

Executive Summary 2009

Royal Australasian College of Dental Surgeons

A joint Australian Dental Council (ADC) and Australian Medical Council (AMC) Team assessed the oral and maxillofacial surgery education (OMS), training and professional development programs of the Royal Australasian College of Dental Surgeons (RACDS) in 2006. The Team assessed training programs in oral and maxillofacial surgery against the accreditation standards of both the ADC and the AMC, and following a process that combined the standard ADC and AMC accreditation processes.

The 2006 assessment resulted in a decision by the ADC and the AMC to accredit the education and training program and continuing professional development program of the Royal Australasian College of Dental Surgeons in oral and maxillofacial surgery until December 2009, subject to satisfactory annual reports.

The ADC and AMC resolved that, in July 2009 the College would provide a comprehensive report on progress in relation to the key issues raised in the 2006 Accreditation Report, which will be the basis for the two Councils to determine whether the period of accreditation should be extended to the maximum period of six years.

A second joint ADC and AMC Team completed the review of the College's progress in September 2009.

This Executive Summary provides a short summary of the 2009 Team's main findings. It also lists the commendations and recommendations made by the 2009 Team and included in the body of the report.

The 2009 Team observed that the College had made commendable progress in responding the recommendations of the 2006 assessment, particularly in the area of curriculum development, supervisor support, and developing and clarifying relationships with the university dental schools. This has been assisted by new College governance structures, and additional staff and resources.

The Team notes that there has been considerable development and change over the last decade. There is now an opportunity for consolidation and stability; further changes should be based on reflection and evaluation.

There has been excellent progress on the development of memoranda of understanding between the College and the university dental schools. In this process, many of the previous tensions between the College and the schools had been brought out in the open and there have been improvements in outcomes for trainees as a result. The challenge for the College is to continue to develop these relationships, and to engage the four new dental schools which have been established since the 2006 assessment appropriately. Some specific tensions remain to be resolved concerning roles and responsibilities for the delivery of oral and maxillofacial surgery (OMS) training in New Zealand.

The structure of the education and training program has continued to evolve. The modular curriculum has developed substantially although there are still areas for further work, such as continuing to improve the link between the final examination and the modular curriculum.

The College has produced the *Handbook for Education and Training in Oral and Maxillofacial Surgery, June 2009*, which provides clear and comprehensive information on training, assessment and supervision requirements. The College is planning a four-year seamless oral and maxillofacial surgery advanced training program from 2011. On the information presented this appears to be an evolutionary change, not a major change to the content of the accredited program. The ADC and AMC will wish for further reports on these developments.

The College has clarified its requirements for research for OMS trainees. These are consistent with those for other specialist medical colleges, but set a lesser requirement than other dental specialist qualifications. The challenges for the College are to communicate the value of research to trainees and to identify a clear process for assessing the quality of research when a trainee is not undertaking a formal research degree.

The College has reviewed the formative assessment component of the training program, and is introducing a range of new tools, including Case Presentation plus Discussion, Assessment of Operative Process and a Six Monthly Formative Assessment form. These developments have been informed by consultation with other medical colleges in Australia as well as international experience. The new tools have been well received by trainees. Supervisors have been trained in their use and ongoing training is planned.

Basic science material is still examined in the RACDS Primary Examination, which is no longer a prerequisite for selection into Basic Surgical Training (BST), but remains a prerequisite for eligibility for Advanced Surgical Training. The Basic Surgical Training examination has not changed since 2006. Although there has been consideration of amalgamating the Primary and BST Examinations, there has been no progress to date, and this is complicated by the College's use of the Primary Examination in other dental specialties.

Under the College's proposal for seamless training in oral and maxillofacial surgery, the current BST oral and maxillofacial surgery year would be the first year of the integrated program. It is anticipated that the BST Examination would be completed either before selection into training or in the first year of training. Examinations prior to training inevitably are interpreted by candidates as a 'gateway' to training even if they are not selection hurdles. The Team reaffirms the recommendation from 2006 that the basic science material relevant to OMS would be better delivered during the first year of training and examined as part of the BST Examination.

In 2006, the Team identified a concern about the variable range and depth of clinical experience available in accredited training posts. In 2009, there are good mechanisms for reviewing the experience of individual trainees through logbook summaries and portfolios, and significant progress in ensuring that trainees obtained adequate exposure across the breadth of the oral and maxillofacial surgery discipline. However, the rotational opportunities available to trainees are generally regional and further progress is required in order to facilitate the movement of trainees between regions.

The College is commended for its successes in increasing the number of training posts in oral and maxillofacial surgery. Nevertheless, in certain jurisdictions, there are major hospitals that don't have oral and maxillofacial surgery positions. Training posts should be aligned with the unmet need for specialist OMS services, and the College is encouraged to continue to engage

health service providers to ensure that safe, high quality surgical services are available to the public.

