

**DENTAL COUNCIL (NZ)
REPORT OF AN EVALUATION OF**

**Fellowship of the Royal Australasian College of Dental Surgeons
Oral and Maxillofacial Surgery**

October 2022

SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

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SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

Site visit conducted

14 – 15 October 2022

Site Evaluation Team

| | |
|------------------------|--|
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| Prof Mark Wong | Chair and Program Director, Katz Department of Oral & Maxillofacial Surgery, The University of Texas |
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| Dr Hiria McRae | Lay member |

Staff

| | |
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Programme Provider

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SITE VISIT AND EVALUATION BY DC(NZ) SITE EVALUATION TEAM

1. EXECUTIVE SUMMARY

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| Programme provider | Royal Australasian College of Dental Surgeons |
| Programme/qualification name | Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) |
| Programme/qualification abbreviation | FRACDS(OMS) |
| Programme length | 4 years full-time |
| Registration division | Oral and maxillofacial surgery |
| New Zealand Qualifications Framework Level | N/A |
| Accreditation standards version | New Zealand accreditation standards for oral health practitioner programmes (2021) |
| Date of site evaluation | 14-15 October 2022 |
| Date of Dental Council decision | 5/12/2022 |
| Type of accreditation | Re-accreditation |
| Accreditation start date | 1/01/2023 |
| Accreditation end date | 31/12/2027 |

SUMMARY OF FINDINGS

Background

The Royal Australasian College of Dental Surgeons (RACDS) offers a Fellowship in Oral and Maxillofacial Surgery (FRACDS(OMS)) that has been accredited by the Dental Council New Zealand (the Council) since March 2012, and gazetted as a prescribed qualification for registration with the Council as an oral and maxillofacial surgeon. This accreditation is part of the Council's 5-year cyclical review of its accredited programmes under s12(4) of the Health Practitioners Competence Assurance Act 2003.

The oral and maxillofacial surgery (OMS) programme is a structured four-year surgical training programme delivered in training posts within hospitals and health facilities across six regional training centres across New Zealand and Australia. The trainees fill training registrar posts in these centres. Trainees rotate between training centres, usually annually, to provide them with a range of clinical exposure opportunities across the OMS scope of practice. Trainees in general will remain in New Zealand or in their Australian state during their training.

Trainees have dual qualifications and registrations in medicine and dentistry before applying for selection and commencing training. Forty-seven trainees are currently undertaking the training programme.

Primary responsibility for the education and training sits with the appointed Supervisor of Training (supervisor), with oversight by the Director of Training, Regional Surgical Committee, and various committees from the OMS Board of Studies (BOS). Two summative assessments are conducted centrally, managed by the College.

The College accredits and monitors accredited training posts within the training centres, to ensure an appropriate and safe training and learning environment.

Overview of the Evaluation

The site evaluation team (SET) considered the submission and material provided, followed by supplementary evidence requested.

The accreditation review was conducted on 14 – 15 October 2022. The SET was based at the Hamilton Waikato OMS training centre, with the exception of Prof Mark Wong who joined the SET from the USA via videoconference.

Various interviews were conducted, with participants joining via videoconference. The interview groups included the College leadership, OMS education staff, New Zealand and Australian trainees, the New Zealand regional surgical committee, New Zealand supervisors, Australian regional surgical committee chairs, the OMS BOS chair and sub-committee chairs (examination, research, accreditation, training) and industry stakeholders. The SET had a tour of the Hamilton hospital, with focus on the spaces mostly used by trainees. The schedule is available as Appendix B.

SUMMARY OF FINDINGS

Key Findings

The SET commends the College for the various reviews undertaken over the last two years, and the programme's commitment to ongoing quality improvement. The passion, effort, and extensive knowledge about the programme by all those involved, and the professions' support for the programme were evident. Some of the initiatives from the College was described as progressive and pro-active.

Further work on the curriculum and assessments are still underway, and the College is reminded to report to the Council as required under the accreditation guidelines on any major changes to the delivery, curriculum and assessments, before it is introduced.

Overall, the SET considered that the curriculum modules satisfactorily covered the expected areas of education required, while the structured model for training during which a trainee learns skills from a consultant to undertake surgery with increasing independence and incremental complexity, fit within internationally accepted approaches for surgical training. An extensive suite of formative assessment tools is in place to monitor and assess trainee progression, and two robust summative assessments are in place for independent assessment of competence.

The SET considers that the FRACDS(OMS) trainees attain the expected competencies for an entry level OMS practising in New Zealand.

Implantology experience continues to be limited across New Zealand and Australia training centres, especially acting as the surgeon. The SET acknowledges the public funding limitation, and evidence of the private sector observational experiences by trainees in this area.

The SET considered that accreditation standards 1-5 have been met, with standard 6 – cultural competence, substantially met.

The College's vision to prioritise awareness of the specific oral health needs of Indigenous peoples, and its commitment to strengthening the engagement of Aboriginal and Torres Strait Islander peoples of Australia and Māori peoples of New Zealand within their education programmes are encouraging. The SET recognises that establishing these relationships, developing, and embedding these changes into the OMS programme will take time. To enable the College to further progress these initiatives, and demonstrate outcomes on these within the New Zealand context, a condition is placed on the programme. In particular, for the College to demonstrate how it honours the Treaty of Waitangi, and its Articles and Principles – and how it is translated and embedded, in partnership with Māori, into the OMS programme.

SUMMARY OF FINDINGS

Accreditation Decision

The Dental Council (New Zealand) granted accreditation to the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) until 31 December 2027, subject to meeting the following condition:

To fully meet accreditation standard 6 - cultural competence , and criteria 3.2 as it relates to the newly incorporated Haumarutanga ahurea - cultural safety competency domain for New Zealand dental specialists:

By 30 June 2023 provide evidence how the programme:

- demonstrates its commitment to honouring Te Tiriti o Waitangi/Treaty of Waitangi as the foundation document of New Zealand
- upholds both the Articles and Principles of Te Tiriti o Waitangi/Treaty of Waitangi through its educational philosophy and delivery
- involve Māori and Pacific peoples in the design and delivery of the programme, including assessments, at New Zealand training centres – relevant to their communities.

