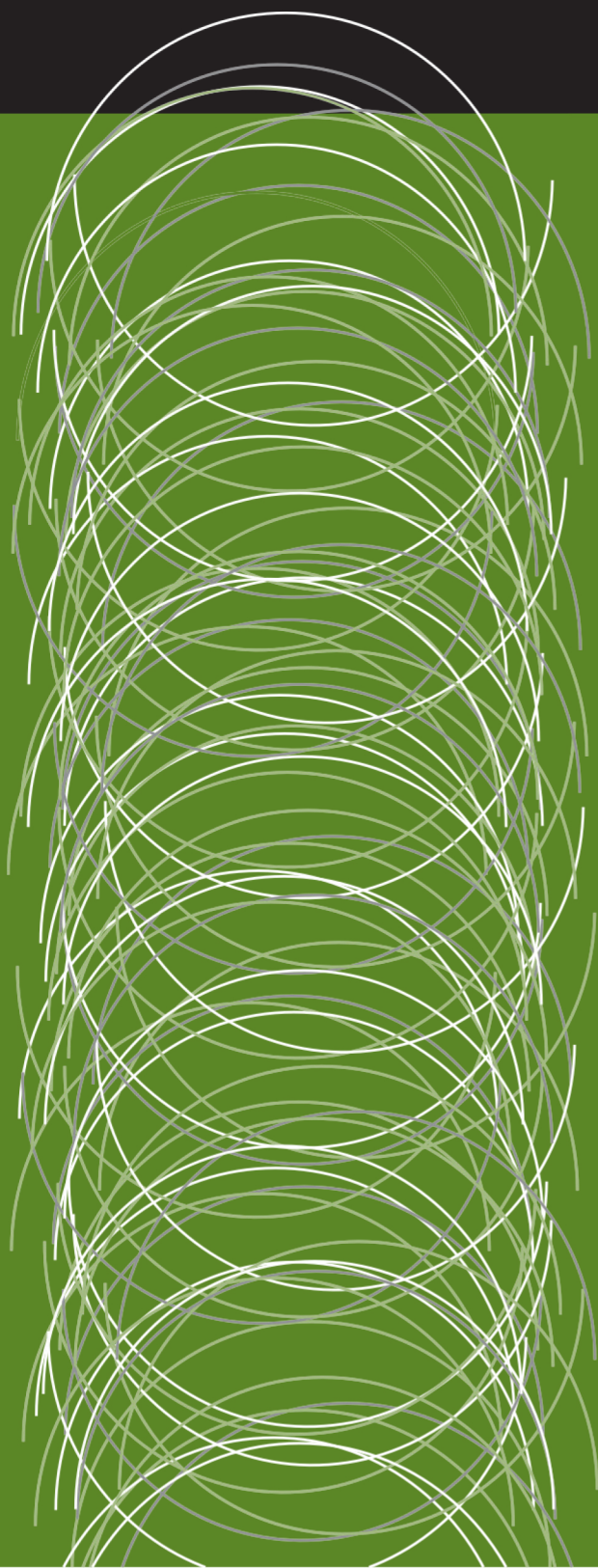


Australian Dental Council and Australian Medical Council Limited  
Dental Council (New Zealand) and Medical Council of New Zealand

# Accreditation Report: The Oral and Maxillofacial Surgery Education and Training Programs of the Royal Australasian College of Dental Surgeons

# AMC



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## **Executive Summary: Royal Australasian College of Dental Surgeons: Education and Training in Oral and Maxillofacial Surgery**

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In Australia, the Health Practitioner Regulation National Law Act 2009 provides authority for the accreditation of programs of study in 15 health professions, including dentistry and medicine. In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA). As Oral and Maxillofacial (OMS) is both a dental and a medical specialty/field of specialty practice, there has been a history of joint accreditation assessments of the RACDS(OMS) program by the four authorities responsible for accreditation in Australia and New Zealand.

The AMC document, *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council*, describes requirements for reaccreditation of specialist medical programs and their education providers. The document *ADC/DC(NZ) procedure for the review of specialist dental practitioner programs*, describes the process for dental programs.

In 2017, the accreditation authorities completed a joint reaccreditation assessment of the RACDS(OMS) program. A joint team was established for the assessment, which prepared a report on its finding. After the College had an opportunity to review the report, the team reported through the accreditation decision-making structures of the accreditation authorities:

- The 5 February 2018 meeting of the Australian Dental Council/Dental Council (New Zealand) ADC/DC(NZ) accreditation committee. The Committee considered the draft report and:
  - made the accreditation decision on behalf of the ADC; and
  - made a recommendation on accreditation to the DC(NZ). The DC(NZ) made its accreditation decision on 14 February 2018.
- The 13 February 2018 meeting of the AMC Specialist Education Accreditation Committee considered the draft report and made recommendations on accreditation to AMC Directors in accordance with the options described in the AMC accreditation procedures. The report was considered by the March 2018 meetings of the AMC Directors and will be considered by the May meeting of the MCNZ Education Committee.

### **Decision on accreditation**

Under the Health Practitioner Regulation National Law, an accreditation authority may grant accreditation if it is reasonably satisfied that a program of study and the education provider meet an approved accreditation standard. It may also grant accreditation if it is reasonably satisfied that the provider and the program of study substantially meet an approved accreditation standard, and the imposition of conditions will ensure the program meets the standard within a reasonable time. Having made a decision, the accreditation authority reports its accreditation decision to the relevant National Board to enable the Board to make a decision on the approval of the program of study for registration purposes.

The accreditation authorities' finding is that they are reasonably satisfied that the Oral and Maxillofacial Surgery Program of the Royal Australasian College of Dental Surgeons meets the accreditation standards.

While this is a joint report and joint assessment, each accreditation authority will make its own decision recognising their jurisdictional and profession-specific responsibilities. The team's draft findings for medicine and dentistry are provided separately below against the relevant standards.

## **Options for reaccreditation of specialist dental programs**

In accordance with the *ADC/DC(NZ) Guidelines for Accreditation of Education and Training Programs for Dental Practitioners*, the accreditation options are:

- (i) Accreditation up to a maximum of five years, with or without conditions, and subject to meeting monitoring requirements including annual reports.
- (ii) Accreditation may be revoked, in accordance with national legislation, if:
  - a program is identified, at any time, as having serious deficiencies or weaknesses such that it no longer meets one or more accreditation standards.
  - a provider fails to demonstrate that progress has been made towards meeting any conditions of accreditation within the prescribed period of time.

## **Overview of findings against accreditation standards for dental programs**

The dental team determined the following compliance outcomes with the dental accreditation standards:

Standard 1: Public safety - Standard is met

Standard 2: Academic Governance and Quality Assurance - Standard is met

Standard 3: Program of Study - Standard is met

Standard 4: The student experience - Standard is met

Standard 5: Assessment - Standard is substantially met.

The dental team's commendations in areas of strength and recommendations for improvement are given below. Conditions imposed by the ADC and DC(NZ) to ensure the College meets the dental accreditation standards are listed in the accreditation decision (page 3).

### *Commendations*

- 1 The College is commended for its ongoing commitment and support to the program to deliver high quality oral and maxillofacial surgery education.
- 2 The program is commended for the successful embedding of the modular based curriculum, with clearly defined learning outcomes to ensure trainees are competent in all areas of contemporary oral and maxillofacial surgery.
- 3 Directors and supervisors of training are to be commended for their commitment to supporting trainees, with support offered often going above and beyond the expectations of their role description.
- 4 The regional surgical committees are to be commended for their rotations strategies to ensure appropriate clinical exposure for trainees.
- 5 The OMS Handbook is well structured, comprehensive and frequently used.

### *Recommendations*

- 1 The College continues to explore further opportunities for training and support tools for Supervisors of Training and Directors of Training.
- 2 In order to grow the pool of potential Supervisors of Training the College is encouraged to explore further ways to make the Director of Training and Supervisor of Training roles more attractive.
- 3 The College should consider introducing a formal 360 review of Supervisors of Training performance.

- 4 The College should explore more formal engagement with health departments, workforce agencies and Indigenous groups for the purpose of obtaining feedback and input into the training program.
- 5 That the College partner with Indigenous groups to further develop and embed cultural competence within the program.
- 6 That external cyclical review of the program continues, with particular focus on assessments once further development work in this area has been completed.
- 7 That an external examiner(s) be used during the final examination.
- 8 The College should progress the development of online material, including an e-portfolio and didactic elements of the program.
- 9 Improved centralised (College led) support for trainees in identifying and preparing for the research element of the program should be developed (for pathway 2 trainees).
- 10 That the College develop a formal equity and diversity policy.
- 11 The College review its Reconsideration, Review & Appeals Policy with a view to expanding its scope beyond just assessment and examinations.
- 12 At the New Zealand sites that training opportunities be assured for dental implants to achieve competence in this area of practice.

### ***Dental Councils' Accreditation Decision***

The ADC and DC(NZ) have granted the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) program accreditation for a period of five years until 31 December 2022 subject to the following condition:

- a That the assessment strategy be critically reviewed and further developed to ensure robust, fair and consistent assessment across all examination processes. This must include:
  - standard-setting procedures
  - an overall blueprint assessment matrix
  - training and calibration of examiners
- b The College must provide a report to the ADC and DC(NZ) on the completion of the review and the changes to the College's assessment processes by 31 December 2018.

### **Options for reaccreditation of specialist medical programs**

In accordance with the *Procedures for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council*, the accreditation options are:

- (i) Accreditation for a period of six years, with or without conditions, and subject to meeting monitoring requirements including satisfactory progress reports.
- (ii) Accreditation for shorter periods of time. If significant deficiencies are identified or there is insufficient information to determine that the program satisfies the accreditation standards, accreditation may be awarded with conditions and for a period of less than six years. At the conclusion of this period, or sooner if the education provider requests, the AMC will conduct a follow-up review to consider extending the accreditation.

With each of these options, in the year the accreditation ends, the education provider will submit a comprehensive report for extension of accreditation. Subject to a satisfactory report, the AMC

may grant a further period of accreditation, taking the maximum period to ten years before a new accreditation review.

- (iii) Accreditation may be withdrawn where the education provider has not satisfied the AMC that the complete program is or can be implemented and delivered at a level consistent with the accreditation standards.

### ***AMC Accreditation Decision***

In order to align accreditation periods between the medical and dental accreditation processes, the 6 March 2018 meeting of the AMC Directors resolved:

- (i) That the AMC grant accreditation to the Royal Australasian College of Dental Surgeons' education and training programs in the field of specialty practice of oral and maxillofacial surgery for five years until 31 March 2023, subject to satisfying AMC monitoring requirements including progress reports and addressing accreditation conditions.
- (ii) That this accreditation is subject to the conditions set out below:
  - (a) By the 2018 progress report, evidence that the College has addressed the following conditions from the accreditation report:
    - 1 Review the Reconsideration, Review and Appeals policy with appropriate legal input to develop a process for evaluating de-identified appeals and complaints to determine if there is a systems problem. (Standard 1.3)
    - 19 Review the Overseas Trained Oral and Maxillofacial Surgery Specialist Assessment Policy to ensure it satisfies the revised Medical Board of Australia and the Medical Council of New Zealand guidelines for assessment of specialist international medical graduates. (Standard 10.1)
  - (b) By the 2019 progress report, evidence that the College has addressed the following conditions from the accreditation report:
    - 3 Strengthen College relationships with key external stakeholders such as jurisdictional health departments to support OMS training. (Standard 1.6)
    - 4 Define how the College's educational purpose connects to its community responsibilities. (Standard 2.1)
    - 7 Demonstrate how the assessments are blueprinted against the curriculum, ensuring that the content of the examinations is representative of the curriculum content. (Standard 5.4)
    - 8 Introduce and evaluate valid methods of standard setting for all forms of assessment. (Standard 5.4)
    - 9 Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)
    - 10 Develop formal consultation methods and regularly collect feedback on the OMS program from other health professionals, healthcare administrators, and consumer and community representatives. (Standard 6.2.3)
    - 12 Ensure there are effective mechanisms for trainees to raise issues and safely resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)
    - 13 Develop formal quality assurance processes for clinical supervision. (Standard 8.1)

- 15 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2)
- (c) By the 2020 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 2 Develop effective partnerships with organisations and individuals within the Indigenous health sector to ensure that the training program, and its graduates, are having a positive impact on these communities. (Standard 1.6)
  - 5 Broaden consultation with external stakeholders, including jurisdictions, other related professions, consumers, and the community about the College's educational purpose and the outcomes of the OMS program. (Standard 2.1, 2.2 and 2.3)
  - 6 Develop explicit learning outcomes in cultural competence and Indigenous health and embed in the curriculum Aboriginal and Torres Strait Islander and Maori health, history and cultures to demonstrate clearly how trainees will acquire a substantive understanding, and link these requirements to learning resources and assessment. (Standard 3.2.9 and 3.2.10)
  - 11 Develop strategies to support recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in the OMS program. (Standard 7.1.3)
  - 16 Review the arrangement with the Australian and New Zealand Association of Oral and Maxillofacial Surgeons in relation to provision of continuing professional development to ensure that the RACDS meets the standards for assessment and accreditation of professional development programs implemented by the AMC in 2016, and in particular:
    - the structure of the CPD, with an emphasis on requirements for individual participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice
    - quality assurance of the CPD program
    - recording and audit of CPD participation, and counselling and action when participants fail to meet CPD cycle requirements. (Standard 9.1)
- (d) By the 2021 progress report, evidence that the College has addressed the following conditions from the accreditation report:
- 14 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2)
  - 17 Develop formal processes to respond to requests for further training of individual OMS specialists. (Standard 9.2)
  - 18 Develop formal processes to identify and respond to requests for remediation of individual OMS specialist who have been identified as underperforming in a particular area. (Standard 9.3)

## Overview of findings against accreditation standards for specialist medical programs

The commendations in areas of strength and recommendations for improvement are given below for each set of accreditation standards. Conditions set by the AMC so the College meets accreditation standards are listed in the accreditation decision (pages 4 and 5) and are provided below for completeness.

1. The context of education and training (governance; program management; reconsideration, review and appeal processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal)	This set of standards is SUBSTANTIALLY MET
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Standard 1.3 (reconsideration, review and appeals processes) and standard 1.6 (interaction with the health sector) are substantially met.

### *Commendations*

- A The College's new constitution, following the change to a company limited by guarantee, is fit for purpose and in keeping with current governance requirements.
- B The priority the College places on its educational role and its resourcing of this function.
- C The inclusion of a trainee on the Board of Studies for OMS.
- D The high level of engagement by the Board of Studies for OMS and its responsiveness to the needs of the training program.
- E The extensive curriculum review with the engagement of external experts.

### *Conditions to satisfy accreditation standards*

- 1 Review the Reconsideration, Review and Appeals policy with appropriate legal input to develop a process for evaluating de-identified appeals and complaints to determine if there is a systems problem. (Standard 1.3)
- 2 Develop effective partnerships with organisations and individuals within the Indigenous health sector to ensure that the training program, and its graduates, are having a positive impact on these communities. (Standard 1.6)
- 3 Strengthen College relationships with key external stakeholders such as jurisdictional health departments to support OMS training. (Standard 1.6)

### *Recommendations for improvement*

- AA In the work of the Educational Governance Working Party, consider the skills and knowledge that can be obtained by engaging related specialties and health professions as well as the community. (Standard 1.1)
- BB The Board of Studies for OMS engage further educational expertise to assist with future curriculum and assessment development. (Standard 1.4)
- CC Continue to develop the College's Learning Management System as a resource for learning and communication, and expand opportunities for online learning. (Standard 1.5)

2. The outcomes of specialist training and education (educational purpose; program outcomes; graduate outcomes)	This set of standards is SUBSTANTIALLY MET
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Standard 2.2 (program outcomes), standard 2.3 (graduate outcomes) are substantially met.

### *Commendations*

- F The clear definition of educational purpose, OMS program outcomes, program goals and expected competencies.

### *Conditions to satisfy accreditation standards*

- 4 Define how the College's educational purpose connects to its community responsibilities. (Standard 2.1)
- 5 Broaden consultation with external stakeholders, including jurisdictions, other related professions, consumers, and the community about the College's educational purpose and the outcomes of the OMS program. (Standard 2.1, 2.2 and 2.3)

### *Recommendations for improvement*

- DD Develop competency statements for the roles of Technical Expert and Clinical Decision Maker. (Standard 2.2 and 2.3)

3. The specialist medical training and education framework (curriculum framework; content; continuum of training, education and practice; structure of the curriculum)	This set of standards is MET
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Standard 3.2 (content of the curriculum) is substantially met.

### *Commendations*

- G The OMS curriculum is well organised and the College has kept it up to date and fit for purpose, using external review to ensure continuous improvement of the curriculum.
- H The research component of the curriculum ensures that a large proportion of the trainees either obtain a higher degree or publish a scientific paper as part of their training.

### *Conditions to satisfy accreditation standards*

- 6 Develop explicit learning outcomes in cultural competence and Indigenous health and embed in the curriculum Aboriginal and Torres Strait Islander and Maori health, history and cultures to demonstrate clearly how trainees will acquire a substantive understanding, and link these requirements to learning resources and assessment. (Standard 3.2.9 and 3.2.10)

### *Recommendations for improvement*

- EE Address the current arrangement by which trainees who do not complete the Surgical Science and Training (SST) examination at first attempt must interrupt their training. If the College decides to allow trainees to complete this assessment prior to entering the OMS program, it would be important for the College to maintain its influence on the curriculum and ensure that it is appropriate for those who have not yet entered the training program. (Standard 3.2)
- FF Explore ways to improve trainees' access to a wider range of surgical experiences, especially in the field of dental implants. (Standard 3.2)
- GG Take a more proactive approach to embedding in the curriculum teaching and learning related to contributing to the effectiveness and efficiency of the healthcare system, and to stewardship of health care resources. (Standard 3.2)
- HH Promote and market part-time and interrupted training opportunities in a way that ensures that all prospective trainees are encouraged into the OMS program. (Standard 3.4)

4. Teaching and learning (teaching and learning approach; teaching and learning methods)	This set of standards is MET
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*Commendations*

- I The roles and responsibilities of the Regional Surgical Committees in ensuring that trainees acquire the surgical experiences required.
- J The clear definition of teaching and learning opportunities in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery.

*Conditions to satisfy accreditation standards*

Nil

*Recommendations for improvement*

- II Continue to develop the College's own resources and access to other resources, to provide for comparable education experience irrespective of the trainee's location. (Standard 4.2)

5. Assessment of learning (assessment approach; assessment methods; performance feedback; assessment quality)	This set of standards is SUBSTANTIALLY MET
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Standard 5.4 (assessment quality) is substantially met.

*Commendations*

- K The diligence shown by those involved in the assessments and the collegial nature in which the SST examination was conducted.

*Conditions to satisfy accreditation standards*

- 7 Demonstrate how the assessments are blueprinted against the curriculum, ensuring that the content of the examinations is representative of the curriculum content. (Standard 5.4)
- 8 Introduce and evaluate valid methods of standard setting for all forms of assessment. (Standard 5.4)

*Recommendations for improvement*

- JJ Provide a complete set of marking rubrics for all stages of assessment and all forms of assessment so that the marks given are defensible and based on a clear analysis of candidate performance against the expected response. (Standard 5.4)
- KK Develop a more formal process of regular review of assessment quality by the Examinations Committee to ensure that there is consistency from year to year in the standards required of trainees, and that each examination is reliable and fair. (Standard 5.4)

6. Monitoring and evaluation (monitoring; evaluation; feedback, reporting and action)	This set of standards is SUBSTANTIALLY MET
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Standard 6.2 (evaluation) is substantially met.



### *Commendations*

- L The evaluations of the OMS program, assessment and trainee selection, and the survey of trainees and newly qualified fellows undertaken since the last accreditation assessment.

### *Conditions to satisfy accreditation standards*

- 9 Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)
- 10 Develop formal consultation methods and regularly collect feedback on the OMS program from other health professionals, healthcare administrators and consumer and community representatives. (Standard 6.2.3)

### *Recommendations for improvement*

- LL Continue routine collection of feedback from newly qualified fellows. (Standard 6.2)

7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)	This set of standards is MET
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Standard 7.1 (admission policy and selection) and standard 7.5 (resolution of training problems and disputes) are substantially met.

### *Commendations*

Nil

### *Conditions to satisfy accreditation standards*

- 11 Develop strategies to support recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in the OMS program. (Standard 7.1)
- 12 Ensure there are effective mechanisms for trainees to raise issues and safely resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)

### *Recommendations for improvement*

- MM Consider whether there are structural impediments to female applicants for, and selection into the OMS program. (Standard 7.1)
- NN Correct the description of the pathway for appointment of trainees to regional Surgical Committees in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery. (Standard 7.2)
- OO Strengthen College feedback to trainees on how the College has used trainees' views to inform decision-making relating to the structure and content of the training program. (Standard 7.2)
- PP Promote the role of the Trainees Committee by:
- publishing material about it in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery. (Standard 7.2 and 7.3)
  - seeking the Trainees Committee's assistance to review and improve the provision of a supportive learning environment, and to facilitate the timely resolution of training-related disputes. (Standard 7.3 and 7.5)

8. Implementing the program – delivery of educational and accreditation of training sites (supervisory and educational roles; training sites and posts)	This set of standards is MET
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*Commendations*

- M The commitment of College fellows to training and education.
- N The College's efforts in developing a robust and dedicated network of Directors and Supervisors of Training and Regional Surgical Committees across its networked training sites.
- O The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.

*Conditions to satisfy accreditation standards*

- 13 Develop formal quality assurance processes for clinical supervision. (Standard 8.1)
- 14 Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2)
- 15 Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2)

*Recommendations for improvement*

- QQ State more clearly in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery the Directors of Training's role in the evaluation of trainees' supervision. (Standard 8.1)
- RR Consider implementation of a full 360-degree review of the performance of supervisors and Directors of Training incorporating feedback from trainees. (Standard 8.1)

9. Continuing professional development, further training and remediation (continuing professional development; further training of individual specialists; remediation)	This set of standards is NOT MET
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Standard 9.1 (continuing professional development) is substantially met, standard 9.2 and 9.3 (further training of individual specialists and remediation) are not met.

