

16 September 2011

Dear Practitioner,

**Consultation on a proposed prescribed qualification for the Dental Specialty: Oral and Maxillofacial Surgery Scope of Practice**

Pursuant to section 12 of the Health Practitioners Competence Assurance Act 2003 (the “Act”), the Dental Council (“Council”) must, by notice published in the *Gazette*, prescribe the qualification or qualifications for every scope of practice.

In May 2011 Council granted accreditation, under section 118(a) of the Act, to the Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons to December 2012 subject to satisfactory annual reports and a comprehensive report in July 2012.

The Dental Council is now seeking comments on the proposal to approve the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) - FRACDS (OMS), gained through its Oral and Maxillofacial Surgery Education and Training Program, as a prescribed qualification for registration in the Scope of Practice for Oral and Maxillofacial Surgery Specialists.

The objective of this consultation is to gather views from the sector to enable Council to make a final decision on the proposal. The Council therefore seeks any comments on the proposal by **11 November 2011**. In accordance with section 14 of the Act copies of this letter and the consultation document have been sent to all dentists, dental specialists, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. This letter and attachment will also be published on the Council’s website, with a similar invitation to comment.

Responses should be sent to:

Dental Council  
PO Box 10-448  
Wellington 6143  
Fax: 04 499 1668  
Email: [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz)

Yours sincerely



Mark Rodgers  
Acting Chief Executive

# Consultation Document

## Proposed prescribed qualification for the Dental Specialty: Oral and Maxillofacial Surgery Scope of Practice

RELEASED 16 SEPTEMBER 2011  
SUBMISSIONS DUE 11 NOVEMBER 2011

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### Background

The Dental Council is seeking your comments on the proposal to approve the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) - FRACDS (OMS), gained through its Oral and Maxillofacial Surgery Education and Training Program, as a prescribed qualification for registration in the Scope of Practice for Oral and Maxillofacial Surgery Specialists.

The initial accreditation review for this programme was conducted by the Australian Dental Council (ADC) and the Australian Medical Council (AMC) in 2006, against the accreditation standards of both the ADC and AMC, where after both Councils' granted accreditation to the programme until December 2009. The Royal Australasian College of Dental Surgeons ('the College') was required to submit a comprehensive report in July 2009, on progress in relation to the key issues raised in the 2006 Accreditation Report. A joint ADC and AMC team completed the review of the College's progress in September 2009 and issued a comprehensive report. Based on this report both the ADC and AMC granted re-accreditation to the College until December 2012, subject to a comprehensive report in July 2012.

The Dental Council considered the initial accreditation report in 2007, and at that time raised specific concerns on the roles and responsibilities of University employed practitioners involved in the College training scheme; the research component of the programme; the plan for achieving greater integration of the College training programme with the University of Otago programme with a resulting reduction in the training time; and full details of the modular curriculum. The Dental Council resolved to defer its accreditation decision on this programme until progress has been made in these areas of concern expressed to the College.

The Council received a request from the College in 2010 to reconsider its accreditation status based on the outcome of the joint ADC and AMC accreditation report of 2009.

Council requested the co-chairs of the ADC and AMC 2009 assessment team to provide Council with an independent view on the developments of the specific concerns expressed by Council in 2007. Council considered the co-chairs' responses and the Oral

and Maxillofacial Surgery training programme's 2011 handbook to review the progress on these issues.

At its meeting on 23 May 2011 Council granted accreditation, under section 118(a) of the Health Practitioners Competence Assurance Act 2003 (the "Act"), to the Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons to December 2012, subject to ongoing monitoring under section 12(4) of the Act, and requires:

1. satisfactory annual reports to the AMC and ADC/Dental Council (NZ) Accreditation Committee addressing the recommendations in the Accreditation Report previously undertaken in 2006 with an update in 2009;
2. the College to provide a comprehensive report in July 2012 on the Oral and Maxillofacial Surgery Education and Training Program, which will be the basis for the AMC and ADC/Dental Council (NZ) Accreditation Committee to determine whether the period of accreditation should be extended further to a maximum period of four years before a new accreditation assessment be done.