SUMMARY OF FINDINGS

2. SUMMARY OF TEAM'S FINDINGS AGAINST EACH STANDARD

| Standard Statement | Criteria | Evidence | Assessment |
|-----------------------------|---|---|------------------------|
| 1. Public safety is assured | 1.1 Protection of the public and the care of patients are prominent amongst the guiding principles for the programme, clinical education and learning outcomes. | <ul style="list-style-type: none"> The provision of optimal, ethical, and patient-centred medical and dental care, and recognition of the shared role of the patient and carer in clinical decision-making are competencies related to the broad categories of an oral and maxillofacial surgeon (OMS)—being a Medical and Dental Expert and Communicator. Components of these attributes are evident in the curriculum, as demonstrated in the <i>Training in OMS curriculum and Training in OMS Handbook</i>. | <i>Standard is met</i> |
| | 1.2 Student impairment screening and management processes are effective. | <ul style="list-style-type: none"> Training occurs in hospitals which have their own health and safety policies and procedures. These would include health and security screening requirements before starting as an employee of the hospital. Standard 8: <i>Quality and safety</i> of the College's <i>Standards and Criteria for Accreditation of Regional Training Centres, Hospitals, and Posts</i> requires the training environment to be "supported by a governance structure to deliver and monitor safe practices". Evidence of this is considered by the College accreditation committee during their reviews. Strategies identified by the College to assist trainees experiencing difficulties affecting their training include encouraging trainees to seek psychological support, or self-referral to a GP or mental health professional. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | <p>1.3 Students achieve the relevant competencies before providing patient care as part of the programme.</p> | <ul style="list-style-type: none"> • Interviews provided evidence of risk scenarios being identified and managed to provide both trainee support, and to ensure patient and workplace safety. • As registered dentists and general medical practitioners, all trainees are involved in direct patient care from the commencement of their training. • The majority of training is experiential, under supervision initially, with trainees progressively assuming increasing levels of independence for patient care and treatment, with increasing complexity as their clinical knowledge, experience, and procedural skills develop. • Each trainee progresses at different rates through these stages of development, and this is gauged on an individual basis by the supervising consultant. • Trainees' development is monitored and documented by the supervisor in the three- and six-monthly formative assessments. The assessment reports on the trainee's progress, and includes feedback about how the trainee performs in relation to their surgical peer group, and regarding their relevant competency level, their knowledge, surgical skill development and learning, and professional behaviours and attitudes. • The monitoring of progression and corresponding levels of supervision were validated during interviews. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|---|------------|
| | <p>1.4 Students are supervised by suitably qualified and registered dental and/or health practitioners during clinical education.</p> | <ul style="list-style-type: none"> • Each regional training centre has designated supervisors, registered surgical specialists – mostly OMS, involved in the oversight and clinical supervision of trainees. • The Director of Training, appointed by the OMS BOS, has overall responsibility with the RSC for the performance of the training programme. This includes monitoring of supervision provided to trainees. The Director of Training and RSC members are registered OMS. • No concern was identified by the SET on the appropriateness of supervisors. | |
| | <p>1.5 Health services and dental practices providing clinical placements have robust health and safety, patient safety and quality and care policies and processes and meet all relevant regulations and standards.</p> | <ul style="list-style-type: none"> • Training occurs in hospitals across New Zealand and Australia. These institutions must meet various legislation and standards. These requirements include quality assurance audits, and patient feedback and complaints processes. • The College’s own accreditation process for training posts ensures that the institution and the training post meet the College accreditation standards and criteria to support training delivery and trainee experience. • Updates to the College accreditation standards included: <ul style="list-style-type: none"> ○ increased expectations on available support for trainees requiring assistance and remediation ○ evidence of increased responses to bullying, harassment, and discrimination in the workplace | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|--|------------|
| | | <ul style="list-style-type: none"> ○ a new standard promoting an environment of culture and respect for staff and patients has been added. ● These standards state that hospital sites must foster a culture of respect and professionalism, have a transparent complaints management process, and that the site responds to College feedback for training requirements. ● The SET had a guided tour of the Waikato hospital, and expected health and safety provisions were evident—such as signage, emergency equipment, infection prevention and control measures etc. ● No concerns about unsafe work or learning environments were identified by the SET. | |
| | 1.6 Patients consent to care by students. | <ul style="list-style-type: none"> ● Consent by patients for a trainee assisting with or providing care, is routine in teaching hospitals. ● When patients are undergoing surgical procedures in private hospitals the consent requires patients to approve or decline the involvement of trainees in their care. | |
| | 1.7 Students understand the legal, ethical and professional responsibilities of a registered oral health practitioner. | <ul style="list-style-type: none"> ● All trainees are registered with both the Medical and Dental Councils in their respective training jurisdiction. ● All professional obligations apply to them as practising clinicians. | |
| | 1.8 The programme provider holds students and staff to high levels of ethical and professional conduct. | <ul style="list-style-type: none"> ● One of the College values is “Leadership by upholding professional and ethical values”. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--|--|---|------------------------|
| | | <ul style="list-style-type: none"> • The College has introduced a <i>Bullying, Harassment and Discrimination Policy</i> in 2021. This policy was available to the SET. • Trainees' conduct is assessed in year 3 by those involved in the training of and working with the trainee—which includes consultants, fellow trainees, nursing, theatre and auxiliary staff etc. • Anonymised completed examples of the <i>Team appraisal of conduct</i> across Australasian training centres was shared with the SET. • The College implemented a <i>Whistleblower Policy</i> in October 2021. • As part of their interactions with the SET, the College leadership, committee members, supervisors, and trainees demonstrated the professionalism and high expectations set on themselves. • Interviews demonstrated responses by the programme to uphold high standards of conduct. | |
| 2. Academic governance and quality assurance processes are effective | 2.1 Academic governance arrangements are in place for the programme and include systematic monitoring, review and improvement. | <ul style="list-style-type: none"> • The Board of Directors is responsible for the governance, business and affairs of the College, including the OMS training programme. • The OMS BOS provides oversight and advice to the Board of Directors on the delivery of the OMS programme. • The OMS BOS has various committees to assist in carrying out its key functions in relation to the programme. • Those committees most relevant to the accreditation standards include: <ul style="list-style-type: none"> ○ Accreditation committee: implements the <i>OMS Standards and Criteria for Accreditation of Regional Training Centres</i>, | <i>Standard is met</i> |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|----------|---|------------|
| | | <p><i>Hospitals and Posts</i>, monitors training centres in meeting and maintaining these standards, and provides advice to the BOS on accreditation matters.</p> <ul style="list-style-type: none"> ○ Education committee: oversees the implementation and conduct of the OMS curriculum in regional training centres. The committee reviews, evaluates and updates the curriculum and assessment methodology. Membership includes members who hold senior academic and teaching hospital appointments, a current trainee and recent graduate to provide participant experience and perspectives. ○ Examinations committee: develop guidelines for the conduct of examinations, ensures the Surgical Science and Training (SST) and Fellowship examinations are at an appropriate standard. They monitor and evaluate examinations, including feedback from examiners, observers and candidates. ○ Regional Surgical Committee of each of the six regional training centres (New Zealand, NSW & ACT, Queensland, South Australia & Tasmania, Victoria, Western Australia). The committee facilitates the education and training of trainees in the various training centres. <p>The RSC advises the Selection committee of the number of training posts available for the commencement of training in the following year and submits applications for new posts to the Accreditation committee.</p> <ul style="list-style-type: none"> ○ Research committee: advises the OMS BOS regarding trainee research proposals, projects, and applications for exemptions in accordance with the OMS handbook. It reviews and | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|----------|--|------------|
