

## 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 (UK trainees) or be registered with the IMC (Republic of Ireland trainees).
- b) have completed a recognised higher surgical training programme in the UK or Republic of Ireland<sup>1</sup>.
- 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 Dental Register held by the General Dental Council (GDC) or, if not currently on the Dental Register, provide a letter from the GDC in which the GDC confirms the applicant holds a dental qualification which the GDC recognises as fully registrable. This letter must be generated within 3 months of their application and be in the format agreed by the SAC in OMFS. 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.
- f) be able to demonstrate the acquisition of the appropriate Generic Professional Capabilities (GPCs) as described in the GMC framework (UK trainees only).

In order to be awarded an outcome 6 at final ARCP, the SAC would expect that trainees should be able to satisfy the following specialty specific guidelines:

	<b>Guidelines for Oral &amp; Maxillofacial Surgery</b>
<b>Clinical experience</b> - evidence of the breadth of clinical experience defined in the specialty syllabus	Trainees must have completed a training programme <sup>2</sup> rotating through posts in a minimum of two centres, whose HST posts are compliant with the JCST/SAC QIs 1-9 and 10-15.
<b>Operative experience</b> - 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 <a href="#">indicative numbers guidance document</a> . This is available from Training Programme Directors, SAC trainee representatives and the JCST website.
<b>Operative competence</b> - 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.

<sup>1</sup> This will include out of programme training.

<sup>2</sup> Trainees will usually spend five years in Higher Surgical Training (HST).

<p><b>Research</b> - evidence of having met the relevant requirements for research and scholarship. For UK trainees, this can be found in the GMC's Generic Professional Capabilities framework. Broadly, this includes:</p> <ol style="list-style-type: none"> <li>1. The demonstration of evidence based practice</li> <li>2. Understanding how to critically appraise literature and conduct literature searches and reviews</li> <li>3. Understanding and applying basic research principles</li> <li>4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities</li> </ol>	<p>Trainees must provide evidence of the demonstration of critical appraisal and research competence. By the end of training, trainees are expected to have completed five pieces of evidence from the following: first author publications, presentations at national or international meetings, extensive literature review and presentations at local meetings/regional teaching. Trainees should have completed a Good Clinical Practice (GCP) course in Research Governance and a course in research methodologies.</p>
<p><b>Quality Improvement</b> - evidence of an understanding of, and participation in, audit or service improvement as defined by the specialty</p>	<p>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.</p>
<p><b>Medical Education and training</b> - evidence of an understanding of, and participation in, medical education and training as defined by the specialty</p>	<p>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.</p>
<p><b>Management and leadership</b> - evidence of an understanding of management structures and challenges of the NHS in the training jurisdiction</p>	<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>
<p><b>Additional courses / qualifications</b> - evidence of having attended specific courses/gained specific qualifications as defined by the specialty</p>	<p>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.</p>
<p><b>Educational conferences</b> - evidence of having attended appropriate educational conferences and meetings as defined by the specialty</p>	<p>Trainees should provide evidence of attending the <a href="#">courses as recommended by the SAC</a> and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days.</p>

Please note that all evidence required for the award of ARCP 6 should be uploaded onto the ISCP in good time for the final ARCP meeting. There is further information on the [JCST website](#) which may be useful to trainees applying for certification at the end of training and those assessing applications.

**Award of an ARCP outcome 6 where the only reason not to recommend award of CCT/CESR(CP) is absence of proof of a fully registerable dental qualification.** Where an ARCP panel recommends an Outcome 6 but the trainee is unable to be recommended for a CCT/CESR(CP) because they lack proof that they possess a registerable dental qualification i.e. the trainee's portfolio is satisfactory for certification in all other respects, the SAC Liaison Member should indicate this in their comment in the trainee's online ARCP outcome.

**Award of an ARCP outcome 4 where the only reason for non-completion of the training programme is failure to pass the FRCS examination.** Where an ARCP panel recommends the award of an outcome 4 where failure to pass the FRCS examination is the sole reason i.e. the trainee's portfolio is satisfactory for certification in every other way, the SAC Liaison Member should indicate this in their comment on the trainee's online ARCP form.