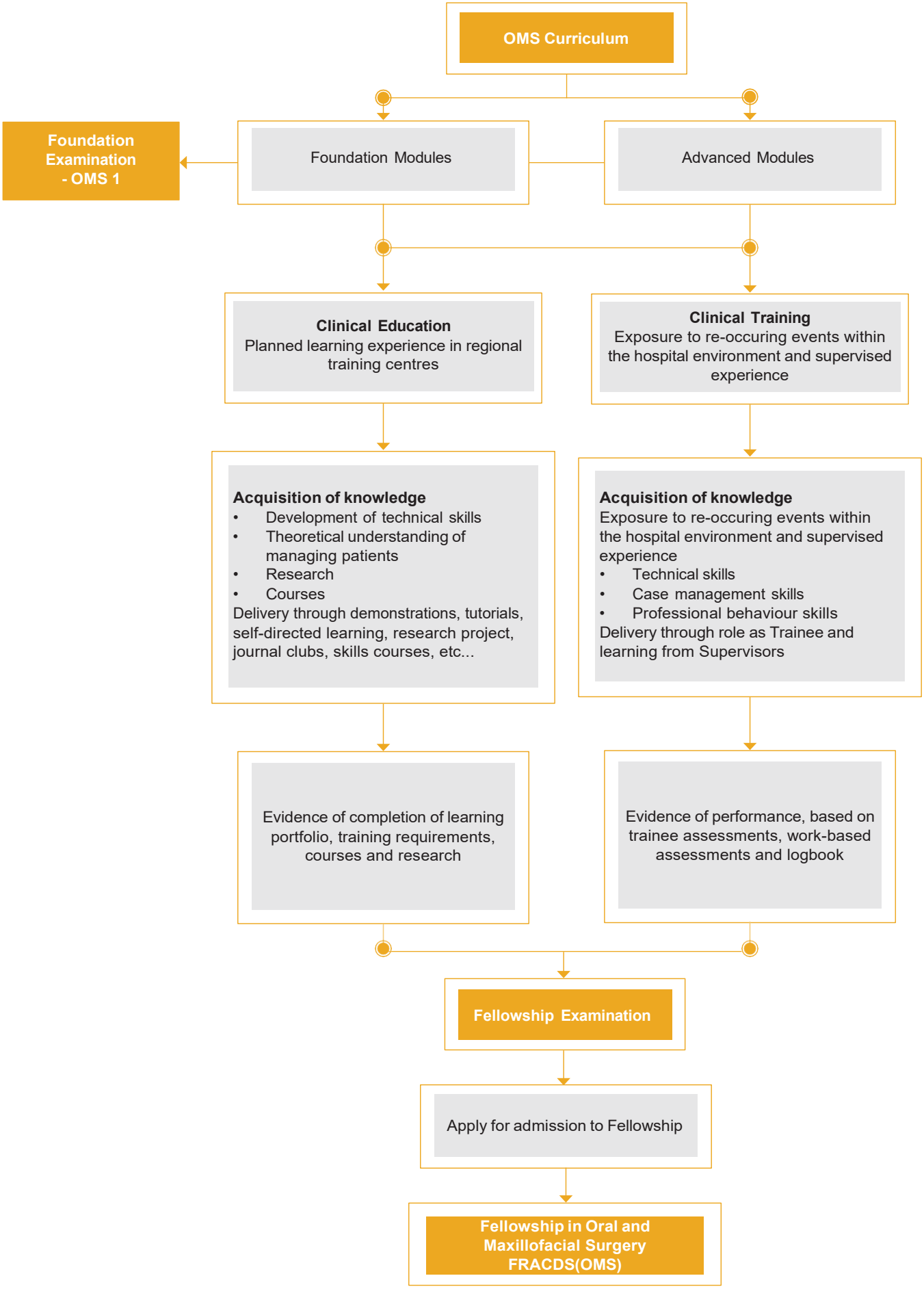
The Foundation Curriculum consists of 8 Modules and has integrated the OMS surgical science and training content, rather than being a standalone syllabus. These modules cover the fundamental knowledge and surgical skills that must be acquired early in the OMS training program to ensure that Trainees can safely advance to the Advanced level.

The Advanced Curriculum consists of 17 modules. Each module focuses on a specific area of OMS and is structured to aid Trainees in achieving logical and sequential learning goals. The learning outcomes outlined in these modules are expected to be attained in the second, third, and fourth years of training, following the completion of the Foundation Curriculum.

Foundation and Advanced Curriculum resources

Resources for the Foundation and Advanced Curriculum are accessible via the RACDS ELEARNING platform.

ORAL AND MAXILLOFACIAL SURGERY (OMS) TRAINING PROGRAM



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.

Trainees occupying an accredited or approved training post are required to discuss their training with their Director of Training and fulfil their pre-employment duties prior to completing the annual registration process.

It is the Trainee's responsibility to register with the RACDS by **15 February each year**. Trainees who have not completed their registration and payment by 15 February will not have training accredited for the period they remain non-financial.

The Annual Registration digital form (FOMS 02) will be distributed to trainees with a direct link. To complete the registration process, the following conditions must be met:

- The form must be fully completed and submitted.
- It must be affirmed by both the Trainee and the Director of Training.
- The prescribed registration fee must be paid in accordance with the College's payment requirements at the time of submission.

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 Practitioner Regulation 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 specialty 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 full-time years, credited in periods of successful six-month terms. Trainees must complete training within eight years from the date of commencement. (total time in training) As a guide Trainees should expect to complete the OMS training program in four years, however Trainees may require additional training time for the following reasons:

a) unsatisfactory training term(s)
b) * failure to pass examination(s)
c) inadequate logbook experience
d) incomplete/unsatisfactory work-based or assessments
e) Interruption of training
f) failure to complete the mandatory training requirements

Additional training time will be counted towards the total time in training.

