

**ST3 - ST7
SPECIALIST TRAINING INFORMATION**

ORAL & MAXILLOFACIAL SURGERY

JULY 2023

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ROYAL COLLEGE OF SURGEONS IN IRELAND



RCSI

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WELCOME

Dear Trainee,

Congratulations on your appointment to Specialty Training in Oral & Maxillofacial Surgery (ST3-ST7).

Please take time to read this document, as it will aid you in your development through each year of training from ST3 to ST7.

There are processes in place and these must be followed in order to ensure the smooth running of the training programme.

In particular, I would advise you to give your Specialty Administrator, your Consultant Trainers and your Programme Director as much notice as possible when you require their assistance.

In my role as Programme Director, I am here to fully support you in your training. Please contact your Specialty Administrator, Roisin Scally, should you require any assistance. Roisin will be happy to direct your queries to me.

I hope that your experience of Specialty Training in Oral & Maxillofacial Surgery will be a positive one and may I wish you the best in your surgical training career.

Yours faithfully,

Mr Mark Wilson

Programme Director for Specialty Training in Oral & Maxillofacial Surgery

IMPORTANT INFORMATION

Specialty Training Administrator for Oral & Maxillofacial Surgery Trainees:

Roisin Scally

RCSI Surgical Affairs, Royal College of Surgeons in Ireland

121/122 St. Stephen's Green, Dublin 2, Ireland

Tel: 01 402 2166 / 01 402 5191 E: roisinscally@rcsi.com W: www.rcsi.ie

1. MEETING WITH THE TRAINING PROGRAMME DIRECTOR (if required)

If you have any questions before starting the programme you may wish to meet with the TPD, **Mr Mark Wilson**

If you require a meeting with the TPD during your time on the programme, please contact your Specialty Training Administrator: roisinscally@rcsi.ie, to arrange this.

2. TRAINING UNITS

3.

Specialty training in OMFS is a five-year programme. During your time on the programme you will rotate through the majority of the accredited training post hospitals.

Cork University Hospital

South Infirmary Victoria University Hospital

St James's Hospital

Our Lady's Children's Hospital Crumlin

Beaumont Hospital

Dublin Dental University Hospital

University Hospital Galway

University Hospital Limerick

4. ORAL & MAXILLOFACIAL SURGERY TRAINING COMMITTEE

The RCSI OMFS Training Committee's role is to oversee and approve the processes and policies of Specialty Training in OMFS Surgery in Ireland. The Committee's mandate is training and they have no role in matters of industrial relations.

OMFS TRAINING COMMITTEE

Programme Director for Specialty Training

Mr Mark Wilson

National Maxillofacial Unit, St. James's Hospital

Mr Gerry Kearns

Mr Padraig O'Ceallaigh

Mr Dermot Pierse

Mr Kumara Ekanayake

Mr John Ed O'Connell CST, TPD

Mr Conor Bowe

Cork University Hospital

Mr Christopher Cotter

Prof Conor Barry

University Hospital Galway

Mr Patrick McCann

Mr Tom Barry

University Hospital Limerick

Mr Michael Gilbride

5. INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (ISCP)

General Overview of the Intercollegiate Surgical Curriculum Programme (ISCP)

The Intercollegiate Surgical Curriculum Programme (ISCP) provides the approved framework for surgical training from ST3 to ST7 through to consultant level.

The curriculum guides and supports training up to Certificate of Satisfactory Completion of Specialist Training (CSCST) in a surgical specialty.

The curriculum enables trainees to develop as generalists within their chosen surgical specialty, to be able to deliver an on-call emergency service and to deliver more specialised services to a defined level.

The curriculum was founded on the following key principles, which support the achievement of these aims:

- A common framework across all the specialties within surgery.
- Curriculum standards that conform to the standards specified by the IMC/GMC.
- Delivery of the curriculum by surgeons who are appropriately qualified to deliver surgical training.
- A robust assessment system to enable systematic progression through to completion of surgical specialty training.
- Regulation of progression through training by the achievement of outcomes that are specified within the specialty curricula.
- Formulation and delivery of surgical care by surgeons working in a multidisciplinary environment.
- Collaboration with those charged with delivering health services and training at all levels.