*Commendations*

Nil

*Conditions to satisfy accreditation standards*

- 16 Review the arrangement with the Australian and New Zealand Association of Oral and Maxillofacial Surgeons in relation to provision of continuing professional development to ensure that the RACDS meets the standards for assessment and accreditation of professional development programs implemented by the AMC in 2016, and in particular:
- the structure of the CPD, with an emphasis on requirements for individual participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice
  - quality assurance of the CPD program

- recording and audit of CPD participation, and counselling and action when participants fail to meet CPD cycle requirements. (Standard 9.1)
- 17 Develop formal processes to respond to requests for further training of individual OMS specialists. (Standard 9.2)
  - 18 Develop formal processes to identify and respond to requests for remediation of individual OMS specialists who have been identified as underperforming in a particular area. (Standard 9.3)

*Recommendations for improvement*

Nil

10. Assessment of specialist international medical graduates (assessment framework, assessment methods; assessment decision; communication with specialist international medical graduate applicants)	This set of standards is MET
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Standard 10.1 (assessment framework) is substantially met.

*Commendations*

Nil

*Conditions to satisfy accreditation standards*

- 19 Review the Overseas Trained Oral and Maxillofacial Surgery Specialist Assessment Policy to ensure it satisfies the revised Medical Board of Australia and the Medical Council of New Zealand guidelines for assessment of specialist international medical graduates. (Standard 10.1)

*Recommendations for improvement*

- SS Review the information provided to overseas-trained OMS specialist applicants to ensure it reflects the College's flexibility in determining whether applicants who are deemed substantially comparable to an Australian- or New Zealand-trained Oral and Maxillofacial Surgeon are required to complete a minimum of 12 months of supervised clinical practice and the OMS Final Examination. (Standard 10.3)

## Introduction: The accreditation process

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### 1.1 Responsible accreditation organisations

In Australia, the Health Practitioner Regulation National Law Act 2009 (the National Law) provides authority for the accreditation of programs of study in 14 health professions, including dentistry and medicine. Accreditation of specialist programs is an essential element of the process and is required before the Board established for the health profession can consider whether to approve a program of study for the purposes of specialist registration. Under the National Law, an accreditation authority is authorised to accredit programs in each profession against approved standards.

Programs and their providers are assessed against accreditation standards, which the National Law defines as standards used to assess whether a program of study and its education provider provide graduates with the knowledge, skills and professional attributes necessary to practise the profession in Australia.

In New Zealand, accreditation of all New Zealand prescribed qualifications is conducted under section 12(4) of the Health Practitioners Competence Assurance Act 2003 (HPCAA).

The Australian Dental Council (ADC) is the accreditation authority for the dental profession under the National Law. The Dental Council (New Zealand) DC(NZ) is the responsible authority established to regulate oral health practitioners in New Zealand - accreditation is one of its functions under section 118(a) of the HPCAA. The ADC and the DC(NZ) have a joint Australasian accreditation process, with joint accreditation standards. There is also a joint Accreditation Committee, but each Council retains jurisdictional authority for the accreditation of programs in their respective country.

The Australian Medical Council (AMC) is the accreditation authority for medicine under the National Law. Most of the providers of specialist medical programs, the specialist medical colleges, span both Australia and New Zealand. The AMC accredits programs offered in Australia and New Zealand in collaboration with the Medical Council of New Zealand (MCNZ). The AMC leads joint accreditation assessments of binational training programs and includes New Zealand members, site visits to New Zealand, and consultation with New Zealand stakeholders in these assessments. While the two Councils use the same set of accreditation standards, legislative requirements in New Zealand require the binational colleges to provide additional New Zealand-specific information. The AMC and the MCNZ make individual accreditation decisions, based on their authority for accreditation in their respective country.

As Oral and Maxillofacial Surgery (OMS) is both a dental and a medical specialty, there has been a history of joint accreditation assessments by the four authorities responsible for accreditation in Australia and New Zealand: for dentistry the ADC and the DC(NZ); and for medicine the AMC and the MCNZ. Joint accreditation predates the introduction of Australia's National Law. It began in 2004 when the AMC and the ADC agreed to develop a process that would enable a joint review of training programs in OMS, and agreed to one combined accreditation with a joint accreditation team, to assess OMS training programs against the accreditation standards for both medicine and dentistry, and to produce one report on each program assessed.

### 1.2 Accreditation standards applicable to the accreditation of specialist dental and medical programs

The approved accreditation standards for dental programs are the *Australian Dental Council/Dental Council (New Zealand) Accreditation Standards for Dental Practitioner Programs (December 2014)*. The Accreditation Standards include five domains with a descriptive Standard Statement as shown in the following table.

Each Standard Statement is supported by a set of Criteria. The Criteria are indicators that set out what is expected of an accredited dental practitioner program to meet each Standard Statement.

Domain	Standard Statement
1. Public Safety	1. Public safety is assured.
2. Academic Governance & Quality Assurance	2. Academic governance and quality assurance processes are effective.
3. Program of study	3. Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies.
4. The student experience	4. Students are provided with equitable and timely access to information and support.
5. Assessment	5. Assessment is fair, valid and reliable.

The approved accreditation standards for specialist medical programs are the *Standards for Assessment and Accreditation of Specialist Medical Programs and Professional Development Programs by the Australian Medical Council*.

These accreditation standards are structured according to key elements of the model for curriculum design and development and focus on the specific context and environment in which specialist medical programs are delivered. These standards are followed by two standards relating to processes undertaken by the providers of specialist medical training programs on behalf of the Medical Board of Australia. The following table shows the structure of the standards:

Standards	Areas covered by the standards
1: The context of training and education	Governance of the education provider; program management; reconsideration, review and appeals processes; educational expertise and exchange; educational resources; interaction with the health sector; continuous renewal.
2: Outcomes of specialist training and education	Educational purpose of the provider; and program and graduate outcomes
3: Specialist medical training & education framework	Curriculum framework; curriculum content; continuum of training, education and practice; and curriculum structure
4: Teaching and learning	Teaching and learning approaches and methods
5: Assessment of learning	Assessment approach; assessment methods; performance feedback; assessment quality
6: Monitoring and evaluation	Program monitoring; evaluation; feedback, reporting and action
7: Issues relating to trainees	Admission policy and selection; trainee participation in education provider governance; communication with trainees; trainee wellbeing; resolution of training problems and disputes
8: Delivery of educational resources	Supervisory and educational roles and training sites and posts

9: Continuing professional development, further training and remediation	Continuing professional development programs; further training of individual specialists; remediation
10: Assessment of specialist international medical graduates	Assessment framework; assessment methods; assessment decision; communication with specialist international medical graduate applicants

### **1.3 Accreditation assessments of the Royal Australasian College of Dental Surgeons (RACDS) oral and maxillofacial surgery program**

The Royal Australasian College of Dental Surgeons' training program leading to fellowship of the College in the specialist dental practice area of oral and maxillofacial surgery, FRACDS(OMS), was assessed through a joint dental and medical accreditation process in 2006. This assessment led to joint agreement by the AMC, MCNZ and ADC to grant the FRACDS(OMS) program three years' accreditation subject to conditions, and requirements for annual progress reports and a joint follow-up assessment in 2009. The three accreditation bodies agreed that following review in 2009, they would consider extending the accreditation to six years.

On the basis of the 2009 follow-up assessment, accreditation of the FRACDS(OMS) program was granted until 2012.

The AMC and the ADC/DC(NZ) accreditation processes differ in the maximum length of the accreditation cycle, which is five years for dental specialist programs and ten years for medical programs. In the AMC accreditation process, the education provider must submit a comprehensive report in the sixth year of the ten-year cycle, demonstrating that it continues to meet the accreditation standards and seeking extension of the accreditation. On this basis, the AMC may extend the accreditation to the full ten-year period. In 2006, the ADC agreed to follow this AMC model for the FRACDS(OMS) program.

In 2012, the AMC assessed the College's comprehensive report for extension of accreditation and found that the College and the OMS program were meeting the accreditation standards. The AMC and the MCNZ extended the accreditation of the OMS program by four years, until December 2016. The ADC also assessed the comprehensive report and agreed to an extension for the same period, but set some additional reporting requirements.

In 2012, following a New Zealand limited accreditation visit, the DC(NZ) accepted the amendments made to the FRACDS(OMS) program as appropriate to meet the accreditation standards. The qualification was gazetted as a prescribed qualification in 2013, and granted accreditation until December 2018.

In 2015, the AMC and MCNZ extended the accreditation by one year to 31 March 2018 and the DC(NZ) agreed to bring forward its accreditation visit to enable a joint accreditation process in 2017. The ADC also extended accreditation by one year until 31 December 2017.

Between accreditation assessments, the College has provided progress reports to enable the accreditation authorities to monitor developments in its accredited education and training programs. These reports have been considered satisfactory.

In 2016, the AMC and the ADC began preparations for the reaccreditation assessment of the FRACDS(OMS) program. The accreditation procedures for the assessment of medical and dental programs include common elements, such as requiring the education provider to prepare a submission and provide supporting evidence, the appointment of a team to complete the assessment through reviewing the submission, holding discussions and undertaking site visits, and preparing a report to the accreditation authority on their assessment.

As had been the case in previous assessments, joint co-chairs of the team were appointed: Professor David Ellwood, Professor of Obstetrics and Gynaecology, Deputy Head of School (Research), School of Medicine, Griffith University and Associate Professor David Thomson, Discipline Lead Prosthodontics, School of Dentistry, the University of Queensland.

The standard process for assessment of specialist medical programs includes some additional elements, such as observation of trainee assessments, surveys of trainees and supervisors, and seeking stakeholder submissions. These elements were also included in this assessment.

In summary, the steps followed in this assessment were:

- The College was asked to lodge an accreditation submission addressing both the medical and dental approved accreditation standards.
- The joint team was appointed after the College was invited to comment on the proposed membership. A list of the members of the team is at Appendix 1.
- Team members attended the Australian and New Zealand Association of Oral and Maxillofacial Surgeons Annual Conference on 21 October 2016 and met OMS trainees, supervisors, Regional Surgical Committee Chairs and the Chair of the Board of Studies for OMS.
- The team met on 26 April 2017 to consider the College's accreditation submission and to finalise plans for the assessment.
- The College was sent feedback on the team's preliminary assessment of the submission, a request for some additional information, and the plans for visits to accredited training sites and meetings with College committees.
- Between 29 May and 14 June 2017, team members visited a number of Australian and New Zealand training sites and held teleconferences with trainees and supervisors at other sites.
- Team members observed the Surgical Science and Training (SST) Examination on 26 and 27 May 2017 in Melbourne.
- The AMC surveyed trainees and supervisors of training of the College.
- The AMC invited stakeholders including other medical program providers, health departments, professional bodies, medical trainee groups, and health consumer organisations to comment on the College's programs.
- The team met College committees from 14 to 16 June 2017 and presented a short statement of preliminary findings to the College.

#### **1.4 This report on the 2017 accreditation assessments of the RACDS oral and maxillofacial surgery program**

This report contains the findings of the 2017 Joint Accreditation Assessment.

As noted above, the approved accreditation standards for specialist medical programs and for dental programs are different in structure and scope. The standard format of the accreditation reports has been varied to enable one accreditation report providing an assessment of the FRACDS(OMS) program against both sets of accreditation standards.

The report begins in Section A with a general description of the College's governance and OMS program management, followed by a description of the OMS program outcomes, curriculum and assessment. This is followed by a description of the enabling structures, policies, and processes in trainee selection and support, evaluation, and delivery of training. A description of the College's continuing professional development processes and its process for assessment of internationally-qualified oral and maxillofacial surgeons for the purposes of registration as a medical specialist is also provided since these are components of the specialist medical program accreditation standards.

The aim of the joint accreditation process between the four Australasian dental and medical accreditation bodies was to achieve a single review process, with a single report and, if achievable and appropriate, consensus on the overall accreditation outcome of the program. However, it was considered appropriate to retain comments specific to the dental and medical standards and related recommendations for quality improvements, separate.

Section B provides the assessment of the program against the dental accreditation standards, structured according to the usual framework for these reports.

Section C provides the assessment of the program against the medical accreditation standards, structured according to the usual framework for these report.

## **1.5 Appreciation**

The team is grateful to the College staff who prepared the accreditation submissions and managed the preparations for the assessment. It acknowledges with thanks the support of the College fellows and staff in Australia and New Zealand who coordinated the visits to individual units and hospitals, and the assistance of those who hosted visits from team members.

The AMC also thanks the organisations that made a submission on the College's training programs; these are listed at Appendix 2. Summaries of the program of meetings and visits for this assessment are provided at Appendix 3.



## **Section A Summary description of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery Program**

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### **A.1 The Royal Australasian College of Dental Surgeons**

The Australian College of Dental Surgeons was formed in 1965 and formally incorporated in 1970, with the Royal prefix being granted in 1972. In recognition of strong and expanding Trans-Tasman professional involvement and interest, the College changed its name in 1977 to become the *Royal Australasian College of Dental Surgeons* (RACDS).

In November 2016, following special resolution at an annual general meeting, the RACDS changed its legal structure from incorporated association under the ACT Associations Incorporation Act 1991 to a public company limited by guarantee under the Corporations Act 2001 (Cth).

Since 2007, the College has had a membership qualification (MRACDS) based on completion of a structured educational program and assessments, as well as the fellowship qualification as the College's highest academic level of achievement.

The College conducts Primary and Final Examinations in both general dental practice and specialist dental practice. Successful completion of these examinations is the basis for election to fellowship of the College and the award of the College fellowship qualification FRACDS.

The College awards the FRACDS(Specialty Discipline) and MRACDS(Specialty Discipline) in the following Specialist Dental Practice disciplines:

- Dental Public Health (DPH)
- Endodontics (Endo)
- Oral and Maxillofacial Surgery (OMS)
- Oral Medicine (OralMed)
- Orthodontics (Orth)
- Paediatric Dentistry (Paed)
- Periodontics (Perio)
- Prosthodontics (Pros)
- Special Needs Dentistry (SND).

The FRACDS(OMS) is the only program accredited by the AMC, MCNZ, ADC and DC(NZ).

The College is governed by a Council that has ten members elected by the fellows and members in general, and a position for a member from each of the New Zealand Region and the Asia Region, elected by fellows and members resident in the relevant region. An Executive Committee, made up of the President, the President-elect, the Executive Officer, the Honorary Treasurer and the Censor-in-Chief, exercise the powers of the Council in the management and direction of the College between Council meetings.

The Executive Officer member is accountable for the Council relationship with Regional Committees.

The Council is responsible for setting the governance, policy, regulations and standards for education, training and examinations in the College, including for the OMS education and training program. It has established various boards and committees to provide expertise and advice, and has charged them with responsibility for various College functions. These include Regional Committees elected by the members in a region and appointed by the Council to have responsibility for the affairs of the College in the defined region. Regional Committees currently cover the following geographical regions:

- New South Wales
- Queensland
- South Australia & Northern Territory
- Victoria & Tasmania
- Western Australia
- New Zealand
- Asia.

The College Education Board oversees and coordinates the College educational activities. The Censor-in-Chief chairs the Board.

The Council has established Boards of Studies for General Dental Practice and Specialist Dental Practice, which assist in policy and curriculum development, and guide implementation, quality and review of College policy and programs in their respective areas. The Board of Studies for Oral and Maxillofacial Surgery is responsible for the governance, development and delivery of the OMS education and training program, including the conduct of the Final Examination leading to award of fellowship, FRACDS(OMS). The College Education Board oversees the activities of the Boards of Studies.

In the College structure, College Registrars play an important role in the coordination of education, training and assessment. They provide leadership and oversight in the application of College policy, regulations and processes and in the maintenance of education standards in College training programs. There is a Registrar and Assistant Registrar (General Dental Practice), a Registrar and Assistant Registrar (Specialist Dental Practice). The position of Assistant Registrar (Oral and Maxillofacial Surgery) has become a Registrar position since the last accreditation of the FRACDS(OMS) program. Registrars are members of the Education Board and of the relevant Board of Studies. They attend and report to meetings of the College Council, by standing invitation. They are appointed for two-year terms.

## **A.2 The history and management of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery program**

The RACDS introduced the FRACDS(OMS) in 1987 as a change from the College Diploma in Oral Surgery. Subsequently, the College established the Division of OMS and the Board of the Division (later the Board of Studies for OMS) and progressively developed the fellowship training program.

At the time of the 2017 accreditation, there were 242 registered OMS fellows, of which 194 are based in Australia, 31 in New Zealand and 17 in other countries. In addition, there were 46 OMS trainees across all four years of the program in 33 accredited training sites. Trainees are postgraduate students, who have completed two university-based programs (medical and dental degrees), and hold medical and dental registration to practise in Australia or New Zealand.

The OMS Program has six regional training centres in the following six regions in Australia and New Zealand:

- New Zealand
- New South Wales & Australian Capital Territory
- Queensland & Northern Territory
- South Australia
- Victoria & Tasmania
- Western Australia.

The six regional training centres oversee the delivery of OMS training and provide an education program for the trainees in their centre. The trainers, supervisors of training and Director of Training contribute to the OMS Program by providing supervision and training in the hospital environment and educational activities that include tutorials, lectures, symposia, saw-bone workshops and/or cadaveric educational courses. The Board of Studies supports these activities with funding and liaison with the regional surgical committees for the provision of information to help guide and develop the training and educational components by the training centres.

The Board of Studies for OMS is responsible for the OMS education and training program. The Board of Studies has 14 members, including three currently practising OMS specialists elected by the specialty society, Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS); a recently graduated OMS fellow; and a current OMS trainee. The OMS Directors of Training of the six regions sit on the Board of Studies and provide links to the Regional Surgical Committees. A Director of Training may be the chair of the Regional Surgical Committee for their region. Ex officio members of the Board include the Registrar (OMS), and the Presidents of the College and ANZAOMS. Terms of membership are two years. The Board of Studies meets three times a year.

The Board of Studies has established a number of committees to assist in carrying out its key functions in relation to the OMS program:

- Selection Committee (selection process for new trainees)
- Education Committee, including the Research Subcommittee which is new since the last accreditation of the FRADCS(OMS) program (content and duration of training; curriculum review and monitoring; mentoring scheme; trainee research projects)
- Regional Surgical Committees (training program delivery; new training posts and links with jurisdictions)
- Accreditation Committee, including the Overseas Trained Specialist Assessment Working Group (accreditation and monitoring of regional training centres and training posts; post-fellowship credentialing; assessing overseas-trained specialist applications)
- Training Committee (monitoring and advising on trainee progress; assessing eligibility to sit the Final Examination)
- Examinations Committee (format and standard of examinations; selection and training of examiners; conduct, monitoring and evaluation of examinations), which includes senior academics of university medical and dental schools and clinicians with senior appointments to various teaching hospitals as members
- Continuing Professional Development Committee (CPD program criteria; monitoring and advising on CPD activities and participation)
- OMS Trainees Committee, which is new since the last accreditation of the FRACDS(OMS) program (forum for trainees; represents the interests of trainees).

Committees are chaired by members or former members of the Board of Studies. The Chair of the Trainees Committee is the trainee representative on the Board. Trainees hold membership of the Board of Studies; Education Committee, CPD Committee, and Regional Surgical Committees.

A significant change since the 2009 accreditation assessment of the FRACDS(OMS) program is that the Regional Surgical Committees now report directly to the Board of Studies for OMS, rather than through an Advanced Surgical Committee. The College reports this works well.

The College has a number of Memoranda of Understanding (MoU) to support the delivery of training:

- The MoU with the OMS specialist association ANZAOMS, covers collaboration in the provision of the OMS training program and support for trainees, as well as the delivery of the CPD program.
- The MoU with the Royal Australasian College of Surgeons (RACS) enables OMS trainees to access RACS courses and surgical education activities, and RACDS trainers to access the RACS train the trainer suite of courses.

The College has strong ongoing relationships with university dental schools, particularly for the research and supervision aspects of the training program. The College has not renewed its previous MoUs with universities in relation to the research component of the OMS training program as the College reports that relationships are now established and functioning well and the collaboration continues without the need for them.

The RACDS Education Team, including the Director of Education and the OMS Education Officer, support the OMS program. The College Council has recently decided to appoint an Executive Officer position for OMS in 2017 to further assist with OMS administration and progress educational developments.

The Board of Studies engages external expertise to review aspects of the OMS program as required. The accreditation submission lists a number of external reviews and independent consultations undertaken since the last accreditation. Reviews have covered assessment, the curriculum, the clinical learning environment, and selection policy and practices.

### **A.3 Outcomes of the oral and maxillofacial surgery program**

The primary objectives of the College are:

- to advance the science and art of dentistry
- to encourage study and research in the field of dental science and cognate subjects.

The current mission statement of the College is: “To promote excellence in the provision of dental education, examination and professional development in Australia, New Zealand and Asia.”

The College’s vision, as stated on its website, is “To be a respected international leader in the provision of postgraduate dental education and professional development.”

The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery (the OMS Handbook), which is available on the College website, provides comprehensive information about all aspects of the OMS training program. It states that the broad goals of the training program in OMS are to ensure that all candidates who are awarded the FRACDS(OMS):

- are highly competent practitioners in OMS
- 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.

The OMS Handbook describes these attributes as essential to providing the highest possible quality of service to meet the relevant healthcare needs of the communities in Australia and New Zealand.

In order to fulfil these goals the Board of Studies and the College have identified a number of broad competencies for OMS, which are based on the Canadian Medical Education Directives for Specialists (CanMEDS) competencies. These are:

**Medical and Dental Expert**

- Practice medicine within their defined scope of practice and expertise
- Perform a patient-centred clinical assessment and establish a management plan
- Plan and perform procedures and therapies for the purpose of assessment and/or management
- Establish plans for ongoing care and, when appropriate, timely consultation
- Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety

**Communicator**

- Establish professional therapeutic relationships with patients and their families
- Elicit and synthesize accurate and relevant information, incorporating the perspectives of patients and their families
- Share health care information and plans for patients and their families
- Engage patients and their families in developing plans that reflect the patient's health care needs and goals
- Document and share written and electronic information about the medical encounter to optimise clinical decision-making, patient safety, confidentiality, and privacy

**Collaborator**

- Work effectively with physicians and other colleagues in the health care professions
- Work with physicians and other colleagues in the health care professions to promote understanding, manage differences, and resolve conflicts
- Hand over the care of a patient to another health care professional to facilitate continuity of safe patient care

**Leader**

- Contribute to the improvement of health care delivery in teams, organisations, and systems
- Engage in the stewardship of health care resources
- Demonstrate leadership in professional practice
- Manage career planning, finances and health human resources in a practice

**Health Advocate**

- Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
- Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner

**Scholar**

- Engage in the continuous enhancement of their professional activities through ongoing learning
- Teach students, residents, the public and other health care professionals
- Integrate best available evidence into practice
- Contribute to the creation and dissemination of knowledge and practices applicable to health

## Professional

- Demonstrate a commitment to patients by applying best practices and adhering to high ethical standards
- Demonstrate a commitment to society by recognising and responding to societal expectations in health care
- Demonstrate a commitment to the profession by adhering to standards and participating in physician-led regulation
- Demonstrate a commitment to physician health and well-being to foster optimal patient care.