*Trainees commencing in 2025 onwards undertaking unaccredited training time following two unsuccessful attempts of the Foundation examination will have this time counted towards total training time. Trainees should refer to section 4.6 Foundation Examination for further information relating to Unsuccessful Attempts.

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 training, interrupted training and deferral

Applications for part-time training, interrupted training or deferral of 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. All Applications must be submitted through the Digital Assessment Platform (DAP).

Part-time training

Applications for part-time training must be submitted through the DAP 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 in periods of six months due to medical, family, or other valid personal reasons. All interruption requests must be approved by the employing authority, endorsed by the DoT on behalf of the relevant RSC and then submitted to the OMS Training Committee for final approval. Trainees who are approved for interruption of training must complete training within eight years. Applications for interrupted training must be made by completing the Application for Interrupted Training Form (FOMS 10) with supportive evidence using the DAP.

- Trainees who interrupt their training for a period greater than 6 months and continue to practice medicine must meet the CPD requirements set by the MBA and/or MCNZ. Exemptions apply for parental or carer leave, serious illness, research or other approved circumstances. Requests for exemption must be submitted to the Fellowship Committee with supporting evidence for determination.
- During a period of interrupted training, Trainees cannot sit for examinations or participate in any part of the program other than research presentation refer to section 4.4. 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.
- Trainees are required to re- register following a period of interrupted training.

Deferral of training

Applications for deferral 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 fulfil 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 deferral to delay 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 under Special Consideration and will need to reapply for entry to the OMS training program.

The year of deferment does not count towards total training time. Training completion within eight years is applicable from the year training commences.

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. Accredited training terms are six months in duration; however, some training post allocations will extend to twelve months.

It is the Trainee's responsibility to complete any pre-employment processes to the satisfaction of the approved/accredited training post employing body.

If a situation arises where there are insufficient accredited posts to accommodate all Trainees within a particular training region, Trainees may be offered a suitable post within another training region.

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) using the DAP 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). The Training Committee will then evaluate the Trainee's progress and performance, extenuating circumstances, and the suitability of the training position(s). The training record/progress for Trainees who have been granted transfers is transferable between regions.

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. A biannual 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 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.

3.7 Withdrawal from the OMS Training Program

Trainees who choose to withdraw from the OMS Training Program must formally notify the RACDS office, their Supervisor of Training, and the Director of Training in writing of their decision. Trainees are advised to complete their allocated training term. Training fees are non-refundable, regardless of withdrawal timing.

Should a Trainee resign from a position of employment, they are also considered to have resigned from the training program. Trainees should not resign from employment before contacting their Surgical Supervisor and DoT for support, advice and guidance.

3.8 Trainees in difficulty

Any Trainee encountering difficulties in their training for any reason (refer to the Trainees Requiring Assistance Policy) is encouraged, in the first instance, to discuss the matter with their Supervisor of Training (SoT) or Director of Training (DoT).

Additional avenues of support include the College, the OMS Registrar, the Regional Training Centre and the Training Committee, and on an ad-hoc basis, the College may be to arrange an appropriate mentor.

The Trainees Requiring Assistance Policy provides guidance to assist DoTs and SoTs in supporting a Trainee requiring assistance.

3.9 Approved post

Trainees who have completed their clinical training and are attempting or re-attempting the Fellowship Examination, or Trainees who have passed the Fellowship Examination but have not yet completed all training requirements (e.g. research), must hold an Approved Post. Approved Posts are granted in six-month periods, with a fee equivalent to 50% of the annual full training fee per period. The position must be based within one region and supported by the RSC.

To apply for the Approved Post, the candidate is required to submit the Registration for Trainee Occupying an Approved Post (FOMS 12), with DoT approval using the DAP. The application must include evidence that demonstrates the position contains sufficient exposure to maintain/advance clinical skills with protected time for improvement of knowledge/completion of research (e.g. timetable, study plan, research plan, affirmation of an appropriate supervisor). Applications are required to be submitted to the OMS Education Team by 15 July (trainees whose accredited training ends mid-year) or 15 January and will be reviewed by the Training Committee.
Trainees must maintain their registration as Trainee Occupying an Approved Post in order to be considered eligible to present for the Fellowship Examination or to complete their training requirements and be eligible to apply for Completion of Training.

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
- Maintenance of a learning portfolio
- A logbook summary report at the end of each term

- A final overall logbook summary report at the end of OMS 4
- Satisfactory six-monthly assessment reports
- Completion of research requirements
- Completion of Work-based Assessments
- The following prescribed skills training courses (or equivalent) **by 31 January** 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) or the Foundation examination.
- Achieving a satisfactory standard in the Fellowship 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 Logbook

All trainees are required to maintain an up-to-date digital logbook within the DAP to demonstrate their clinical experience. Logbook entries must be entered contemporaneously and will be available for review by the SoT or DoT at any time.

Logbook activity will be formally reviewed and approved by the SoT at the Mid-Term and Six-Monthly Assessment, with oversight by the DoT. Overall Logbook data will be monitored by the Training Committee.

Each record should include the hospital patient identification number and name, along with the relevant Trainee and procedural information as listed below:

- Trainee name
- Trainee RACDS ID
- Training Centre
- Training Site(s)
- Date of Operation
- Patient ID
- Patient Gender
- Patient Age
- Anaesthetic type
- Role
- SoT, trainer or consultant
- Main Category
- Main Procedure
- Sub-procedure (if applicable)

Anaesthetic type

Refers to the type of anaesthesia administered during the operation. This helps classify the procedural context and complexity.