Each of the individual Surgical Curriculum are available on <https://www.iscp.ac.uk/iscp/surgical-curriculum-from-august-2021/about-the-surgical-curriculum/>

Trainee Registering and Engagement

As a Trainee on the OMSF Surgery Programme, you will be required to use ISCP throughout your time in training.

You will need to register with the site (www.iscp.ac.uk)

Please do not pay the fee directly RCSI cover this.

The ISCP platform provides a huge amount of information and resources for trainees and we would

encourage you to engage with these prior to starting in your rotation. Reference guides and videos can be located [HERE](#)

RCSI Support

RCSI is committed to offering support and training to all trainees and trainers using ISCP.

Training sessions are regularly run at various hospitals to support your trainers on how to manage and utilise the ISCP platform. These sessions are then open to trainees to attend following the main event for the trainers.

Trainee ISCP Training will be held either in RCSI or virtually with our ISCP Trainer Dr Helen Harty: helenharty7@gmail.com, your ST Administrator along with the ISCP Helpdesk (0044 207 869 6299 or helpdesk@iscp.ac.uk) are available on email and phone to support queries from all trainees. There are also a huge range of tutorials and supports available on the ISCP platform that you can access at any time.

ISCP account Post CSCST

Upon successful completion of training you can contact the ISCP helpdesk to change your user type to consultant. This means that your training records are merely hidden. Your user type can be transferred back to trainee, if you require access your training account/data. Please note that RCSI do not hold a copy of your training record.

RCSI Logbook

RCSI has developed its own RCSI logbook and trainees progressing from CST will continue to use this logbook to record activities as normal. The logbook will be available to view by your Training Programme Directors and Trainers for key events such as ARCPs.

A reporting function is available on the logbook for your ARCP (Print ISCP Report), here you will select the date range and export your logbook for upload to ISCP in advance of your meeting. The steps to complete this can be found in appendix

If you have not previously used RCSI Logbook you will need to access the logbook via mSurgery.ie via your RCSI account.

All Trainees commencing Specialty Training at ST3 are required to log procedures on the RCSI logbook. Any queries regarding accessing the platform please contact your specialty administrator.

6. GUIDELINES FOR ORAL & MAXILLOFACIAL SURGERY

Clinical experience - evidence of the breadth of clinical experience defined in the specialty syllabus. Trainees must have completed a training programme rotating through posts in a minimum of two centres, whose HST posts are compliant with the JCST/SAC QIs 1-9 and 10-15.

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 (available on the JCST website). 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 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:

1. The demonstration of evidence based practice
2. Understanding how to critically appraise literature and conduct literature searches and reviews
3. Understanding and applying basic research principles
4. Understanding the basic principles of research governance and how to apply relevant ethical guidelines to research activities

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.

Quality Improvement - evidence of and 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

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.

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.

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 (list available on the JCST website) and attending and contributing to national and international conferences during training. Training programmes require attendance at over 70% of the regional training days.

Trainee Portal - Connect SA

When you log into your trainee portal using your RCSI credentials you will see all your rotations displayed. You can sign up for your classes, mandatory workshops, Human Factors etc. You can also upload specific documentation related to your Training journey as a document library is available specifically for all trainees.

Joint Committee on Surgical Training (JCST)

The JCST is an advisory body to the four surgical Royal Colleges of the UK and Ireland for all matters related to surgical training and works closely with the Surgical Specialty Associations in Great Britain and Ireland.

The JCST is the parent body of the Specialty Advisory Committees (SACs) and the Training Interface Groups (TIGs).

The JCST needs your CST/CCBST certificates in order to register you with the Specialty Advisory Committee (SAC). <http://www.jcst.org>



7. RESEARCH METHODOLOGY COURSE FOR SURGICAL TRAINEES

The Irish Surgical Postgraduate Training Committee is committed to ensuring that surgical trainees have good exposure to academic surgery as an integral part of surgical training. As a first step, a taught course in research methodology was introduced in 2015.

This is a modular programme which runs over four days in ST3 and ST4 (i.e. two days in each training year).

The programme gives a comprehensive introduction to research methodology relevant to surgeons. After ST4, some trainees may opt to take time out of surgical training to pursue an MD or PhD through full time research for two years.

However the taught programme is intended for all surgical trainees, even if they do not plan to pursue an MD or PhD later. The ISPTC has deemed this programme mandatory for all ST3 trainees in all specialities and you will be required to complete the 4 modules in order to be “signed off” in your ARCP at the end of ST4. However, those trainees who have already completed a taught MCh, or MD or PhD are exempted from the research methodology course as they have already completed a similar course as part of their higher degree. Trainees commencing in ST3 will be contacted with details of the course including exemption details.