In relation to College communication with trainees, there remain issues to be addressed. The appointment of an Assistant Registrar (OMS) will assist, but the College should identify additional opportunities to improve communications. The College is encouraged to establish a process to facilitate early identification and engagement of potential oral and maxillofacial surgery trainees. This would assist College planning of training post requirements, and provide greater clarity about numbers. It would assist potential trainees with career guidance, mentoring, access to educational resources, and would provide an affiliation with the College.

As a small training organisation, the College has difficulties in seeking de-identified feedback from its trainees. The challenge for the College is to continue to consider mechanisms for obtaining honest and open feedback from trainees so this can inform the improvement of all aspects of the training process.

Since 2006, the College has improved its processes for communicating with supervisors and generally engaging them in the College decision making process. The College's recognition of the need for ongoing review of supervisor performance and provision of appropriate support is commended.

The College has begun to use a process for assessing overseas-trained oral and maxillofacial surgeons since 2006. The number of applicants remains small. The RACDS has required overseas-trained oral and maxillofacial surgeons seeking recognition of their qualifications, training and experience in Australia to hold registrable degrees in both medicine and dentistry giving general registration in both disciplines. In other medical specialties, overseas-trained specialists are normally granted registration limited to their specialty and are not required to have general medical registration. RACDS should seek to bring its requirements more in line with other medical specialties.

The College has made considerable progress in the development of the CPD program for OMS surgeons. The new program, CDP4OMS, which will be introduced from the beginning of 2010, provides an online recording mechanism which allows participants to enter their completed activities, according to framework categories, and to identify areas in which they may need to concentrate future learning efforts.

The RACDS is developing programs to identify, support and counsel fellows who because of age or impairment are performing sub-optimally and those whose performance concerns may not be correctable as well as programs to assist practitioners who are referred by registration and other bodies for retraining.

2009 Commendations and Recommendations

Commendations

- A The establishment of the position of Assistant Registrar (OMS).
- B Progress in the development of memoranda of understanding with the established dental schools, and the positive effect on the relationships and understanding of the College's training processes.

- C The development of the modular curriculum and the *Handbook for Education and Training in Oral and Maxillofacial Surgery*, June 2009.
- D Development of a suite of formative assessment tools designed to assess trainee performance against a set of defined competencies over time.
- E The College's clear procedures and requirements for determining eligibility for training.
- F Appointment of trainee representatives to all relevant committees within the College.
- G The College's intention to improve communication with trainees by the employment of additional staff and the introduction of the bulletin.
- H The substantial progress in clarifying and making more specific the process for accreditation of training posts.
- I The significant progress in facilitating opportunities for trainees to experience the full breadth of the OMS specialty.
- J The establishment of new training posts in oral and maxillofacial surgery.
- K Improved mechanisms for communication with supervisors, supervisor training, and improved opportunities for supervisor involvement in College discussion concerning oral and maxillofacial surgery training.
- L Progress in establishing the mentor scheme.
- M The College's clarification of the research component of oral and maxillofacial surgery training and the inclusion of these requirements in the memoranda of understanding signed with university dental schools.
- N The progress made by the RACDS in most of the areas discussed in the section on 'Strategies for Improvement' in 2006.
- O The progress made by the RACDS in the development of CPD4OMS and on processes to identify and assist the under-performing practitioner.

Recommendations

That the RACDS:

- 1 *Ensure that the role of Assistant Registrar (OMS) is appropriately resourced.*
- 2 *In relation to research in the training program:*
 - *ensure trainees understand the need for research methodology training and coordinate their gaining suitable experience in research from early in their training;*

- *establish a clear process for assessing the quality of research when the trainee has not undertaken a research degree.*
- 3 *Continue to work collaboratively with the dental schools, reporting in annual reports on further developments under the memoranda of understanding, and the development of any memoranda with new dental schools.*
 - 4 *Report in annual reports on the planning for the implementation of the seamless training program.*
 - 5 *Set up a process to facilitate early identification and engagement of potential OMS trainees.*
 - 6 *Negotiate with hospitals to ensure appropriate experience in surgery for potential OMS trainees so as to satisfy the requirements of the surgery in general year.*
 - 7 *Consider the incorporation of relevant basic science material from the RACDS Primary Examination into the BST Examination.*
 - 8 *Strengthen the links between the modular curriculum and the BST and Final Examinations.*
 - 9 *In the event that the College moves to a four-year integrated training program provide for trainees to sit the BST Examination after the commencement of OMS training.*
 - 10 *Evaluate the performance of all assessment tools, particularly focussing on the new formative assessments.*
 - 11 *Consider the assessment load on trainees, supervisors and directors of training and develop strategies to limit the number of assessments if it is deemed to be unsustainable.*
 - 12 *Provide formal feedback to all trainees following annual reviews.*
 - 13 *Establish better communication with workforce units in its selection process, and to ensure consistency of application of selection policies across regions.*
 - 14 *Report in annual reports on the evaluation of the outcomes of the selection of trainees, specifically concerning the availability of places for eligible BST and AST applicants.*
 - 15 *Give priority to the development of a formalised process of communication amongst trainees.*
 - 16 *Give priority to development of a formal mechanism that allows regular and confidential trainee feedback on training posts and training centre programs through an independent and impartial body or personnel.*
 - 17 *In reviewing its process for accreditation of training programs and posts address consistency between regions in relation to providing trainees with a quarantined period for educational and research activities.*