- General: The patient was under general anaesthesia.
- Local: The procedure was performed under local anaesthetic only.
- Sedation: The procedure was performed under intravenous or conscious sedation without general anaesthesia.

Role

There are three possible roles in each operation: Surgeon, Assistant, or Observer.

Note: Only one role (Surgeon, Assistant, or Observer) may be selected per case entry.

a. Surgeon

- Performs the operation:
  - in the absence of the responsible trainer or consultant,
  - in the presence of the trainer or consultant, or
  - performs a substantial part of the operation with the consultant (e.g. “doing one side”).
- Only one Trainee may be recorded as the surgeon for an operation.
- If two Trainees each “do one side,” one is recorded as the surgeon, and the other as the assistant.

b. Assistant

- Assists another surgeon (trainer, consultant, or Trainee).
- If a more experienced Trainee supervises another performing the entire operation, the more experienced Trainee is recorded as the assistant.
- If the more experienced Trainee performs the procedure while supervising the junior in part of it, the junior is recorded as the assistant.
- Only those scrubbed in and acting as the first assistant may record themselves as assistants.
- Those not scrubbed in or not actively assisting must not claim to be an assistant.

c. Observer

- Present in theatre or clinical setting for educational purposes only.
- Not scrubbed in and does not participate in the operation.
- May record the case as Observer for learning or exposure purposes.
- Should not claim assistant or surgeon status for any part of the procedure.

Sub-procedures

Some of the main procedures in the logbook are defined by a set of detailed sub-procedures that describe the specific procedure.

- Single Selection: Only one sub-procedure may be selected per logbook entry, and it must align with the relevant main procedure.
- Detailed Classification: The sub-procedures provide the operational detail of each case. For example, within *Implantology*, implant placement is logged per fixture, allowing for precise recording of the number of implants placed.
- Purpose: The use of sub-procedures ensures consistent data capture across all Trainees and enables accurate reporting of operative experience.

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 main classifications in the OMS logbook are listed in the table on the following page.

Categories of operation used in the OMS logbook

Main Category	Main Procedure
Airway	Cricothyroidotomy
	Submental airway
	Tracheostomy
Aesthetic Surgery	Injectable/non-surgical
	Surgical Procedure
Dentoalveolar	Alveoloplasty/Torus Reduction
	Exposure of teeth
	Non-surgical extraction
	Oro-antral fistula repair
	Orthodontic adjunctive procedure
	Periradicular surgery
	Sulculoplasty
	Supernumerary removal
	Surgical removal of erupted teeth
	Surgical removal of impacted teeth
	Tooth autotransplantation
Facial Trauma	Comminuted/multiple dentate mandible fracture(s)
	Dento-alveolar
	Edentulous mandible fracture
	Foreign body retrieval
	Fracture(s) of Maxilla
	Frontal bone
	Isolated dentate Mandible fracture
	Mandibular condyle
	Nasal + nasomaxillary fractures
	Naso-orbito-ethmoid
	Neck injuries
	Orbit
	Pan facial/complex
	Post-traumatic deformity
	Soft Tissue
	Zygoma
Implantology	Alveolar augmentation
	Craniofacial implant
	Explantation per fixture
	Implant placement per fixture
	Pterygoid Implant per fixture
	Sinus lift
	Soft tissue graft
	Zygomatic implant per fixture
Oral & Facial Infection	Head and neck infection
	Osteomyelitis
	Salivary gland infection
	Skin abscess
Orthognathic and Sleep surgery	Bimaxillary osteotomy
	Isolated genioplasty
	Isolated mandible osteotomy
	Isolated maxillary osteotomy
	Other Sleep

Main Category (Cont'd)	Main Procedure (Cont'd)
Pathology - benign	Bone lesion
	Cutaneous
	Facial Pain
	Mandibulectomy
	Maxillectomy
	Oral mucosal lesion
	Other
	Salivary gland
	Sinus Disease
Pathology – malignant	Cutaneous
	Mandibulectomy
	Maxillectomy
	Neck dissection
	Orbital surgery
	Other site
	Salivary Gland
	Tongue
Reconstructive	Bone/cartilage graft harvest
	Free flap composite
	Free flap hard tissue
	Free flap soft tissue
	Local intra-oral flap
	Local skin flap
	Microvascular surgery
	Nerve harvest
	Nerve Repair
	Pedicled flap
	Soft tissue graft
Temporomandibular joint	Arthrocentesis
	Arthroscope
	Dislocation
	Joint replacement
	Open joint procedure
Paediatric & Craniofacial	Cleft
	Craniofacial osteotomy
	Distraction osteogenesis
Other	Removal of metalware

4.3 Trainee assessment reports

Supervision and assessment of Trainees by SoTs is necessary to ensure quality of training, progression of training, suitability to sit the Fellowship 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 using the DAP.

Trainee assessment reports are compiled from the SoTs 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.

The Trainee Assessment report evaluates all aspects of a trainee's performance and progression relative to their stage of training detailed in the table below. Certain Criteria have been identified as **Essential**. The **Essential** criteria represent the core competencies required for safe and effective practice at the Trainee's stage of training. If a Trainee is assessed as below the expected standard in one or more of **Essential** criterion, this may result in the overall Trainee Assessment being graded as Unsatisfactory.