A copy of the Research Methodology exemption form can be downloaded from m-surgery link: <https://msurgery.ie/home/specialist-training/financial-support/>

The dates for the Research Methodology modules are usually scheduled as follows:

Module 1: October 2023

Module 3: November 2023

Module 2: February 2024

Module 4: April 2024

These classes are being run online via Moodle.

8. HUMAN FACTORS IN PATIENT SAFETY (HFPS)

A programme of professional training in Human Factors in Patient Safety principles is a mandatory component of training for all surgical trainees commencing at Core

Training and continuing up to the final year ST7 Specialty Training. The programme is delivered at No 26 RCSI by trained faculty members and adjunct Consultant trainers.

The Human Factors in Patient Safety programme provides a greater awareness of risk and error in the workplace by providing trainees with skills required to mitigate risk and prevent adverse outcomes. The programme supports the professional development

of trainees and seeks to reinforce and ensure a culture of patient safety for the benefit of hospital patients. The RCSI Human Factors in Patient Safety programme also has a unique focus on non-technical skills, such as communication, teamwork, decision-making, leadership

and managing stress emphasising how these skills are facilitate better performance and enhanced self-care.

Training sessions use a combination of interactive classroom-based and experiential teaching methods. Classes are kept to a maximum of 25 attendees or less to allow for role-play, high fidelity simulation and repeated skills practice. Emergency Medicine, Ophthalmology, Radiology and Surgical trainees attend sessions together which stimulates multidisciplinary communication and reflection on clinical practice. Sessions are facilitated by a Human Behaviour specialist and a consultant in Surgery, Emergency Medicine, Radiology and Ophthalmology where appropriate. Each trainee must attend all mandatory components of training which have been tailored to their training level and their specialty.

Workshops: One per year. Classroom based learning

- 21st Century Professionalism (ST3)
- Safety Management Systems (ST4)
- Advanced Communication: Advocacy and Negotiation (ST5)
- Leadership (Emotional Intelligence) (ST6)

SpR Year 7/8 Cycle 1

- Train the Trainer
- Expert performance Cycle 2
- Healthcare Management:
- Preparation for Consultant Practice
- Presentation and Interview skills

The curriculum is mapped to a taxonomy of professional outcomes which have been categorised into eight pillars.

PILLARS OF PROFESSIONAL OUTCOMES

Attitudes, Behaviours and Performance

Cognition and Problem Solving

Professionalism

Safety Management Systems

Communication

Team work

The HFPS programme is a mandatory component of training. All Speciality Trainees expected to attend their mandatory identified programme of HFPS Simulation and workshops throughout their training in years ST3 to ST7. Trainees should retain their certificate of attendance or each module attended throughout the programme, this is sent the day after the course is attended to your RCSI email address and should be uploaded to ISCP. Failure to do so could lead to difficulties in your sign off for CSCST in ST7.

There are a limited number of places on each course date, places will be allocated on a first-come, first serve basis, once these are filled that date is no longer available and you must select another date. All classes take place in RCSI Dublin.

It is your responsibility to ensure you have selected a date for each module.

When selecting your dates you should check with your colleagues that you are not attending the same date. It is important that you notify your Medical Manpower Manager and Consultant Trainers to the dates you have agreed to attend well in advance.

Should you have any queries in relation to your classes please contact the relevant administrator: Operative Surgical Skills - email oss@rcsi.ie / Human Factors in Patient Safety - humanfactors@rcsi.ie

9. ALTERNATIVE FLEXIBLE TRAINING ARRANGEMENTS

Trainees wishing to avail of flexible training options out with of the HSE supernumerary offering should discuss options with their Training Programme Director and Hospital MMM.

Other alternatives can be explored for e.g. a 4 day week, week on week off in line with both your training requirements and those of the hospital you work in.

Trainees can also avail of job-sharing opportunities for a set period of time. Job-sharing works on the basis that two Trainees will share one full-time post with each Trainee working 50% of the hours.

The aim of any approach to flexible training is to retain doctors within the medical workforce who are unable to continue train on a full-time basis.