## **The Proposal**

Under section 12 of the Act, before a qualification can become a prescribed qualification notification of that qualification must be published in the Gazette. In addition to this formal gazetting process, the Act requires that before an authority publishes a Notice, the authority must have consulted about its proposal for the contents of this Notice.

To give effect to this proposal, and to allow applicants to seek registration in the Scope of Practice for Oral and Maxillofacial Surgery Specialists on the basis of holding the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) qualification, the Council is proposing to gazette this qualification as a prescribed qualification for the Scope of Practice for Oral and Maxillofacial Surgery Specialists.

## **Conclusion**

Council has produced a draft Notice of the prescribed qualifications for the Scope of Practice for Oral and Maxillofacial Surgery Specialists (Attachment 1). In addition, an overview of the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) programme is provided (Attachment 2).

Council is consulting on the proposal with persons and organisations identified in accordance with section 14 of the Act including all dentists, dental specialists, relevant associations and societies, the Ministry of Health, District Health Boards and other organisations with an interest. The proposal will also be published on the Council's website, with a similar invitation to comment.

The objective of the consultation is to gather views from the sector to enable Council to make a final decision on the proposal.

Council therefore seeks any comments on the proposal by **11 November 2011**.

## **Discussion/Consultation points**

The Council invites all stakeholders to comment on this consultation document by responding to the following questions:

1. Do you agree/disagree with the proposal to gazette the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) as a prescribed qualification for the Scope of Practice for Oral and Maxillofacial Surgery Specialists?
2. If you disagree with the proposal, please provide your reasons.

# DENTAL COUNCIL

*Te Kaunihera Tiaki Nihō*

## Notice of Prescribed Qualifications

Issued by the Dental Council pursuant to section 12 of the Health Practitioners Competence Assurance Act 2003

**Key:**

Red text: new additions

### ***Specialist Scopes of Practice***

#### ***Scope of Practice for Oral and Maxillofacial Surgery Specialists***

##### **Prescribed Qualifications**

- MDS/MBChB (Oral and Maxillofacial Surgery) University of Otago; or
- an ADC accredited MDS or MDSc or DClinDent in Oral and Maxillofacial Surgery from an ADC accredited Australian University; a medical degree from a medical school listed in the WHO World Directory of Medical Schools or the ECFMG Faimer Directory; or
- Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery); or
- registration in oral and maxillofacial surgery with the General Medical Council, UK; or
- Board certification in oral and maxillofacial surgery in a USA or Canadian state and possession of a medical degree from a medical school listed in the WHO World Directory of Medical Schools or the ECFMG Faimer Directory and dental degree; or
- two years or more of full time equivalent postgraduate training in the specialty at a recognised tertiary academic institution or equivalent; evidence of research activity; a pass in the New Zealand Oral and Maxillofacial Surgery Specialist Examination.

## **Overview of the Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons<sup>1</sup>**

### **1.1 Introduction**

The structured training program includes basic and advanced surgical training. It is predicated on trainees undertaking surgery with increasing levels of independence and incremental complexity. This is completed under the supervision of trained Oral and Maxillofacial Surgeons and other surgical consultants where rotations in other disciplines are required, such as the year in Surgery in General. The College program establishes a common standard across Australia and New Zealand through regional training centres which operate in a consistent manner based on bi-nationally agreed requirements and protocols, which are centrally regulated and accredited through the Board. All trainees must complete clinical training assessments and a common final examination which is centrally conducted and leads to the award of Fellowship in Oral and Maxillofacial Surgery, FRACDS (OMS).

### **1.2 Eligibility Criteria for Surgical Training**

In order to apply for eligibility for OMS Training, the applicant will be required to have completed the following pre-requisites, or to have completed them prior to the commencement of surgical training:

1. A Dental degree and full registration as a dentist in Australia or New Zealand
2. A Medical degree and full registration as a medical practitioner in Australia or New Zealand
3. A full year of surgery in general (SIG) whilst occupying a post in a hospital that is approved for surgical training by the Trainee Advisory Committee, or be expected to complete this year prior to the commencement of OMS training. Surgical rotations during this year should be undertaken in related surgical disciplines (e.g. ENT surgery, plastic surgery, orthopaedic surgery, neurosurgery, ophthalmology, general surgery), for a minimum of nine months. Consideration is given for relevant rotations in Intensive Care and Emergency Medicine.