- 18 *Enhance measures to ensure more consistency of access to training opportunities across the breadth of the discipline of oral and maxillofacial surgery, especially in relation to activities that require national rotations.*
- 19 *Take a lead role in establishing and promoting ongoing dialogue with health service providers in Australia and New Zealand in relation to workforce training and development to meet the educational objectives of the College and the workforce priorities of health service providers. This would include:*
 - *negotiations with major hospital groups/health services to identify additional training positions to enhance service delivery, patient outcomes and educational outcomes;*
 - *negotiations with employers concerning time for trainees to attend educational sessions and to complete a research project during their training.*
- 20 *In recognition of the value of multidisciplinary teams both as learning environments and for enhanced patient outcomes, continue to take a leadership role to overcome barriers to close working relationships with associated medical and, in particular, dental specialties.*
- 21 *Continue to develop processes to identify unsatisfactory supervision and training experience, especially in light of recent changes to curriculum and assessment, aiming for more national approaches.*
- 22 *Implement processes for training and collegial networking of supervisors and directors of training in order to ensure high quality supervision.*
- 23 *Review its processes for communicating with supervisors and for providing feedback to them on their performance and on the College's response to concerns raised by supervisors.*
- 24 *Expand its pool of eligible and appropriately trained supervisors.*
- 25 *Continue to develop and implement the mentoring scheme, and aim to involve private sector OMS specialists in this scheme.*
- 26 *Develop a systematic framework for program evaluation, with a particular focus on the use of evaluation information for program improvement.*
- 27 *Develop further its processes for reviewing and updating the modular curriculum and ensure there is trainee input into these processes.*
- 28 *Continue discussions with the University of Otago to seek resolution of the outstanding issues in relation to training for OMS in New Zealand, aiming for the best training outcomes for trainees. Progress should be reported in annual reports to the AMC and the ADC.*
- 29 *Enhance internal processes for reflection on and review of the oral and maxillofacial education and training program, and seek to develop ways to evaluate the outcomes of*

the program. The College should set priorities for these and report on developments in its annual reports.

- 30 *Negotiate a memorandum of understanding with the Royal Australasian College of Surgeons to allow oral and maxillofacial surgery trainees to access relevant educational material and courses and continue to liaise with other medical colleges so that it can draw on their educational expertise.*
- 31 *Ensure its process for assessing overseas-trained oral and maxillofacial surgeons is consistent with Council of Australian Governments IMG Technical Committee guidelines for the assessment of the overseas-trained specialists.*
- 32 *Report annually on the implementation of its CPD program in OMS, the participation rate by fellows and on evidence of the effectiveness of the program.*

Accreditation recommendation

When the RACDS oral and maxillofacial surgery programs were accredited by the Australian Medical Council and the Australian Dental Council in 2006, it was for a limited period.

The conditions on that accreditation required that in 2009 the College provide a comprehensive report on progress in relation to the key issues raised in the Accreditation Report, which would be the basis for the two Councils to determine whether the period of accreditation should be extended to the maximum period of six years.

The following recommendations were endorsed by the AMC Specialist Education Accreditation Committee and the ADC/Dental Council of New Zealand Accreditation Committee, and accepted by AMC Directors on 17 December 2009 and the ADC Executive Committee, acting on authority of the ADC Board, on 17 March 2010:

- (i) That the Australian Medical Council and the Australian Dental Council grant accreditation of the oral and maxillofacial surgery education and training programs and the continuing professional development programs of the Royal Australasian College of Dental Surgeons to December 2012, subject to satisfactory annual reports to the AMC and the ADC addressing the recommendations in the Accreditation Report.
- (ii) That in July 2012 the College provide a comprehensive report on the oral and maxillofacial surgery education and training program, which will be the basis for the two Councils to determine whether the period of accreditation should be extended further. The maximum possible extension of the accreditation before a new accreditation assessment should be four years.