The OMS Handbook states that two further competencies, Technical Expert and Clinical Decision Maker, have been added to encompass the full spectrum of the profession. There are no separate high-level competency statements for these two competencies.

The College has distilled the scope of specialist practice in OMS into competency-based modules. There are broad competencies for each module, which are elaborated on in competencies identified for each level of the program.

### A.4 Oral and maxillofacial surgery program

The OMS program comprises four years of training. From 1996, trainees entering the program were required to be qualified in both dentistry and medicine, but commencing trainees that held a qualification in one of medicine or dentistry completed an initial year of basic surgical training in OMS then interrupted their OMS training to complete the second degree before completing their final three years of OMS training. Since 2011, these requirements have been tightened, so that on entry to OMS training, trainees must have completed their medical and dental degrees, and to hold medical and dental registration to practise in Australia or New Zealand.

The OMS program is structured as:

*First Year (OMS-1)*, the first year of surgical training, is a defined year of basic surgical experience related to clinical practice relevant to the management and care of the surgical patient, and

- Successful completion of the Surgical Science and Training (SST) Examination
- Trainees commence consideration of a research study to pursue for the mandatory research component of the program.

*Second Year (OMS-2)*, the second year of surgical training, and

- Trainees submit their proposed research study for approval. The project can be completed in one of two pathways: pathway 1 is a formal research project in a postgraduate research qualification and pathway 2 is independent research culminating in a paper deemed acceptable for publication in a peer reviewed journal.
- Complete the RACS skills courses: Care of the Critically Ill Surgical Patient (CCrISP®), Early Management of Severe Trauma (EMST) and Australia and New Zealand Surgical Skills Education and Training (ASSET) courses can be undertaken any time, but must be completed by 31 October of OMS-2.

*Third Year (OMS-3)*, the third year of surgical training, and

- Research – trainee research study continues, including data collection as appropriate
- Complete a Team Appraisal of Conduct (TAC), a peer assessment tool.

*Fourth Year (OMS-4)*, the fourth year of surgical training, and

- Completion of mandatory research requirements. Training time must be extended if a trainee has completed their clinical training and the Final Examination but not the research requirements.

- Successful completion of the Final Examination.

Since 2009, OMS-2 to OMS-4 have been structured as a modular curriculum with competencies and competency levels stated for each module. There has been some renaming and restructuring of the modules since the last accreditation of the OMS program, and the modules now cover:

- Anatomy and Embryology of the Head and Neck
- Radiology and Nuclear Medicine
- Dentoalveolar Surgery
- Pre-prosthetic Surgery and Implantology
- Paediatric Oral & Maxillofacial Surgery
- Oral & Maxillofacial Pathology
- Oral Mucosal Diseases
- Maxillary Sinus Disease
- Oral & Maxillofacial Oncology
- Reconstructive Oral & Maxillofacial Surgery
- Oral & Maxillofacial Trauma
- Orthognathic Surgery
- Facial Pain
- Temporomandibular Joint Disorders
- Oral and Maxillofacial Prosthetics and Technology
- Adjunctive Technologies in Oral and Maxillofacial Surgery.

In 2014, Professor Mark Wong, President of the International Board for the Certification of Specialists in OMS, completed an external review of the curriculum and training program. The feedback provided has led to plans for a review of curriculum modules. To date, two modules have been revised and the reading lists for all modules have been updated.

## **A.5 Teaching and learning**

The College delivers OMS training through accredited training positions in Australia and New Zealand, organised into six regional training centres. The OMS program is organised by year, with training delivered in a combination of different training posts within the same or various training centres. Training time in an accredited post is credited in periods of six or twelve months. Trainees must undertake the six-month training rotations continuously in the same position.

OMS training is a structured program that includes clinical education and basic and advanced surgical training. It is predicated on trainees undertaking a variety of surgical procedures with increasing levels of independence and incremental complexity as training progresses from the role of 'assistant', initially under the supervision of a consulting surgeon, through to performing the operation on their own. The broad competencies expected of OMS specialists at the conclusion of their training are set out in the OMS Handbook.

The program uses a structured approach to teaching and learning that is mapped to the curriculum content. As noted above, the curriculum is modular, and for each module, the learning opportunities, methods and resources, and the competencies for the module are clearly described. Trainees progress through each module at their own pace and in different sequence.

Learning opportunities and methods include: learning portfolio checklist; logbook (e.g. to record learning experiences, such as procedures undertaken, attendance at clinics, pathology lab

sessions); literature review on specified topics; lectures/tutorials on particular module-related topics; essays; demonstrations with guided observation; simulation lab for practical tutorial; case studies and seminars; and structured patient experiences.

Trainees keep a learning portfolio to monitor their progress in the development of the competencies defined in the curriculum. The portfolio is reviewed regularly by supervisors and Directors of Training.

Trainees have the opportunity to attend tutorials, lectures and journal clubs regularly as part of the regional training centre education program. In addition, the program includes symposium sessions or anatomical cadaver courses on a range of topics.

All trainees must complete three skills courses provided by RACS. In addition, trainees who elect to fulfil the research requirement in Pathway 2 must undertake the RACS Critical Literature Evaluation and Research course or enrol in a research methodology course.

Since the last accreditation of the OMS program, the College has developed a number of annual adjunctive courses for trainees. They include:

- Surgical Science and Training Examination Preparation Course
- OMS Oral Pathology Interactive Program (seminars, clinico-pathologic conference and unseen case vivas)
- OMS Revision Course (includes lectures, cadaver workshop, mock vivas).

The College has developed a learning management system which provides internet access via the College website to information regarding learning resources and links to educational programs, e.g. orthognathic surgery planning, trauma assessment and management, and cultural competence resources.

#### **A.6 Oral and maxillofacial surgery program assessment**

The program of assessment has a number of components.

- 1 The Surgical Science and Training (SST) Examination is completed during OMS-1. It assesses the basic surgical sciences and training. This comprehensive assessment comprises multiple-choice questions (MCQ), short answer questions (SAQ), surgical vivas, and an OSCE type of clinical assessment involving a range of encounters with simulated patients and other materials. The trainee must pass this before they can progress into Second Year (OMS-2). Data on passing rates over the last few years show that there is a consistent failure rate of 20-30%.
- 2 Various workplace based assessments must be completed during the training program. These include: clinical training assessments including case presentations (eight), assessment of operative processes (17 across the four years), and a 360-degree multi-rater performance review or team appraisal of conduct. There are also six-monthly assessment reports by the supervisor of training and three mandatory skills courses.
- 3 The Final Examination is taken towards the end of OMS-4. It comprises seven elements (two written papers, a clinical examination of six cases, two vivas in anatomy and pathology, and two OMS vivas) which are mapped to the curriculum. For the last five years the total number of candidates per year has been between 11 and 14 candidates with pass rates between 57-93%.
- 4 Research requirements can be satisfied by completing a higher degree by research, or completing a project which leads to a publication or a report of a publishable standard.



In addition, at the end of training time the following must be completed before the award of the FRACDS(OMS):

- confirmation that the trainee has satisfactorily completed the required 48 months of training
- verified Final Logbook Summary
- satisfactory Learning Portfolio.

In mid-2013, the College commissioned an external review by Dr Wendy Pryor, Director of Education, Royal College of Pathologists of Australasia, of all assessment methods and tools used in the OMS program. This has resulted in further development of the processes associated with formative six-monthly assessments, including reviewing centrally all assessment reports, with particular focus on any that are borderline or unsatisfactory. The College has revised the format of the SST and Final Examinations, and the associated marking policies and practices. These policies are now publicly available. The College states that it has begun the blueprinting of formative assessment items mapped to curriculum outcomes at a broad level, as well as blueprinting of examination questions.

The Registrar (OMS) selects examiners in the FRACDS(OMS) program summative examinations from a pool of examiners. New appointments to the pool of examiners are recommended by the Examinations Committee and are reviewed by the College Education Board prior to endorsement.

At the start of each examination process, for both the SST and Final examinations, there is a training session for examiners in relation to the benchmark standard for the examination as well as a calibration session. Every examiner must attend the calibration session, which is overseen by the Registrar (OMS).

Since 2015, the College has had a policy on OMS Trainees Requiring Assistance to assist in the early identification of trainees experiencing problems and not making appropriate progress, and the effective management and documentation of concerns, with processes for support, remediation and where necessary escalation of concerns described.

## **A.7 Monitoring and evaluation**

Review of the OMS program is via the Board of Studies for OMS and its committees, supplemented by periodic reviews of key elements of the training program commissioned by the Board. The College's submission highlighted the following reviews:

- International peer review of the curriculum and training program in 2014.
- Clinical Learning Environment Survey (CLES) of trainees, new fellows and all OMS consultants involved in the training program in 2013 to assist the Board of Studies to better understand key aspects of the clinical learning environment, as well as the impact of recent changes in the program on both trainees and supervisors.
- The Board of Studies has built on the CLES by introducing two annual surveys, one for confidential feedback from trainees and the other surveying new fellows. Because of low response rates in the new fellows' survey, it is under review.
- Review of the Selection Process – the Board of Studies undertook an independent review of its policies, processes and documentation for the selection of OMS trainees
- Review of the Assessment Program – the College commissioned an external audit of all assessment methods in mid-2013.

In addition, the College undertakes an Annual Logbook Review, which assists in identifying and addressing variations in the scope of clinical training experience across regional training centres.

The Board of Studies for OMS initially considers reports and recommendations arising from monitoring and evaluation of aspects of the training program from its committees and as relevant, the Board then reports to the College Education Board via the Registrar (OMS).

## A.8 Trainee selection and support

Since 2012, there has been a binational selection process for the FRACDS(OMS) program.

The number of trainees who entered the OMS program in Australia and New Zealand (2013–17), as detailed in the College’s accreditation submission, is provided below

Year	Australia	New Zealand
2016 (for training in 2017*)	13	-
2015 (for training in 2016)	13	1
2014 (for training in 2015)	9	2
2013 (for training in 2014)	11	-
2012 (for training in 2013)	10	1

\* No training positions available in NZ for 2017

In advance of the selection process, the Selection Committee consults the Training Centre Regional Surgical Committees to identify training positions in Australia and New Zealand that will be available for the commencement of training for the following year. There is a common closing date for applications and interviews are held on the same day and at the same location for all eligible applicants.

The process begins with an initial paper-based review of applications. Eligible applicants then proceed through the formal stages of the selection process: curriculum vitae, professional performance appraisals (sought from at least eight consultants familiar with the candidate’s professional and/or technical capabilities and skills, and clinical performance and personal attributes), and structured interview. The interview assists in evaluation of the applicant’s professional attributes and behaviours relating to the broad competencies for training in OMS, other than ‘medical and dental expert’ and ‘technical expert’, as well as their preparation for OMS training. The Selection Committee constitutes the interview panel, the membership of which includes both OMS consultants involved in training and an independent community member.

Before the selection interview, the College provides applicants with an overview of each regional training centre with available positions. Applicants complete a training centre preference list on the day of the interview. A meeting of all Directors of Training decides on the assignment of the successful applicants to training centres based on applicant preferences and position availability.

Other than confirming the availability of a training post, the hospital relies on the College selection process and is not actively involved in the process.

The College’s processes for engaging trainees in the governance of their training have continued to evolve. In 2015, the College established an OMS Trainees Committee, reporting to the Board of Studies for OMS, with support by the College’s OMS program staff. The College provides funding and logistical support for teleconference meetings of the Committee. The purpose of the Committee is to:

- represent the interests of OMS trainees within College structures
- facilitate opportunities for communication and information sharing amongst trainees
- develop and maintain opportunities to share information with College trainees and to foster dialogue on issues important to the OMS trainee community.

The Committee comprises seven members: representatives elected by trainees in each of the six training centres, including New Zealand, together with the trainee who is a member of the Board of Studies.

Commencing with the first Board of Studies meeting in 2017, there is to be a trainee report to every Board meeting from the most recent Trainees Committee meeting.

The College distributes a Trainee Bulletin electronically to all OMS trainees two to three times a year. It is a formal communication vehicle about the training-related activities of College decision-making bodies. In addition, *College News*, published three times per year and available on the College website, provides trainees and other College members with reports and updates of the major decision-making bodies of the College, as well as general news and information about College activities.

The College has adopted from June 2016 a policy on bullying, harassment and discrimination which is available on the College website. The policy applies to training, examination, meeting and education sites in public and private settings, and to electronic communications concerning members of the College community. The policy sets out procedures to be followed if an incident of harassment or discrimination is alleged, suspected or reported. The procedures provide a range of responses by the College, including the provision of advice or guidance, facilitation of dialogue and/or mediation, or referral to an external party. There is also an avenue for impartial investigation of formal complaints, with support for trainees in this situation.

The College has developed a formal trainee mentoring scheme. The Board of Studies for OMS has compiled a list of experienced OMS fellows who are approved to become mentors for trainees. The mentoring relationship is a confidential one that assists the trainee by providing a positive role model who can provide encouragement, advice and professional guidance, and act as a sounding board for ideas and problems.

## **A.9 Supervisory and training roles and training post accreditation**

Each regional training centre has designated OMS specialists involved in the oversight and clinical supervision of OMS trainees in the accredited training posts within the region. The Director of Training, who is appointed by the Board of Studies for OMS, has overall responsibility, together with the Regional Surgical Committee, for the performance of the training program in the region. The Director of Training must be an appropriately qualified OMS specialist, be involved in training in an accredited hospital and be a member of the Regional Surgical Committee. As described in the OMS Handbook, the Directors of Training have responsibilities in trainee selection, implementing and managing the program, review and approval of trainee assessments, and liaison with and advice to the College.

The Regional Surgical Committee appoints Supervisors of Training for training posts within the regional training centres, on the recommendation of the Director of Training. The role of the Supervisor of Training is to provide support to trainees, ensure hands-on clinical supervision and training, ensure trainees have access to the experiences and responsibilities appropriate to their level and progress in training, and to undertake formal assessment of and provide feedback to trainees. Other consultants and Visiting Medical Officers, coordinated by the Supervisor of Training, are involved in instruction and supervision of trainees.

Together, the Director of Training and Chair of the Regional Surgical Committee monitor and evaluate the supervision provided to trainees within the relevant training centre. The Regional Surgical Committee is required to oversee trainee supervision within their training centre.

The College briefs OMS specialists appointed to supervisory positions on their role and responsibilities. They can access the program and graduate outcomes via the OMS Handbook. Supervisors are kept updated about changes and the Board of Studies' discussion about training issues via e-messages and Consultant Bulletins from the Board of Studies and the College.

The College has defined standards for the accreditation of hospital posts entitled Standards and Criteria for Oral and Maxillofacial Surgery (SCOMS). The College accredits individual posts within hospitals, private practices and oral health centres. It groups accredited training posts as geographically based regional training centres. The College describes these standards as being adapted from the NHWS Specialist Medical Colleges Project and RACS Process and Criteria for Accreditation, as well as being informed by the Royal College of Physicians and Surgeons of Canada General Standards of Accreditation and those of the former UK PMETB Generic Standards for Training.

The eight accreditation standards cover: education and training; clinical experience; equipment and support services; resources to support education and training; supervision; organisational support for trainees which requires demonstration of a culture that supports a commitment to education, training, learning and wellbeing of trainees; institutional responsibilities; and quality and safety. Each standard is supported by multiple criteria as indicators for what is expected in an accredited post to meet each standard statement. Criteria are classified as either *must* (mandatory) or *should* (desirable).

Accreditations may be by site visit or detailed teleconference. An accreditation review team, appointed by the Accreditation Committee, undertakes the accreditations. An accreditation review of a regional training centre includes the review of each individual post against the standards and criteria for oral and maxillofacial surgery. The accreditation report on a regional training centre is a combination of individual reports/sections on each training post. The accreditation review team provides recommendations for each training post based on the post's performance against the standards and criteria.

Accreditation occurs on a five-yearly cycle, with additional reports for posts that have conditions on their accreditation. Once accredited, regional training centres provide regular reports for all training posts within the region. Since the last accreditation decision on the FRACDS(OMS) program in 2012, the College has reviewed the existing training centres and posts, and granted conditional accreditation to three new posts.

There are three levels of accreditation available for a training post:

- Full Accreditation
- Conditional Accreditation – when not all mandatory criteria have been met but the accreditation team is satisfied that there is the potential for significant progress to be made in relevant areas within the next twelve months.
- Suspended Accreditation – may be applied if there is a substantial change to the post that limits its ongoing ability to meet accreditation requirements. A post is not eligible for suspended accreditation for more than twelve months' duration.

## **A.10 Continuing professional development**

The College has an expectation that all members and fellows will be committed to involvement in CPD.

In addition to the College program, the Board of Studies for OMS has a specific CPD program for OMS specialists that aims:

- to advance the individual OMS specialist's knowledge, skills and performance for the benefit of patients; and
- to provide fellows who are OMS specialists with tangible evidence of participation in and compliance with the program by the receipt of a statement of compliance.

The Continuing Professional Development Program for OMS Specialists, styled as CPD4OMS, is a web-based CPD program designed to facilitate participants' planning, monitoring and recording of continuing medical and dental education and development activities. The Informational

Manual, which sets out details of the program, is published on the College website. OMS fellows have access to the online program through the College eLearning portal.

Participants can enter online the details of their completed activities, according to four framework categories. The online system enables them to identify areas in which they may need to concentrate future learning efforts. Over the triennium, participants are required to achieve a minimum of 150 credit points across the four defined categories:

- Category 1 – Teaching, Assessing and Research
- Category 2 – Group Learning Activities
- Category 3 – Practice Review
- Category 4 – Self Education and Participation.

To achieve a statement of compliance, in addition to a minimum of 150 credit points, participants must complete a minimum of 60 credit points of activities from Categories 1 and 2 and a minimum of 30 points from Category 3. The additional 60 points may be achieved in any category.

### **A.11 Assessment of OMS Specialist International Medical Graduates**

The RACDS undertakes the assessments of specialist international medical graduates in oral and maxillofacial surgery for the Medical Board of Australia and the Medical Council of New Zealand. The relevant accreditation standards relate to processes for assessment of overseas-qualified oral and maxillofacial surgeons for the purposes of seeking registration as a medical specialist.

The RACDS requirements and procedures for its assessment process for overseas-trained OMS are described in the College policy document Overseas Trained Oral and Maxillofacial Surgery Specialist Assessment Policy – Australia, which is published on the College website.

The focus of the College assessment is on: education; training; quality, quantity and scope of clinical experience; level of formal assessment, including specialist qualifications in OMS; recency of relevant practice; and relevant professional skills and attributes.

The College specialist assessment process involves five stages:

- An initial paper-based assessment of the application to determine eligibility to proceed.
- Interview of eligible applicants. The interview panel uses the OMS Training & Scope of Practice Assessment Tool – Overseas Trained Specialist in its assessments. The checklist incorporates the eligibility criteria and elements of the FRACDS(OMS) program, including surgical skills courses and assessments, and all examinations. It requires the Panel to assess comparability on all elements of surgical skills training, basic and advanced OMS education and training, and post-training scope of practice. The nature, content, level and type of examinations completed by the applicant are also assessed for equivalence.
- Consideration by the OMS Overseas Trained Specialist Working Group of the application and interview report, and determination of the outcome and, if applicable, the specialist recognition requirements.
- Supervised practice: Applicants deemed partially or substantially comparable to an Australian- or New Zealand-trained specialist OMS will be required to complete a minimum of 12 months of supervised clinical practice, and other conditions may also be imposed. Applicants must begin finalising their requirements within two years of notification of their outcome and complete requirements within four years of commencement of the assessment process.
- Recommendation for fellowship is made to the College Council once all specialist recognition requirements have been completed and deemed satisfactory.

In New Zealand, the MCNZ has designated the College as the Vocational and Education Advisory Body for the OMS vocational scope of practice. The MCNZ refers applications for assessment to the College, together with verified documentation, including referees' reports. In undertaking its assessment, the College follows relevant steps of its specialist assessment process for overseas-trained OMS specialists and applies the criteria of relative equivalence of the applicant's qualifications, training and experience against the College OMS Fellowship as the prescribed qualification in New Zealand. The outcome is advice to the MCNZ on whether the applicant's qualifications, training and experience are equivalent, nearly equivalent or not equivalent to those of a registered OMS specialist holding the FRACDS(OMS), as the prescribed qualification in New Zealand.

College data show that over 2013-15 the MCNZ referred four overseas-trained OMS specialist applications to the College. There have been three Australian applications over the period 2013-16. All three New Zealand applications were assessed as substantially comparable, one of the Australian applicants was seeking limited registration to undertake short-term specialist training; one was deemed partially comparable, and one was assessed as substantially comparable.

## Section B Assessment of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery Program against dental accreditation standards

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### B.1 Introduction

This section reflects the specific comments of the four dental members of the Review Team, and follows the structure against the dental accreditation standards and criteria and usual reporting framework for dental accreditation reports.

The aim of the joint accreditation process between the four Australasian dental and medical accreditation bodies was to achieve a single review process, with a single report, and if achievable and appropriate consensus on the overall accreditation outcome of the program. However, it was considered appropriate to retain comments specific to the dental and medical standards and related recommendations for quality improvements, separate.

As mentioned in section 1.1 of the report, the Accreditation Standards for Dental Practitioner Programs include five domains, each with a descriptive Standard Statement. Each Standard Statement is supported by a set of Criteria. The Criteria are indicators that set out what is expected of an accredited dental practitioner program to meet each Standard Statement.

The dental accreditation standards do not cover the areas of continuing professional development and assessment of OMS specialist international dental graduates; and compliance with these standards were not considered by the dental team members.

When the ADC reviews a program for accreditation, the ADC considers if the Criteria are met, but takes an on-balance view of whether overall the education provider has shown that a Standard Statement has been met. The DC(NZ) requires all Criteria to be met for a Standards Statement to be considered met.