### **1.3 Selection Process for Surgical Training**

There are three major elements of the selection process for Surgical Training: Curriculum Vitae (20%), Professional Performance Appraisal (35%) and an Interview (45%).

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<sup>1</sup> This overview is an extract from the Royal Australasian College of Dental Surgeons Handbook for Accredited Education and Training in Oral and Maxillofacial Surgery; February 2011. The complete handbook can be accessed on [http://www.racds.org/RACDS/Pathways/FRACDSSFS/OMSTrainingPathway/HandbookHETOMS/RACDS\\_Content/Pathways/OMS-Training/HETOMS.aspx?hkey=ded233e2-e403-4105-82d6-38cbaf0c609b](http://www.racds.org/RACDS/Pathways/FRACDSSFS/OMSTrainingPathway/HandbookHETOMS/RACDS_Content/Pathways/OMS-Training/HETOMS.aspx?hkey=ded233e2-e403-4105-82d6-38cbaf0c609b)

#### **1.4 Duration of the Program**

In summary:

- Surgical training is for a minimum of four years.
- Training is continuous unless approval for interrupted training has been applied for and granted, by the College.

#### **1.5 Training Requirements of the Program**

- Trainees must successfully complete a minimum of four years full time in accredited posts.
- Training time completed in an accredited post is credited in periods of six or twelve months only.
- Trainees are required to keep logbooks of clinical training. An Annual Logbook Summary must be completed, included in the trainee's learning portfolio and submitted to the College.
- Six-Monthly Assessment reports are to be completed by the end of July and January and submitted to the College by 15 August and 15 February respectively.
- If a Six-Monthly Assessment is reported by the Director of Training as unsatisfactory, this training period will not count towards the four years of surgical training.

#### **1.6 Research**

To be eligible to sit the Final Examination, trainees are required to have completed an approved research study. The completion of a higher degree would fulfil the research requirements. The College will accept as fulfilment of this requirement either a formal research project undertaken as part of a postgraduate research qualification or through the completion of a research project and a paper that is deemed acceptable for publication in a peer reviewed journal.

Trainees who choose to fulfil this requirement by enrolling in a PhD will be required to takeleave of absence from the training course. Clinical case reports and stand-alone literature reviews will not be approved for this purpose.