It is important to note that any flexible training option approved will result in an extension to your CSCST date. Please see mSurgery Link: www.msurgery.ie



10. OUT OF PROGRAMME RESEARCH / TRAINING / EXPERIENCE

Applications for OOPR / OOPE & OOPT must be submitted 12 months prior to expected start date. This timeline must be adhered to in order to process necessary approval from OMFS Training Committee & SAC Committee.

If deemed appropriate by the Training Committee, you can apply for time out of programme on, to count towards training. To go on OOP training you will need to:

- ~ Discuss your intention with your Training Programme Director (TPD) and gain their support.
- ~ Contact the RCSI to ask which applications are required to apply.
- ~ Once you have the support of your TPD, you will need to make an initial application to your SAC for prospective support.

If training in the UK is required as part of your training, this will be deemed OOPT and an application must be made to the JCST/SAC to have this time counted towards your training.

Out of Programme Research (OOPR)

As an Irish SpR trainee you can count up to 12 months research towards training. This research may have been undertaken before you started your NTN training.

Even if you obtain SAC prospective support for your OOP research, your certification date will be extended by the whole of the research period. It is only once your RITA panel assess it that your certification date might be amended to reflect your research period.

To go on OOP research you will need to:

- Discuss your intention with your Training Programme Director (TPD) and gain their support
- Contact the RCS Ireland and ask what applications you need to make to them to gain their support
- If the time is not going to count towards training, you just need to ask the RCS Ireland to send confirmation to the JCST that this period of OOP research is not counting towards training and the exact dates (dd/ mm/yyyy) of the period
- If the time is to be counted towards training, once you have the support of your TPD you will need to make an initial application to your SAC for provisional support
- When you have completed your period of research, your RITA panel will need to assess it to determine if the research met training standards and you are on track for the award of your certificate.
- OOPT links on JCST website:
- <https://www.jcst.org/irish-trainees/out-of-programme/>

11. HSE NATIONAL FLEXIBLE TRAINING SCHEME

The HSE National Flexible Training Scheme for Higher Specialist Trainees is a national scheme managed and funded by the Health Service Executives National Doctors Training and Planning (NDTP) Unit. The scheme provides for a limited number of supernumerary places to facilitate doctors at higher specialist training level to continue their training in a flexible manner for a set period of time.

The guide sets out the current details of the National Flexible Training Scheme and provides information for Trainees about the programme and the application process. Applications generally open at the beginning of August and close at the end of December for the training year commencing the following July.

Please see mSurgery Link: www.msurgery.ie

12. POST-REASSIGNMENT REQUEST

The post reassignment process has been established to support Trainees who have had an unforeseen and significant change in their personal circumstances since the commencement of their current training programme (ST1 - ST8) which requires a change to the agreed post/rotation.

This process is managed by Postgraduate Training and governed by the specialty and ISPTC.

Please see mSurgery Link:

~ www.msurgery.ie/postyear

13. CAREER BREAK INFORMATION FOR NCHDS

NCHDs who travel abroad can now apply for a career break and if approved will remain on the superannuation scheme. NCHDs wishing to avail of a career break under this arrangement must apply to their Employer in sufficient time before the expiry of their current contract.

For those NCHDs participating in a Specialist Training Scheme they must also apply to the relevant postgraduate medical training body and obtain the formal written approval of the relevant postgraduate medical training body. This formal written approval must be attached to the career break application to their employer.

~ www.msurgery.ie

14. CERTIFICATE OF SATISFACTORY COMPLETION OF SURGICAL TRAINING (CSCST)

All Trainees must have completed and passed the Fellowship of the Royal College of Surgeons (FRCS) along with reaching all their required training competencies before they can be signed off for Certificate of Satisfactory Completion of Surgical Training (CSCST).

The JCST/SAC review all documentation in the Trainee's CSCST application and make a decision on whether the training has been satisfactory enough for sign off. Any issues that are identified can result in an SAC decision for the Trainee to undergo further training.

When applying for CSCST you need to ensure that:

- You have considered your specialty's [curriculum](#) and [Certification Guidelines](#) and ensured that your ISCP portfolio demonstrated evidence that all required competencies have been met.
- Your ISCP profile is up-to-date with validated data, including validated WBAs
- Your logbook is current and covers all your training.
- You have uploaded an up-to-date CV, ensuring it shows all your training posts including dates for each.
- You hold a current ATLS certificate

15. MATERNITY/PATERNITY LEAVE/ CHILDCARE

As Maternity/Paternity Leave also affects the CSCST date, you will be required to inform your Programme Director and the College of your Maternity/Paternity leave start and finish dates when you have them. Trainees must also inform their employer as per their HSE contracts.

