

Certification Guidelines for Oral & Maxillofacial Surgery

All trainees seeking certification in Oral & Maxillofacial Surgery must:

- a) be fully registered with the GMC and have a licence to practise.
- b) have undertaken 5 years of higher surgical training in a UK or Ireland training programme¹.
- c) have successfully passed the Intercollegiate Specialty Board examination.
- d) have been awarded an outcome 6 at a final ARCP (gained all required competencies).
- e) either be on the GDC register or be in possession of the ORE or LDSRCS. The letter of successful completion of the ORE or LDSRCS should state that the candidate is eligible to apply for registration with the GDC. Those previously on the GDC register, but who have chosen not to re-register, should obtain a letter from the GDC confirming that their qualification entitles them to GDC registration. Where the GDC are not prepared to issue such a letter, then the candidate will have to re-register with the GDC before certification can be awarded.

In addition, trainees should be able to satisfy the following specialty specific guidelines:

	Guidelines for Oral & Maxillofacial Surgery
Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus	Trainees must have experienced five years of progressive training rotating through posts in a minimum of two centres, whose HST posts are compliant with the JCST/SAC QIs 1-9 and 10-14.
Operative experience - consolidated logbook evidence of the breadth of operative experience defined in the specialty syllabus	For guidance on the number and range of operative procedures, trainees should consult the latest version of the indicative numbers guidance document . This is available from Training Programme Directors, SAC trainee representatives and the JCST website.
Operative competence - evidence of competence in indicative operative procedures to level 3 or 4 (evidenced by PBAs defined by the specialty)	Trainees must have evidence of progression in operative skills to be demonstrated by a full set of PBAs in index operations to the designated level.
Research - evidence of an understanding of, and participation in, research as defined by the specialty	Trainees must provide evidence of the demonstration of critical appraisal and research skills (as demonstrated by a publication list with evidence of regular annual publications, presentations, posters and/or a higher degree). By the end of training, trainees are expected to have completed five pieces of evidence from the following: first author publications,

¹ This will include out of programme training

	presentations at national or international meetings, extensive literature review and presentations at local meetings/regional teaching.
Quality Improvement - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty	Trainees must provide evidence of the completion of one audit or quality improvement project per year where the trainee is the principal person responsible for the audit or project. Any audit must have been presented locally as part of the clinical governance mechanisms of the NHS. During the course of the training programme, at least one audit project must include a review of personal outcomes. There should also be evidence of having been involved in supporting other audit work.
Medical Education and training - evidence of an understanding of, and participation in, medical education and training as defined by the specialty	Trainees should have completed courses in training and education by the time of certification. This could include teaching on a course; organising a course/conference; a diploma certificate or degree in education. Trainees should have attended a 'Training the Trainers' or equivalent course during training.
Management and leadership - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction	<p>Trainees must be able to demonstrate management skills and team working, e.g. running rotas, sitting on management committees, writing and implementing protocols, improving services.</p> <p>Trainees should provide evidence of leadership skills. Evidence of this may be via: setting up and running a course; being a trainee representative regionally or nationally; obtaining a leadership qualification. They should have completed a health service management course.</p>
Additional courses / qualifications - evidence of having attended specific courses/gained specific qualifications as defined by the specialty	Trainees must have a valid ATLS® provider or instructor certificate at the time of certification. They should provide evidence of having completed a course in a topic relevant to their special interest.
Educational conferences - evidence of having attended appropriate educational conferences and meetings as defined by the specialty	Trainees should provide evidence of attending the courses as recommended by the SAC and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days.