SPECIALIST ACCREDITATION IN ORAL & MAXILLOFACIAL SURGERY

Aims of the Accreditation Process

The purpose of this accreditation process is to recommend suitable candidates to enter the dental specialist register maintained by the Singapore Dental Council.

Suitable candidates would need to demonstrate clinical expertise and quality of care consistent with that expected of an Oral & Maxillofacial Surgeon practising in Singapore.

Pre-requisites

The candidate applying for accreditation in the specialty of Oral & Maxillofacial Surgery should have successfully completed a formal basic specialist training (BST) programme of at least 36 months and attained a specialist qualification eg. MDS(OMS) or its equivalent that is recognised by the Dental Specialists Accreditation Board. Candidates must satisfy all rules and regulations of the Dental Registration Act.

As the scope of the specialty is extensive, candidates should be in full time practice of Oral & Maxillofacial Surgery for a minimum period of 60 months, which is inclusive of the basic specialist training. Any leave (whether annual leave, or medical leave or Maternity leave, etc) taken in continuity for a period of 4 weeks or more must be excluded from the required minimum period of 60 months. At the time of accreditation, the candidate should be able to demonstrate adequate knowledge, experience and skills in the provision of quality care.

Assessment of Candidates:

The assessment has 2 components:
Part 1: Logbook and Case Presentations will be appraised for eligibility for the Exit Interview (Annex A)
Part 2: Exit interview (Annex B)

Re-supplication

Re-supplication of Part 1: Assessment of Log Book and Case Presentations

Candidates who fail the assessment of log book and/or case presentations will not proceed to *Part 2: Exit Interview.*

For re-supplication, the candidates will have to make good any shortcomings identified by DSAC (OMS) and re-submit the log book and /or case presentations with the necessary amendments.

Re-supplication of Part 2: Exit Interview

Candidates who passed *Part 1: Assessment of log book and case presentations* but unsuccessful at *Part 2: Exit Interview* will need to retake the full exit interview.

Candidates re-supplicating for specialist accreditation in Oral and Maxillofacial Surgery

Part 2: Exit Interview cannot reuse the cases that have been presented or discussed in the previous diet(s). Candidates will need to submit 6 fresh case presentations (one case from each category). The 6 case presentations can be new cases or cases from the log book.

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ANNEX A

PART 1: LOGBOOK APPRAISAL

	Category	Minimum no. of cases	Level of participation
1	**Dentoalveolar Surgery** Impacted teeth, endodontic surgeries	50	1st surgeon
2	**Oral & Maxillofacial Trauma** Dentoalveolar, mandibular, maxillary, zygomatic, orbital, nasal, nasoethmoidal, frontal bone and panfacial fractures	10	1st or 2nd surgeon
3	**Dentofacial Deformities** LeFort maxillary osteotomies, mandibular ramus/body osteotomies, segmental osteotomies, genioplasties, cheiloplasties, etc	10	1st or 2nd surgeon
4	**Surgical Pathology** Orofacial infections, jaw cysts, neoplasms, salivary gland diseases, maxillary sinus pathologies and TMJ pathologies	10	1st or 2nd surgeon
5	**Pre-prosthetic, Reconstructive and Implant Surgery** Bone augmentation /Soft tissue grafts, implant insertion (excludes temporary anchorage devices and micro-implants), preprosthetic surgeries, alveolar reconstructive ~~jaw~~ surgeries	10	1st surgeon
6	**Miscellaneous** Complex oral & maxillofacial procedures not listed above – oro-facial cleft deformities, rhinoplasties, maxillofacial aesthetic procedures, craniofacial syndrome surgeries, reconstructive jaw surgeries, microsurgical nerve repair, endoscopic, navigational and robotic surgeries, etc	5	1st or 2nd Surgeon or Assistant

Notes to candidate:

1. The logbook should be submitted in the prescribed template (Appendix 1).

2. There should be a good case-mix in each category with emphasis on quality and complexity.

3. Case logs should commence after BST and will be reviewed for compliance with minimum numbers stipulated. It provides insight into the candidate's operative experience, scope of work done and level of exposure and/or participation (1st surgeon, 2nd surgeon or assistant).

4. DSAC (OMS) reserves the right to request the candidate to present any case listed in their logbook.

5. Candidate must present a representative case from each of the six categories with full documentation. These cases should illustrate the candidate's clinical experience and where applicable, an educational discussion of the diagnostic challenges, management dilemmas, complications, controversies and the lessons learnt. The presentations should include the following:
    - History and chief complaint
    - Preoperative assessment
        o Where appropriate, relevant imagings (radiographs or scans), study models and photographs
    - Diagnoses (differentials, provisional and final)
    - Treatment planning and/or objectives
    - Operative procedure
        o Complications, if any
    - Follow up
        o Outcome (with minimum follow-up period of 6 months post-surgery for categories 2,3,4,5. The 6-month follow-up must be fulfilled at the date of online application)
    - Clinical summary and Self-critique
        o Relevant literature review.

6. One (1) hard copy and one (1) soft copy (on digital storage device such as thumbdrive) of the six cases shall be submitted to the DSAC at the point of application for the Exit Assessment.

7. Both logbook and case presentations will be reviewed and assessed by the DSAC (OMS). Candidates will be eligible for the exit interview only if the log and case presentations have been found to be satisfactory. The decision of the DSAC on the applicant's eligibility for the exit interview will be final.

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ANNEX B

PART II: EXIT INTERVIEW (2 hours)

The candidate shall present for a 2-hour interview. Examiners will assess the candidate's level of proficiency in OMS using the 6 cases submitted from each category. Equal time of 20 minutes will be allocated to cover each category.

The candidate is to prepare the 6 cases in any presentation media such as Powerpoint slides or equivalent. Candidates may bring their own presentation devices.

APPENDIX 1

Category 1: Dentoalveolar Surgery

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S	

Category 2: Oral & Maxillofacial Trauma

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S/2S/A	

Category 3: Dentofacial Deformities

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S/2S/A	

Category 4: Surgical Pathology

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S/2S/A	

Category 5: Pre-prosthetic, Reconstructive and Implant Surgery

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S	

Category 6: Miscellaneous

No	Date	Patient's Name	NRIC	Diagnosis	Operation	Role	Remarks
						1S/2S/A	

Notes for Log-book:

1. In view of the Personal Data Protection Act,
    a. Enter patient's name with surname followed by initials eg Tan Ah Hock (Tan AH) or Mohamad Ali bin Abdullah (Abdullah MA)
    b. Enter patient's NRIC or Unique Identification Number by the first and last 4 digits, replacing any intervening digits with XXXX
        a. Eg, S1234567A (SXXX567A) or F1234567A (FXXXX674A)

2. Cases must be logged into the appropriate categories
3. Multiple procedures performed in the same sitting should be logged only once. Double logging of the same patient/case in more than one category is not permitted.
4. Additional surgical procedures arising from unforeseen circumstances such as surgical management of complications may be logged as a separate (additional) episode. This should be highlighted in the log.