Childcare

RCSI provides a subsidy and has an agreement in place Giraffe Crèches (at its Dublin sites) for a limited number of childcare places for children of RCSI staff and registered full-time students in the Schools of Medicine (including Physician Associates programme), Physiotherapy, Pharmacy and School of Postgraduate Studies students studying full-time on a Research programme i.e. MCh by Research, MSc by Research, MD and PhD. Please note this offer does not extend to Postgraduate Surgical or Emergency Medicine Trainees who are not in full time education in RCSI.

16. EXCEPTIONAL LEAVE

Trainees can be granted three months exceptional leave for illness/exceptional circumstances. This will add three months to your expected CSCST date.

The SAC require a letter outlining the reasons for the exceptional leave and what you will be doing during this time. A letter from the TPD is also required confirming Specialty committee agreement for exceptional leave and confirm your new completion date. Trainees must also inform their employer as per their HSE contracts.

17. FUNDING

Funding is available to Trainees via a number of different funding streams. Please see table below for a brief overview of all funds. The guidelines and refund forms for all the mandatory, specialist, surgical loupes and clinical courses and examination funds are located on the MSurgery website.

SPECIALIST TRAINING FUND

- ~ Run by RCSI on behalf of HSE/NDTP.
- ~ For training courses/activities, equipment, books, expenses.
- ~ €500 per year per Trainee.
- ~ Funding will be carried over year-on-year e.g., three years unclaimed will give the Trainee €1500 to claim.

CLINICAL COURSES AND EXAMS FUND

- ~ Run by HSE/NDTP for courses and exams only on the approved list.
- ~ €450 per claim, no restrictions on how many claims you may submit per year.
- ~ Trainees must claim for this fund through the HR Departments in their hospital within six months of attending the exam/course.

SURGICAL LOUPES FUND

- ~ Amount available to Trainees dependant on number of claims.
- ~ The Surgical Loupes application form will be emailed to you as soon as it is available, usually in March.
- ~ Trainees must submit application and loupes receipt in order to qualify for funding to their ST Administrator.

TRAINEE SUPPORT SCHEME

- ~ This scheme is open to all NCHDs
- ~ €2500 is available to SpRs annually for refunds on conferences, courses attended etc.
- ~ More information on this scheme can be found here:
<https://msurgery.ie/home/specialist-training/financial-support/training-support-scheme-tss-for-nchds/>

ISCP

- ~ Available to ST3=ST8 (depending on Specialty)
- ~ €300 per year

If a rotation in the UK is deemed appropriate by the Specialty Training Committee, RCSI will liaise with NDTP to acquire appropriate funding.

18. LIBRARY ACCESS

You will need an **RCSI email** to access journals on the RCSI website, electronic library and also to gain entry to the library. Your **student identification card** may be obtained from the **IT department**, ground floor, RCSI, 121 St. Stephens Green.

19. ACCESS YOUR RCSI MEMBERSHIP BY REMAINING IN GOOD STANDING

As you commence your new HST year, a reminder that RCSI Membership subscription year runs from 1 May to end of April. As a Higher Surgical Trainee and RCSI Member, it is important that you remain in Good Standing with the College by paying your annual subscription.

By supporting the College in this way, you remain part of a global network of over 11,000 Fellows and Members in 89 countries worldwide, giving you competitive advantage internationally through verification of your award and use of your post-nominals.

Membership also gives you other opportunities, including a dedicated Fellows and Members portal with access to e-journals and online resources such as The Surgeon, Annals of Surgery, Elsevier journal, Lib Guides and surgical skills guides, institutional repositories and a wealth of information through our Library services along with career opportunities through Fellowship, award and bursary opportunities, mentorship, specialty webinars, CPD opportunities and career development advice.