The *ADC/DC(NZ) Accreditation Guidelines for Accreditation of Education and Training Programs for Dental Practitioners* defines the Standards Statement outcome options as:

**Accreditation Standard is met:** An Accreditation Standard is met when the program meets the minimum requirements of the standard.

**Accreditation Standard is substantially met:** An Accreditation Standard is substantially met if the plans and/or arrangements in place for the provision of the program do not fully meet the Standard. A finding of substantially met must satisfy the following two criteria:

- 1 The plans and/or arrangements in place that are applicable to the standard must not adversely affect student welfare, or the capacity of the education provider to deliver the program, or the learning outcomes and Professional Competencies required; and
- 2 There must be a reasonable expectation that the program will be able to meet the Accreditation Standard in full within a defined timeframe that does not pose an unacceptable risk.

**Standard is not met:** A standard is not met when the program does not meet the minimum requirements of the standard and the arrangements planned or currently in place for the provision of the program:

- 1 impair or undermine the acquisition of clinical competencies required for competent practice; and/or
- 2 call into question the education provider's capacity to resource or administer the program; and/or
- 3 will have, or are having, significant adverse effects on student welfare.

## **B.2 Standard 1: Public safety is assured**

### **1.1 Protection of the public and the care of patients are prominent amongst the guiding principles of the educational program, clinical training and student learning outcomes**

- The broad goals of the training program in OMS are to ensure that all candidates who are awarded the FRACDS(OMS) qualification demonstrate attributes that are essential to providing the highest possible quality of service to meet the relevant health care needs of the communities of Australia and New Zealand in a safe, professional and ethical manner.
- The training program is mainly delivered in tertiary, public sector teaching hospitals – where high quality and safe patient care is a primary objective.
- Trainees are supervised by registered oral and maxillofacial surgeons, who take overall clinical responsibility for the patient care.
- The College has appropriate checks and balances in place to ensure that trainees are well supported in each of the program modules.
- Patient-centred care and recognition of the shared role of the patient/carer in clinical decision-making are defined OMS competencies.

### **1.2 Student impairment screening and management processes are effective**

- Standard 8 of the College's accreditation criteria, as defined in the Standards and Criteria for OMS (SCOMS), requires that: The training environment must be supported by a governance structure to deliver and monitor safe practices.
- This includes: accreditation by The Australian Council on Healthcare Standards (ACHS) or The New Zealand Council on Healthcare Standards (NZHCS); clinical risk management and safety policies and processes; and protocols relating to infection control, including needle stick injury.
- Trainees, as postgraduate students, would have had exposure to all these aspects of practice before entering the program.

### **1.3 Students achieve the relevant competencies before providing patient care as part of the program**

- The curriculum sets out the broad competencies to be achieved, but the nature of the program is such that trainees are involved in direct patient care from commencement of their training, under supervision initially.
- The program is designed to allow trainees to undertake surgical procedures and manage patients with increasing levels of complexity and independence.
- Trainees commence as the junior member of teams, gradually taking more responsibility as they progress through training, progressively assuming increasing levels of independence for planning and directing the care of patients. In theatre, trainees progress from retracting to being first assistant, progressively undertaking parts of the procedure and ultimately all of the procedure, with consultants involved as required or for more sub-specialty complex procedures.
- The Board of Studies for OMS requires all trainees to complete a number of surgical skills courses offered by the RACS within the first two years of training. The College has a MoU with the RACS to enable OMS trainees to access these courses.
- The SST examination - assessing the application of basic science knowledge and understanding to clinical practice relevant to patient care, management and surgery, is a hurdle examination for progression to OMS-2 of the program.



- Assessment of Operative Procedure (AOP) is required by trainees several times across 17 procedures, with the intent to show progression in the trainee's ability in performing the procedure.
- Trainees appear to be appropriately supervised, AOPs performed regularly on procedures, and close monitoring by supervisors on progression of trainees.
- Trainees understood the role of supervision, and clinical guidance and/or assistance in cases beyond their capabilities. This includes support during on-call roster responsibilities, as required.

#### **1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education**

- The Director of Training, supervisors and visiting medical officers all have teaching hospital appointments in OMS.
- The OMS Handbook describes the requirements for practitioners to be appointed to the above roles. Supervisors interviewed all appeared clear on their roles and responsibilities.
- Supervisors are registered oral and maxillofacial surgeons.
- OMS supervisors can participate in the RACS suite of 'train the trainer' courses designed to support consultants in their role as training supervisors.
- These included the following courses:
  - Keeping Trainees on Track
  - Supervisors and Trainees for Surgical Education and Training
  - Overview of Training and Training Requirements.
- The majority of supervisors take up these training opportunities. However, this is not mandatory.
- The pool to fill these positions is very small, which reflects the relatively small size of the specialty.

#### **1.5 Health services and dental practices providing clinical placements have robust quality and safety policies and processes and meet all relevant regulations and standards**

- The College has in place robust accreditation standards for training centres, with five yearly monitoring visits.
- As training is delivered mainly within hospital settings, the necessary patient complaints processes are in place.
- Hospitals undergo ACHS/NZCHS accreditation – this includes health and safety compliance.
- Surgical departments in which training occurs undergo a regular formal audit process with analysis of morbidity and mortality and review of adverse events to ensure quality care is being provided.
- Clinical audits and credentialing of medical and dental specialists form part of clinical practice in hospital settings.

#### **1.6 Patients consent to care by students**

- Patient consent to care by trainees is routine practice in all teaching hospitals.
- When private patients are undergoing surgical procedures in private hospitals the consent form requires patients to approve or decline the involvement of trainees in their care.

**1.7 Where required, all students are registered with the relevant regulatory authority/ies**

- All trainees have full registration with the relevant medical and dental regulatory authorities.

**1.8 The education provider holds students and staff to high levels of ethical and professional conduct**

- The College has a number of relevant policies in place to support high levels of professional and ethical behaviour, including a Bullying, Discrimination and Harassment Policy.
- All trainees must complete a Team Appraisal of Conduct during OMS-3 – a 360 multi-rater performance review, rating professional skills in a team environment, including self-assessment. This includes professionalism as an outcome area.
- All New Zealand training sites have adopted the principles of the RACS 2015 Action Plan, Building Respect, Improving Patient Safety, and in some hospitals this was led by clinicians.

***Standard 1 assessment: Standard is met.***

**B.3 Standard 2: Academic governance and quality assurance processes are effective**

**2.1 The provider has robust academic governance arrangements in place for the program of study that includes systematic monitoring, review and improvement**

- There is a clear College governance structure with a Council having oversight of a range of relevant boards and committees.
- The Board of Studies for OMS is responsible to the College Council for the development, regulation and operation of the education and training program in OMS and for the certification of trainees who have successfully met all program requirements to the required standard.
- It is also responsible for the development and continuous monitoring of the content and standards of the program, accreditation and monitoring of training posts, monitoring and assessment of the performance of trainees, regular review of the program and development of proposals for improvements.
- A range of committees, with clear remits, support the Board in its work including a Selection Committee, Education Committee, Regional Surgical Committees, Accreditation Committee, Training Committee, Examinations Committee, CPD Committee and OMS Trainees Committee. Many of the committees are chaired by members of the Board.
- The College Council has established an Education Governance Working Party. The Working Party will conduct an overall review of the education governance of the College with the objective of determining an optimal holistic, efficient and effective approach to the education governance of the College.

**2.2 Quality improvement processes use student and other evaluations, internal and external academic and professional peer review to improve the program**

- There was an international peer review of the curriculum in 2014 (see 2.3).
- A Clinical Learning Environment Survey (CLES) was conducted in 2013 to assist the Board to understand the clinical learning environment, delivery of the educational components and issues facing training centres.
- Changes were introduced in response to issues raised in the survey. Some of these were the establishment of an OMS Trainees Committee, clarification of research requirements in the

OMS Handbook, developing the policy OMS Trainees Requiring Assistance, development of an electronic trainee logbook etc.

- A confidential annual trainee feedback survey has been introduced in recent years.
- The Board undertook an independent review of its policies, processes and documentation for the selection of OMS trainees.
- In mid-2013 the College commissioned an external audit of all assessment methods and tools used in the training program. Further development work based on these recommendations is ongoing.
- Examination candidates and examiners provide feedback about the examination process for both the SST and Final Examination.
- There appears to be no formalised review, such as 360-degree reviews, or quality improvement processes in place for supervisors' performance.

### **2.3 There is relevant external input to the design and management of the program, including from representatives of the dental professions**

- The College has an MOU with both RACS and ANZAOMS – both contributing towards the OMS program.
- An international peer review of the program was undertaken in 2014 by Professor Mark Wong, which resulted in a number of program changes. A further external review is planned after review of all the curriculum modules.
- The College does not currently have any systematic approach to seeking feedback in relation to community perceptions about graduates of the OMS training program.
- There was no clear evidence of formal College engagement with the Ministry/Department of Health, state health departments or senior management of the hospitals where training sites are based, on the training program. At this stage most engagement is informal, and between the Regional Surgical Committees, supervisors and hospital management.

### **2.4 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education**

- There are regular meetings of relevant boards and committees – for example the Board meets three times per year and the six regional surgical committees and nine committees and sub-committees meet regularly and make recommendations for program improvements.
- The Education Committee has a particular responsibility to 'review, evaluate and update curriculum and assessment methodology'.

***Standard 2 assessment: Standard is met.***

## **B.4 Standard 3: Program design, delivery and resourcing enable students to achieve the required professional attributes and competencies**

### **3.1 A coherent educational philosophy informs the program of study design and delivery**

- The program in OMS is based on the international definition for the scope of oral and maxillofacial surgery practice.
- This also aligns with the definition adopted by the Dental Board of Australia and the Dental Council New Zealand gazetted scope of practice.
- The broad competencies for the program are based on the CanMEDS framework, with the addition of the further competencies of technical expert and clinical decision maker.

### **3.2 Program learning outcomes address all the relevant attributes and competencies**

- The program curriculum is designed to cover the broad scope of OMS practice.
- The program's broad competencies address the ability to perform as a technical expert and function as a scholar and teacher, but they also include other important attributes of health providers working in a multi-disciplinary environment such as communicator, collaborator, manager and health advocate.
- The OMS Handbook sets out the curriculum from foundation competencies to specialty specific training outcomes while the 16 modules of the curriculum outline broad and specific competencies.
- The DBA and DC(NZ) have recently published entry-level competencies for OMS. The College was consulted during the development of these entry-level competencies. The specialty-specific competencies reflect in general terms the competencies in the College OMS program curriculum. A mapping document between the program competencies and the DBA/DC(NZ) competencies was provided.
- Advances in techniques and technologies that have been incorporated into OMS practice, have been introduced into the OMS program - notably computer planning for orthognathic surgery, TMJ reconstruction and reconstruction of defects.
- The role of the OMS specialist in head and neck tumour teams has continued to evolve. All trainees now have an opportunity to be involved in the planning, management and surgery for these patients, within multidisciplinary teams.

### **3.3 The quality and quantity of clinical education is sufficient to produce a graduate competent to practise across a range of settings**

- The program consists of four years of training following qualification in dentistry and medicine. The first year is a basic surgery year followed by three years of progressively advanced surgical and patient management training.
- There are specific procedural requirements in the training program that all trainees must complete. These are recorded in the Assessment of Operative Process section of the OMS Handbook.
- The Standards and Criteria for Oral and Maxillofacial Surgery require a range of minimum clinical exposures – such as elective and acute admissions and care, pre-operative care, major/complex cases, ward rounds, consultative clinics, operative experience.
- Trainees rotate through a number of sites during their program, with rotations normally being six to twelve months. The majority of rotations are twelve months in duration. Trainees are aware that they will rotate, but have limited influence regarding which location they will be assigned.
- The overall impression was that trainees get exposure to the full range of procedures associated with contemporary oral and maxillofacial surgery practice, with the exception of dental implants (discussed further below). This includes trauma, infections, TMJ, orthognathic, oncology, head and neck reconstruction (including microvascular free-tissue transfer).
- Trainees rotate between training sites to ensure appropriate exposure – both in case-mix and load.

#### *NZ specific comments*

- Trainee logbooks at the Christchurch site were observed by team members.

- In New Zealand, appropriate exposure across procedures was evident, with the exception of dental implants. Dental implants is a procedure being performed frequently in OMS, particularly in private practice.
- Limited opportunities for performing dental implants exist across all New Zealand training sites – mainly due to public funding arrangements (where OMS training occurs). This limitation was acknowledged by senior management and clinical leads at Auckland and Christchurch hospitals – and opportunities for exposure to dental implants by trainees are being explored.
- At the moment trainees observe, or assist, with dental implants in the private sector.
- New Zealand team members suggested that opportunities with the Accident Compensation Corporation be explored for funding of dental implants within the public sector.

### **3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes**

- The modular curriculum with the stratification into three levels for competencies associated with each module, provides horizontal and vertical integration for progression through the program.
- The curriculum is divided into clinical education and clinical training, which are embedded in the trainees' experiences during their hospital rotations, planned learning sessions and self-directed learning.
- The learning outcomes are delivered through a number of learning methods including structured educational programs, tutorials relevant to each rotation, skills courses, self-directed learning, workplace hands-on teaching by specialist surgeons, discussion of patient cases, and involvement in interdisciplinary meetings.
- Some sites (for example Royal Dental Hospital Melbourne and Westmead COH) provide didactic programs for trainees in areas such as Oral Pathology. These are well received by students but it is unclear whether all trainees have the opportunity to participate in these programs.
- Learning methods are designed to address the competencies listed in the curriculum modules.
- The College has a formal relationship with the RACS that provides access for trainees to complete ASSET, CCrISP and EMST courses.

### **3.5 Graduates are competent in research literacy for the level and type of the program**

- The program is not a research-based qualification within the AQF or NZQA framework, although a research component is mandated by the College.
- The College previously had MoUs in place with a number of universities to support the research components of the program. These have lapsed but informal working arrangements continue in a small number of training sites.
- The research requirement is fulfilled either by completing a formal research project through enrolment in an appropriate university degree (pathway 1) or independent research culminating in a paper that is deemed acceptable for publication in a peer reviewed journal (pathway 2). Trainees can complete pathway 1 either during the program or prior to commencing it.
- Trainees are also required to present a paper each year at a scientific meeting, the annual conference of the specialty (ANZAOMS conference), hospital grand round, or equivalent; and present a paper at the annual conference of the specialty (ANZAOMS conference) at least once during their advanced surgical training years.

- The trainee's research proposal is reviewed by the Research Subcommittee, an expert group of the OMS Board's Education Committee. Some trainees reported that it can take a considerable amount of time to gain approval for their research proposals.
- The majority of trainees follow pathway 2 for meeting the program research requirements.
- Identifying and gaining approval for an appropriate research project appears to be a challenge for some trainees.

### **3.6 Principles of inter-professional learning and practice are embedded in the curriculum**

- Most training sites have combined clinics/meetings/didactic sessions, involving other specialties as required, which trainees are required to attend.
- With the location of training in major public hospitals, trainees have regular exposure to routine interdisciplinary meetings, e.g. radiology, orthodontics, pathology, oral medicine, ENT, plastics; and to participation in multidisciplinary teams, e.g. Head and Neck Tumour Multidisciplinary Teams or Craniofacial Surgery Teams.
- This is in addition to the interprofessional teams in which trainees are involved in operating theatres.

### **3.7 Teaching staff are suitably qualified and experienced to deliver the units that they teach**

- The OMS Handbook outlines the requirements for a practitioner to be considered for the positions of Director of Training, supervisor and VMOs.
- All appointees to these roles already have teaching hospital appointments as OMS or related specialty consultants and VMOs.
- Other medical and dental specialties are also involved in teaching some aspects – for example oral medicine, radiology, pathology etc.
- In general, feedback indicated that the Directors of Training and supervisors are highly experienced and respected oral and maxillofacial surgeons.
- Most supervisors take up the RACS 'train the trainer' courses.
- Each RSC has a Research Officer position to support trainees with their research component.

### **3.8 Learning environments support the achievement of the required learning outcomes**

- The adequacy of the clinical and other experiences available to meet curriculum outcomes is supported by the criteria defined in SCOMS.
- Access to experienced OMS consultants throughout the training program, interprofessional learning opportunities within a teaching hospital, access to various online material and courses all support trainees to achieve the learning outcomes.
- Dedicated teaching time within the registrar posts was confirmed by various interviewees – this included Director of Training, supervisors, oral health clinical leads, operation managers and trainees.
- Similar to other postgraduate programs, self-directed learning forms a large part of the program.
- The majority of trainees were very complimentary about the quality of education and training, supervision and overall support they receive from the Director of Training and supervisors.

- A small number of trainees expressed concerns with the level of support for didactic teaching, and limited supervisor contact.

### **3.9 Facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes**

- Standards of the training sites are assured by the College accreditation processes, monitored on a five-yearly basis through site visits.
- All training sites are accredited by ACHS or NZCHS, and are teaching hospitals.
- Training sites viewed by the team were of an appropriate standard and sufficient to support the number of trainees in the program.

### **3.10 Cultural competence is integrated within the program and clearly articulated as required disciplinary learning outcomes: this includes Aboriginal, Torres Strait Islander and Māori cultures**

- At a minimum, an educational session on cultural competency in health is part of trainees' induction program. Some training sites have further cultural awareness programs and/or interactions with local Indigenous groups or communities.
- The program's Learning Management System links to a number of cultural competence resources.
- In Australia teaching hospitals where trainees are based have Aboriginal and cultural liaison officers on staff who are available to assist trainees in cultural awareness and practice and to support management of patients with culturally and linguistically diverse backgrounds.
- New Zealand training sites have support facilities for Whānau and have Māori personnel available on their staff.
- The College does not currently have strong partnerships with groups in the Indigenous health sector. However, the College displayed commitment to grow the College's relationship with Indigenous health educational groups.

### **3.11 The dental program has the resources to sustain the quality of education that is required to facilitate the achievement of the necessary attributes and competencies**

- The College has demonstrated a strong commitment to the OMS program.
- Recent appointments to the OMS program includes the creation of the roles Registrar OMS and Senior Administrator (OMS), and a Director of Education. However, the Director of Education had limited involvement during the site visit sessions.
- There appears to be access to a suitable number of supervisors and support for the program at the various training sites.
- However, in terms of program sustainability the small size of the pool of potential supervisors is a risk to the program. Most fellows – working in the training centres are willing to be involved in the teaching of the program, but these are voluntary positions. Usually the Directors of Training and supervisors' employment contracts make provision for some teaching time. It was reported, however, that most use personal time to appropriately fulfil their roles – in particular administrative responsibilities such as formative assessments.
- All those interviewed during the site visits were supportive of the program and its future.
- There are some relatively junior specialists who are training supervisors across the training sites, which assist with succession planning.

***Standard 3 assessment: Standard is met.***

## **B.5 Standard 4: Students are provided with equitable and timely access to information and support**

### **4.1 Course information is clear and accessible**

- Course information is presented in the OMS Handbook, which is comprehensive and updated annually – this is available on-line. An updated handbook is posted for the next year in advance of entry applications. Significant changes are notified via email or the Trainee Bulletin, which are distributed two to three times per year.
- Various online training resources and courses are available to trainees.
- Trainees interviewed were aware that there is a specific contact for the program at the College who would be the first point of contact if they have any questions, and expressed confidence asking supervisors for clarity or support, as required.
- Trainees expressed a desire to standardise learning through an eLearning portal.

### **4.2 Admission and progression requirements and processes are fair and transparent**

- The selection criteria and processes are published in the OMS Handbook.
- The selection process is comprised of three formal components: curriculum vitae, professional performance appraisal and structured interview.
- Supervisors and trainees interviewed are comfortable that the selection process is objective, robust and transparent.
- The College undertook an independent review of the processes for selecting OMS trainees in 2013 leading to changes to improve the process.
- The selection process is routinely reviewed and refined by the Selection Committee which provides a report to the OMS Board on the conduct of the process, outcomes, and observations and recommendations for improvement.
- Trainees were not always clear of the rationale for allocating rotation placements, mainly driven by the confidential nature of the selected trainees' rankings during the selection process.
- There was also some difficulty reported by trainees in getting permission for rotations outside of their region – even if a 'swap' trainee was identified.
- Following requests by trainees, trainers, Directors of Training, and in line with other surgical specialties the Examinations Committee resolved to allow potential trainees who are within, or who have completed, their 'Surgery in General' year to sit the SST examination. This decision has been communicated to the AMC requesting feedback. This request formed part of the submission material. A decision on this matter was considered outside the remit of the Site Evaluation Team and accreditation review process. However, multiple interviewees supported this proposal.
- Although there was acknowledgement of the relatively high level of SST failures, it was in general considered by trainees that the exam was fair, robust and transparent.

### **4.3 Students have access to effective grievance and appeals processes**

- The College has three progressive steps to its appeals process; Reconsideration, Review and Appeal, which are set out in the Reconsideration, Review and Appeals Policy.
- There was evidence that trainees had initiated early steps under this policy, but there have been no appeals to date.



- There was some concern that this policy only relates to assessments and examinations and the Board indicated that they are aware of this limitation. The policy review needs to be initiated.
- The College has a Bullying, Discrimination and Harassment Policy, which was reviewed following the RACS report on discrimination, bullying and sexual harassment in the practice of surgery.
- Trainees also have access to raise any concerns with the Director of Training, clinical lead of the unit, or make use of hospital resources in place at the training site.
- Decisions are made in consultation with all parties involved in the training program.

#### **4.4 The provider identifies and provides support to meet the academic learning needs of students**

- Supervisors and other staff at training sites can identify concerns at an early stage to provide appropriate support. The supervisors of training formally discuss progress and development with trainees during the six monthly progress assessment. The Director of Training reviews all the assessments, and will get involved at any stage if concerns are raised.
- If unsatisfactory progress is made the supervisor, Director of Training and the trainee develop and agree on a remediation program with clearly defined goals.
- The RSC also monitors the appropriateness of clinical exposure of trainees – and rotate trainees accordingly to address gaps.
- The College has a clear OMS Trainees Requiring Assistance policy which sets out ways of identifying and supporting trainees.
- The support and management of trainees who could not reach the expected standard, appears to be appropriately handled; and supported in exploring next career steps following decision to exit the program.