| | | <p>approves research proposals for trainees, and advises on the methods of assessment for the research projects.</p> <ul style="list-style-type: none"> ○ Selection committee: manages the eligibility and selection processes for entry to the training programme in line with the <i>OMS Trainee Selection Policy</i>. ○ Trainee committee: provides a forum for the views of trainees, and, through the chair, who is a member of the OMS BOS, a mechanism to raise issues relating to the training programme and the trainee experience. ○ Training committee: reviews assessment outcomes and monitors trainee progress. The committee advises the OMS BOS and relevant RSC regarding trainees who have received borderline or unsatisfactory formative assessment reports, variation in training requirements, and remedial plans. <p>The committee also advises trainees on their current training status, progression in the programme and variation due to period of interrupted training, borderline or unsatisfactory formative assessment reports, or unsuccessful attempt on examinations.</p> <ul style="list-style-type: none"> ● Through the interviews the SET engaged with the chairs of the committees listed above. ● In addition to the ongoing input from its committees, OMS supervisors, trainees and new Fellows, the College undertake external reviews. ● In September 2021 the College engaged Pangolin Consulting to review the OMS training programme, with focus on the governance and implementation of the programme. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|--|------------|
| | <p>2.2 Students, dental consumers (including patients), internal and external academic, and professional peers contribute to the programme's design, management and quality improvement.</p> | <p>This included a desktop literature review, online surveys and/or interviews with of trainees, international medical graduates, new Fellows, and OMS consultants involved in the training programme to assist the Board in understanding key aspects of the clinical learning environment, as well as the impact of recent changes in the programme on both trainees and supervisors.</p> <ul style="list-style-type: none"> • In May 2021 the OMS education committee initiated a comprehensive OMS curriculum review, with the support from the Australian Council for Educational Research (ACER). • The ACER report was shared with the SET. Interviews validated that work to address the recommendations are underway. • Various committees, including the BOS and Board of Directors are monitoring progress on this work. <ul style="list-style-type: none"> • The BOS and its various committees comprise of experienced OMS clinicians, most of them also supervisors in the training programme. • Trainees are represented on the BOS and education committee. A trainee committee also allows opportunity for trainees to raise any concerns or influence changes. • From the Pangolin Consulting report, the College has already actioned some of the recommendations. This included a number of changes: <ul style="list-style-type: none"> ○ to provide more significant support for trainees ○ formal training for supervisor ○ improved methods and frequency of communications with trainees, supervisors, and Directors of Training | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|----------|--|------------|
| | | <ul style="list-style-type: none"> ○ the six-monthly assessment reports now have a more formalised three-monthly interim feedback process. ● A range of annual surveys from trainees and supervisors are collected. Evidence was presented on changes introduced in response to survey feedback. ● The College acknowledged the low response rate to trainee and fellow surveys, albeit not unique for students/trainee surveys and comparable with other Australian surgical training programmes. The College was exploring with subject-matter experts from ACER the option of mandatory surveys, with a decision imminent. ● The College accreditation process of training centres allows for input outside of the OMS profession - such as medical consultants, unaccredited registrars, specialist international medical graduates, nursing staff, allied health professionals, and administration. ● The Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS) has a seat on the BOS. This allows the opportunity for any concerns or suggestions about the training programme to be raised, if required. ● The College has an OMS stakeholder engagement plan, reflecting regular consultation opportunities. These include state and regional health authorities across Australia and New Zealand. ● Patient/consumer input was not evident into the quality assurance and improvement processes. The participation of maxillofacial patients/consumers, in particular those from Indigenous communities, should be explored. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|---|---|---|-------------------------------|
| | <p>2.3 Mechanisms exist for responding within the curriculum to contemporary developments in health professional education.</p> | <ul style="list-style-type: none"> • The College meets regularly with other colleges, associations, and societies to discuss education and public health requirements. Examples of these meetings include: <ul style="list-style-type: none"> ○ Network of College Medical Educators ○ Network of College IMG Managers ○ Network of College Examination Managers ○ Indigenous Australian and Māori expert advisory bodies. • Board of Directors and BOS members participate in international OMS professional bodies and research organisations, allowing for opportunities to learn from others, and share their learning experiences. • The international academic member of the SET confirmed that based on his international experience, some of the initiatives from the College was progressive and pro-active. | |
| <p>3 Programme design, delivery and resourcing enable students to achieve the required professional attributes and competencies</p> | <p>3.1 A coherent educational philosophy informs the programme's design and delivery.</p> | <ul style="list-style-type: none"> • The submission stated that the College philosophy in its approach to OMS education and training is based on the following interlinking beliefs and values: <ul style="list-style-type: none"> ○ a comprehensive curriculum with teaching and learning elements that provide a rich learning resource ○ a system of adult learning and a commitment of trainees to lifelong learning ○ a structured model for training during which a trainee learns skills from a consultant to undertake surgery with increasing independence and incremental complexity | <p><i>Standard is met</i></p> |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|----------|---|------------|
| | | <ul style="list-style-type: none"> ○ a view of learning and knowledge that encourages critical reflection and independent research enhances self-direction and develops the capacity to handle situations of complexity and uncertainty. ● The programme follows a modular curriculum comprising 16 modules that are self-contained and, when combined, define the domains of learning required of a qualified OMS specialist. ● The programme's structure allows stepped progression through each module as knowledge and surgical skills are acquired during different rotations. ● Modules are not recommended in any specific order. Each module is an entity in itself with defined educational goals, methods of teaching and assessment. ● This provides flexibility in the sequence and time for completion of the modules and corresponding assessments, allowing for differing opportunities throughout the programme for individual trainees. ● This approach is in keeping with the curriculum frameworks of OMS programmes internationally, and with other Australian specialist medical colleges undertaking hospital-based training. ● The first year of the training programme is a defined year of basic surgical experience. Years 2-4 then provide progression through surgical competencies and skills development as set out in the advanced training curriculum. ● Trainees undertake a variety of surgical procedures with increasing levels of independence and incremental complexity as clinical education and training progress. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|---|------------|
| | | <ul style="list-style-type: none"> The stepped progression in development was demonstrated through the interviews. No concern about the design of the programme was raised. | |
| | <p>3.2 Programme learning outcomes address all the required professional competencies.</p> | <ul style="list-style-type: none"> The BOS has adopted the broad competencies based on the Royal College of Physicians and Surgeons of Canada's CanMEDS Framework, with two further competencies added: Technical Expert and Clinical Decision Maker. The College was integrally involved in the development of the Dental Board of Australia/Dental Council (NZ) competencies for OMS, which is primarily based on the College OMS programme. The SET was satisfied that the 16 modules identified, as presented in the OMS handbook, represented the core competency areas for an entry OMS graduate. The SET acknowledged that most trainees undertake further advanced clinical training in sub-speciality areas. However, these are not considered requirements for entry level OMS graduates. | |
| | <p>3.3 The quality, quantity and variety of clinical education is sufficient to produce a graduate competent to practice across a range of settings.</p> | <ul style="list-style-type: none"> Trainees gain most of their clinical experiences in their allocated training centres. There is expected exposure to inpatient and outpatient, adult, and paediatric cases during clinical training. Trainees are rotated, in most cases, annually. These could be within the regional training centre, or accommodated outside of the region where possible. Rotations support a range of clinical experience opportunities not necessarily available at all training centres, and forms a critical element of the training programme to ensure adequate exposure | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|--|------------|
| | | <p>to the required range of procedures across the OMS scope of practice.</p> <ul style="list-style-type: none"> • Within New Zealand, trainees placed in Dunedin gain substantial dental alveolar and surgical experiences. Placement at the other NZ centres allow increased experiences in other clinical areas, such as orthognathic, TMJ, and cleft palate procedures in Christchurch, trauma in Auckland, and head and neck in Waikato. • A number of anonymised logbook summaries from years 3 and 4 trainees across different training centres, including all NZ training centres, were shared with the SET. • The impact of COVID-19 on patient exposure due to cancellations of elective surgeries during the peak of the pandemic, was evident. This is consistent to reports from other surgical disciplines – and international experiences. • Across Australasia, exposure to implantology remains low. Trainees gain some exposure, often as observers in private practices. • Funding of these procedures within the public system across both countries remain very limited/non-existent. In private practice, the ability to perform the procedure may not be possible, but observations were recorded. • Exposure to other procedures to attain competence to a level of an entry level graduate in New Zealand and Australia appear satisfactory. | |
