



Global Objectives – Oral and Maxillofacial Surgery Specialty Training Programmes

Welcome to the Oral and Maxillofacial Surgery Specialty Training (ST) Programme.

You should review the current Oral and Maxillofacial Surgery Curriculum as set out on the Intercollegiate Surgical Curriculum Programme (ISCP) website to understand the scope and content of your training. An updated curriculum is anticipated in the near future. As a registered OMFS trainee, you will be notified of this event.

You are expected to register with the JCST. Remember to advise them of any changes in your training circumstances (e.g. parental leave, long term sickness > 2 weeks) and apply early for any 'Out of Programme' time such as research, training etc.

As with any UK doctor, you must comply with the necessary processes for appraisal and revalidation. This includes maintaining the specified competencies outlined in the key guidance published by the GMC on being a sound and safe medical practitioner. Trainees should submit the relevant revalidation self-declaration to the LETB/deanery prior to their Annual Record of Competency Progression (ARCP) meeting. This is a 'Form R'. Failure to upload your form R to ISCP in good time before your ARCP, may result in an unfavourable outcome (ARCP 5). During training the Postgraduate Dean is your Responsible Officer (RO).

You should be familiar with 'The Gold Guide' and understand the principles of the ARCP outcomes. In the Gold Guide under ARCP: Collecting the evidence it states "The educational portfolio must be made available to HEE, NES, the Wales Deanery or NIMDTA at least two weeks before the date of the ARCP panel meeting". If you miss this deadline, you may receive an ARCP Outcome 5, or worse.

Prior to each ARCP you should complete and upload a pre-ARCP checklist to ISCP. This is best completed at your final meeting with your Assigned Educational Supervisor (AES). You should both be aware of the 2 week pre-ARCP deadline.

On the checklist there is a reminder to upload eLogbook reports for each training rotation and for your specialty training so far. A separate SAC Report and Group Report should be uploaded for each time period. These reports should be clearly and accurately labelled and placed in the Other Evidence Tab under Miscellaneous. The SAC eLogbook report shows your progress against the Indicative Numbers. The Group eLogbook Report shows your total experience and the percentage validation of your eLogbook records. If you have significant pre-specialty training experience, you could also upload 'total training' SAC and Group reports but these must be marked as such. The GMC does not formally recognise activity outwith specialty training for the purposes of certification.

By the completion of the training programme, you will have experienced all the subspecialty practices of Oral and Maxillofacial Surgery and should be capable of undertaking duties of the role of a consultant. Each placement will provide you with access to clinics, theatre lists and teaching, which

will enable you to meet the requirements of the Oral and Maxillofacial Surgery curriculum and expectations of the programme.

Show an energetic and organised approach in exploiting all available training opportunities, being flexible, and attending to all clinical exposure on offer, even 'routine' case-mix treatments. In general, you will have a personal timetable which you should adhere to except by agreement.

You should have a regard for the effects on clinical commitments and activity of sudden or unannounced changes in your availability. Even though your presence at a clinical session may be considered supernumerary, good time management and cooperation with administrative staff is an essential attribute in a surgeon.

ISCP is the source of information on which your ARCP is based. ISCP is a formative process and the Workplace Based Assessments (WBAs) you undertake are designed to show your progress in acquiring competences, evaluated at your ARCP. Assessment of progress is substantially based on structured supervisors' reports informed by formative assessments. You should have a balanced range of WBAs showing sufficient progression for your level of training across the broad spectrum of practice. Early in training Directly Observed Procedure (DOPS) may be more appropriate than Procedure Based Assessments (PBAS). A balance of WBAs should include Cased Based Discussions (CBD) and Clinical Evaluation Exercises (CEX), as well as PBAs and DOPS. Trainees should aim for at least one CEX for Consent, Assessment of Audit (AoA), and two Observation of Teaching (OoT) per year.

An inadequate range or number of WBAs, clustering of WBAs in the period just before ARCPs, or lack of progression of level of competency could all contribute to an unfavourable ARCP outcome. Similarly it is your responsibility to ensure sign off of all parts of your learning agreement, complete a personal development plan (PDP), upload your Form R, and ensure all your educational records have appropriate reflection.

Each year you will need to have demonstrated evidence showing completion of specialty specific competences as defined in your learning agreement set up with your AES. You should complete *at least* 10 CBDs (and 10 CEXs) per year, and 20 DOPS/PBAs. A minimum of 40 WBAs are expected per year (please check any local requirements with your deanery/LETB). WBAs should show progression and consistency and be completed contemporaneously, demonstrating reflective practice. They should be validated by a consultant - or by a person approved by a consultant. Aim to complete *a full spread of the assessment tools* – as outlined in your LAs which should reflect your specific learning needs - the temptation to concentrate solely on "surgical" i.e. operating assessments is strong and should be avoided. The aim of training is to produce a fully rounded consultant. The 40 WBAs is a minimum - most trainees will complete many more.