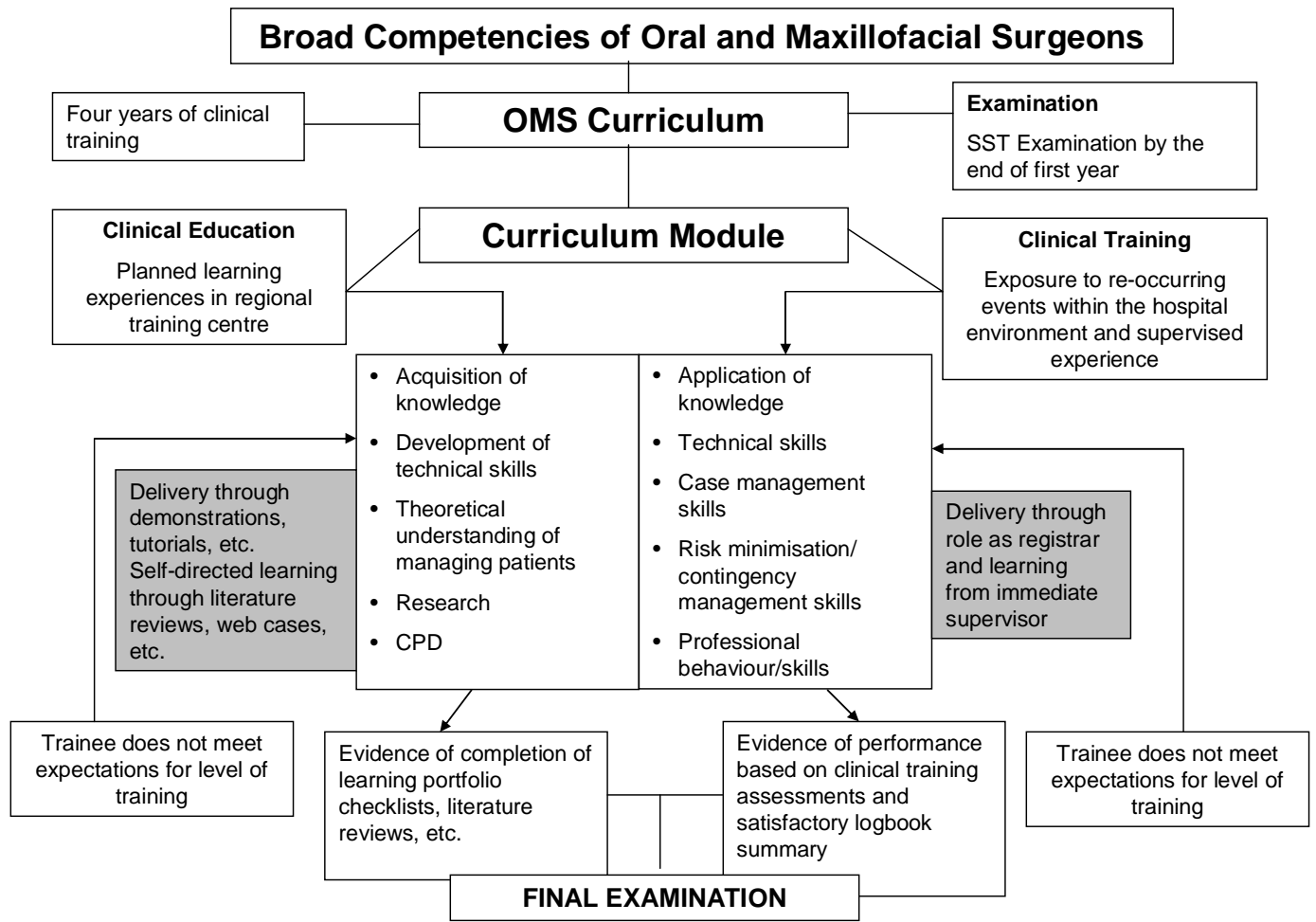
Trainees are also required to:

- a) present a paper each year at a scientific meeting, the annual conference of the specialty, a hospital grand round, or equivalent; and
- b) present a paper at the annual conference of the specialty at least once during their advanced surgical training.

Should trainees wish to fulfil their research requirement independently of a structured qualification, approval needs to be sought via the Research Sub-committee of the Education Committee by applying for approval with an outline of their research proposal and their proposed supervisors.

## 1.7 Curriculum

The overall structure of the curriculum is demonstrated in the following flow chart:



As can be seen in this chart, the teaching of the curriculum can be divided into two distinct areas, clinical education and clinical training.

**Clinical education** is delivered in planned learning experiences. Evidence of participation in these learning experiences is to be included in the learning portfolios. These learning experiences are taught within the regional centres and are delivered by means of demonstrations, tutorials, lectures, seminars, literature review, web cases and are directed towards self learning.

Research is also an integral part of the training program.

Evidence of completion will be determined by portfolio reviews and checks, literature reviews and the trainees' log of web based cases.

**Clinical training** is delivered by supervised training in teaching hospitals associated with the regional centres and relevant university departments. Training posts are accredited by the College for this purpose. The application of knowledge and technical skills are passed on by teachers and mentors who are skilled in their specialty and are able to deliver this training in a timely and expert way.

Case management and risk management skills are learned in this setting along with professional skills which are passed on through registrar teaching and supervised training.

Evidence of training is assessed by portfolio and logbook review and by the various clinical assessment tools used by the College.