#### **4.5 Students are informed of and have access to personal support services provided by qualified personnel**

- Personal health and well-being of trainees is supported through the program's accreditation criteria of training sites.
- Directors of Training reported that health plans were developed and offered to support trainees. However, there was also acknowledgement that the identification and management of trainees with mental illness, in particularly depression, was an area that needs strengthening.
- Trainees have access to safe hours of practice, appropriate terms and conditions of service, and readily accessible HR services, including counselling, if required.
- In New Zealand, the new multi-employer collective agreement reached for junior doctors might have an impact on trainee working hours and rosters. However, it was not considered to have a significant impact on the ability of the trainee to gain the appropriate level of training experiences to attain the necessary competencies.
- Due to the small number of trainees and relative trainee isolation in smaller training units, greater interaction between the training sites was suggested, including face-to-face interaction. Suggestions included scientific day, pre-conference program and shared didactic teaching.

#### **4.6 Students are represented within the deliberative and decision making processes for the program**

- An OMS Trainees Committee was established in 2015 and allows trainees to express their views, discuss matters in relation to overall education quality, recommend new initiatives to support trainees and manage the regional trainee representatives.
- Trainees are also represented in key College committees such as Board, Education Committee and CPD committee.
- There is an opportunity to include direct trainee input to the Regional Steering Committee meeting, from time-to-time, in addition to the current trainee representative.

#### **4.7 Equity and diversity principles are observed and promoted in the student experience**

- The program has no formal equity and diversity policy.
- Cultural competence forms part of the training, although it is delivered through the training sites rather than centrally by the College.
- The College has a 'Bullying, Discrimination and Harassment Policy'.
- Personal support services within the hospitals are available to trainees.

***Standard 4 assessment: Standard is met.***

### **B.6 Standard 5: Assessment is fair, valid and reliable**

#### **5.1 There is a clear relationship between learning outcomes and assessment strategies**

- Assessment strategies are based on expectations set out by the curriculum modules.

#### **5.2 Scope of assessment covers all learning outcomes relevant to attributes and competencies**

- Trainees must complete all clinical training assessments, a research project and a common final examination, which is centrally conducted and leads to the award of the OMS Fellowship, FRACDS(OMS).
- No overall blueprint assessment matrix exists. The College identified this as an area of work that they will undertake.

#### **5.3 Multiple assessment tools, modes and sampling are used including direct observation in the clinical setting**

- A wide variety of assessment methods is used in the program including two summative examinations in OMS-1 (SST Examination) and OMS-4 (final examination) of the training program and formative assessments including AOPs, case presentation and discussions, Team Appraisal of Conduct and a six-monthly assessment.
- Summative assessments have a variety of formats (written, oral and clinical).
- As an example, the SST examination which some members of the team observed and which trainees must (currently) pass in OMS-1 to continue into year two of the program,

incorporates a two hour Multiple Choice Examination, a 50-minute short answer paper, consisting of five questions and a clinical examination with five viva voce stations.

- Formative assessments are workplace based.
- Assessments are spread over the four years of training and tailored to address competencies required at each stage of training program.

#### **5.4 Program management and co-ordination, including moderation procedures ensure consistent and appropriate assessment and feedback to students**

- Trainees have support and regular feedback from the Supervisor of Training at each rotation.
- This includes confidential discussions every three months and a formal assessment with feedback every six months.
- In addition to formal feedback mechanisms trainees reported that supervisors are available to provide informal feedback when asked.
- The Director of Training will review all trainees' formative assessment reports.
- All borderline and unsatisfactory assessments also reviewed by the relevant Regional Surgical Committee and the Training Committee.
- Comparability in scope and application of assessment practices is intended to be achieved across all training centres through the use of a program-wide common set of assessment tools for both assessment and reporting for all trainees. However, there are limited opportunities for examiner calibration which makes the achievement of consistency challenging.
- At the SST Examination, the team members observed the examiner preparation for assessment prior to the clinical viva voce assessments, the assessments, as well as the examiners meeting that was conducted immediately following the examination.
- The team were satisfied that the examination was robust and fair. The exam was conducted professionally, and the outcome was that trainees were consistently assessed and that the moderation of the assessment process was appropriate.
- However, the College has no assessment standard-setting procedures and there was no clear evidence of examiner calibration processes and assurance in place.

#### **5.5 Suitably qualified and experienced staff, including external experts for final year, assess students**

- All Supervisors of Training are OMS specialists with teaching hospital appointments.
- The Examination Committee which carries out summative examinations is made up of experienced OMS specialists with up to date knowledge and who have been reviewed by the College Education Board.
- The above process is overseen by the Registrar (OMS), who is an orthodontist.
- Due to the small number of OMS fellows, the pool for examiners is limited.
- No formal examiner training is offered.
- Experienced examiners are paired with new examiners during the summative assessments.
- The assessment methods and tools used in the training program were subject to an external audit in mid-2013. No evidence of the use of external examiners during the final exam was presented.

## **5.6 All learning outcomes are mapped to the required attributes and competencies, and assessed**

- The curriculum modules provide the basis for learning outcomes.
- Mapping of assessments against learning outcomes and the DBA/DC(NZ) competencies for oral and maxillofacial surgery, covered all areas.
- Formative assessments are mapped to the broad competencies and to competencies and levels described in the curriculum modules. Details are set out in the OMS Handbook.
- Assessments are carried out continuously and to the level expected of trainees at particular stage of the program.

***Standard 5 assessment: Standard is substantially met.***

## **B.7 Dental specific commendations and recommendations**

The following commendations and recommendations have been made by the dental members of the Review Team, following its evaluation of the program.

*A commendation refers to a particularly significant achievement by the education provider with regard to the program.*

*A recommendation refers to an action or a course of actions that should be considered by the provider to improve the delivery and/or outcomes of the program.*

### *Commendations*

- 1 The College is commended for its ongoing commitment and support to the program to deliver high quality oral and maxillofacial surgery education.
- 2 The program is commended for the successful embedding of the modular based curriculum, with clearly defined learning outcomes to ensure trainees are competent in all areas of contemporary oral and maxillofacial surgery.
- 3 Directors and supervisors of training are to be commended for their commitment to supporting trainees, with support offered often going above and beyond the expectations of their role description.
- 4 The regional surgical committees are to be commended for their rotations strategies to ensure appropriate clinical exposure for trainees.
- 5 The OMS Handbook is well structured, comprehensive and frequently used.

### *Recommendations*

- 6 The College continues to explore further opportunities for training and support tools for Supervisors of Training and Directors of Training.
- 7 In order to grow the pool of potential Supervisors of Training the College is encouraged to explore further ways to make the Director of Training and Supervisor of Training roles more attractive.
- 8 The College should consider introducing a formal 360 review of Supervisors of Training performance.
- 9 The College should explore more formal engagement with health departments, workforce agencies and Indigenous groups for the purpose of obtaining feedback and input into the training program.
- 10 That the College partner with Indigenous groups to further develop and embed cultural competence within the program.

- 11 That external cyclical review of the program continues, with particular focus on assessments once further development work in this area has been completed.
- 12 That an external examiner(s) be used during the final examination.
- 13 The College should progress the development of online material, including an e-portfolio and didactic elements of the program.
- 14 Improved centralised (College led) support for trainees in identifying and preparing for the research element of the program should be developed (for pathway 2 trainees).
- 15 That the College develop a formal equity and diversity policy.
- 16 The College review its Reconsideration, Review & Appeals Policy with a view to expanding its scope beyond just assessment and examinations.
- 17 At the New Zealand sites that training opportunities be assured for dental implants to achieve competence in this area of practice.

## **Section C    Assessment of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery Program against specialist medical program accreditation standards**

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### **C.1    The context of education and training**

#### **1.1    Governance**

The accreditation standards are as follows:

- The education provider's corporate governance structures are appropriate for the delivery of specialist medical programs, assessment of specialist international medical graduates and continuing professional development programs.
- The education provider has structures and procedures for oversight of training and education functions which are understood by those delivering these functions. The governance structures should encompass the provider's relationships with internal units and external training providers where relevant.
- The education provider's governance structures set out the composition, terms of reference, delegations and reporting relationships of each entity that contributes to governance, and allow all relevant groups to be represented in decision-making.
- The education provider's governance structures give appropriate priority to its educational role relative to other activities, and this role is defined in relation to its corporate governance.
- The education provider collaborates with relevant groups on key issues relating to its purpose, training and education functions, and educational governance.
- The education provider has developed and follows procedures for identifying, managing and recording conflicts of interest in its training and education functions, governance and decision-making.

##### **1.1.1    Team findings**

The RACDS has recently become a public company limited by guarantee. The stated primary objectives are consistent with its role as an education provider and the governance structure is appropriate for its training and education, international medical graduate assessment and CPD roles.

The committees and boards are well-described in the College's submission and on the College's website. The committees have terms of reference that are appropriate to their function. It is clear that the College places a priority on its educational role and tries to resource this function adequately.

Membership of the Council and its committees does not include community representatives or health consumers. The team recommends that the College expand opportunities for community and consumer representation in its affairs, which has the capacity to expand the breadth and diversity of perspective and skills available.

The College reported that the College Council has established an Education Governance Working Party which began work in 2017 on an overall review of the education governance of the College. Its terms of reference include "identifying the skills required to support good education governance". The team encourages the College to consider the skills and knowledge that can be obtained by engaging related specialties and health professions as well as the community.

There is a clear process for declarations of interest and dealing with conflicts of interest in relation to College governance and decision-making.

## 1.2 Program management

The accreditation standards are as follows:

- The education provider has structures with the responsibility, authority and capacity to direct the following key functions:
  - planning, implementing and evaluating the specialist medical program(s) and curriculum, and setting relevant policy and procedures
  - setting and implementing policy on continuing professional development and evaluating the effectiveness of continuing professional development activities
  - setting, implementing and evaluating policy and procedures relating to the assessment of specialist international medical graduates
  - certifying successful completion of the training and education programs.

### 1.2.1 Team findings

The composition of the Board of Studies for OMS ensures appropriate representation of all training regions and relevant stakeholders. The committees reporting to the Board of Studies have clear terms of reference and function effectively. The Board of Studies is highly active and responsive to the needs of the training program.

## 1.3 Reconsideration, review and appeals process

The accreditation standards are as follows:

- The education provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to training and education functions. It makes information about these processes publicly available.
- The education provider has a process for evaluating de-identified appeals and complaints to determine if there is a systems problem.

### 1.3.1 Team findings

The Reconsideration, Review and Appeals Policy is published on the College website. The policy defines decisions that may be the subject of complaint and those that may be formally appealed, and the processes that must be followed to activate an appeal. There are three progressive stages to this process:

- (a) **Reconsideration** stage enables the original decision maker (individual, team/panel, committee) to reconsider its decision. The applicant is allowed to provide any information which they feel may assist with this process. If the applicant is not satisfied with the outcome, a review may be requested.
- (b) **Review** stage enables a superior College body, with oversight of the original decision maker, to review the original decision and all associated supporting documentation to ascertain whether the original decision should be upheld or overturned. If the applicant is not satisfied with the outcome, an appeal may be requested.
- (c) **Appeal** stage requires a formal application with strict protocols to ensure it is conducted in accordance with procedural fairness and transparency. This phase requires the constitution of an independent Appeals Committee. A fee applies to the applicant when lodging an appeal.

If the outcome of either of the first two stages is acceptable to an applicant then the matter does not proceed to the next stage. The applicant must activate the next stage within the prescribed timeframe (as set out in the policy), or the decision will no longer be eligible for escalation via this College pathway.

The Reconsideration, Review and Appeals Policy was published in 2015 and was annotated as due for review in July 2016. The College reports that it has received three applications for processing in the last three years under this policy. None has progressed to the Appeal stage. One application was overturned at the Review stage on the basis of administrative issues and following of due process.

The accreditation team explored the policy and processes during this assessment. The team identified some potential areas of vulnerability within the current policy, including the absence of a description of how the 'superior body' of the review process is constituted and how it ensures that the members of the Appeals Committee have the requisite skills and attributes. Aspects of the policy may be open to challenge. A detailed critique of the policy by an expert in administrative law is recommended.

The Reconsideration, Review and Appeals Policy applies only to complaints relating to examinations and assessments. The College's formal complaints policy does not address complaints arising from other aspects of the College's activities.

Recently, there has been a period of turnover in College executive staff, which has contributed to delays in reviewing aspects of governance. The newly appointed Chief Executive Officer commenced at the College on 5 June 2017. She reports that policy review, with legal advice, is a high priority for the College. The team supports this approach.

There is no formal process for evaluating de-identified appeals and complaints to determine if there is a systems problem. The team acknowledges that given the small number of appeals and complaints received to date, this may not have been necessary in the past; nevertheless, a process should be developed.

#### **1.4 Educational expertise and exchange**

The accreditation standards are as follows:

- The education provider uses educational expertise in the development, management and continuous improvement of its training and education functions.
- The education provider collaborates with other educational institutions and compares its curriculum, specialist medical program and assessment with that of other relevant programs.

##### **1.4.1 Team findings**

The College employs staff who have qualifications and experience in management and delivery of education and training. These staff link to peers in other colleges through the Network of Medical College Educators.

The College has demonstrated a strong commitment to the review and development of its OMS program, drawing on national and international experts.

The College has a number of relationships and agreements to enhance the educational support for the FRACDS(OMS) program, including a long-standing relationship with ANZAOMS. As a result of its collaborative relationship with RACS, the College can make available a number of high-quality surgical skills courses, and courses for professional development of supervisors and trainers. This relationship is a sensible approach to enhancing the resources available to this small trainee cohort.

The College has also engaged external consultants with specific expertise in required fields as described in section A of this report.



## **1.5 Educational resources**

The accreditation standards are as follows:

- The education provider has the resources and management capacity to sustain and, where appropriate, deliver its training and education functions.
- The education provider's training and education functions are supported by sufficient administrative and technical staff.

### **1.5.1 Team findings**

The College employs 14 FTE staff in total of whom the CEO, Financial Controller, Director of Education, Education Officer (OMS), Receptionist, Events Manager and ICT Manager are directly involved and responsible for the aspects of the OMS program.

The College Director of Education is responsible for managing all College education including oversight for the delivery of all examination and training activities, educational leadership, facilitating and developing examination models, and managing collaborative partnerships.

The College accreditation submission acknowledges the challenge for the Board of Studies for OMS and the College in continuing to develop the OMS program given the small size of the cohort of trainees and fellows, and the resource base available. The management of the program is generally well-resourced, although the College acknowledges that staff turnover has slowed progress in some areas, especially OMS curriculum and assessments review. The Board of Studies has identified a need for further educational expertise to assist with future curriculum and assessment development and the team supports this assessment particularly if the College is to take full advantage of this accreditation process and the recommendations made.

The accreditation assessment occurred during a time of change in the senior leadership of the College, with two changes occurring at CEO level during this period. The new Chief Executive Officer began in June 2017 just as the team was completing its discussions with the College. All transitions present a challenge and the AMC will look forward to hearing in progress reports of how the reviews and initiatives underway progress under this new leadership.

A significant resource development since the last accreditation assessment in 2012 is the implementation of a Learning Management System (LMS), which provides a trainee discussion forum, and will enable peer-to-peer communication and engagement. It also provides online resources for trainees and CPD participants. The team commends the College for its work in ensuring the training program is adequately resourced. Trainees indicated that they would welcome the expansion of the LMS, with migration of portfolios to an online environment and the availability of asynchronous learning opportunities.

The College also sees opportunities to improve administration and engagement with trainees through the efficient use of its comprehensive information management system iMIS and relevant plug-ins that support event administration and financial information.

The team was impressed by the number of College OMS fellows who make an active contribution to College committees, and by the number who have made such contributions over many years. Processes to encourage newly qualified fellows to be involved in the OMS program are also in place.

## **1.6 Interaction with the health sector**

The accreditation standards are as follows:

- The education provider seeks to maintain effective relationships with health-related sectors of society and government, and relevant organisations and communities to promote the training, education and continuing professional development of medical specialists.

- The education provider works with training sites to enable clinicians to contribute to high-quality teaching and supervision, and to foster professional development.
- The education provider works with training sites and jurisdictions on matters of mutual interest.
- The education provider has effective partnerships with relevant local communities, organisations and individuals in the Indigenous health sector to support specialist training and education.

### **1.6.1 Team findings**

Discussions with College office bearers and committees indicated that relationships between the College and Australian state/territory and the New Zealand health jurisdictions are largely the responsibility of the relevant Regional Surgical Committee, which is consistent with those committees' terms of reference. Engagement with specific health services also occurs through the accreditation of training posts, and the identification of new posts.

There was evidence of generally excellent local relationships, especially with training sites. However, stakeholder feedback indicated that communication between the local Regional Surgical Committee and local stakeholders does vary and perhaps some more guidance from the College might help to ensure a consistent standard of engagement and communication across the regions.

There were few submissions to the accreditation assessment on the College's relationship with key external stakeholders such as jurisdictional health departments. The College is encouraged to strengthen its approach to formal and high-level advocacy and government relations not only to enhance the profile of OMS but also to enable dialogue about matters of mutual interest such as workforce planning, and quality and safety.

The College acknowledges that it has not had partnerships with organisations and individuals within the Indigenous health sector. The College's current strategy builds on the resources available in specific health services and draws on the work of organisations such as the Australian Indigenous Doctors' Association for online training resources, but this work does not take account of the valuable contribution those organisations could make to improving the quality of the program through genuine engagement.

As noted above, the team recommends the College engage health consumers and community members in the training and CPD programs and education planning activities of the College.

The College should consider formal partnerships with, and/or ongoing committee roles for, representatives from Indigenous health organisations. In addition, the College may also wish to consider developing an overarching and comprehensive Reconciliation Action Plan that goes beyond cultural competence to genuine reconciliation and engagement.

The team encourages the College to develop an overarching plan for systematic collaboration with relevant internal and external stakeholder groups on key issues relating to its purpose, training and education functions.

## **1.7 Continuous renewal**

The accreditation standard is as follows:

- The education provider regularly reviews its structures and functions for and resource allocation to training and education functions to meet changing needs and evolving best practice.

### **1.7.1 Team findings**

The College has demonstrated a commitment to adapting its governance, management and program structures in order to meet current and anticipated challenges, such as the evolution of OMS practice, and the need for strong links between program development, implementation, assessment, monitoring and evaluation. The College is in a continuous state of renewal with some education, training and CPD programs in a state of evolution and not fully implemented at the time of the accreditation visit.

The team commends the continuous, cyclical review of the curriculum modules. This process would be strengthened by inclusion of committee members with experience in management of oral and maxillofacial health of the Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand and a practitioner with knowledge/ experience in rural/ remote practice.

#### *Commendations*

- A The College's new constitution, following the change to a company limited by guarantee, is fit for purpose and in keeping with current governance requirements.
- B The priority the College places on its educational role and its resourcing of this function.
- C The inclusion of a trainee on the Board of Studies for OMS.
- D The high level of engagement by the Board of Studies for OMS and its responsiveness to the needs of the training program.
- E The extensive curriculum review with the engagement of external experts.

#### *Conditions to satisfy accreditation standards*

- 1 Review the Reconsideration, Review and Appeals Policy with appropriate legal input to the review and develop a process for evaluating de-identified appeals and complaints to determine if there is a systems problem. (Standard 1.3)
- 2 Develop effective partnerships with organisations and individuals within the Indigenous health sector to ensure that the training program, and its graduates, are having a positive impact on these communities. (Standard 1.6)
- 3 Strengthen College relationships with key external stakeholders such as jurisdictional health departments. (Standard 1.6)

#### *Recommendations for improvement*

- AA In the work of the Educational Governance Working Party, consider the skills and knowledge that can be obtained by engaging related specialties and health professions as well as the community. (Standard 1.1)
- BB That the Board of Studies for OMS engage further educational expertise to assist with future curriculum and assessment development. (Standard 1.4)
- CC Continue to develop the College Learning Management System as a resource for learning and communication, and expand opportunities for online learning. (Standard 1.5)

## **C.2 The outcomes of specialist training and education**

### **2.1 Educational purpose**

The accreditation standards are as follows:

- The education provider has defined its educational purpose which includes setting and promoting high standards of training, education, assessment, professional and medical practice, and continuing professional development, within the context of its community responsibilities.
- The education provider's purpose addresses Aboriginal and Torres Strait Islander peoples of Australia and/or Māori of New Zealand and their health.
- In defining its educational purpose, the education provider has consulted internal and external stakeholders.

#### **2.1.1 Team findings**

The College mission and purpose for the OMS program are set out in section A of this report. These statements are in the submission, but could be more clearly visible on the College website.

The stakeholder consultations undertaken for this accreditation assessment generated agreement that the College sets and promotes high standards of training, education, assessment, professional and medical practice, and continuing professional development. The College's submission demonstrates its ongoing work to maintain these high standards.

The College appears to have good processes for consultation with dental profession stakeholders on its educational and strategic direction. As the only professional college for dentistry, the College is able to draw on the breadth of views of the dental profession in determining its educational purpose and in reviewing the objectives and outcomes of the OMS program. The College also has ongoing links with the university dental schools.

While the College has established links with other specialist medical training organisations, such as its memorandum of understanding with RACS, and engagement through the Network of Medical College Educators, it was less clear that the College's educational purpose had been informed by collegial consultation with these stakeholders, other related professions or jurisdictions.

As noted under section C.1, the College does not involve consumer or community members or Indigenous groups in its educational activities or governance processes. While its purpose and training requirements clearly reference community service needs, the views of the community do not regularly inform the College's thinking on those needs. In addition, whilst the College states its commitment to Aboriginal and Torres Strait Islander peoples of Australia and Māori of New Zealand and their health, the team found that this area needs to be strengthened and recommends the College consider a formal action plan to ensure that it sets goals and actions to be achieved in this area. The AMC would expect that the College purpose explicitly incorporate the needs of Aboriginal or Torres Strait Islander peoples of Australia and Māori people of New Zealand.

### **2.2 and 2.3 Program outcomes and graduate outcomes**

The accreditation standards are:

- The education provider develops and maintains a set of program outcomes for each of its specialist medical programs, including any subspecialty programs that take account of community needs, and medical and health practice. The provider relates its training and education functions to the health care needs of the communities it serves.
- The program outcomes are based on the role of the specialty and/or field of specialty practice and the role of the specialist in the delivery of health care.

- The education provider has defined graduate outcomes for each of its specialist medical programs including any subspecialty programs. These outcomes are based on the field of specialty practice and the specialists' role in the delivery of health care and describe the attributes and competencies required by the specialist in this role. The education provider makes information on graduate outcomes publicly available.