To avail of the benefits of being one of our Higher Surgical Trainees, we strongly encourage you to remain In Good Standing - you can check the status of your RCSI membership and pay your subscription [HERE](#)

We are grateful to all RCSI Fellows and Members who continue to pay their annual subscription and support the College and future generations of Surgeons. The Fellows and Members office are the office with responsibility for supporting the professional surgical network internationally. You can contact them at fellows@rcsi.ie

20. THE IRISH SURGICAL TRAINING GROUP (ISTG)

The Irish Surgical Training Group is a group of Surgical Trainees who represent all sub-specialty Trainees in Ireland from ST 1-8. The aims of the group are as follows:

- ~ To provide leadership for Surgical Trainees of all disciplines.
- ~ To represent the voices of Surgical Trainees as key stakeholders in planning of surgical training with all training bodies and committees.
- ~ To provide a forum for the discussion of surgical training issues through meetings:
- ~ Training information evening and AGM: get the inside track on life as senior Trainee on your sub-specialty of interest.
- ~ Annual meeting of ISTG and Bosco O'Mahoney lecture: part of Charter day meeting: themed meeting on issues affecting surgical Trainees, reports from recent fellowships.
- ~ Annual Trainee dinner and presentation of Silver Scalpel Award.

The ISTG can provide support and advice to Trainees and can be contacted at irishsurgicaltraininggroup@gmail.com. It would be a good idea to email this group and request they put you on their mailing list

21. RCSI SURGICAL FELLOWSHIPS AND AWARDS

The College is committed to encouraging the acquisition of additional training and skills outside the structured programmes of the College and, to this end, provides a range of scholarships and grants in postgraduate surgery to assist surgeons-in-training and recently appointed Consultant Surgeons to gain additional expertise in centres of excellence overseas.

Applicants must be Fellows or Members of the Royal College of Surgeons in Ireland who are in good standing. http://www.rcsi.ie/fellowships_and_awards

22. IMPORTANT CONTACT DETAILS

Training Programme Director

Mr Mark Wilson
E: markwilson@rcsi.com

Surgical Training Office

1st Floor 121 St. Stephens Green

Specialty Training Administrator for OFMS

Roisin Scally
E: roisinscally@rcsi.ie
T: 01 402 2166

Intercollegiate Surgical Curriculum Programme (ISCP)

Helpdesk Opening Times are:
Monday to Friday, 09.00 am - 17.00 pm
T: 0044 20 7869 6299
E: helpdesk@iscp.ac.uk W: www.iscp.ac.uk

Joint Committee on Surgical Training

34-35 Lincoln's Inn Fields, London, WC2A 3PE, England
www.jcst.org

Specialty Manager
T: 0044 020 7869 6256

RCSI Reception

121 Stephens Green, Dublin 2
T: 01 402 2422 T: 01 402 2263

RCSI IT Department

Ground Floor, RCSI House, 121 St Stephens Green, Dublin 2
T: 01 402 2273 E: helpdesk@rcsi.ie

RCSI Library

T: 01 402 2409 E: librarysec@rcsi.ie
W: www.rcsi.ie/library

RCSI Student Academic and Regulatory Affairs Office (SARA)

1st Floor, 123 St Stephens Green, Dublin 2
T: 01 402 2222 E: ssgsara@rcsi.ie

APPENDICES

ORAL & MAXILLOFACIAL SURGERY CURRICULUM

Programme of Learning

This section covers the expected learning outcomes, learning methods, breadth of experience and levels of performance at critical progression points in the training programme and the levels of performance expected of those completing training.

What has to be learnt to complete the OMFS curriculum

The practice of OMFS requires the generic and specialty knowledge, clinical and technical skills and behaviours to manage patients presenting with:

- trauma to the face, jaws, mouth and neck
- cancers of the head and neck
- conditions of the salivary glands
- congenital and developmental facial deformity including that involving the skull (craniofacial deformity)
- cleft lip and palate
- concerns with aesthetic appearance
- facial and jaw (TMJ) pain
- conditions of the teeth, mouth and jaws
- infections of the head and neck including life-threatening fascial space infection
- conditions of the oral mucosa
- benign and malignant lesions of the skin of the head and neck region.

It involves development of competence in diagnostic reasoning, managing uncertainty, dealing with co-morbidities, and recognising when another specialty opinion or care is required (as well as developing technical skills in the areas and to the level described in the syllabus as shown in appendix 2). The main clinical areas for learning are described by the CiPs which are the high-level learning outcomes for training in OMFS described below and shown in full in appendix 1.