Assessment Area	Criteria
Clinical knowledge	• Clinical knowledge of subject • Medical foundation • Clinical governance • Clinical clerking • History taking **(Essential)**
Procedural Skills	• Anatomical knowledge • Surgical technique • Operational memory • Adaptive skills • Surgical judgment • Surgical development **(Essential)** • Ergonomics • Clinical escalation **(Essential)** • Complication management
Clinical judgement	• Diagnostic skills • Decision-Making and prioritisation • Recognising limits • Leadership • Organisation • Patient management **(Essential)**
Communication	• Effective clinical communication **(Essential)** • Patient centred communication **(Essential)** • Culturally safe communication **(Essential)**
Collaboration	• Ability to co-operate with other healthcare professionals • Initiative and enthusiasm • Teamwork **(Essential)**
Scholar	• Self-Directed learning • Motivation to teach

Professionalism	• Reliability and dependability **(Essential)** • Self-Management • Cultural awareness • Ethical practice **(Essential)** • Professional integrity **(Essential)** • Insight **(Essential)**

Initial Supervisor meeting
At the beginning of the rotation, it is the Trainee's responsibility to share with the SoT their learning portfolio including copies of all previous assessments. The learning portfolio and is to be used by the Supervisor and Trainee to set appropriate educational and clinical goals for the following rotation.

Midterm interim assessment – formative
The midterm assessment report is a formative assessment that occurs at the three-month point of each six-month rotation. The Trainee will discuss with their SoT their training progress, identify strengths and weaknesses in their clinical performance, and seek feedback and guidance on areas for improvement.

It is the Trainee's responsibility to arrange a meeting with their SoT to complete the midterm assessment report and submit this to the College by the due date (17 May for February to August term; 15 November for August to February term). The SoT will review the Trainee's progression digitally using the Midterm Trainee Assessment Report (FOMS 06A) in the DAP. Trainees who do not submit their mid-term assessment by the required deadline will be deemed not to have met the term's assessment requirements.

There are two outcomes to the midterm interim assessment:

1. The Trainee's performance is identified as *Satisfactory* – the Trainee will continue the current training plan.
2. The Trainee's performance is identified as *Borderline* or *Unsatisfactory* – the SoT must develop a Trainee Remedial Plan (FOMS 03) using the DAP with the Trainee to provide further support and guidance to the Trainee.

It is the Trainee's responsibility to ensure their midterm assessment report is fully completed and, if necessary, submitted to the College by the relevant due date. The report is considered valid when all contents have been appropriately completed and signed by the Trainee and SoT.

Trainees identified as performing at a Satisfactory level continue their current training plan. The Trainee must keep a copy of their midterm assessment report for their own records. Submission of the assessment report to the College is not required at this time but may be requested at a later time.

Where the Trainee's performance on the midterm assessment report is Borderline or Unsatisfactory, the SoT advises the Trainee of specific problems, identifies deficiencies in training and makes recommendations for improvements that are required.

Trainees identified as performing at a Borderline or Unsatisfactory level must ensure a copy of their completed assessment report and the Remedial Plan are entered into the DAP within two (2) weeks of the midterm assessment being finalised with their SoT, and by the relevant due date (17 May for February to August term; 15 November for August to February term).

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 below expectation or 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, remedial strategies established.

Six-monthly assessment – summative

The six-monthly assessment report is a summative assessment where the SoT will, in consideration of the Trainee's progression and development through the training rotation, assess the Trainee's overall performance for the period. 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 formal feedback to Trainees.
- Inform the development of any additional learning activities and/or supports for the Trainee should they be required.

It is the Trainee's responsibility to arrange a meeting with their SoT two weeks before the end of each six-month term. This meeting is specifically to review and discuss the Trainee's performance in the current rotation. The SoT will document their assessment of the Trainee's overall performance using the Six-monthly Trainee Assessment Report (FOMS 06B) using the DAP. 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 two weeks of the completion of the relevant six-month training period. The DoT is responsible for determining the final outcome of the assessment and may do so, as required, after consultation with other individuals involved in training, including but not limited to the relevant Regional Surgical Committee. Once six-monthly assessments are complete, the DoT notifies the Regional Surgical Committee Chair of the outcome of their Trainees.

It is the Trainee's responsibility to ensure their six-monthly assessment report is fully completed and submitted using the DAP to the College by the relevant due date (15 August for February to August term; 15 February for August to February term). The assessment report is considered valid when all contents have been appropriately completed and signed off by the Trainee, SoT and DoT.

Failure to submit the six-monthly assessment report within a maximum of two weeks following the published due date may result in the term being considered as Unsatisfactory, unless a late submission has been approved. As a result, additional training time will be required because of the deficit in accredited training time.

Outcomes of Six-monthly assessment reports

Satisfactory result

Trainees identified as performing at a Satisfactory level should continue their current training plan as discussed with their SoT and DoT.

Unsatisfactory result

In the event of an Unsatisfactory outcome or if there are discrepancies in the assessment, the DoT is responsible for determining the final outcome of the Trainee's overall performance, in consideration of the following:

- 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.

Submission of an Unsatisfactory six-monthly assessment report must be accompanied by the Trainee's Trainee Remedial Plan (FOMS 03) using the DAP developed with their SoT and overseen by the DoT, and a copy of their midterm assessment report of the same six-month training period if not previously provided to the College.

If a six-monthly assessment report is deemed Unsatisfactory, the relevant six-month training period will not be accredited. The Trainee will be notified in writing following receipt of the Unsatisfactory six-monthly assessment report.

All Unsatisfactory six-monthly assessment reports will be reviewed by the Training Committee. Trainees will be notified in writing of the decision of that review and any further actions such as variations in training as deemed necessary by the Training Committee.

Any Trainee who accumulates three (3) Unsatisfactory six-monthly assessment reports over the course of their training will not be permitted to continue in the OMS training program. The Training Committee will determine all decisions regarding a Trainee's position in the training program.