### ***2.2.2 and 2.2.3 Team findings***

The College has clearly defined the OMS program outcomes, program goals and expected competencies. They are clearly stated in the OMS Handbook, which is a comprehensive source of information about the training program.

The College has adapted the seven competencies articulated in Canadian Medical Education Directives for Specialists (CanMEDS) for the OMS program: Medical and Dental Expert; Communicator; Collaborator; Leader; Health Advocate; Scholar; and Professional. The College has high-level competency statements for each of these seven competencies. In addition, two further competencies, Technical Expert and Clinical Decision Maker, have been added. There are no separate high level competency statements for these two additional competencies.

The OMS program modular curriculum provides detailed module-level competencies. As noted above, the College has begun a review of the modular curriculum and the competencies may require amendment as a result. This review presents an opportunity to clarify the high level competencies related to the roles of technical expert and clinical decision maker.

The review of the modular curriculum has a specific focus on ensuring the OMS program adequately reflects advances in techniques and technologies. The College submission outlines areas in which the role of the OMS specialist continues to evolve:

- in responses to advances in techniques and technologies such as in surgical instruments, computer planning for orthognathic surgery, temporomandibular joint reconstruction and reconstruction of defects, and planning and placement of dental implants
- in head and neck tumour teams.

The College also described other developing areas of practice such as Head and Neck Surgery, Paediatric OMS and Craniofacial Surgery. The Board of Studies for OMS has implemented micro-credentialing pathways in Head and Neck Surgery and Craniofacial Surgery. As new areas of subspecialisation develop, the College will need to consider, with jurisdictions, the possible impact of these developments on generalist OMS practice.

The team considers that the OMS program is producing high-quality, technically skilled graduates. As is the case for all providers of specialist programs, there is a challenge in ensuring that the education and training continues to produce graduates prepared for their future specialist practice. As the team has signalled above, the College needs to strengthen its processes for understanding community need. The challenge for the College is to facilitate and lead debates about changing roles, engaging not only the dental and medical profession, OMS fellows and trainees, but also external stakeholders such as the employers of OMS trainees and fellows and community and consumer engagement. Enhanced engagement with jurisdictional health department representatives would help raise the profile of the specialty and continue to strengthen the College's important areas such as workforce planning.

The College's accreditation submission signals that the review of the modular curriculum will look at the resources to support the non-technical competencies and skills. The team agrees that this is timely. While there are high-level competency statements related to the non-technical roles of OMS surgeons, these are less well developed in specific assessment requirements. In the detailed competency statements, non-technical roles generally relate to communicating sensitively and to teamwork. The College also plans to use the review to more clearly delineate in the curriculum the specific teaching and learning resources for cultural competence and safety that are presently distributed across different components of the program and curriculum. The

team agrees the College needs to build Indigenous health and cultural competence education and training explicitly into all aspects of OMS training and education, including the OMS program, and continuing professional development.

*Commendations*

- F The clear definition of educational purpose, OMS program outcomes, program goals and expected competencies.

*Conditions to satisfy accreditation standards*

- 4 Define how the College's educational purpose connects to its community responsibilities. (Standard 2.1)
- 5 Broaden consultation with external stakeholders, including jurisdictions, other related professions, consumers, and the community about the College's educational purpose and the outcomes of the OMS program. (Standard 2.1, 2.2 and 2.3)

*Recommendations for improvement*

- DD Develop competency statements for the roles of Technical Expert and Clinical Decision Maker. (Standard 2.2 and 2.3)

### **C.3 The specialist training and education framework**

#### **3.1 Curriculum framework**

The accreditation standard is:

- For each of its specialist medical programs, the education provider has a framework for the curriculum organised according to the defined program and graduate outcomes. The framework is publicly available.

##### **3.1.1 Team findings**

The College has made significant progress in development and implementation of its OMS curriculum over the period of accreditation of the program. The curriculum has been extensively reviewed by an international expert in OMS education.

The curriculum framework is very clear and logical, and the defined program and graduate outcomes have informed the curriculum.

The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery is publicly available on the College website.

#### **3.2 The content of the curriculum**

The accreditation standards are:

- The curriculum content aligns with all of the specialist medical program and graduate outcomes.
- The curriculum includes the scientific foundations of the specialty to develop skills in evidence-based practice and the scholarly development and maintenance of specialist knowledge.
- The curriculum builds on communication, clinical, diagnostic, management and procedural skills to enable safe patient care.
- The curriculum prepares specialists to protect and advance the health and wellbeing of individuals through patient-centred and goal-orientated care. This practice advances the

wellbeing of communities and populations, and demonstrates recognition of the shared role of the patient/carer in clinical decision-making.

- The curriculum prepares specialists for their ongoing roles as professionals and leaders.
- The curriculum prepares specialists to contribute to the effectiveness and efficiency of the health care system, through knowledge and understanding of the issues associated with the delivery of safe, high-quality and cost-effective health care across a range of health settings within the Australian and/or New Zealand health systems.
- The curriculum prepares specialists for the role of teacher and supervisor of students, junior medical staff, trainees, and other health professionals.
- The curriculum includes formal learning about research methodology, critical appraisal of literature, scientific data and evidence-based practice, so that all trainees are research literate. The program encourages trainees to participate in research. Appropriate candidates can enter research training during specialist medical training and receive appropriate credit towards completion of specialist training.
- The curriculum develops a substantive understanding of Aboriginal and Torres Strait Islander health, history and cultures in Australia and Māori health, history and cultures in New Zealand as relevant to the specialty(s).
- The curriculum develops an understanding of the relationship between culture and health. Specialists are expected to be aware of their own cultural values and beliefs, and to be able to interact with people in a manner appropriate to that person's culture.
- Additional MCNZ criteria: Cultural Competence: The Training Programme should demonstrate that the education provider has respect for cultural competence and identifies formal components of the training programme that contribute to the cultural competence of trainees.

### **3.2.1 Team findings**

As noted in Section A of this report, the OMS curriculum is modular. For each module, the learning opportunities, methods and resources, and the competencies for the module, set at three levels, are clearly described. The College is commended for commissioning an external review of the curriculum.

The curriculum content aligns well with both the OMS program and expected graduate outcomes. This alignment is demonstrated in the curriculum map, which is publicly available in the OMS Handbook.

The team has outlined specific areas for review below, rather than reporting in detail on every aspect of the curricula content.

Whilst the structure of the curriculum is clear, and the progress of trainees through the program is well defined, the design of the curriculum and the assessment requirements means that it is possible for trainees to be required to interrupt their training if they are unsuccessful in examinations. This is especially difficult for those first year trainees who do not pass the SST and have to mark time before re-entering in second year. There are other ways to prevent the discontinuity and the College is encouraged to consider its options. The possible change to the timing of the SST examination to enable completion pre training would be a positive move as long as the College ensures it retains educational oversight of the preparation for this exam by prospective trainees.

The approach to the curriculum involves the 'front-loading' of the scientific foundations of surgery in general, and of some aspects of OMS, in the first part of OMS-1. The requirement to complete the SST in OMS-1 of the training program means that this is the major focus of first year. As this is a hurdle that must be completed to move into OMS-2, trainees concentrate on this rather

than beginning to acquire other skills (especially procedural). A more integrated approach to combining the scientific foundations of OMS with the clinical skills may improve this situation. The proposal to enable prospective trainees to complete the SST before entering training seems to have general support from both trainees and supervisors. However, this would effectively remove some of the scientific foundations from the curriculum as it would be unfair to expect those who have not entered the program to have the same level of insight into OMS specific content as those who are in training. If the College pursues this change, the College needs to ensure that the SST is suitably generic, as well as paying attention to the integration of scientific foundations of OMS with the rest of the curriculum.

The scientific and technical aspects of OMS training are very well covered in the curriculum.

There does appear to be a mismatch between availability of training in dental implants, which is generally lacking in the public hospitals, and the large proportion of this work in private practice after completion of training. The College does need to find innovative solutions to this problem, as it is likely that this area of work will continue to increase as the population ages and it is important that the training program continues to meet the needs of the community.

In its accreditation submission, the College indicates that it is considering additional training resources to support the development of non-technical skills. Under the role of Leader, the College has identified competencies related to contributing to the effectiveness and efficiency of the healthcare system, and to stewardship of health care resources. The curriculum map identifies modules where related teaching and learning is expected. In the review of the modules, the College should consider a more proactive approach to teaching and learning in this area. Currently, the specific competencies relate to understanding processes in and the funding and administration of the employing hospital and health department, which might be acquired through the hospital's own training rather than more active engagement in these issues as an OMS trainee.

The requirement to complete a significant research project is an important part of the curriculum. In general, trainees are well supported in their endeavours to identify an area of research interest, and can access sufficient support to complete the project. It is laudable that a proportion of trainees satisfy this requirement by completing a higher degree by research. Other trainees prepare a paper for publication. A minority of trainees expressed concerns about the timeliness of the College's response to submitted research proposals, which in some cases may have delayed trainees in starting their projects.

Training resources addressing the issues of diversity and cultural competence are available, but these need to be embedded in the curriculum. From discussions with trainees, the team gained the impression that it is the hospitals in which trainees work rather than the OMS program requirements that mandate training in cultural competence and safety. It is also unclear how the College assesses trainees' skills in cultural competence and safety. This has the potential to diminish the importance of these aspects of the curriculum.

From the team's discussions with trainees it is clear that some clinical attachments provide quite varied clinical experiences and training. For example, in New Zealand the three different training sites of Auckland, Hamilton and Christchurch all have different strengths and weaknesses. Trainees who rotate through all three can acquire a broad range of experiences. This also seems to be the case in other regions of Australia. However, it is unclear how easy it is for trainees to dictate where they go for training, and the relatively small numbers of trainees and training sites does mean that there is limited flexibility. Trainees who have specific training needs will often choose to complete an overseas fellowship before entering specialist practice if they feel they need to acquire specific skills.



### **3.3 Continuum of training, education and practice**

The accreditation standards are:

- There is evidence of purposeful curriculum design, which demonstrates horizontal and vertical integration, and articulation with prior and subsequent phases of training and practice, including continuing professional development.
- The specialist medical program allows for recognition of prior learning and appropriate credit towards completion of the program.

#### **3.3.1 Team findings**

There is certainly evidence that the College has devoted resources to the development and review of the curriculum and it does have features of both horizontal and vertical integration.

From 2011, all trainees entering the program have completed both their primary medical program and their primary dental program. The SST requirement ensures that there is some articulation with prior surgical training, and the two previous professional degrees.

Trainees may request recognition of prior learning on the basis of completion of relevant assessments, the RACDS Primary Examination or the RACS Generic Surgical Science Examination, can apply for exemption from the College SST Examination. There have been no applications for this form of recognition of prior learning in the past three years.

There is no other recognition of prior learning which would enable a trainee to reduce the length of time taken to complete the training program.

The fact that all those entering the program have already completed two professional qualifications in medicine and dentistry, and the various ways in which CPD requirements are satisfied, does make for some difficulty articulating the OMS program with the lifelong learning expected of graduates. This is further addressed under standard 9.

Some OMS trainees undertake further training in defined areas of surgical competence by completing a fellowship which may often be overseas. There is no specific articulation with training that occurs after completion of the FRACDS(OMS) qualification.

### **3.4 Flexible training and recognition of prior learning**

The accreditation standards are:

- The curriculum articulates what is expected of trainees at each stage of the specialist medical program.
- The duration of the specialist medical program relates to the optimal time required to achieve the program and graduate outcomes. The duration is able to be altered in a flexible manner according to the trainee's ability to achieve those outcomes.
- The specialist medical program allows for part-time, interrupted and other flexible forms of training.
- The specialist medical program provides flexibility for trainees to pursue studies of choice that promote breadth and diversity of experience, consistent with the defined outcomes.

#### **3.4.1 Team findings**

The four-year OMS program and its curriculum is designed to ensure that the program and graduate outcomes can be achieved, and the duration does appear to be sufficient to ensure that most trainees complete in the specified time.

The team has some concerns about the structure of the training program, especially the way in which some trainees are required to interrupt their training if unsuccessful at their first attempt

at the SST. There is a significant failure rate for this assessment and this approach means that those trainees who have already made major commitments to their chosen career path (by completing two professional degrees and overcoming the hurdle of the national selection process), must leave the training program and 'mark time' for a year before re-attempting the SST. During this time, trainees occupy an unaccredited position.

Whilst the College has policies for flexible and interrupted training, trainees rarely access them. There is a clear policy on part-time training but the College gave no examples to the team of implementation of this policy. Both trainees and supervisors appeared not to accept this option. The current and likely future gender distribution of prospective trainees makes this a vital factor in attracting high-quality applicants to OMS.

#### *Commendations*

- G The OMS curriculum is well organised and the College has kept it up to date and fit for purpose, using external review to ensure continuous improvement of the curriculum.
- H The research component of the curriculum ensures that a large proportion of the trainees either obtain a higher degree or publish a scientific paper as part of their training.

#### *Conditions to satisfy accreditation standards*

- 6 Develop explicit learning outcomes in cultural competence and Indigenous health and embed in the curriculum Aboriginal and Torres Strait Islander and Maori health, history and cultures to clearly demonstrate how trainees will acquire a substantive understanding, and link these requirements to learning resources and assessment. (Standard 3.2.9 and 3.2.10)

#### *Recommendations for improvement*

- EE Address the current arrangement by which trainees who do not complete the SST at first attempt must interrupt their training. If the College decides to allow trainees to complete this assessment prior to entering the OMS program, it would be important for the College to maintain its influence on the curriculum and ensure that it is appropriate for those who have not yet entered the training program. (Standard 3.2)
- FF Explore ways to improve trainees' access to a wider range of surgical experiences, especially in the field of dental implants. (Standard 3.2)
- GG Take a more proactive approach to embedding in the curriculum teaching and learning related to contributing to the effectiveness and efficiency of the healthcare system, and to stewardship of health care resources. (Standard 3.2)
- HH Promote and market part-time and interrupted training opportunities in a way that ensures that all prospective trainees are encouraged into the OMS program. (Standard 3.4)

## **C.4 Teaching and learning**

### **4.1 Teaching and learning approach**

The accreditation standards are:

- The specialist medical program employs a range of teaching and learning approaches, mapped to the curriculum content to meet the program and graduate outcomes.

#### **4.1.1 Team findings**

The OMS Handbook clearly outlines the content of the curriculum and how, where and when learning and teaching should occur. There are generally ample opportunities for trainees to obtain both formal and informal feedback. Teaching aims and objectives are clearly mapped to program outcomes, which aim towards comprehensive, safe, independent practice.

#### **4.2 Teaching and learning methods**

The accreditation standards are:

- The training is practice-based, involving the trainees' personal participation in appropriate aspects of health service, including supervised direct patient care, where relevant.
- The specialist medical program includes appropriate adjuncts to learning in a clinical setting.
- The specialist medical program encourages trainee learning through a range of teaching and learning methods including, but not limited to: self-directed learning; peer-to-peer learning; role modelling; and working with interdisciplinary and interprofessional teams.
- The training and education process facilitates trainees' development of an increasing degree of independent responsibility as skills, knowledge and experience grow.

#### **4.2.1 Team findings**

The team confirmed that trainees have access to a wide range of teaching and learning opportunities. The OMS Handbook clearly outlines teaching and learning resources, and supervisors and trainees find it useful in guiding trainees in their learning.

OMS training is largely based in clinical practice, with increasing levels of independence as trainees progress from observer, to assistant under supervision, to performing operations on their own. Trainees are required to maintain logbooks to demonstrate their clinical experience. The OMS Handbook contains clear guidance on the completion of logbooks. The College has recently amended the operation categories in the logbook to reflect new technologies and adjunctive procedures. Trainee logbooks are reviewed every six months by the Director of Training, and are audited by the Training Committee.

The Training Committee uses this logbook audit to identify and address variations in the scope of clinical training experience across training centres, and Regional Surgical Committees are active in ensuring that OMS trainees acquire the surgical experiences required. Clinical and surgical supervision is of a high standard and supervisors are readily accessible. Trainees rotate through a variety of posts that provide exposure to the various curriculum modules, as well a variety of trainers and supervisors. There is a strong culture within the OMS training centres that values teaching and learning, with consultants sharing their time and knowledge freely, well beyond the requirements of their paid positions. Teaching is well planned and structured and facilitates learning that progresses from a strong basic foundation with increasing complexity and responsibility. There is a mix of didactic teaching, prescribed and optional courses, peer-to-peer learning and journal clubs.

The College augments the courses provided through its relationships with RACS, which provide trainees with access to mandated courses targeted at technical skills: Care of the Critically Ill Surgical Patient, Early Management of Severe Trauma and Australia and New Zealand Surgical Skills Education and Training. The College provides some additional courses, and trainees can also access other RACS courses related to non-technical skills such as Training in Professional Skills (TIPS).

Nevertheless, access to formal teaching programs and resources appears to vary from region to region. In the AMC survey of OMS trainees in preparation for this accreditation, 10% or more of trainees who responded expressed dissatisfaction with the amount, quality, relevance and accessibility of available courses, with another 10 per cent responding Neutral on these

questions. The College is encouraged to continue to develop its own resources and facilitate access to other resources, and to provide for comparable education experience irrespective of the trainee's location. The development of e-learning resources would be beneficial for all, as would more national training days.

#### *Commendations*

- I The roles and responsibilities of the Regional Surgical Committees in ensuring that trainees acquire the surgical experiences required.
- J The clear definition of teaching and learning opportunities in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery.

#### *Conditions to satisfy accreditation standards*

Nil

#### *Recommendations for improvement*

- II Continue to develop the College's own resources and access to other resources, to provide for comparable education experience irrespective of the trainee's location.

## **C.5 Assessment of learning**

### **5.1 Assessment approach**

The accreditation standards are:

- The education provider has a program of assessment aligned to the outcomes and curriculum of the specialist medical program which enables progressive judgements to be made about trainees' preparedness for specialist practice.
- The education provider clearly documents its assessment and completion requirements. All documents explaining these requirements are accessible to all staff, supervisors and trainees.
- The education provider has policies relating to special consideration in assessment.

#### **5.1.1 Team findings**

Assessment occurs throughout the program and is generally well aligned to the outcomes and to the curriculum. A combination of formative and summative methods is used, and there is considerable workplace-based assessment which continues throughout the program. The assessment requirements, their timing, and their connection with progress through the training program, are clearly articulated in the OMS Handbook.

Team members were able to observe the conduct of the Surgical Science & Training Examination (SST) and spoke to a large number of trainees about their experiences with all forms of assessment including the SST, Final exam and work-placed based assessment. It is clear that trainees understand the assessment requirements and can prepare for the summative assessments, although there is some evidence that trainees would like more opportunities to prepare for this important hurdle.

A specific area raised in trainee and supervisor feedback to the team was the availability of preparation courses related to the SST. While the College has recently introduced an SST preparation course, which is available annually, a majority of trainees who responded to the AMC survey of trainees felt there were insufficient preparatory activities, and some supervisors indicated that they were not well prepared to assist trainees' preparation. The challenge of supporting trainees' preparation would be increased if the College proceed to move the SST exam from First Year (OMS-1) to a pre-entry examination. The College needs to consider how it will

support prospective trainees to prepare for the SST exam if the College changes the timing of this exam.

The intent of the special considerations policy is very clear although the team's discussions with representatives of the OMS program indicated that it has been used infrequently. However, examples given to the team showed the application of the policy in a number of situations including health-related issues and also cultural considerations involving religious observances. These examples demonstrated that trainees were able to access special considerations and that the College takes special needs of trainees into account in applying the policy.

Specific assessment of cultural competency would be a welcome enhancement, and should link to the development of specific cultural competence learning outcomes.

## **5.2 Assessment methods**

The accreditation standards are:

- The assessment program contains a range of methods that are fit for purpose and include assessment of trainee performance in the workplace.
- The education provider has a blueprint to guide assessment through each stage of the specialist medical program.
- The education provider uses valid methods of standard setting for determining passing scores.

### **5.2.1 Team findings**

The assessment methods are generally fit for purpose in that they contain a mix of formative and summative assessments, as well as workplace-based assessments designed to progressively assess clinical competency throughout the program and which is aligned to the level of the trainee. The SST is clearly aimed at the first-year trainee and contains a large amount of generic surgical content, with some anatomical content which is more specific to the specialty. The Final exam is clearly aimed at determining competence to enter specialist practice as an oral and maxillofacial surgeon. The research requirement ensures that each trainee has achieved a degree of research literacy.

Some aspects of assessment require further work to improve the quality to an acceptable standard. These include blueprinting, standard-setting and calibration of examiner performance to ensure accuracy and reliability. Whilst the accreditation team was only able to observe one set of summative examinations (the SST), the approach used in this summative assessment needs some adjustment to bring the College into line with modern assessment standards. There should be a structured approach to blueprinting the exam to the curriculum so that candidates have a clear idea of the likely content and the relative importance of different aspects of the curriculum.

There must be a defensible approach to standard-setting using a valid method to determine the passing score. At present, it does not appear that any formal standard-setting process is used. For the SST both the MCQ and SAQ papers have pass marks which are agreed in advance and do not seem to take into account the range of questions or the expected minimum-passing standard. Indeed, the pass mark for the MCQ paper has recently changed from 50 to 60% without any obvious justification for this.

There should also be a detailed marking rubric for each question (SAQ and clinical vivas or OSCEs), which is criterion-referenced where possible, such that each final score can be defended based on a clear understanding of what the passing standard should be. The closed marking system used for the OSCE gives little flexibility to examiners to objectively assess performance, which would make it difficult to defend a challenge to a score given for any individual station.

The team understands that these changes will require some educational resources, which could be provided in-house or by external consultants. However, these are necessary to ensure that these accreditation standards are met.

### **5.3 Performance feedback**

The accreditation standards are:

- The education provider facilitates regular and timely feedback to trainees on performance to guide learning.
- The education provider informs its supervisors of the assessment performance of the trainees for whom they are responsible.
- The education provider has processes for early identification of trainees who are not meeting the outcomes of the specialist medical program and implements appropriate measures in response.
- The education provider has procedures to inform employers and, where appropriate, the regulators, where patient safety concerns arise in assessment.

#### **5.3.1 Team findings**

Feedback to trainees takes place throughout the program and is both informal and formal. Formal feedback occurs in a confidential meeting every three months between the trainee and the training supervisor. There is a six-monthly formative assessment that takes into account the views of all specialists that the trainee has worked with.

