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

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 Surgery (OMS) is both a dental and a medical specialty/field of specialty practice, there has been a history of joint accreditation assessments of the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) program (FRACDS(OMS)) 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 reaccréditation 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 FRACDS(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 leading to FRACDS(OMS) 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 findings for medicine and findings for 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:
Recommendations

(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 rotation 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.

<table>
<thead>
<tr>
<th>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)</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
</tr>
</thead>
</table>

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

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

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

Commendations

I The roles and responsibilities of the Regional Surgical Committees in ensuring that trainees acquire the surgical experiences required.


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

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

<table>
<thead>
<tr>
<th>(monitoring; evaluation; feedback, reporting and action)</th>
<th>This set of standards is SUBSTANTIALLY MET</th>
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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)

<table>
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<tr>
<th>7. Trainees (admission policy and selection; trainee participation in education provider governance; communication with trainees, trainee wellbeing; resolution of training problems and disputes)</th>
<th>This set of standards is MET</th>
</tr>
</thead>
</table>

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)
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 | This set of standards is MET
| (supervisory and educational roles; training sites and posts) |

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

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,
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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

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)