| | <p>3.4 Learning and teaching methods are intentionally designed and used to enable students to achieve the required learning outcomes.</p> | <ul style="list-style-type: none"> • The training is based on opportunities to understand the discipline of OMS through the teaching of the modular curriculum, and to apply this understanding in the clinical environment. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|----------|---|------------|
| | | <ul style="list-style-type: none"> • Before the end of second year the trainee must also complete the following Royal Australasian College of Surgeons Australian and New Zealand Surgical Skills Education and Training in: <ul style="list-style-type: none"> ○ Emergency Management of Severe Trauma ○ Care of the Critically Ill Surgical Patient. • The learning is embedded in the trainees' experiences in formal clinical education events, in the form of lectures, tutorials, group discussion, structured experiences and through self-directed learning methods, in the form of further reading, undertaking literature reviews, and case studies. • Local, regional and bi-national didactic learning opportunities were confirmed through interviews. There could be opportunities for further streamlining of these didactic teaching activities across regions or centrally to optimise the use of limited resources. • The knowledge is then applied through the delivery of patient care, with progressive levels of independence, complexity and clinical decision making as the trainee's knowledge, skills and confidence increase. • A trainee's progression in learning surgery commences with observation of a technique or procedure → assisting with the procedure → performing part of the procedure → until the trainee is able to undertake the entire procedure without assistance or intervention from the consultant. The next phase of development is the ability to manage any complications that occur during the procedure. • Experienced surgical consultants, including from other medical specialties, offer clinical supervision to trainees, with informal and formal feedback. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|---|------------|
| | | <ul style="list-style-type: none"> • One of the workplace based tools to assess clinical competence is through the structured Assessment of Operative Process (AOP), that includes feedback to the trainee. • An AOP can be undertaken several times for the same surgical procedure, helping to guide trainees in their development of the required surgical techniques. Each time the AOP is performed it should demonstrate an improvement on the previous AOP, which results in increased operative experience that develops over time. • The suite of workplace-based tools are comprehensive and support supervisors to track progress on development, and allows opportunities for early identification of concerns, and development of a remediation plan where required. Evidence of this was presented to the SET in the anonymised AOPs provided. | |
| | <p>3.5 Graduates are competent in research literacy for the level and type of the programme.</p> | <ul style="list-style-type: none"> • The research requirement can be completed via the following pathways: <ul style="list-style-type: none"> ○ Satisfactory completion of a formal research project undertaken as part of a postgraduate research qualification (Pathway 1). ○ Independent research culminating in a paper that is accepted for publication in a peer-reviewed journal (Pathway 2). ○ Recognition of prior completion of a research qualification – Master's degree by research or PhD completed before the commencement of OMS training. • The research committee, with support from the trainee's research supervisor, adequately support trainees to fulfil the research requirements. Members of the research committee are all research active. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | | <ul style="list-style-type: none"> A 6-18 months' extension of training can be granted to a trainee to complete their research after completing their fellowship examination, but the research component must be satisfied to meet the OMS programme requirements and to graduate. Trainees must present a paper at a national annual conference of the specialty or equivalent at least once during their training. Examples of papers accepted for publication in a peer-review journal was provided. | |
| | <p>3.6 Students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice.</p> | <ul style="list-style-type: none"> Within the hospital training centres, trainees have regular exposure to interdisciplinary meetings, participation in multi-disciplinary teams, in addition to be part of interprofessional teams in operating theatres. Trainees engage in peer-to-peer learning when preparing tutorials on a range of topics relevant to their current rotation, or to the patient whose management and care they are currently involved in. | |
| | <p>3.7 Teaching staff are suitably qualified and experienced to deliver their educational responsibilities.</p> | <ul style="list-style-type: none"> All Directors of Training and supervisors have teaching hospital appointments as OMS, or related specialty consultants and visiting medical officers. The appointment process for supervisors is via the RSC, usually on the recommendation of the Director of Training. Potential supervisors are identified by the Director of Training and briefed on the role. Their roles and responsibilities are clearly articulated in the OMS handbook. An <i>OMS Supervisor Guide</i> has been developed to support the supervisors, in addition to the Royal Australasian College of Surgeon's supervision e-course material available to them. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | | <p>Supervisors are strongly encouraged to review these annually, and engagement opportunities are available at the ANZAOMS conferences.</p> | |
| | <p>3.8 Learning environments and clinical facilities and equipment are accessible, well-maintained, fit for purpose and support the achievement of learning outcomes.</p> | <ul style="list-style-type: none"> The learning environments are primarily in public sector teaching hospitals across New Zealand and Australia, equipped with the required facilities and equipment needed to support surgical training. The College's accreditation process further validates that the training post is adequate to support teaching and learning. For example, adequate supervision, appropriate caseload and mix, range of clinical experiences (peri-operative, operative, ward rounds, outpatient clinics, acute/emergency services etc.). | |
| | <p>3.9 Cultural competence is articulated clearly, integrated in the programme and assessed, with graduates equipped to provide care to diverse groups and populations.</p> | <ul style="list-style-type: none"> One of the ACER curriculum review recommendations is to review the cultural competence and safety learning objectives. Additional learning outcomes related to cultural competence will be added to the Communicator and Health Advocate domains in the curriculum. Curriculums from other specialist colleges were reviewed, and draft learning outcomes will initially be reviewed and revised by a subgroup of the Curriculum Working Group who work more closely with Aboriginal and Torres Strait Islander and Māori patients as part of their practice. A further review of the suitability of these learning outcomes will be undertaken externally by experienced Aboriginal and Torres Strait Islander and Māori educators. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|--|------------|
| | | <ul style="list-style-type: none"> • Additionally, ACER has extensive links within the health education community to identify appropriate reviewers to collaborate with in this process. • Once finalised the new learning outcomes will be embedded throughout the programme curriculum and assessments. • Interviews confirmed recognition by trainees and supervisors on the significance of cultural competence in the provision of care, and in the communication to patients and their whānau. • Trainees confirmed exposure to a diverse range of patients with different ethnicities, religious or social beliefs, and social backgrounds. | |
| | <p>3.10 The dental programme has the resources to sustain the quality of education that is required to facilitate the achievement of the professional competencies.</p> | <ul style="list-style-type: none"> • The commitment from all those involved in the training programme – from the College leadership, staff, committee members, and supervisors, are commended. • Although the programme heavily relies on the willingness of the OMS clinicians to deliver the programme, in general the profession is very supportive of the programme and its continued success to train quality OMS clinicians to serve the population oral health needs. • The College continues to express its full support to the OMS programme. • Based on interviews with NZ stakeholders, there is reported capacity (patient and supervision load) to increase trainee numbers by 2-3 across the New Zealand training centres. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|---|--|---|------------------------|
| | | <ul style="list-style-type: none"> Given the increasing workforce demands, the College is encouraged to continue to work with the NZ RSC to explore avenues to increase local trainee posts. The SET acknowledges that this would need additional training posts to be funded, that requires support from a number of stakeholders. | |
| | 3.11 Access to clinical facilities is assured, via formal agreements as required, to sustain the quality of clinical training necessary to achieve the relevant professional competencies. | <ul style="list-style-type: none"> Trainee posts are secured at the hospital centres. The monitoring of the training centres' ability to continue to meet the College accreditation standards, is in place through its accreditation committee. No information available to the SET resulted in the identification of a significant risk to the placement posts. | |
| 4 Students are provided with equitable and timely access to information and support | 4.1 Course information is clear and accessible. | <ul style="list-style-type: none"> Extensive programme information has been shared with the SET. Information was clear and comprehensive; in particular the OMS handbook was complimented by the SET. | <i>Standard is met</i> |