4.4 Mandatory research in training requirements

All Trainees are required to complete the Research in Training requirements. These are fulfilled by undertaking and completing either Pathway 1 or Pathway 2, together with a presentation component:

- Pathway 1 – Postgraduate research qualification
- Pathway 2 – Research Project
- Presentation Requirement

All research projects must have an appointed Research Supervisor who is responsible for overseeing and supporting the Trainee's research within the OMS Training Program. The Research Supervisor must be an OMS Assessor.

Trainees who commenced prior to 2025 and were granted a *Prior Completion of Research Qualification,* are exempt from completing Pathway 1 or 2, however they are still required to complete the presentation requirement.

Pathway 1
Trainees who are undertaking a University qualification must complete and submit Submission of Research Proposal – Pathway 1 (FOMS 7A) via the DAP 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.

An MPhil or PhD may be undertaken to meet the Pathway 1 requirement; however:

- The qualification must be completed during training;
- A PhD must be commenced no more than two (2) years from the start of training.
- An MPhil must be commenced no more than one (1) year from the start of training.

Trainees who want to fulfil this requirement by enrolling in a PhD will be required to first discuss and obtain written approval from their Research Supervisor and DoT. 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 for approval to the Research Panel with the submission of completed Submission of Research Proposal – Pathway 2 (FOMS 7B) via the DAP.

Pathway 2 research requirements:

- Research must commence and be completed during training
- Trainees are required to have a research supervisor who will endorse and support their research project
- The research article must be accepted for publication in a peer-reviewed journal, as first or equal-first author; (unless otherwise approved by the Research Committee)
- Trainees must complete an approved research methodology course.

Trainees must submit a research proposal that includes, but is not limited to, support from their Research Supervisor, evidence of ethics approval as well as demonstrating relevance to Oral and Maxillofacial Surgery. If undertaking a systematic review. Trainees must provide evidence this will be conducted in accordance with PRISMA guidelines where applicable.

Research Proposals must be made to the Research Panel using the DAP by 15 February of OMS 2. Clinical case reports and stand-alone literature reviews will not be approved for this purpose.

Trainees must complete either of the following research methodology courses:

a) RACS Critical Literature Evaluation and Research (CLEAR) course
b) Royal College of Surgeons England Postgraduate Certificate (PGCERT) Research Methodology (eLearning).

Evidence of a completed research methodology courses must be uploaded into the DAP.

Trainees should ideally commence their research pathway as soon as possible in order to complete their project by the end of OMS 4. When approving research approvals, the Research Panel will take into account research projects that can be completed within two years to allow time for the publication and presentation requirements. Trainees are required to provide regular updates regarding their research progress to their Research Supervisor, SoT and Regional Research Panel Representative. Trainees who wish to change their pathway and/or their research project are required to submit a new proposal application to the Research Panel for approval.

Presentation of research
All Trainees are required to present a paper at an OMS or equivalent national or international annual conference (scientific meeting hosted by a medical society or college subject to peer reviewed abstract selection) as approved by the Research Panel at least once during their surgical training. An Oral presentation is the expected standard for fulfilment of the research presentation and trainees will be required to upload supporting evidence such as a certificate of participation or a letter from the conference/meeting organiser.

Trainees may choose to present either:

- A presentation relating to their research project
- A presentation on a different OMS topic of their choosing

Trainees on interrupted training may deliver a presentation at an approved scientific meeting, as long as their research has been pre-approved.

Trainees who commenced prior to 2025 and have received a Prior Completion of Research Qualification are still required to present at a national annual conference at least once during training.

Completion of research requirements
Completed research must be reviewed by the Research Panel and the DoT for final approval. Trainees are required to submit an Application for Completion of Research Requirement (FOMS 09) via the DAP with supporting evidence to RACDS for approval. Completion will be determined on a case-by-case basis in accordance with Handbook and in compliance with the approved research proposal.

Trainees should allow up to three weeks for a completed research project to be considered by the Research Panel and DoT. Trainees in their final year of training have until the 1 December (for those completing clinical training in Term 2) or 1 July (for those completing clinical training in Term 1), to submit their completed research in order to be considered for Fellowship by the end of term

Extension of training for completion of research requirements
Trainees who satisfactorily completed their clinical training and the Fellowship Examination but have not fulfilled the mandatory research requirements by the 1 January, (for those completing clinical training in Term 2) or 1 July (for those completing clinical training in Term 1), must apply for an Approved Post as detailed in section 3.9 and are required to complete their research within the training timeframe, in accordance with section 3.3, (within eight years from the date of commencement of training).

4.5 Work-based assessments

Clinical Training comprises three types of work-based assessments:

1. Case Presentation (CP)
2. Assessment of Operative Process (AOP) and
3. Team Appraisal of Conduct (TAC).

Collectively, these work-based assessments contribute to the overall standards 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 (CP)

The CP 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.

Trainees are required to submit a minimum of one satisfactorily completed CP assessment for each six-month term of Accredited OMS training, with a total of ten (10) CP assessments required by the completion of training for the following topics. Trainees are required to complete the minimum number of CPs per term as part of their application to present for the Fellowship Examination.

Completed assessments may be reviewed at any time by the DoT and SoT and are also monitored by the Training Committee.

By the end of training, each Trainee must have satisfactorily completed a CP assessment for the following cases:

1. Management of wisdom tooth extraction in a patient with complicated medical history or complex anatomy requiring 3D imaging
2. Management of a patient requiring dental implant(s) including assessment of patient, surgical site, prosthetic plan. Use of imaging and methods to provide 3D positioning
3. Management of patient with complex benign cysts/tumours including biopsy and treatment options
4. Management of a patient with TMJ pain requiring intervention including discussion of conservative measures
5. Management of a patient with facial pain
6. Pre- and post-operative considerations in a patient with complex facial fractures
7. Work up of a patient with dentofacial deformity including clinical and 3D assessment to support surgical plan
8. Presentation of a patient at an MDT including rationale for proposed treatment plan
9. Ward management of post-operative head and neck surgery patient with discussion of complications
10. Management of a paediatric patient involving MDT discussion e.g. craniofacial deformity, vascular malformation

The following CPs will be accepted for Trainees who completed these prior to Term 2 2026 and will count towards the required total of 10 CPs.