Capabilities in Practice (the high-level outcomes of training)

Training is designed to produce a person capable of safely and effectively performing the role of a first day consultant surgeon. The role of a consultant surgeon can be thought of as a sum of all the various tasks which need to be performed through a working week. These tasks are the high-level outcomes of the curriculum and grouping these together describe the role of a

consultant surgeon. To perform a high-level clinical task as a consultant surgeon requires trainees to be able to integrate areas of learning from all parts of the syllabus, including knowledge, clinical skills, professional skills and technical skills. In addition, a consultant surgeon will need to have acquired the generic skills, behaviours and values shared by all doctors in order to perform this task safely and well. A capability is a set of skills that can be developed through training from novice to expert and, therefore, these high-level clinical outcomes are known as Capabilities in Practice. They are common across all surgical specialties and are delivered within the context of the GPCs and the specialty syllabus.

There are five CiPs which are shared between all surgical specialties:

1. Manages an outpatient clinic
2. Manages the unselected emergency take
3. Manages ward rounds and the on-going care of in-patients
4. Manages an operating list
5. Manages multi-disciplinary working

The generic knowledge, skills, behaviours and values shared by all doctors are described in the GPC framework. The GPCs are essential components and have equal weight to the CiPs in the training and assessment of clinical capabilities and responsibilities in the training programme.

The GPC framework has nine domains:

Domain 1: Professional values and behaviours

Domain 2: Professional skills

Practical skills
Communication and interpersonal skills
Dealing with complexity and uncertainty
Clinical skills

Domain 3: Professional knowledge

Professional requirements
National legislative requirements
The health service and healthcare system in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and team working

Domain 6: Capabilities in patient safety and quality improvement

Patient safety

Quality improvement

Domain 7: Capabilities in safeguarding vulnerable groups

Domain 8: Capabilities in education and training

Domain 9: Capabilities in research and scholarship

Simply put, the CiPs and GPCs are the constituent parts of the role of a consultant in OMFS. Each part is as important as the next, and doctors are required to be capable in all parts of the role in order to be able to practice independently. In order to complete training and be recommended to the GMC for certification and entry to the specialist register, the doctor must demonstrate that they are capable of unsupervised practice in all the CiPs and GPCs. For example, managing the unselected emergency take (CiP 2) requires the integration of knowledge, clinical and diagnostic skills, and technical skills described in the syllabus as well as communication and interpersonal skills, time management skills and many other generic skills described in the GPCs in order to be delivered safely, professionally and effectively. This will be assessed using the Multiple Consultant Report (MCR) as described below. The full content of the five CiPs can be found in appendix 1.

Descriptors for CiPs

The five CiPs taken together describe the role of a consultant in OMFS but more detail is needed to help trainees develop that capability through training via detailed feedback and focused development goals.

We can break the CiPs down into smaller tasks. Each of these smaller tasks is a CiP descriptor. For example, managing the unselected emergency take (CiP 2), includes the need to promptly assess acutely unwell and deteriorating patients and deliver resuscitative treatment and initial management and ensure sepsis is recognised and treated in compliance with protocol (see appendix 1). If a trainee has not yet reached the level required of a new consultant in a CiP then the descriptors can be used to describe in standard language what needs to be improved through learning and training to allow the trainee to get closer towards the outcome of training. By describing the component parts of a CiP, descriptors also aid decisions on assessment of the level of supervision required by a trainee at the time of that assessment, providing

prompts for feedback of performance by allowing identification of areas of excellence or specific detail on areas for development, including in behavioural and professional domains. Descriptors can, therefore, help trainees identify where to focus their efforts to become competent and safe independent practitioners. More detail about assessment and feedback is given in section 5, Programme of Assessment.

Each CiP is judged against a scale that describes the level of supervision required to perform the CiP to the standard of certification. The level of supervision changes in line with the trainee's progression, consistent with safe and effective care for the patient. Typically, there should be a gradual reduction in the level of supervision required and an increase in the complexity of cases managed until the level of competence for independent practice is acquired. In the early years, therefore, it would be normal for trainees to achieve a lower supervision level and progress as experience is gained.