| | 4.2 Admission and progression requirements and processes are fair and transparent. | <ul style="list-style-type: none"> The <i>OMS Trainee Selection Policy</i> and <i>OMS Selection Guide for Applicants</i> were introduced earlier in 2022. The selection criteria are clearly described and easily accessible from the College website, OMS selection guide. From 2022, the College implemented the following improvements to the selection process: <ul style="list-style-type: none"> Allocate selection points to applicants who identify as Māori, Pasifika, Aboriginal, or Torres Strait Islander. Applicants who meet the eligibility requirements automatically proceed to the | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | | <p>interview stage. Applicants must provide a letter of support from an Indigenous organisation or a senior community member with their application, as proof.</p> <ul style="list-style-type: none"> ○ Individual feedback to unsuccessful applicants by outlining their percentile ranking for each selection tool and overall ranking. This will assist applicants to decide whether to re-apply the following year, especially those who applied on their second or third attempt. ● Through interviews, the selection process was described as fair and transparent, including by those trainees who was initially unsuccessful. | |
| | 4.3 Students have access to effective grievance and appeals processes. | <ul style="list-style-type: none"> ● The College <i>Reconsideration, Review and Appeals Policy</i> provides avenues where an affected party (i.e., selection applicant, trainee, examination candidate, specialist international medical graduate) believes that they have been adversely or unfairly affected by a decision of the College. ● The policy provides for three possible stages: Reconsideration, Review and Appeal. ● No concerns were expressed on this process. | |
| | 4.4 The provider identifies and provides support to meet the academic learning needs of students. | <ul style="list-style-type: none"> ● The <i>OMS Trainees Requiring Assistance Policy</i> aims to assist in the early identification and management of trainees experiencing problems that impede their progress in the training programme. ● The policy offers a diverse and useful range of potential strategies to assist trainees experiencing difficulties affecting their training. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|--|------------|
| | | <ul style="list-style-type: none"> The SET commends the range of potential strategies, but the focus in the <i>OMS Trainees Requiring Assistance Policy</i> is primarily on potential issues with the trainee. There appears to be no stated recognition that the issues may extend to other factors such as environmental impact, issues within the workplace, concerns with or poor performance by the supervisor. Recognition in the policy that non-trainee originated issues can impact on trainee performance or wellbeing, and potential strategies for managing those scenarios, are recommended. | |
| | <p>4.5 Students are informed of and have access to personal support services provided by qualified personnel.</p> | <ul style="list-style-type: none"> In 2021 the College implemented an <i>OMS Trainee Support Programme</i> (i.e., Employee Assistance Programme) to help trainees deal with the challenges, concerns, or issues affecting them at work or home. In addition, the College has partnered with Converge International to help trainees deal with the challenges, concerns, or issues affecting them at work or home. Converge International offers a personal coaching and counselling service that supports various short-term, personal, or work issues. This free and confidential service gives trainees access to qualified professionals, including psychologists, social workers, and management coaches. Trainee details are strictly confidential and will not be passed on to anyone at the College or training centre. | |
| | <p>4.6 Students are represented within the deliberative and decision making processes for the programme.</p> | <ul style="list-style-type: none"> There is an OMS Trainees Committee, with the chair being the trainee representative on the BOS. The trainee representatives are also members of the six RSCs, excluding consideration of individual trainee matters. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | | <ul style="list-style-type: none"> • This allows for trainee advocacy, and for two-way communication and information sharing. • Trainee and new fellow surveys allow for feedback on the programme. Completed surveys are reviewed independently of the OMS BOS with any actions or recommendations reported to the Board. • It appears that information sharing between the College and trainees can be improved, in particular around the various College initiatives to strengthen the OMS programme. | |
| | <p>4.7 Equity and diversity principles are observed and promoted in the student experience.</p> | <ul style="list-style-type: none"> • The College Strategic Plan 2021 – 2024, commits to the following values: <ul style="list-style-type: none"> ○ Respect - embracing diversity and striving for equity. ○ Patient focus - working with Members, Fellows and candidates to optimise patient oral health outcomes, especially for vulnerable and socially disadvantaged groups. • Trainees confirmed exposure to a diverse range of patients. • There is one trainee in the programme who identifies as Māori. • The College acknowledges the challenges that people of Indigenous backgrounds face. • The College introduced a First Nations Scholarship for an Indigenous dentist from Australia or New Zealand, valued at up to \$5,000 AUD annually, to support funding of Indigenous dentists to undertake further training education, either internal or external to the College. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|---|---|--|-------------------------------|
| | | <ul style="list-style-type: none"> The College introduced the ability for part-time and interrupted training to accommodate extended leave of absence for circumstances such as research requirements, ill-health or parental duties. The College has currently 5 female trainees in the programme (n=47). | |
| <p>5 Assessment is fair, valid and reliable</p> | <p>5.1 There is a clear relationship between learning outcomes and assessment strategies.</p> | <ul style="list-style-type: none"> Each curriculum module details its educational goals, methods of teaching and related assessments. The programme uses a combination of formative and summative assessments. There have been substantial revisions to assessment strategies, including a comprehensive suite of workplace-based assessment tools to assess and monitor trainees' progress throughout the training programme. This is followed by two summative examinations: SST and the Fellowship Examination. The programme is revisiting the purpose, nature and timing of the SST examination, to ensure it remains fit-for-purpose. | <p><i>Standard is met</i></p> |
| | <p>5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p> | <ul style="list-style-type: none"> The summative assessments are mapped against learning objectives and blueprinted. The clinical procedures that must be assessed using the AOP are articulated in the OMS handbook, and the SET considers this reflects the minimum expected core procedures that trainees must meet competence in. The list of expected procedures is described at a higher level/less specific than the more expansive categories of procedures and | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|--|------------|
| | <p>5.3 Multiple assessment methods are used including direct observation in the clinical setting.</p> | <p>sub-procedures used in the OMS logbook. It is expected that over their training period trainees would get exposure to a broader range of procedures than that on the described AOP core list of procedures.</p> <ul style="list-style-type: none"> • Trainees can perform multiple AOPs against the same procedure for learning purposes. Each time the AOP is undertaken, the trainee must demonstrate improvement. <ul style="list-style-type: none"> • A range of assessment methods are used. • The following workplace-based formative assessment tools are in place: <ul style="list-style-type: none"> ○ Trainee assessment report ○ AOP ○ Case presentation plus discussion ○ Team appraisal of conduct ○ Surgical logbook. • The format of the summative assessments (SST and the Fellowship Examination) includes: <ul style="list-style-type: none"> ○ Online written examination with multi-choice questions (MCQ) and short answer questions (SAQ) ○ In-person clinical assessment with a range of 20 minutes vivas, dependant on the examination. • The SET considered the range and application of the various assessment methods appropriate. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|---|------------|
| | <p>5.4 Mechanisms facilitate a consistent approach to appropriate assessment and timely feedback to students.</p> | <ul style="list-style-type: none"> • Prior to the SST Examination, examiners individually standard set the MCQs and SAQs on ACER's online standard-setting application, using a modified Angoff standard and an extended Angoff procedure, respectively. • On the examiner calibration day, examiners engage in a consensus-building exercise to finalise the passing standards and minimum cut scores. • All the clinical components of the SST and Fellowship examinations are standard set during the assessment process by examiners judging candidate performance against a six-point rating scale. • Clearly defined standards are embedded in the rating scale and supported by clear performance descriptors in the rubrics. As all components of the examinations are blueprinted to curriculum modules and proficiency domains, minimum passing standards may also be set based on the aggregation of these. • The examinations committee revised the <i>OMS Examination Policy</i> and developed the <i>Examiner Guide</i> to support new and prospective examiners in their roles. • For the formative assessments, clinical supervisors use the trainee assessment report template for the 3 and 6 months term progress assessment. The template contains grading criteria. • The AOP used for clinical assessments in the workplace contains rating descriptors. | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|--|------------|
| | <p>5.5 Suitably qualified and experienced staff, including external experts for final year, assess students.</p> | <ul style="list-style-type: none"> Supervisors are experienced surgeons. Supervisors have access to the Royal Australasian College of Surgeons' Keeping Trainees on Track e-learning, to support them with their learning responsibilities, including assessing and providing feedback to trainees. The training committee has developed a <i>Supervisor Guide</i> to support supervisors and improve trainee supervision. This was available to the SET. Fellows not involved in the FRACDS OMS programme, or other medical specialists participate as external examiners to the Fellow examination. Non OMS examiners provide oversight on the robustness and fairness of the examination process. | |