- 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 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

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

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) must be completed using the DAP.

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.

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.

Trainees are required to complete AOP 2S *Examination of facial structure* and AOP *2T Interpretation of normal facial imaging* to a level 4 by the end of OMS 1.

Trainees are required to submit a minimum of two satisfactorily completed (Level 2 or above) AOPs for each accredited six-month training term via the DAP.

By the end of the OMS training program, Trainees are required to complete all AOPs Procedures to a Level 4.

The AOP assessment forms can be accessed using the DAP (WBA FORM 2A-2V). Completed assessments may be reviewed at any time by the DoT and SoT and are also monitored by the Training Committee.

Mandatory Procedures	
Foundation Level	
AOP – 2S	Examination of the facial structures
AOP – 2T	Interpretation of normal and abnormal facial imaging
Advanced Level	
AOP - 2A	Impacted 3rd Molar
AOP - 2B	Harvest of a Local Bone Graft
AOP - 2C	Harvest of a Distant Bone Graft
AOP – 2D	Uncomplicated Placement of Dental Implant
AOP – 2E	Closure of Oro-antral Fistula
AOP – 2F	Tracheostomy
AOP – 2G	Mandibular Osteotomy
AOP – 2H	Maxillary Osteotomy
AOP – 2I	Incision and Drainage of Facial Abscess
AOP – 2J	Enucleation of a Jaw Cyst
AOP – 2K	Surgical Approaches to the Mandible Intraoral
AOP – 2L	Surgical Approaches to the Mandible Extraoral
AOP – 2M	Surgical Approaches to the Zygomatic-Orbital Complex
AOP – 2N	Mandibular Fractures (Excluding Condyles)
AOP – 2O	Maxillary Fractures
AOP – 2P	Zygomatic Complex Fractures
AOP – 2Q	Removal of Submandibular Gland
AOP – 2U	Application of Botulinum Toxin
AOP – 2V	Cutaneous Local flap

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 ensure 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 formative 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.

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 in 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 Team Appraisal of Conduct (TAC) is managed within the DAP.
Trainees must complete a self-assessment and nominate a minimum of eight (maximum of 12) raters to provide feedback. Raters are invited directly through the platform using their email addresses.

To complete the process, trainees should:

- Log in to the DAP and navigate to the Dashboard
- Select Create under "Logbook, Assessment, Application, Other"
- Select Team Appraisal of Conduct and complete the self-assessment
- Enter the details of a minimum of eight raters and submit invitations through the platform
- Responses can be monitored via the Timeline within the DAP. Once a minimum of eight responses have been received, trainees may be able to close the TAC survey.

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.

The TAC assessment is confidential as all contributions from colleagues are anonymous. Feedback to the Trainee is delivered through a report which is sent by the Trainee to the SoT with the Team Appraisal of Conduct (WBA FORM 04) using the DAP. The TAC Form will comprise the survey report which 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 req*uired or *unsatisfactory*. The completed TAC form must also be submitted to the RACDS via the DAP. If development is required, a targeted training/remedial 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 Fellowship Examination Eligibility (FOMS 05).

4.6 Foundation Examination

Competency in the Foundation Module will be assessed by means of a summative examination. The Foundation examination is designed to evaluate the core knowledge and surgical skills acquired by Trainees during the early stages of the OMS Training program. The examination is structured to assess whether candidates have the foundational surgical skills, core knowledge and professional aptitude necessary to safely care for patients. This includes a well-founded knowledge in anatomy, surgical equipment and skills, biomedical sciences and OMF imaging, competency in clinical skills, and the ability to safely manage pharmacology and perioperative care.

Trainees are required to register for the Foundation 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 the Foundation Examination.

Timing of the Foundation Examination

The Foundation Examination is undertaken by Trainees during their first clinical OMS training year; progress into OMS 3 is dependent on passing the examination.

Format of the Foundation Examination

The format for the Foundation 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 Foundation Examination components and content

Exam component	Format	Content
Written Examinations	Paper 1 2 hours of SAQs Paper 2 2 hours of SAQs	• Paper 1 ○ 3 questions from each of module 1 ○ 3 questions from each of module 2 ○ 3 questions from each of module 3 ○ 3 questions from each of module 4 • Paper 2 ○ 3 questions from each of module 5 ○ 3 questions from each of module 6 ○ 3 questions from each of module 7 ○ 3 questions from each of module 8

Clinical Examinations	15-minute Vivas assessing each Foundation module	• 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 Viva stations will examine the following Foundation modules: • Module 1 Anatomy, Embryology, and Growth and Development • Module 2 Surgical Equipment and Skills • Module 3 Pharmacology • Module 4 Physiology, Pathology & Microbiology • Module 5 Perioperative Care • Module 6 OMS Imaging • Module 7 Clinical Skills • Module 8 Communication and Professional Skills

Examination passing standards
Candidates should review the Curriculum that will be assessed for the Foundation Examination in the OMS Curriculum Foundation Modules.