At each meeting with your AES you can review your Topics and Progress against the evidence collected. If there is evidence you have acquired the competencies in that area of the curriculum, you can mark it as 'green' or completed. If not yet complete, you can mark as 'yellow' or in progress.

You must have completed a Multi-Source Feedback (MSF) and have it signed off by your AES prior to your ARCP. You are expected to attend at least 70% of the regional teaching sessions or provide valid reasons for any absence.

You are required to complete 1 audit/quality improvement project per year as principal investigator, to be presented, along with ISCP upload including supervisors' evaluation and outcomes/your reflection. It is expected that you would have been involved in supporting other audit work including at higher levels.

You must complete your initial AES meeting within 4 weeks of starting and the interim and final reviews in a timely fashion. Specifically - *all* appropriate sign-offs must be complete *before* your ARCP. Please also record any absence including sickness within ISCP.

The eLogbook is the approved surgical logbook for specialty training in OMFS. Your logbook should be up to date and practical activities to demonstrate your professional skills should be performed regularly. **NB:** New trainees must ensure that their logbook is accessible to their AES and their profile is accurate. Best practice is that your eLogbook records are verified by your consultant contemporaneously (ideally whilst in theatre) or at worst on a fortnightly basis. Advice for trainees about using the eLogbook is updated annually and circulated by the eLogbook specialty lead. You should ensure you have seen and read this guidance.

Each year you should review the Certification Guidelines for OMFS and consider the 'gap' between your current portfolio and that required. This is particularly important at the end of ST6 when you should meet the requirements of the penultimate year checklist.

The Certification Guidelines reference the OMFS indicative numbers. These are numbers of index procedures which trainees are expected to have completed by the end of their training. As components of training rotations will vary in their access to these index procedures, it is important that trainees are aware of these indicative numbers from the start of their training, and maximise the training opportunities available to them. The indicative numbers are considered in the context of Workplace Based Assessments (WBAs) and other evidence of competency. ARCP panels reviewing a trainee's portfolio which lacks evidence of experience (indicative numbers) or competency (WBAs) in key areas may award an unfavourable outcome.

The indicative numbers include some procedures which may not be available in your training rotation (craniofacial surgery, cleft lip and palate surgery, temporomandibular joint (TMJ) replacement). Aim to gain some exposure in these areas early in your training (as tasters), and further experience later in your training, ideally in the run up to the FRCS examination.

Important: In addition to the annual requirements:

- Aim to successfully complete the intercollegiate specialty FRCS in ST6/ST7.
- By ST7, you are required to show evidence of engagement with research, knowledge of research methods and competency in their appraisal. You will be expected to complete 5 pieces of evidence from the following: first author publications, presentations at national or international meetings, extensive literature review and presentation at local meetings/regional teaching. Two of these pieces of evidence should be completed by the end of ST4. A broad outline of your evidence must be agreed with your AES and/or TPD to ensure it meets the relevant requirements/standard. You should also have completed a Good Clinical Practice (GCP) course in Research Governance and a course in research methodologies.
- Maintain current ATLS status.

- Provide evidence of management skills and team-working e.g. running rotas, committee work, writing protocols. These roles should be able to demonstrate feedback received for these roles.
- Attend all the essential courses recommended in your programme - and desirable courses where possible.
- Maintain an up-to-date, well presented portfolio throughout specialty training, which will be assessed annually as part of the ARCP process.
- It is strongly recommended that you retain your General Dental Council (GDC) registration at least until the award of certification and appointment into a consultant post. Please note that holding a full and current registration or having confirmation from the GDC that your dental qualification is 'registerable' is mandatory in order to be recommended for certification.

Finally it is a requirement that you must complete the local deanery or LETB survey on an annual basis. The email confirmation of completion should be uploaded into ISCP. You will also be expected to complete the annual GMC and JCST surveys.

Should you have cause to make comment or concerns about your training at any point, you are advised to follow the processes set out by your deanery/LETB. Escalation of issues should follow the order AES – Lead Trainer – TPD – Head of School of Surgery - and *only* if not resolved at each stage.

When you have a 'face-to-face' ARCP, there will usually be an SAC Liaison Member (LM) present. They will be an experienced trainer from another training rotation who is there to provide 'externality' to the process. Information about the roles of LMs is available on the JCST website.