SUMMARY OF FINDINGS

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| <p>6. The programme ensures students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.</p> | <p>6.1 The programme demonstrates its commitment to honouring the Treaty of Waitangi as the foundation document of New Zealand.</p> <p>6.2 The programme upholds both the Articles and Principles of the Treaty through its educational philosophy and delivery.</p> <p>6.6 There is a partnership in the design and management of the programme from Māori and Pacific peoples.</p> <p>6.9 The programme recognises the important role of Māori Te Reo, Ngā Mokai o Ngā Whetu (Māori Dental Students' Association) and Te Aō Marama (The New Zealand Maori Dental Association) in achieving cultural competence to oral health practitioners.</p> | <ul style="list-style-type: none"> • In 2020, the College published a <i>Statement of Intent</i> to reinstate its commitment to strengthening the engagement of Aboriginal and Torres Strait Islander peoples of Australia and Māori peoples of New Zealand within their education programmes. • The College has since developed a new governance structure and strategic plan to ensure increased participation of Aboriginal and Torres Strait Islander and Māori organisations. • The Board of Directors created a position for a Māori representative and an Aboriginal or Torres Strait Islander representative, or other indigenous group who may be a Fellow, Member, Trainee, candidate or non-Member of the College. Based on information on the College website, it does not appear that these positions have been filled yet. • In 2022, the College published its <i>Reflect Reconciliation Action Plan</i>. • In developing and committing to this Reconciliation Action Plan, the College is working to better understand its own prejudices and biases, and makes a commitment to ensure its policies and practices are free from racism in all its forms. • In March 2022 the College reached out to Te Ora – the Māori Medical Practitioners Association to engage with them on strategies to support the recruitment and selection of Aboriginal and Torres Strait Islander and Māori trainees in the OMS programme, as well as to identify training opportunities to work with rural, regional, and Indigenous communities. • In August 2022, The College CEO met with the RACDS Advisory Group Aboriginal Torres Strait Islander representative, and | <p><i>Standard is substantially met</i></p> |
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SUMMARY OF FINDINGS