The supervision levels are:

Level I: Able to observe only

Level II: Able and trusted to act with direct supervision:

- a) Supervisor present throughout
- b) Supervisor present for part

Level III: Able and trusted to act with indirect supervision

Level IV: Able and trusted to act at the level expected of a day-one consultant

Level V: Able and trusted to act at a level beyond that expected of a day-one consultant

Capabilities in Practice	Supervision Level for end of phase 1	Indicative Supervision Level (end of phase 2)	Supervision Level (end of phase 3 and certification)
Manages an out-patient clinic	SL IIa	SL III	SL IV
Manages the unselected emergency take	SL IIa	SL III	SL IV
Manages ward rounds and the on-going care of in-patients	SL IIb	SL III	SL IV
Manages the operating list	SL I	SL III	SL IV
Manages multi-disciplinary working	SL I	SL III	SL IV

Table 1: Supervision levels to be achieved by the end of each phase of training

Critical progression points

The training pathway described above (figure 1) shows that after phase 1 all trainees will complete two further phases. There is a single critical progression point at the end of phase 2. To move from phase 2 to phase 3 trainees must demonstrate knowledge, clinical skills and professional behaviours commensurate with certification and, therefore, become eligible to sit the ISB examination in OMFS. Table 1 shows indicative supervision levels to be achieved to complete phase 2 and the supervision levels required by the end of phase 3. A trainee becomes eligible for certification when supervision level IV has been achieved in each CiP, as well as acquiring all of the skills described in the GPC framework (in addition to the other certification requirements) as confirmed by an ARCP panel.

The curriculum requires trainees to accrue a rich experience that promotes deep learning of knowledge, clinical skills, technical skills, professional behaviour, leadership and all other generic professional skills that are considered necessary to ensure patient safety throughout the training process and specifically at the end of training. The scope of practice of a day-one consultant in OMFS is described in the syllabus. In addition, there are certain skills and conditions within the syllabus that are of such central and fundamental importance to the safe practice of OMFS that they are highlighted as critical conditions and index procedures.

The syllabus

The syllabus, shown in appendix 2, provides a detailed description of the specialty-specific knowledge, clinical and technical skills required for each phase of training and for certification in OMFS. The syllabus is organised into modules with topics which reflect the presenting conditions of patients in relation to the specialty. The

modules reflect the current UK practice of OMFS and allow trainees to concentrate their learning in particular modules and for programmes to facilitate exposure where appropriate for working towards certification. The modules also allow trainees to demonstrate learning beyond that required for certification in an area of special interest in conjunction with level V in the CiPs. It is likely that learning in a number of modules will occur contemporaneously, reflecting the structure of clinical practice. Trainees are expected to have exposure to all modules in phase 2 of training.

Critical conditions

From the syllabus, a list of critical conditions has been identified which are of significant importance for patient safety and demonstration of a safe breadth of practice. Across surgery, these are defined as any condition where a misdiagnosis could be associated with devastating consequences for life or limb. These critical conditions are assessed individually by means of the Case Based Discussion (CBD) and Clinical Evaluation Exercise (CEX), which both include an assessment of clinical judgement and decision-making. They provide formative feedback to the trainee and feed into the summative assessment of the Assigned Educational Supervisor (AES) via the AES report for the ARCP. A list of critical conditions for OMFS is given in appendix 3 and is included in the certification requirements in this curriculum. These critical conditions were decided following wide consultation with clinicians and trainers in the specialty.

Index procedures

In addition to the critical conditions, a list of index procedures has been identified. Index procedures are common but important operations central to the specialty, competence in which is essential to the delivery of safe patient care. Taken together they form

a representative sample of the breadth of operative procedures in the specialty. Learning in the index procedures is indicative of learning in the broad range of technical procedures in the syllabus and surgical logbook and is, therefore, of significant importance for patient safety and demonstration of a safe breadth of practice. Each of these index procedures is assessed individually by means of the Procedure Based Assessment (PBA) which provides formative feedback to the trainee and feeds into the summative AES report for the ARCP. To support the demonstration of a sufficient breadth of experience and achievement of competence in the generality of OMFS and special Interest areas within OMFS, a list of index procedures is included in the certification requirements (section 5.4) and appendix 4a. The indicative numbers expected for OMFS by certification are shown in appendix 4b as trainees would not normally be expected to have achieved sufficient experience to be able to manage the range of pathology they encounter unless these numbers were met. It is recognised that competence could be achieved with fewer cases, if supported by evidence from other assessments. Meeting the numbers does not, in itself, imply competence. These index procedures were decided following wide consultation with clinicians and trainers in the specialty.



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