## **1.8 The Modules**

The scope of specialist practice in OMS has been distilled into modules which are competency based. The curriculum allows stair cased progression through each of the sixteen modules as knowledge and surgical skills are acquired by the trainee. Modules are not recommended in any particular order and this is in keeping with the curriculum frameworks of OMS programs internationally. This is also in line with other Australian specialist medical colleges which rely on trainees completing clinical training within the hospital environment for the attainment of these competencies.

The sixteen modules which must be completed in order to meet the requirements of the FRACDS (OMS) are numbered 1 to 16 and are listed below.

- Module 1: Anatomy and Embryology of the Head and Neck
- Module 2: Radiology and Nuclear Medicine
- Module 3: Dentoalveolar Surgery
- Module 4: Oral and Maxillofacial Pre-prosthetic Surgery and Implants
- Module 5: Pathology of the Oral Maxillofacial Region
- Module 6: Oral Mucosal Diseases
- Module 7: Facial Pain
- Module 8: Disorders of the Temporomandibular Joint and Masticatory Apparatus
- Module 9: Maxillary Sinus Disease
- Module 10: Oral and Maxillofacial Trauma
- Module 11: Orthognathic Surgery
- Module 12: Reconstructive Oral and Maxillofacial Surgery
- Module 13: Paediatric Oral and Maxillofacial Surgery
- Module 14: Oral and Maxillofacial Oncology
- Module 15: Oral and Maxillofacial Prosthetics and Technology
- Module 16: Adjunctive Technologies in Oral and Maxillofacial Surgery

Each module is set out in the following consistent format:

- Summary of module competencies

- Learning opportunities and methods
- Resources - including textbooks, journals and specific articles
- Related assessment
- Program level competencies for each module.

## **1.9 Clinical Training Assessment (CTA)**

Clinical Training Assessment comprises three forms of assessment – Case Presentation plus Discussion, Assessment of Operative Process (AOP) and Team Appraisal of Conduct (TAC). Collectively, these workplace assessments will provide evidence that a trainee is competent in the practice of Oral and Maxillofacial Surgery.

### **1.10 Examination Requirements**

The Surgical Science and Training (SST) examination is to be taken in the first year (OMS1). A pass this examination is mandatory to proceed into OMS 2.

A final examination is undertaken during the last training year (OMS 4) and a pass in this examination is mandatory for completion of the training program and award of Fellowship.

### **1.11 Goals of the training program**

The broad goals of the training program in OMS are to ensure that all candidates who are awarded the FRACDS(OMS) qualification:

- a) are highly competent practitioners in OMS
- b) have the requisite knowledge, skills and professional attitudes for successful independent practice and
- c) have the necessary attitudes and attributes to strive for continual review and improvement of their practice.

These attributes are essential to providing the highest possible quality of service to meet the relevant health care needs of the communities in Australia and New Zealand.

### **1.12 Broad competencies of the training program**

In order to fulfil these goals the Board and the College have identified a number of broad competencies for OMS, which are based on the CanMEDS<sup>2</sup> competencies. To encompass the full spectrum of the profession two further competencies have been added; they are Technical Expert and Clinical Decision Maker.

#### **Medical and Dental Expert**

- Provide optimal, ethical and patient-centred medical and dental care

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<sup>2</sup> CanMEDS 2005 Framework of the Royal College of Physicians and Surgeons of Canada - [http://rcpsc.medical.org/canmeds/bestpractices/framework\\_e.pdf](http://rcpsc.medical.org/canmeds/bestpractices/framework_e.pdf)

- Establish and maintain clinical knowledge, skills and attitudes
- Demonstrate medical and dental expertise in situations other than patient care, such as providing expert legal testimony or advising governments.