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| | | <p>representatives from Te Ao Mārama - the New Zealand Māori Dental Association.</p> <p>The group discussed a proposal to create an Indigenous Health Advisory Group, which will lead the development of the RACDS <i>Māori Health Strategy and Action Plan</i> in collaboration with Te Aka Whai Ora - the Māori Health Authority, and other specialist medical colleges. The Board of Directors will review the proposal at their meeting in November.</p> <ul style="list-style-type: none">• As the Reconciliation Action Plan acknowledges, purposeful collaboration and partnership takes time and will require a phased approach, but the College expressed commitment to increase Aboriginal and Torres Strait Islander and Māori participation within the College at many levels.• The SET acknowledges that the College has committed to and started a number of initiatives related to Indigenous peoples, the SET considers that these accreditation criteria are not fully met.• To enable the College to further progress these initiatives, and demonstrate outcomes on these within the New Zealand context, a condition is placed on the programme. In particular, for the College to demonstrate how it honour the Treaty of Waitangi, and its Articles and Principles – and how its translated and embedded, developed in partnership with Māori, into the OMS programme. | |
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SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|---|--|------------|
| | <p>6.3 The programme, staff and students understand the Māori perspective of health and wellbeing, their beliefs and cultural practices as it pertains to oral health in particular.</p> <p>6.4 Cultural understanding of Māori and Pacific peoples are integrated throughout the programme, clearly articulated in required learning outcomes (including competencies that will enable effective and respectful interaction with Māori).</p> <p>6.5 Clinical experiences provide students with experience of providing culturally competent care for Māori and Pacific peoples, and clinical application of cultural competence is appropriately assessed.</p> | <ul style="list-style-type: none"> • The College's strategic plan for 2021 – 2024 stated in its vision that the RACDS will prioritise awareness of the specific oral health needs of Indigenous peoples. • All new trainees participate in an educational session on cultural competency in health as part of their induction programme. • In February 2022, Mr Samuel Carrington (Associate Dean – Māori, University of Otago Faculty of Dentistry) and Dr Chris Bourke (first Indigenous Australian dentist and Strategic Programs Director, Australian Healthcare & Hospital Association) conducted the workshops at the College. • New Zealand trainees demonstrated a genuine understanding and respect of the importance of Te Ao Māori and hauora Māori. • Their cultural training at the various New Zealand public hospitals training centres strengthens their understanding and application of cultural competence from their undergraduate training. • Trainees confirmed gaining clinical experience with Māori and Pacific patients and their whānau. • Clinical application of cultural competence will be assessed as part of the TAC, through aspects such as involvement of patient in decision making, communication, sensitivity and ethical awareness, aware of prejudice etc. | |
| | <p>6.7 The programme provider promotes and supports the recruitment, admission, participation, retention</p> | <ul style="list-style-type: none"> • There is one trainee that identifies as Māori, and a Pacifica supervisor. • The College changed its selection criteria. now allocating selection points to applicants who identify as Māori, Pasifika, Aboriginal, or | |

SUMMARY OF FINDINGS

| Standard Statement | Criteria | Evidence | Assessment |
|--------------------|--|---|------------|
| | and completion of the programme by Māori and Pacific peoples. | Torres Strait Islander. Applicants who meet the eligibility requirements automatically proceed to the interview stage. | |
| | 6.8 The programme provider ensures students are provided with access to appropriate resources, and to staff and the community with specialist knowledge, expertise and cultural capabilities, to facilitate learning about Māori health. | <ul style="list-style-type: none"> • As part of accreditation of training centres, the institution needs to have opportunities for trainees to participate in training in cultural competence. • New Zealand trainees complete online training on Tikanga Recommended Best Practice Guidelines which outline key traditional principles of tikanga and recommend ways to encompass Māori values and beliefs into frontline service delivery. • Trainees also have access to the Royal Australasian College of Surgeons' intercultural competence for medical specialists' education modules. The modules provide information on recognising the trainee's cultural expectations as well as the cultural expectations of others. The modules look at intercultural communication and the links among values, beliefs, behaviours, and strategies for cultural adaptation. • As part of the curriculum review project, the College will consider whether the RACS modules are to be mandated for completion. This will include introducing ways in which they can be assessed for trainees to demonstrate competence. | |
| | 6.10 Staff and students work and learn in a culturally appropriate environment. | <ul style="list-style-type: none"> • The SET considered that in New Zealand training centres there is a strong focus on cultural competence and safety for staff, patients and whānau. | |

SUMMARY OF FINDINGS

3. QUALITY IMPROVEMENT

The following commendations and recommendations have been made by the SET following its evaluation of the programme.

Commendations

The commendations are as follows:

1. The academic governance is robust, including demonstrated commitment to independent reviews and ongoing quality improvements.
2. The professions' ongoing support and dedication to the delivery of the programme, including care and concern for the welfare of the trainees.
3. The academic and personal support services available to trainees.

Recommendations

The recommendations are as follows:

1. In the OMS Trainees Requiring Assistance Policy, acknowledge that non-trainee originated issues can impact trainee performance or wellbeing (such as environmental, supervision) and include targeted strategies for managing those scenarios.
2. Continue to explore increased dental implant experiences for trainees.
3. Explore opportunities for maxillofacial consumer involvement, in particular those from Indigenous communities, in the design and delivery of the programme.
4. Explore options to further streamline didactic teaching activities on local, regional and bi-national levels, to optimise the use of limited resources.
5. Given the increasing workforce demands, continue to explore avenues to increase trainee posts. Work with New Zealand training centres on how local trainee numbers can be increased, given reported support and capacity.

Further reporting

1. The programme to report on the outcome of the curriculum and assessment reviews, including the future of the SST examination, and any changes that could be considered major under the Council [accreditation guidelines](#). This includes an updated mapping of the OMS curriculum and assessment against the DC(NZ)/DBA competencies for OMS.

SUMMARY OF FINDINGS

Appendix A – List of acronyms used in this report

| Acronym | Description |
|-------------|--|
| ACER | Australian Council for Educational Research |
| ANZAOMS | Australian and New Zealand Association of Oral and Maxillofacial Surgeons |
| AOP | Assessment of operative process |
| BOS | Board of studies |
| FRACDS(OMS) | Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) |
| MCQ | Multi-choice questions |
| OMS | Oral and maxillofacial surgeons/surgery |
| RACS | Royal Australasian College of Surgeons |
| RACDS | Royal Australasian College of Dental Surgeons |
| RSC | Regional surgical committee |
| SAQ | Short answer questions |
| SET | Site evaluation team |
| SST | Surgical science and training |

SUMMARY OF FINDINGS

Appendix B – Site visit schedule

Site Evaluation Team (SET) – Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery Training Programme
14 & 15 October 2022

| | |
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| Team | SET members: Prof Ivan Darby (Chair) Prof Mark Wong (USA OMS academic, Texas) Dr Muammar Abu-Serriah (NZ OMS clinician) Dr Derek Goodisson (NZ OMS clinician) Dr Hiria McRae (Lay member) Council Staff: Ms Suzanne Bornman (Prevention Manager) |
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SUMMARY OF FINDINGS