In general, trainees appear to receive regular and constructive feedback from their training supervisors and other specialists involved with their training. Trainees indicated to the team that the process for regular formative feedback on performance was satisfactory.

It appears that supervisors will always be well informed about their trainees' performance. There are adequate processes in place for the early identification of trainees whose performance is of concern.

Feedback to trainees after summative assessment (examinations) appears to be timely, comprehensive and supportive and for this the College is to be commended, as it is a vital part of assessment. However, not all trainees felt that the feedback they received was appropriate with over 50% of those responding to the survey demonstrating some level of dissatisfaction.

There are effective processes in place for the early identification of OMS trainees whose performance is causing concern and for escalating concerns about an individual trainee's performance to the Director of Training, the Regional Surgical Committee and finally the Training Committee.

In 2015, the College introduced a new policy, OMS Trainees Requiring Assistance to assist Directors of Training and supervisors to identify trainees requiring assistance early and to implement effective support systems for them. The policy comprehensively describes the role of College office bearers in identifying and supporting trainees, and the ways in which College officers work with and notify health services of their concerns. Approaches to addressing patient safety concerns are clearly defined. This policy does not supersede mandatory reporting requirements and does not address the management of matters or behaviours that are defined as 'notifiable conduct' under legislation.

The College advises that it has not had to apply this policy, but in discussions with the team, College officers outlined comprehensive processes to respond to concerns about a trainees' performance before the implementation of the policy.

## 5.4 Assessment quality

The accreditation standards are:

- The education provider regularly reviews the quality, consistency and fairness of assessment methods, their educational impact and their feasibility. The provider introduces new methods where required.
- The education provider maintains comparability in the scope and application of the assessment practices and standards across its training sites.

### 5.4.1 Team findings

The Examination Committee of the OMS Board is responsible for the standard, structure and marking schemes of both the SST and the final examination, as well as the conduct of the examinations. It is unclear how this committee formally assesses the quality of each exam.

In relation to comparability across training sites, the College conducts all of the summative assessments (SST and Final Exam) centrally so there is consistency in the approach to both assessment practices and standards. For workplace-based assessments there is some scope for variation but standard approaches and methods are used. As discussed elsewhere there is scope for variation between sites in access to clinical training in specific areas and this may be reflected in assessment of individual trainees.

Dr Wendy Pryor's external review of assessment in mid-2013 identified some strengths and weaknesses of the assessment processes at that time. In particular, it is noted that 'issues of reliability and standard-setting with respect to formal examinations have been highlighted in this report'. It is unclear what action, if any, the College has taken about this specific point.

Overall, the team was highly impressed by the dedication shown to the assessment of trainees by a committed group of specialists who were keen to see the standards of the training program maintained. In particular, the conduct of the observed SST examinations was very professional and collegial, and examiners were highly diligent in their approach to their tasks, as well as ensuring that trainees felt at ease during the process. The comments under 5.3 reflect some concerns about the lack of rigour in terms of blueprinting and standard setting, and this has the potential to impact on the quality, consistency and fairness of the assessment methods used. The provider is strongly encouraged to engage with an educational expert to provide advice on how to bring their assessment processes into line with the expected standards.

#### *Commendations*

- K The diligence shown by those involved in the assessments and the collegial nature in which the SST examination was conducted.

#### *Conditions to satisfy accreditation standards*

- 7 Demonstrate how the assessments are blueprinted against the curriculum, ensuring that the content of the examinations is representative of the curriculum content. (Standard 5.4)
- 8 Introduce and evaluate valid methods of standard setting for all forms of assessment. (Standard 5.4)

#### *Recommendations for improvement*

- JJ Provide a complete set of marking rubrics for all stages of assessment and all forms of assessment so that the marks given are defensible and based on a clear analysis of candidate performance against the expected response. (Standard 5.4)

KK	Develop a more formal process of regular review of assessment quality by the Examinations Committee to ensure that there is consistency from year to year in the standards required of trainees, and that each examination is reliable and fair. (Standard 5.4)
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## **C.6 Monitoring and evaluation**

### **6.1 Monitoring**

The accreditation standards are:

- The education provider regularly reviews its training and education programs. Its review processes address curriculum content, teaching and learning, supervision, assessment and trainee progress.
- Supervisors contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses supervisor feedback in the monitoring process.
- Trainees contribute to monitoring and to program development. The education provider systematically seeks, analyses and uses their confidential feedback on the quality of supervision, training and clinical experience in the monitoring process. Trainee feedback is specifically sought on proposed changes to the specialist medical program to ensure that existing trainees are not unfairly disadvantaged by such changes.

#### **6.1.1 Team findings**

There is a clear governance structure for the review and monitoring of the OMS program, and the Board of Studies for OMS has responsibility for this activity.

The College has undertaken a number of evaluations of the OMS program since the last accreditation assessment, focused on independent reviews with external expert input. These have reviewed the curriculum, assessment and trainee selection or the program. This activity is commendable.

In addition, the College has run a Clinical Learning Environment Survey of trainees, new fellows and all OMS consultants involved in the training program. In 2015, it also introduced two surveys: one for confidential feedback from trainees and one surveying new fellows who graduated from the program in the previous year. Responses are reviewed by the College Registrar (OMS) and the OMS Education Officer to ensure confidentiality, and any major issues identified at a particular training site are followed up by the Registrar (OMS). The Board of Studies for OMS receives a report on responses with de-identified data together with recommendations or suggestions made by respondents to improve the training experience. The College's accreditation submission provides examples of the College's actions in response to this feedback. Nevertheless, the AMC survey of trainees suggested that the College should do more to inform trainees of how it responds to trainee feedback. It may be that trainees are still not clear about how the feedback loop is closed as the College surveys are relatively new. The new OMS Trainees Committee will provide additional opportunities for input from the trainees as a whole.

The College is commended on the development of the surveys for newly qualified fellows, and the team encourages the continued collection of data from this group despite the low response rates to date. A system needs to be developed to ensure that such surveys become routine and higher rates of return achieved.

While the College continues to undertake a number of regular reviews of elements of the OMS program, it is not yet bringing this work together in an evaluation framework. The College does not have an overarching approach to evaluation and should develop a framework against which its training and educational processes and the OMS program outcomes are evaluated.



## **6.2 Evaluation**

The accreditation standards are:

- The education provider develops standards against which its program and graduate outcomes are evaluated. These program and graduate outcomes incorporate the needs of both graduates and stakeholders and reflect community needs, and medical and health practice.
- The education provider collects, maintains and analyses both qualitative and quantitative data on its program and graduate outcomes.
- Stakeholders contribute to evaluation of program and graduate outcomes.

### **6.2.1 Team findings**

As described earlier in this report, the OMS program uses a modified version of the CanMEDs competencies. These provide the standards against which the College evaluates the OMS program and graduate outcomes.

The Board of Studies for OMS and its Education Committee maintain an ongoing review of the curriculum, and the program and graduate outcomes. In addition, in 2014 the Board undertook an international review of the curriculum and program, and the Education Committee has commenced an internal review of the curriculum and program outcomes, in particular to ensure the program adequately reflects advances in practice and technology.

The College has not yet developed processes for seeking external stakeholder input to review of the OMS program and as reported earlier, has limited external input to its committees and governance structures. Jurisdictions, other related health professionals and community members could all contribute to the College's understanding of community needs for OMS practice.

## **6.3 Feedback, reporting and action**

The accreditation standards are:

- The education provider reports the results of monitoring and evaluation through its governance and administrative structures.
- The education provider makes evaluation results available to stakeholders with an interest in program and graduate outcomes, and considers their views in continuous renewal of its program(s).
- The education provider manages concerns about, or risks to, the quality of any aspect of its training and education programs effectively and in a timely manner.

### **6.3.1 Team findings**

Currently, the results of monitoring and evaluations of the OMS program are reported through the governance and administrative structures.

The Board of Studies for OMS reports on review and evaluation activities to the specialty society, ANZAOMS, as a key stakeholder and to the wider dental profession via the RACDS *College News* and *Yearbook*. Both publications are on the College website.

As it enhances communication and engagement with external stakeholders, the College should also report the results of monitoring and evaluation to external stakeholders.

The College should also make results available to those who provided feedback.

As the OMS program is a small program, the Board of Studies for OMS is able to have a good understanding of risks arising about the program and to take early action to manage concerns or risks.

### *Commendations*

- L The evaluations of the OMS program, assessment and trainee selection, and the survey of trainees and newly qualified fellows undertaken since the last accreditation assessment.

### *Conditions to satisfy accreditation standards*

- 9 Develop an overarching framework for monitoring and evaluation, which includes all training and educational processes as well as program and graduate outcomes. (Standard 6.1, 6.2 and 6.3)
- 10 Develop formal consultation methods and regularly collect feedback on the OMS program from other health professionals, healthcare administrators, and consumer and community representatives. (Standard 6.2.3)

### *Recommendations for improvement*

- LL Institute a process for continued routine collection of feedback from newly qualified fellows. (Standard 6.2)

## **C.7 Issues relating to trainees**

### **7.1 Admission policy and selection**

The accreditation standards are:

- The education provider has clear, documented selection policies and principles that can be implemented and sustained in practice. The policies and principles support merit-based selection, can be consistently applied and prevent discrimination and bias.
- The processes for selection into the specialist medical program:
  - use the published criteria and weightings (if relevant) based on the education provider's selection principles
  - are evaluated with respect to validity, reliability and feasibility
  - are transparent, rigorous and fair
  - are capable of standing up to external scrutiny
  - include a process for formal review of decisions in relation to selection which is outlined to candidates prior to the selection process.
- The education provider supports increased recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees.
- The education provider publishes the mandatory requirements of the specialist medical program, such as periods of rural training, and/or for rotation through a range of training sites so that trainees are aware of these requirements prior to selection. The criteria and process for seeking exemption from such requirements are made clear.
- The education provider monitors the consistent application of selection policies across training sites and/or regions.

#### **7.1.1 Team findings**

Since the last accreditation assessment, the College has moved to a binational selection process for the OMS program. The College indicates that this change is both for practical reasons and to ensure consistency across training centres.

The core elements of the selection process are curriculum vitae, professional performance appraisal, and interview. The weightings of these elements are set out in the OMS Handbook. The College should consider improving the transparency of the selection process by providing more information to prospective trainees about the aspects of their CV which are scored by the panel as it does appear that this information is not available to all.

Consistent application of the selection policies is assured through the binational process, and through the Directors of Training for each of the training centres coming together at the end of the selection process to assign ranked applicants to training centres based on availability of positions and applicant preferences.

Overall, the team considers this to be a clear and well-documented selection policy, which supports merit-based selection. There is excellent engagement of OMS fellows in the selection process. The Selection Committee reviews the process every year on completion of the process.

There have been no applicants (so far as is known) who identify as Aboriginal, Torres Strait Islander, or Māori, and at present there does not appear to be any clear strategy to support recruitment and/or selection of Indigenous trainees. Although the pool of potential applicants with both medical and dental degrees is likely to be small, the College should develop strategies to encourage interested qualified applicants. An example of this would be additional points scored from the CV assessment for those who identify as Indigenous. By enhancing its engagement with relevant Indigenous stakeholders, the College would be better placed to promote the program to potential Indigenous trainees.

The Medical Training and Review Panel Report for 2016 indicates that in 2015 women constituted 17.9% of the OMS trainees. While the length of training and the lack of part-time training opportunities may impede women applicants, the team recommends that the College also consider whether there are any structural impediments to women applying and being selected for the OMS program. For example, de-identification of applications is used in some programs to avoid selection bias such as unconscious bias on the basis of gender or ethnicity.

## **7.2 Trainee participation in education provider governance**

The accreditation standards are:

- The education provider has formal processes and structures that facilitate and support the involvement of trainees in the governance of their training.

### **7.2.1 Team findings**

The establishment of an OMS Trainees Committee with representation from all the training centres is a positive step. The Committee meets by teleconference, and it appears to have adequate support for its current role. The Committee is still relatively new, and its role is likely to expand over time, which may increase the need for resources. Occasional face-to-face meetings of the Committee would be useful as it develops. To promote the role of the Trainees Committee further, the team recommends the College ask the Trainees Committee to develop a short description of the Committee, which is then published in the OMS Handbook.

Trainees are also involved in the governance of the program, through trainees appointed as members of the Board of Studies for OMS, Education Committee and the Continuing Professional Development Committee. With the establishment of the Trainees Committee, the trainees elected to this committee now represent trainees on their respective Regional Surgical Committees. The OMS Handbook still shows the trainee member of the Regional Surgical Committees as being appointed by the RSC itself, and this should be corrected.

The Board of Studies chooses the trainee member of the Board from three names put forward by the Trainees Committee. According to the College's submission, this person is the chair of the Trainees Committee.

The College expects new OMS trainees to attend the Induction Day Program at the start of the training year. This provides an opportunity for new trainees to meet representatives of the Board of Studies, Registrar OMS and College OMS staff, as well as the trainee member of the Board and various College committees. This should assist trainees to understand the governance structures.

### **7.3 Communication with trainees**

The accreditation standards are:

- The education provider has mechanisms to inform trainees in a timely manner about the activities of its decision-making structures, in addition to communication from the trainee organisation or trainee representatives.
- The education provider provides clear and easily accessible information about the specialist medical program(s), costs and requirements, and any proposed changes.
- The education provider provides timely and correct information to trainees about their training status to facilitate their progress through training requirements.

#### **7.3.1 Team findings**

The OMS Handbook provides comprehensive information about the requirements of the training program. In feedback to the team, trainees generally indicated College communication was at a satisfactory level through the various publications and personal email.

There also appears to be good communication between the trainees and the supervisors, Regional Surgical Committees and Directors of Training, so that trainees are very clear about their progress through the training program.

From the survey of trainees that the AMC undertook in preparation for this accreditation and in the team's discussion during the site visits, the team identified that trainees would like better feedback on how the College considers trainee views in decision making relating to the structure and content of the training program.

While communication to trainees about program requirements is generally well managed, some trainees are isolated due to the small number of trainees and some smaller training units, and greater interaction between the training sites was suggested, including face-to-face interaction between trainees.

### **7.4 Trainee wellbeing**

The accreditation standards are:

- The education provider promotes strategies to enable a supportive learning environment.
- The education provider collaborates with other stakeholders, especially employers, to identify and support trainees who are experiencing personal and/or professional difficulties that may affect their training. It publishes information on the services available.

#### **7.4.1 Team findings**

The College has a number of approaches to ensuring a supportive learning environment exists within the College's own practices and in the accredited training centres. In June 2016, the College implemented a Bullying, Harassment and Discrimination Policy that applies to training, examination, meeting and education sites in public and private settings, and to electronic communications concerning members of the College community. As noted earlier in this report, the College also has a policy, OMS Trainees Requiring Assistance, which sets out the approach to identify early and support trainees who might be experiencing personal and/or professional difficulties affecting their training progress. These policies are in the OMS Handbook and so are available to trainees and fellows.

One element of the OMS program which provides trainees with confidential support is the College mentorship program. The current program was established following the 2013 Clinical Learning Environment Survey, which established that there would be trainee support for a formal scheme.

The College relationship with and expectations of health services with accredited training posts are set out in Standards and Criteria for OMS (SCOMS) – Accreditation of Regional Training Centres, Hospitals and Posts. Standard 6 of SCOMS requires that: *‘Institutions must support the OMS training program by demonstrating a culture that supports a commitment to education, training, learning and wellbeing of trainees’*. This includes safe hours of practice, appropriate terms and conditions of service, and readily accessible HR services, including counselling, if required. In addition, the policy OMS Trainees Requiring Assistance incorporates expectations that employers have appropriate infrastructure and resources to support trainees in their employment and training needs, and that management of a trainee who is experiencing difficulty will occur in consultation as appropriate with the Head of Unit/Department.

While these approaches provide the appropriate structures, it is unclear if trainees are willing to speak up to identify where policies are not being met. This is an area in which the OMS Trainees Committee itself, in collaboration with trainees in general, could advise the College on whether its approaches to monitoring and improving the provision of a supportive learning environment are successful.

## **7.5 Resolution of training problems and disputes**

The accreditation standards are:

- The education provider supports trainees in addressing problems with training supervision and requirements, and other professional issues. The education provider’s processes are transparent and timely, and safe and confidential for trainees.
- The education provider has clear impartial pathways for timely resolution of professional and/or training-related disputes between trainees and supervisors or trainees and the education provider.

### **7.5.1 Team findings**

As noted above, the College has a number of policies that relate to support for trainees who might be experiencing problems in relation to training supervision or requirements, and other professional issues, including the Bullying, Harassment and Discrimination Policy and OMS Trainees Requiring Assistance.

The College recognises that the small trainee cohort means that trainees commenting or raising concerns may be readily identified. The College has mechanisms that bypass trainees’ supervisory arrangements so trainees can raise concerns via the Registrar (OMS), who is a College Officer independent of the Board of Studies for OMS.

In its accreditation submission, the College indicated that it was interested in exploring a trainees’ statement of understanding, similar to that developed by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. It is intended the statement would specify the rights and responsibilities of trainees and the expectations of the College in relation to the training program, including avenues to raise issues of concern about any aspect of training and assessment.

The College could use the OMS Trainees Committee to inform them of whether the current mechanisms are effective for trainees, and to continue to improve mechanisms for timely resolution of training related disputes, including the possible development of a trainees’ statement of understanding.

### *Commendations*

Nil

### *Conditions to satisfy accreditation standards*

- 11 Develop strategies to support recruitment and selection of Aboriginal and Torres Strait Islander and/or Māori trainees in the OMS program. (Standard 7.1.3)
- 12 Ensure there are effective mechanisms for trainees to raise issues and safely resolve disputes during training without jeopardising their ongoing participation in the training program. (Standard 7.5)

### *Recommendations for improvement*

- MM Consider whether there are structural impediments to female applicants for, and selection into the OMS program. (Standard 7.1)
- NN Correct the description of the pathway for appointment of trainees to Regional Surgical Committees in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery. (Standard 7.2)
- OO Strengthen College feedback to trainees on how the College has used trainees' views to inform decision-making relating to the structure and content of the training program. (Standard 7.2)
- PP Promote the role of the Trainees Committee by:
  - publishing material about it in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery. (Standard 7.2 and 7.3)
  - seeking the Trainees Committee's assistance to review and improve the provision of a supportive learning environment, and to facilitate the timely resolution of training-related disputes. (Standard 7.3 and 7.5)

## **C.8 Delivery of education and accreditation of training sites**

### **8.1 Supervisory and educational roles**

The accreditation standards are:

- The education provider ensures that there is an effective system of clinical supervision to support trainees to achieve the program and graduate outcomes.
- The education provider has defined the responsibilities of hospital and community practitioners who contribute to the delivery of the specialist medical program and the responsibilities of the education provider to these practitioners. It communicates its program and graduate outcomes to these practitioners.
- The education provider selects supervisors who have demonstrated appropriate capability for this role. It facilitates the training, support and professional development of supervisors.
- The education provider routinely evaluates supervisor effectiveness including feedback from trainees.
- The education provider selects assessors in written, oral and performance-based assessments who have demonstrated appropriate capabilities for this role. It provides training, support and professional development opportunities relevant to this educational role.

- The education provider routinely evaluates the effectiveness of its assessors including feedback from trainees.

### **8.1.1 Team findings**

The roles, responsibilities and reporting relationships of the Regional Surgical Committee, the Director of Training, Supervisors and Visiting Medical Officers for clinical supervision, teaching and assessment are clearly set out in the OMS Handbook.

The governance structure, involving training supervisors, the Regional Surgical Committees and Directors of Training, is fit for purpose, although it is highly dependent on the good will and the work of many busy College fellows. Due to the small size of the training program, there is little opportunity to select training supervisors, but the College has provided support and training to those who are prepared to volunteer.

Trainees largely reported to the team that the supervisors of training are accessible, supportive and helpful. Clinical supervision within the training sites is generally of a very high standard and trainees feel well supported in their goals of achieving surgical competence.

The College accreditation submission states that the College has not developed a formal quality assurance process for clinical supervision. The OMS program does use some existing processes, such as the trainee feedback survey, and training post accreditation for this purpose. Given the small number of trainees, there may be reticence on the part of trainees to provide negative feedback despite the anonymous nature of the trainee survey and, as noted above, the College should engage the Trainees Committee to help determine whether its current mechanisms of obtaining trainee feedback are effective.

The College's accreditation submission also states that the Directors of Training formal six-monthly progress interviews with trainees are an avenue for trainees to raise concerns regarding clinical supervision. The team considers that the OMS Handbook could more clearly state this role of the Directors of Training. Currently the OMS Handbook lists responsibility for the evaluation of the trainees' supervision together with responsibility for evaluation of their performance. Separating the two might help to strengthen this role in the perception of trainees.

The College is encouraged to consider implementation of a full 360-degree review of the performance of supervisors and Directors of Training incorporating feedback from trainees.

## **8.2 Training sites and posts**

The accreditation standards are:

- The education provider has a clear process and criteria to assess, accredit and monitor facilities and posts as training sites. The education provider:
  - applies its published accreditation criteria when assessing, accrediting and monitoring training sites
  - makes publicly available the accreditation criteria and the accreditation procedures
  - is transparent and consistent in applying the accreditation process.
- The education provider's criteria for accreditation of training sites link to the outcomes of the specialist medical program and:
  - promote the health, welfare and interests of trainees
  - ensure trainees receive the supervision and opportunities to develop the appropriate knowledge and skills to deliver high-quality and safe patient care, in a culturally safe manner
  - support training and education opportunities in diverse settings aligned to the curriculum requirements including rural and regional locations, and settings which

provide experience of the provisions of health care to Aboriginal and Torres Strait Islander peoples in Australia and/or Māori in New Zealand

- ensure trainees have access to educational resources, including information communication technology applications, required to facilitate their learning in the clinical environment.
- The education provider works with jurisdictions, as well as the private health system, to effectively use the capacity of the health care system for work-based training, and to give trainees experience of the breadth of the discipline.
- The education provider actively engages with other education providers to support common accreditation approaches and sharing of relevant information.
- MCNZ Additional Criteria: The education provider is required to inform the MCNZ with reasonable notice of any intention to limit or withdraw the accreditation of any training site.

### **8.2.1 Team findings**

The College accredits training posts and centres on a five-yearly cycle, against the Standards and Criteria for Oral and Maxillofacial Surgery (SCOMS). Accreditation teams are trained in assessment against the SCOMS.