### **Clinical Decision Maker**

- Elicit a relevant, complete and concise history
- Perform a focused and accurate physical examination
- Critically evaluate the advantages and disadvantages of different investigative modalities
- Select appropriate investigative methods and monitoring techniques in a resource-effective, and ethical manner
- Recognise the most common disorders and differentiate those amenable to operative and non-operative treatment
- Demonstrate effective clinical problem solving and judgment to address patient problems, including interpreting the available data and integrating information to generate differential diagnoses and management plans
- Accurately identify the risks, benefits, and mechanisms of action of currently used drugs
- Apply preventative and therapeutic interventions in an effective and timely manner
- Identify risk and, where necessary, plan a risk management strategy
- Effectively manage complications of operative procedures and the underlying disease process
- Ensure adequate follow up is arranged for procedures performed
- Effectively and appropriately prioritise professional duties when faced with multiple patients and/or problems.

### **Technical Expert**

- Safely and effectively perform appropriate surgical procedures
- Demonstrate the manual dexterity required to carry out procedures
- Approach and carry out procedures with due attention to the safety of patient, self and others
- Adapt skills in the context of each patient/each procedure
- Employ a critically reflective approach to individual clinical performance with a view to continuous improvement.

### **Communicator**

- Communicate effectively with patients, their families and the community through verbal and written means of communication, respecting the diversity of background and cultural values
- Listen effectively, including being aware and responsive to nonverbal cues
- Establish effective relationships with patients, their families (where appropriate) and the community. These relationships should be characterised by understanding, trust, respect, honesty and empathy

- Accurately obtain and synthesise relevant information and perspectives of patients and families, as well as other health professionals
- Communicate information to patients and their families (where appropriate) about surgery and treatment options in such a way that it is
- easily understood and promotes the patient's participation in informed decision making
- Demonstrate the importance of cooperation and communication among health professionals to maximise the benefits to patient care and outcomes
- Address challenging communication issues such as obtaining informed consent, delivering bad news, anger, confusion and misunderstanding
- Convey effective oral and written information about a medical encounter.

### **Collaborator**

- Assess, plan, provide and integrate care for individual patients (or groups of patients) in collaboration with others
- Recognise the need to refer patients to other professionals
- Participate in inter-professional team meetings and demonstrate the ability to accept, consider and respect the opinions of other team members, whilst contributing OMS specific expertise him/herself
- Contribute effectively to other inter-professional team activities including activities in alternate settings such as committee work, research, teaching and learning
- Respect team ethics, including confidentiality, resource allocation and professionalism
- Work effectively with other health professionals to prevent, negotiate, and resolve inter-professional conflict.

### **Manager**

- Participate in activities that contribute to the effectiveness of the healthcare organisation, e.g. systemic quality process evaluation and improvement
- Utilise personal resources effectively in order to balance patient care, practice requirements, learning needs and personal life
- Make sound judgments on the allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care
- Describe the structure and function of the healthcare system as it relates to OMS
- Employ information technology to optimise patient care, lifelong learning and other activities
- Plan relevant elements of health care delivery, e.g. work schedules, budgeting, organisational funding
- Serve in leadership roles effectively.

### **Health Advocate**

- Identify the opportunities for advocacy, health promotion and disease prevention with individual patients, communities and populations, and respond appropriately

- Identify the determinants of the health of the population they serve, including barriers to access to care and resources
- Describe how public policy is developed and employ methods of influencing the development of health and social policy.

### **Scholar and Teacher**

- Maintain and enhance professional activities through lifelong learning
- Critically appraise sources of medical information, and apply appropriately
- Facilitate the learning of others
- Contribute to the development, dissemination, and translation of new knowledge and practices.

### **Professional**

- Appreciate, and consistently apply, ethical codes of practice
- Apply the principles and practice of law as they apply to the practice of OMS
- Demonstrate a commitment to their patients, profession and society through participation in profession-led regulation
- Demonstrate insight into ones own limitations of expertise via self assessment
- Be reliable and responsible
- Demonstrate a commitment to personal health and sustainable practice.

In order to acquire these broad competencies, trainees are provided with the opportunity to understand both the scientific basis of OMS, through the teaching of the modular curriculum, and the opportunity to apply this understanding in the clinical environment.

The learning outcomes are delivered through a number of learning methods including structured educational programs, skills courses, self-directed learning and workplace hands on teaching by specialist surgeons. This occurs in the various centres which have been accredited for this purpose.