| Friday, 14 October 2022 NZ / Thursday, 13 October CDT | | | | |
|---|--|---|---|---|
| Time | Session description | Participants | Focus areas | College participants mode |
| 7:15-8am AEDT 9:15-10am NZDT 3:40-4pm CDT Thu, 13 Oct | <p>Welcome and introductions to hosts at Waikato Hospital</p> <p>Set-up</p> <p>Closed team session</p> | | | Face-to-face |
| 8-8:30am AEDT 10-10:30am NZDT 4-4:30pm CDT | Executive leadership | <ul style="list-style-type: none"> • Prof Ian Meyers OAM (President, RACDS) • Dr Paul Sambrook (Past President, RACDS) • Mr Brendan Peek (CEO, RACDS) • Mr Haldor Aamot (Director of Education, RACDS) | Academic governance and quality assurance | Zoom |
| 15-minute switchover | | | | |
| 8:45-9:15am AEDT 10:45-11:15am NZDT 4:45-5:15pm CDT | College education | <ul style="list-style-type: none"> • Dr Emma Lewis (Chair, Board of Studies) • Dr Julia Dando (Registrar) • Mr Haldor Aamot (Director of Education, RACDS) • Ms Antonelle Clemente-Marquez (Education Manager, RACDS) | <p>Academic governance and quality assurance</p> <p>Resources</p> <p>Trainee support</p> | Zoom |
| 15-minute switchover and break | | | | |
| 9:30-10:15am AEDT 11:30-2:15pm NZDT 5:30-6:15pm CDT | NZ Regional Surgical Committee | <ul style="list-style-type: none"> • Dr John Harrison (Chair) • Dr Christopher Sealey (Member) • Dr Jason Erasmus (Member) • Dr Thasvir Singh (Member) • Prof Darryl Tong (Member) | <p>Academic governance and quality assurance</p> <p>Public safety</p> <p>The trainee experience</p> <p>Programme of study</p> | <p>Face-to-face for locals</p> <p>Zoom for others</p> |

SUMMARY OF FINDINGS

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| | | <ul style="list-style-type: none"> • Dr Rakesh Jattan (Member) | | |
| 15-minute switchover | | | | |
| 10:30-11:15am AEDT 12:30-1:15pm NZDT 6:30-7:15pm CDT | NZ Head of surgical units and OMS consultants involved in training | <ul style="list-style-type: none"> • Prof Darryl Tong (Unit Head, Dunedin Hospital and Southland Hospital) • Dr Christopher Sealey (Unit Head, Middlemore Hospital and Auckland Hospital) • Dr Richard Cobb (Supervisor, Middlemore Hospital and Auckland Hospital) • Dr John Harrison (Supervisor, Middlemore Hospital and Auckland Hospital) • Dr Peter Coghlan (Supervisor, Christchurch Hospital) • Dr Liam Moore (Supervisor, Christchurch Hospital) • Dr Thasvir Singh (Unit Head, Waikato Hospital) | Programme of study The trainee experience Assessment Cultural competence Academic governance and quality assurance | Face-to-face for locals Zoom for others |
| 11:15-12:15pm AEDT Lunch & SET closed session 1:15-2:15pm NZDT 7:15-8:15pm CDT | | | | |
| 12:15-12:45pm AEDT 2:15-2:45pm NZDT 8:15-8:45pm CDT | New Zealand trainees | <ul style="list-style-type: none"> • Dr Pritesh Narsinh (OMS 3, Christchurch Hospital) • Dr Michael Rutledge (OMS 4, Christchurch Hospital) • Dr Ryan Smit (OMS 4, Middlemore Hospital and Auckland Hospital) • Dr Jamie Olsen (OMS 4, Dunedin Hospital and Southland Hospital) | The trainee experience Programme of study Assessment Cultural competence | Face-to-face for locals Zoom for others |
| 15-minute switchover | | | | |
| 1-1:30pm AEDT 3-3:30pm NZDT | Australian trainees | Trainee representatives from Australian training centres: <ul style="list-style-type: none"> • Dr Gary Brierly (OMS 2, Queensland) | The trainee experience Programme of study | Zoom |

SUMMARY OF FINDINGS

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| 9-9:30pm CDT | | <ul style="list-style-type: none"> • Dr James Clohessy (OMS 4, NSW & ACT) • Dr Sanjaya Gamage (OMS 3, South Australia) • Dr Yi Long Roy Ong (OMS 2, South Australia) • Dr Jaewon Heo (OMS 3, Victoria) • Dr David Thean (OMS 3, Western Australia) | Assessment Cultural competence | |
| 15-minute switchover and break | | | | |
| 1:45-2:15pm AEDT 3:45-4:15pm NZDT 9:45-10:15pm CDT | Stakeholder – Ministry of Health | Dr Riana Clarke - National Clinical Director, Oral Health | Academic governance and quality assurance Public safety | Written submission |

| Saturday, 15 October 2022 NZ / Friday, 14 October CDT | | | | |
|---|---|--|--|---------------------------|
| Time (NZDT) | Session description | Participants | Focus areas | College participants mode |
| 7:30-8am AEDT 9:30-10am NZDT 3:30-4pm CDT Fri, 14 Oct | Closed session: SET briefing | | | |
| 8-8:45am AEDT 10-10:45am NZDT 4-4:45pm CDT | Training leadership (Chairpersons of regional surgical committees and directors of training) | <ul style="list-style-type: none"> • A/Prof Bruce Austin (Director of Training, NSW & ACT) • Dr Scott Borgna (Director of Training, Queensland) • Dr Andrew Cheng (Director of Training, SA & Tasmania) • A/Prof Jocelyn Shand (Chair, Victoria) • Dr Timothy Wong (Director of Training, Victoria) • Dr Emma Lewis (Director of Training, WA) | Academic governance and quality assurance The trainee experience Assessment Programme of study Cultural competence | Zoom |
| 15-minute switchover | | | | |

SUMMARY OF FINDINGS

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| 9-9:45am AEDT 11-11:45am NZDT 5-5:45pm CDT | In depth session: Curriculum Academic governance and quality assurance Entry and support of trainees | <ul style="list-style-type: none"> • A/Prof Dylan Hyam (Chair, Education Committee) • A/Prof Jocelyn Shand (Chair, Selection Committee) • Dr Scott Borgna (Chair, Training Committee and Deputy Chair, Accreditation Committee) | Programme of study Academic governance and quality assurance The trainee experience | Zoom |
| 15-minute switchover and break | | | | |
| 10-10:45am AEDT 12-12:45pm NZDT 6-6:45pm CDT | In depth session: Assessments | <ul style="list-style-type: none"> • Dr Julia Dando (Chair, Examinations Committee) • A/Prof Dylan Hyam (Chief Examiner, Fellowship Examination) • Dr Scott Borgna (Chair, Training Committee) | Assessment Academic governance and quality assurance | Zoom |
| 15-minute switchover | | | | |
| 11-11:30am AEDT 1-1:30pm NZDT 7-7:30pm CDT | In depth session: Research | <ul style="list-style-type: none"> • Dr Richard Harris (Chair, Research Committee) • Dr Dieter Gebauer (Member, Research Committee) • Prof Alastair Goss (Member, Research Committee) | | |
| 11:30–12pm AEDT 1:30-2pm NZDT 7:30-8pm CDT | Stakeholder - ANZAOMS | <ul style="list-style-type: none"> • Dr Patrisha Bordbar (President, ANZAOMS) | Academic governance and quality assurance The trainee experience | Zoom |
| 12-3pm AEDT 2-5pm NZDT 8-11pm CDT | Lunch & SET report writing | | | |

SUMMARY OF FINDINGS

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| 3-3:30pm AEDT 5-5:30pm NZDT 11-11:30pm CDT | Summary – College & programme leadership | OMS Board of Studies | | Zoom |
| End of review sessions | | | | |