To successfully pass the Foundation examination, a candidate must achieve the passing standard in each of the following sections in the same examination diet:

- Overall pass in the Written examinations
- Overall pass in the Clinical/Viva examinations
- Pass the Viva Anatomy component (Module 1) and the Communication component (Module 8)

The highest performing candidate in each diet of the examination will be identified by determining the candidate with the best overall performance in both sections of the examination (written and clinical). 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 candidate is unsuccessful in an attempt at the Foundation examination, the Chief Examiner will prepare an evaluation report using information provided by the examiners. Trainees and their DoT will receive this feedback in the form of a letter and written report from the Registrar. Trainees are encouraged to discuss their report with the DoT.

Trainees have three (3) attempts to pass the SST/Foundation examination. Failure to pass the SST/Foundation examination by the third attempt will result in dismissal from the OMS Training Program.

Trainees who are unsuccessful in their first attempt at the Foundation examination can continue their progress in the OMS training program and will be required to sit the examination for a second time. Trainees who are unsuccessful in their second attempt at the Foundation examination can complete their training year, however they will not be eligible to commence the OMS 3 year until they have passed the examination.

The time taken between the completion of a Trainee's second year of training and their re-entry back into the OMS program following the successful completion of the Foundation examination will not be considered as accredited training time. Successful 3rd attempt Trainees will recommence at the beginning of Term 1 the following year.

It is recommended that third attempt Foundation Examination candidates continue working in an appropriate unaccredited OMS position within their training network to facilitate exam preparation. Trainees cannot progress to OMS 3 until a pass in the Foundation examination is achieved.

Foundation resources

Resources for the Foundation Modules are accessible via the RACDS ELEARNING platform.

4.7 Fellowship Examination

Candidate eligibility

To be eligible to present for the Fellowship Examination, candidates must meet all applicable requirements relevant to their training program level and submit an Application for Fellowship Examination Eligibility (FOMS 05) through the DAP during the advertised registration period.

Fellowship Examinations requirements for Accredited Trainees

In order to present for the Fellowship Examination, OMS Trainees must meet the following requirements:

- Be an accredited Trainee in an active training post at OMS Level 3 or 4
- Not have exceeded the maximum allowable duration of training time detailed in 3.3.
- Successful completion of the SST or Foundation examination.
- Be in the final 18 months of OMS training and completed Satisfactory 6-monthly assessment reports for a minimum of 5 accredited terms
- Maintained a Satisfactory logbook
- 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).
- Completed a minimum of two satisfactory AOPs for each accredited training term.
- Completed a minimum of 1 x CP per accredited training term
- Completion of RACS Skills courses or equivalent, (CCrISP, ASSET, EMST)
- Be in good financial standing with the College
- Have endorsement from the Director of Training

Trainees in an Approved Post:

Candidates who have completed clinical training and are attempting or re-attempting the Fellowship Examination must be in an Approved Post as detailed in section 3.9 at the time of the next examination sitting and must not have exceeded the maximum allowable training duration as outlined in section 3.3.

The OMS BoS requires trainees to engage with a mentor during this period. Trainees should contact the OMS Team for assistance in identifying an appropriate mentor.

Eligibility to re-present for the Fellowship Examination remains for a period of three years following the initial assessment of eligibility outcome. Candidates must be re-assessed for eligibility following expiry of the three-year eligibility period and will be required to complete the eligibility assessment and pay the prescribed fee again.

Fellowship Examination eligibility assessment process

As part of the eligibility assessment process, formal endorsement from the Director of Training is required to support the candidate's application.

The following candidates will be required to apply for eligibility to sit the Fellowship Examination

- Trainees who meet the Fellowship Examination eligibility criteria
- Trainees in an Approved Position whose eligibility assessment has exceeded a period of 3 years.

The Application for Fellowship Examination Eligibility Form (FOMS 05) must be submitted by the 15th August using the DAP accompanied by the *following documentation:

- Completed six-monthly assessment report for the preceding term leading up to the Fellowship Examination
- Completed Annual Summary Logbook signed by the Director of Training for the term leading up to the Fellowship Examination
- All documentation related to training and assessment, that forms part of the required learning portfolio
- Payment of the Fellowship Examination eligibility fee.
- * Trainees in an Approved Position whose eligibility has expired must provide evidence of their surgical positions over the past three years and their study plan.

The OMS Training Committee will assess the applications for Fellowship Examination eligibility. Trainees will be notified of the outcome following the review, only eligible Trainees will be permitted to register for the Fellowship Examination.

Eligible Trainees registering for the Fellowship Examination will be required to use the online registration form prior to the closing date and pay the examination registration fee as published on the RACDS website. Registered candidates will receive notification from RACDS.

Format of the Fellowship Examination

The Fellowship 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 Fellowship Examination is held annually in October to November. (Refer to the education 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.

Fellowship Examination Components and Content

Exam component	Format	Content
Written Examinations	Short answer questions (two exams of three hours each)	Evidence-based medicine will be examined, and appropriate citations of historical and contemporary research will be required.
Clinical Examinations	Six medium cases (17 minutes each)	Consist of a mix of clinical cases that an OMS surgeon might encounter, assessing a candidate's clinical knowledge and problem-solving skills.
Anatomy Viva	One Viva (15 minutes)	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.
Oral and Maxillofacial Surgery Vivas	Three OMS Vivas (20 minutes each)	Involves 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.

Examination passing standards

To successfully pass the Fellowship 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 Fellowship Examination will be permitted. Failure to pass the Fellowship examination by the third attempt will result in dismissal from the OMS Training Program.

If a Trainee is unsuccessful in passing the Fellowship Examination, the Chief Examiner 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 Fellowship Examination do not satisfy the requirements for the award of Fellowship.

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 Chief Examiner or the OMS Registrar - 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 Chief Examiner will be asked to document the dispute and adjudicate. If the Chief Examiner is unavailable or unable to resolve the dispute, it should be dealt with expeditiously by the OMS Registrar. The arbitration of the OMS 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
A candidate may apply for consideration of special circumstances in accordance with the Special Consideration in Examination and Assessment Policy.