There are processes for reviewing posts and centres where a change of circumstance occurs during an accreditation cycle and for ongoing monitoring of posts through regular reports to the College.

The College has reviewed and updated the standards since the last accreditation decision on the FRACDS(OMS) program in 2012, and accredited existing training centres and posts against the revised standards. Information on the standards and processes is clearly presented in the OMS Handbook. It appears that the College does effectively use the accreditation process to ensure change in training sites that are failing to meet the required standard.

The total number of training sites across Australia and New Zealand is relatively small and through accreditation of training centres and posts, the College is monitoring that trainees gain an adequate breadth and depth of clinical experience. The Regional Surgical Committees are actively engaged with training sites to ensure that individual trainees experience the required surgical procedures.

The SCOMS do cover the criteria listed in the specialist medical program accreditation standards, with the exception of detailing requirements for sites to provide training in diverse settings, particularly rural and regional sites, and critically the delivery of care to Aboriginal and Torres Strait Islander peoples in Australia and Māori in New Zealand. The team recommends that the College identifies and develops additional training opportunities for trainees to work with rural, regional and Indigenous communities. Having stronger relationships with health systems and jurisdictions could assist the College to expand the access to training sites that provide wider clinical experience.

The College does not engage actively with other education providers in supporting common accreditation approaches and sharing of information. For a small program, this may prove challenging, but the College might consider some greater flexibility in the membership of its accreditation teams to include members of other related training programs as a way of working more closely with other programs.

#### *Commendations*

M The commitment of College fellows to training and education.



N	The College's efforts in developing a robust and dedicated network of Directors and Supervisors of Training, and Regional Surgical Committees across its networked training sites.
O	The College's clear and detailed documentation articulating the requirements and processes related to training site accreditation.
<i>Conditions to satisfy accreditation standards</i>	
13	Develop formal quality assurance processes for clinical supervision. (Standard 8.1)
14	Identify and develop training opportunities for trainees to work with rural, regional and Indigenous communities. (Standard 8.2)
15	Collaborate with education providers within the health services to support common accreditation processes and share relevant information. (Standard 8.2)
<i>Recommendations for improvement</i>	
QQ	State more clearly in The Handbook for Accredited Training and Education in Oral and Maxillofacial Surgery the Directors of Training's role in the evaluation of trainees' supervision. (Standard 8.1)
RR	Consider implementation of a full 360-degree review of the performance of supervisors and Directors of Training incorporating feedback from trainees. (Standard 8.1)

## **C.9 Continuing professional development**

### **9.1 Continuing professional development program**

The accreditation standards are:

- The education provider publishes its requirements for the continuing professional development (CPD) of specialists practising in its specialty(s).
- The education provider determines its requirements in consultation with stakeholders and designs its requirements to meet Medical Board of Australia and Medical Council of New Zealand requirements.
- The education provider's CPD requirements define the required participation in activities that maintain, develop, update and enhance the knowledge, skills and performance required for safe and appropriate contemporary practice in the relevant specialty(s), including for cultural competence, professionalism and ethics.
- The education provider requires participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty(s). The education provider requires specialists to complete a cycle of planning and self-evaluation of learning goals and achievements.
- The education provider provides a CPD program(s) and a range of educational activities that are available to all specialists in the specialty(s).
- The education provider's criteria for assessing and crediting educational and scholarly activities for the purposes of its CPD program(s) are based on educational quality. The criteria for assessing and crediting practice-reflective elements are based on the governance, implementation and evaluation of these activities.
- The education provider provides a system for participants to document their CPD activity. It gives guidance to participants on the records to be retained and the retention period.

- The education provider monitors participation in its CPD program(s) and regularly audits CPD program participant records. It counsels participants who fail to meet CPD cycle requirements and takes appropriate action.

### 9.1.1 Team findings

The College has a Continuing Professional Development Program for OMS Specialists (CPD4OMS), which is a web-based system, using the College's eLearning system. The program is designed to facilitate participants' planning, monitoring and recording of continuing medical and dental education and development activities. The program's Information Manual is available on the College website.

The OMS program differs from the College's general CPD program to address specific requirements for medical practitioners' continuing professional development in Australia and New Zealand recertification requirements.

The College provided the following information on OMS CPD participation for the last two triennia:

	<b>2010-12 Triennium</b>	<b>2013-15 Triennium</b>
<b>Total OMS Fellows Participating</b> (Australia & NZ)	58 (29.3%)	72 (33.0%)
<b>Australia</b>		
Total Australian OMS Fellows Participating	43 (25.4%)	58 (31.0%)
Compliant with all requirements	28 (65.1%)	27 (46.6%)
Non-Compliant	15 (34.9%)	31 (53.4%)
<b>New Zealand</b>		
Total NZ OMS Fellows Participating	15 (51.7%)	14 (45.2%)
Compliant with all requirements	10 (66.7%)	6 (42.9%)
Non-Compliant	5 (33.3%)	8 (57.1%)

*Note: An additional seven OMS Specialists (four from NZ) who are not OMS fellows are enrolled in the College program*

The College indicated that it compiled the participation rates shown above from those OMS fellows and specialists who are recording their CPD via the College online eLearning system, and that it knew the record was incomplete. The College was unable to estimate the actual rates.

The consequence for fellows who fail to meet CPD requirements is that the College does not issue them a statement of compliance.

The College, however, is not a direct provider of CPD events and activities for OMS specialists. The Australian and New Zealand Association of Oral and Maxillofacial Surgeons provides most of these activities. The College's OMS Continuing Professional Development Committee has responsibility for liaising with ANZAOMS to ensure there is an appropriate range and level of CPD activities, and ANZAOMS is responsible for assessing activities or providers for CPD purposes. Whilst this arrangement appears to work well, given the strong collaboration between the College and ANZAOMS, the College will need to review elements of this arrangement to ensure that as the accredited provider, it can meet the revised Standards for Assessment and Accreditation of Continuing Professional Development Programs implemented by the AMC in 2016. In particular, the revisions to the standards include additional requirements concerning:

- the structure of the CPD program, with an emphasis on requirements for individual participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice within the specialty;
- quality assurance of the CPD program;
- recording and audit of CPD participation, and counselling and action when participants fail to meet CPD cycle requirements.

## 9.2 Further training of individual specialists

The accreditation standard is:

- The education provider has processes to respond to requests for further training of individual specialists in its specialty(s).

### 9.2.1 Team findings

The team found that the College does not have formal processes to respond to requests for further training of individual specialists in OMS. While such policies may only be needed infrequently, there is a need for consistent and proactive approaches in these sensitive areas.

## 9.3 Remediation

The accreditation standard is:

- The education provider has processes to respond to requests for remediation of specialists in its specialty(s) who have been identified as underperforming in a particular area.

### 9.3.1 Team findings

The team found that the College does not have formal processes to identify and respond to requests for remediation of individual OMS specialists. While such a policy may only be needed infrequently, there is a need for consistent and proactive approaches in this sensitive area.

#### *Commendations*

Nil

#### *Conditions to satisfy accreditation standards*

- 16 Review the arrangement with the Australian and New Zealand Association of Oral and Maxillofacial Surgeons in relation to provision of continuing professional development to ensure that the RACDS meets the standards for assessment and accreditation of professional development programs implemented by the AMC in 2016, and in particular:
  - the structure of the CPD, with an emphasis on requirements for individual participants to select CPD activities relevant to their learning needs, based on their current and intended scope of practice
  - quality assurance of the CPD program
  - recording and audit of CPD participation, and counselling and action when participants fail to meet CPD cycle requirements. (Standard 9.1)
- 17 Develop formal processes to respond to requests for further training of individual OMS specialists. (Standard 9.2)
- 18 Develop formal processes to identify and respond to requests for remediation of individual OMS specialists who have been identified as underperforming in a particular area. (Standard 9.3)

#### *Recommendations for improvement*

Nil

## **C.10 Assessment of specialist international medical graduates**

### **10.1 Assessment framework**

The accreditation standards are:

- The education provider's process for assessment of specialist international medical graduates is designed to satisfy the guidelines of the Medical Board of Australia and the Medical Council of New Zealand.
- The education provider bases its assessment of the comparability of specialist international medical graduates to an Australian- or New Zealand- trained specialist in the same field of practice on the specialist medical program outcomes.
- The education provider documents and publishes the requirements and procedures for all phases of the assessment process, such as paper-based assessment, interview, supervision, examination and appeals.

Additional MCNZ criteria: Recognition and Assessment of International Medical Graduates (IMGs) applying for registration in a vocational scope of practice.

#### **10.1.1 Team findings**

The College has a clear policy and process for assessment of specialist oral and maxillofacial surgeons trained overseas, and the assessment decisions are in line with the categories used by the Medical Board of Australia. Information about these assessment processes is publicly available.

Both the Medical Board of Australia and the Medical Council of New Zealand have reviewed their guidelines for assessment of specialist international medical graduates in the last few years. The College should formally review its process to ensure that it remains in alignment with regulatory requirements.

### **10.2 Assessment methods**

The accreditation standards are:

- The methods of assessment of specialist international medical graduates are fit for purpose.
- The education provider has procedures to inform employers, and where appropriate the regulators, where patient safety concerns arise in assessment.

#### **10.2.1 Team findings**

The College makes clear that the assessment of overseas-trained OMS specialists is based on comparability with the College OMS Fellowship training program and FRACDS(OMS) final examination, as the recognised specialist qualification in Australia and New Zealand. Methods of assessment are fit for purpose.

### **10.3 Assessment decision**

The accreditation standards are:

- The education provider makes an assessment decision in line with the requirements of the assessment pathway.
- The education provider grants exemption or credit to specialist international medical graduates towards completion of requirements based on the specialist medical program outcomes.
- The education provider clearly documents any additional requirements such as peer review, supervised practice, assessment or formal examination and timelines for completing them.

- The education provider communicates the assessment outcomes to the applicant and the registration authority in a timely manner.

### **10.3.1 Team findings**

The policy covering assessment decisions (substantially comparable and partially comparable) adheres to the Medical Board of Australia guidelines. The policy takes account of the OMS program outcomes.

Possible additional requirements are published in the College OTOMS Specialist Assessment Policy. These include:

- supervised clinical practice (with workplace-based assessments, maintenance of a logbook and CPD participation)
- practice visit
- FRACDS(OMS) Final Examination.

For applicants in Australia, specific requirements for individual applicants are detailed in the assessment report that is forwarded to the applicant and uploaded to the MBA/AHPRA RACDS secure portal (either Report 1 or, if Area of Need applicant, Combined Report and Position Description), usually with an accompanying letter. For New Zealand applicants, the College documents its assessment and any specific requirements in the appropriate MCNZ form.

The College's information states that applicants who are deemed partially or substantially comparable to an Australian or New Zealand-trained Oral and Maxillofacial Surgeon may be required to complete a minimum of 12 months of supervised clinical practice and complete the Final Examinations. In the team's discussion with the College, it appeared that there was greater flexibility in practice, with a reduced requirement for supervised clinical practice for some applicants judged substantially comparable. The team encourages the College to amend the guidelines to reflect this flexibility.

## **10.4 Communication with specialist international medical graduate applicants**

The accreditation standards are:

- The education provider provides clear and easily accessible information about the assessment requirements and fees, and any proposed changes to them.
- The education provider provides timely and correct information to specialist international medical graduates about their progress through the assessment process.

### **10.4.1 Team findings**

The College provides ready access to an overview of the specialist assessment process, its requirements, and current fees via the Overseas Trained OMS page on the College website. The website also links to the requirements and processes of the registration authorities in Australia and New Zealand.

College staff contact details for further enquiries are also provided.

#### *Commendations*

Nil

#### *Conditions to satisfy accreditation standards*

- |    |  |
|----|--|
| 19 | Review the Overseas Trained Oral and Maxillofacial Surgery Specialist Assessment Policy to ensure it satisfies the revised Medical Board of Australia and the Medical Council of |
|----|--|

New Zealand guidelines for assessment of specialist international medical graduates. (Standard 10.1)

*Recommendations for improvement*

- SS    Review the information provided to overseas-trained OMS specialist applicants to ensure it reflects the College's flexibility in determining whether applicants who are deemed substantially comparable to an Australian- or New Zealand-trained Oral and Maxillofacial Surgeon are required to complete a minimum of 12 months of supervised clinical practice and the OMS Final Examination. (Standard 10.3)

## **Appendix One    Membership of the 2017 Joint Assessment Team**

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**Professor David Ellwood (co-Chair)**, MA, DPhil, MB, BChir, FRANZCOG (CMFM), DDU  
Professor of Obstetrics and Gynaecology, Deputy Head of School (Research), School of Medicine,  
Griffith University

**Associate Professor David Thomson (co-Chair)**, BDS, MDS, FRACDS, FICD, FADI, FPFA,  
MRADS  
Discipline Lead Prosthodontics, School of Dentistry, University of Queensland

**Dr John Bridgman**, BDS, MBChB, FRACD (OMS)  
Specialist Oral and Maxillofacial Surgeon, Private Practice. Visiting Consultant, Tauranga Public  
Hospital and Grace Hospital, Tauranga, New Zealand

**Ms Paula Davey**  
Member, Victoria Board, Medical Board of Australia. Community Member, Mental Health Tribunal

**Dr Justin Gladman**, MBBS  
Trainee, Australian College of Rural and Remote Medicine, Broken Hill Hospital. Past President,  
Resident Medical Officer Association

**Dr Derek Goodisson**  
Specialist Oral and Maxillofacial Surgeon, Hawkes Bay District Health Board, New Zealand

**Dr Catherine Green AO**, MBChB FRANZCO MMedSc  
Head of Glaucoma Unit, Royal Victorian Eye and Ear Hospital and Lansdowne Eye Clinic

**Associate Professor Kai Hsiang Lee**, BDS, MBBS (Hons), MMedSc, FRACDS, FRACDS (OMS)  
Specialist Oral and Maxillofacial Surgeon, Sunshine Private Consulting Rooms. Academic Lead,  
Oral Surgery, School of Dentistry, Latrobe University

## **Appendix Two List of submissions on the OMS Program of the Royal Australasian College of Dental Surgeons**

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The University of Western Australia, School of Dentistry

WA Health

South Australian Medical Education and Training Unit

Royal Brisbane & Women's Hospital

Health and Disability Commissioner, New Zealand

Pasifika Medical Association

The Royal Australian and New Zealand College of Psychiatrists

Leaders in Indigenous Medical Education (LIME) Network

Health and Disability Services Complaints Office

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

University of Otago, Medical School

West Moreton Hospital and Health Service

The University of Sydney

Australian Commission on Safety and Quality in Health Care

Gold Coast Hospital and Health Service

The Royal College of Pathologists of Australasia

The Australian and New Zealand Association of Oral and Maxillofacial Surgeons



## **Appendix Three Summary of the 2017 Team's Accreditation Program**

<b>Location</b>	<b>Meeting</b>
<b>AUCKLAND, NEW ZEALAND</b>	
<i>Monday, 29 May 2017</i>	
Teleconferences at Auckland City Hospital	Chief Dental Officer
	Auckland District Health Board
Auckland City Hospital	Senior Hospital Executives
	Meeting with Supervisors of Training from Auckland City Hospital & Middlemore Hospital
	Trainees
	New Zealand Regional Surgical Committee
<b>CHRISTCHURCH, NEW ZEALAND</b>	
<i>Tuesday, 30 May 2017</i>	
Teleconferences at Christchurch Hospital	Canterbury District Health Board Representatives
Christchurch Hospital	Senior Hospital Executives
	Trainees
	Supervisors of Training
	Other Hospital Surgical Staff / Nursing Staff

<b>MELBOURNE, VICTORIA</b>	
<i>Monday, 5 June 2017</i>	
Royal Melbourne Hospital	Supervisors of Training / Consultants
	Director of Training / Chair VIC & TAS Regional Surgical Committee / Members of VIC & TAS Regional Surgical Committee
	Senior Hospital Executives
	Trainees
	Victorian Chief Dental Officer
The Royal Dental Hospital of Melbourne and The University of Melbourne	Senior Hospital Executives
	The University of Melbourne Representatives
	Trainees / Teleconference with trainees in Hobart and Geelong
	Supervisors of Training and Consultants
<b>BRISBANE, QUEENSLAND</b>	
<i>Wednesday, 7 June 2017</i>	
Queensland Health	Chief Dental Officer
Royal Brisbane and Women's Hospital (RBWH)	Trainees / Teleconference with trainees in QLD and NT
	Other Hospital Surgical Staff / Nursing Staff
	Senior Hospital Executives
	Supervisors of Training
	QLD and NT Regional Surgical Committee
Brisbane Dental Hospital	OMS unit and Consultants
<b>SYDNEY, NEW SOUTH WALES</b>	
<i>Wednesday, 14 June 2017</i>	
Westmead Hospital, Westmead Centre of Oral Health	Supervisors of Training and Consultants
	Senior Hospital Executives
	Trainees / Teleconference with trainees in NSW and ACT

**Team meetings with Royal Australasian College of Dental Surgeons Committees and Staff**  
**Wednesday 14 June – Friday 16 June 2017**

Professor David Ellwood (co-Chair), Associate Professor David Thomson (co-Chair), Dr John Bridgman, Ms Paula Davey, Dr Justin Gladman, Dr Derek Goodisson, Dr Catherine Green AO, Associate Professor Kai Hsiang Lee, Mr Michael Carpenter (ADC staff), Ms Marie Warner (DC(NZ) staff), Ms Suzanne Bornman (DC(NZ) staff), Ms Theanne Walters (AMC staff), Ms Karen Rocca (AMC staff), Dr Kim Ashwin (AMC staff).

Meeting	Attendees
<i>Wednesday, 14 June 2017</i>	
NSW & ACT Regional Surgical Committee	Director of Training - NSW & ACT Chair, NSW/ACT RSC Members, NSW/ACT RSC
SA & WA Trainees	Trainees - Royal Adelaide Hospital Trainee - Royal Perth Hospital Trainee - Fiona Stanley Hospital Trainee - Oral Health Care Centre WA
Overseas Trained OMS Surgeons (OTOMS)	OTOMS / Director, Oral Health Alliance - Metro North Oral Health Services OTOMS / Senior Lecturer OMS – University of Western Australia
SA & WA Consultants	Chair SA RSC / Director of Training – SA Consultants– Royal Adelaide Hospital/Adelaide Dental Hospital Chair WA RSC / HoU – Royal Perth Hospital Consultant - Royal Perth Hospital Consultant / Supervisor of Training – Fiona Stanley Hospital Consultants – Oral Health Care Centre WA
Directors of Training	Director of Training – SA Director of Training – NSW & ACT Director of Training – QLD & NT Director of Training – WA Director of Training – VIC & TAS

<b>Meeting</b>	<b>Attendees</b>
Teleconference with Health Departments	Manager, Integrated Registrar Reform, WA Health Chief Medical Officer, SA Health Manager, Medical Workforce and SA MET Executive Director, Workforce Planning, NSW Health Medical Advisor, NSW Health Deputy Director General, Canberra Hospital Chief Medical Officer, ACT Health
Standard 1 The context of training and education	RACDS CEO RACDS President Chair Board of Studies Deputy Chair Board of Studies Members Board of Studies Registrar OMS
Standard 2 The outcomes of specialist training and education	RACDS CEO RACDS President Chair Board of Studies Deputy Chair Board of Studies Members Board of Studies Registrar OMS
<i>Thursday, 15 June 2017</i>	
Standard 3 The specialist medical training and education framework	Chair Education Committee / Chair Research Subcommittee Member Education Committee / Member Research Subcommittee Member Research Subcommittee
Standard 5 Assessment of learning	Chair Examinations Committee / Member Training Committee Chair Training Committee Member Training Committee Member Examinations Committee / Member Training Committee Member Examination Committee / Member Training Committee / Chair Board of Studies
Standard 7 Issues relating to trainees	Chair Training Committee / Member Selection Committee Chair Selection Committee / Member Training Committee

<b>Meeting</b>	<b>Attendees</b>
	Registrar OMS / Member Selection Committee / Member Training Committee Members Training Committee Member Selection Committee
ANZAOMS	ANZAOMS President ANZAOMS Executive Officer
Standard 9 Continuing professional development, further training and remediation	Chair CPD Committee Member CPD Committee Chair Board of Studies / Member CPD Committee
Standard 4 Teaching and learning methods	Chair Education Committee Member Board of Studies / ANZAOMS President Member Board of Studies Registrar OMS / Member Education Committee
Standard 8.1 Supervisory and education roles	Chair Board of Studies /Member VIC & TAS RSC/Member Examinations Committee Chair SA RSC Member Board of Studies Member Board of Studies / Member NSW & ACT RSC Member Board of Studies / Member QLD & NT RSC Member Board of Studies / Member QLD & NT RSC Member Board of Studies / Member WA RSC Member Board of Studies / Member Examinations Member Board of Studies / Member VIC & TAS RSC Registrar OMS / Member Board of Studies / Chair Examinations Committee Chair VIC & TAS RSC Chair NSW & ACT RSC
OMS Trainee Committee and representatives on OMS committees	Chair Trainee Committee / Trainee Rep BoS Member Trainee Committee / Trainee Rep VIC & TAS RSC Trainee Rep CPD Committee Member Trainee Committee / Trainee Rep NSW & ACT RSC Member Trainee Committee / Trainee Rep WA RSC Member Trainee Committee / Trainee Rep QLD & NT RSC

<b>Meeting</b>	<b>Attendees</b>
	Member Trainee Committee / Trainee Rep Education / Trainee Rep SA RSC Trainee Rep NZ RSC
Standard 8.2 Training sites and posts	Chair Accreditation Committee Members Accreditation Committee Member Accreditation Committee / Registrar OMS
Standard 6 Monitoring and evaluation	Chair Education Committee Chair Accreditation Committee Members Accreditation Committee Member Accreditation Committee / Registrar OMS
Standard 1.5 Educational resources	RACDS Director of Education RACDS Education Officer – OMS RACDS CEO
Standard 10 Assessment of specialist international medical graduates	Chair Accreditation Committee / Chair OTSWG / Member Board of Studies Member Overseas Trained Surgeons WG Member OTSWG / Member BoS Registrar OMS Member Accreditation Committee / Member OTSWG Chair BoS
<i>Friday, 16 June 2017</i>	
Team prepares preliminary statement of findings	Assessment Team
Team presents preliminary statement of findings	CEO, RACDS RACDS President Elect Chair, BoS OMS Registrar OMS RACDS Director of Education RACDS Education Officer - OMS