- The candidate must notify the Registrar and forward the details via a completed Special Consideration in Assessment Application (GEN 05) using the DAP. 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.

Withdrawal from examination
Candidates who wish to withdraw from an examination must advise the College in writing before the written examination date in accordance with the RACDS Refund Policy.

Candidates who do not attend an examination without notifying the College will be considered a failed attempt unless there are extenuating circumstances, which can be supported by appropriate documentation submitted to the Board of Studies.

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. Please refer to the Academic Integrity Policy for further information.

5. Fellowship Admission

Passing the Fellowship Examination does not mean instant or automatic admission to Fellowship. Following receipt of the letter from the Registrar notifying approval of Application for Completion of OMS Training program, Trainees must apply for completion of training confirmation (FOMS 13) using the DAP and then formally apply for Admission to Fellowship. Details of this are outlined in the OMS Admission to Fellowship Policy.

6. OMS Training Progression & Dismissal

6.1 Trainee progression

The OMS Training Committee has the authority to make decisions regarding a trainee's progression within the Oral and Maxillofacial Surgery Training Program. This includes, but is not limited to:

- Accreditation of training terms;
- Variation of training requirements based on trainee progress;
- Determination of eligibility to sit the Fellowship Examination;
- Approval of flexible training arrangements;
- Approval of interruptions to training;
- Approval of trainee transfers between regions;
- Recommendations for managing unsatisfactory trainee performance;
- Determination of dismissal from the training program

6.2 Dismissal from training

A trainee may be dismissed from the OMS Training Program on grounds that include, but are not limited to, the following:

- Trainees who receive three (3) unsatisfactory six-monthly assessment reports over the course of OMS training;
- Trainees who fail to pass:
    - the SST/Foundation Examination by the third attempt
    - the Fellowship Examination by the third attempt
- Trainees who engage in misconduct, including but not limited to harassment, discrimination, dishonesty, fraud, or serious breaches of professional behaviour;
- Trainees who fail to meet their training requirements;
- Trainees who exceed the maximum duration of training time;
- Trainees who fail to maintain full medical or dental registration;
- Trainees who are dismissed or terminated from hospital employment.

In such cases, the trainee will be removed from the OMS training program pending final review by the Training Committee. Trainees facing dismissal are entitled to procedural fairness, including written notice of the meeting and being afforded an opportunity to provide a written submission.

7. 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.

Appendix 1: Former Trainees seeking to reapply to the OMS Training Program

1. Purpose

These guidelines are for former Trainees who have voluntarily withdrawn or have ceased training and are seeking to reapply to recommence accredited training in Oral and Maxillofacial Surgery. 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/terminated 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 successfully complete the SST and/or the Foundation examination after three attempts.
- Failure to successfully complete the Fellowship examination after three attempts
- Unsatisfactory performance on three six-monthly summative 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.
- Failure to complete training within the total training time

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 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.

a. 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.

b. 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).

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.

5. 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).

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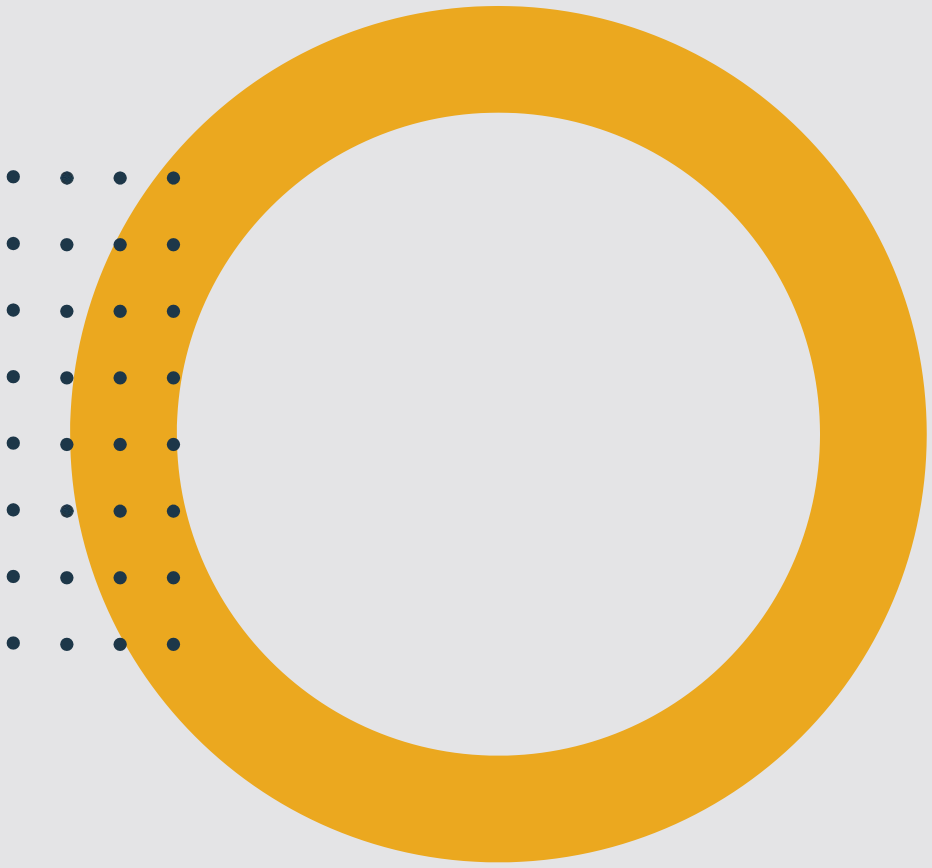

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