



Oral Medicine Academy of Australasia

**Oral Medicine
Specialist Training Programs**

Fellowship Examination
for the award of
Fellowship of the Oral Medicine Academy of Australasia (FOMAA)

1 Background

The Oral Medicine Academy of Australasia (OMAA) was established in May 2010 as the peak body representing Oral Medicine Specialists and the field of Oral Medicine in Australia and New Zealand. OMAA acts as the official representative and authoritative advisor on matters related to education, training, accreditation and continuing education in Oral Medicine.

On 14th July 2011 the Academy's Executive, chaired by the President Camile Farah, with the President-Elect Anastasia Georgiou in attendance, hosted the Inaugural Heads of Training Meeting in Singapore. All Heads of Training in Australia and New Zealand (ANZ) were invited to participate. Representatives from four of the five post-graduate training programmes were present, namely;

Michael McCullough, The University of Melbourne
Neil Savage, The University of Queensland
Mark Schifter, The University of Sydney
Anita Nolan, The University of Otago

Following implementation of National Registration in July 2010, and changes to the Dental Board of Australia's Registration Standard in relation to Oral Medicine and Oral Pathology, the Academy wished to harmonize Oral Medicine training in Australia and New Zealand and open up improved opportunities for collaboration between training programs and support postgraduate students in approved Oral Medicine training programs.

While recognising that each Training Program has its own strengths and weaknesses, the Academy sought to establish a minimum standard of training, peer review, and accreditation across Australia and New Zealand. The concept of an Exit Examination in Oral Medicine was developed from these discussions, and its format approved by the Heads of Training. This is now referred to as the "Fellowship Examination".

2 Objectives

The objective of the Fellowship Examination is to have an ANZ "minimum standard" examination that all trainees from any approved Training Institution in Australia or New Zealand could undertake in a fashion comparable to that of specialist medical training programs. Successful candidates are to be awarded Full Membership (subject to Clause 5.3 of the Constitution) of the Oral Medicine Academy of Australasia with the title "Fellow" and use of the post nominals, FOMAA, (subject to Clause 5.14 of the Constitution).

The Fellowship Examination is to occur in parallel and concurrently with the final examination of a 3 year postgraduate program dedicated to Oral Medicine. In Australia and New Zealand this is the Doctor of Clinical Dentistry degree in Oral Medicine.

The Fellowship Examination was established for the following reasons:

1. As a platform of examination to enhance the reputation of the speciality of Oral Medicine in ANZ, and add robustness and raise the standard of training programs and graduates from such programs.
2. As a commitment by the Academy to demonstrate openness, transparency and objectivity in training in Oral Medicine.
3. To allow candidates (Associate Members) an opportunity for Full Membership and Fellowship in the Academy.

For the purposes of this examination, the scope of practice of Oral Medicine is that agreed to by the Academy in its definition of Oral Medicine, namely: *“The branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and oro-facial pain, as well as the oral health care of medically complex patients”*.

The responsibility for the Fellowship Examination falls to the Academy’s Credentialing and Peer Review Committee which reports to the Academy’s Executive.

3 Eligibility

3.1 The Fellowship Examination is currently a voluntary process and is the only pathway currently available for Associate Members (postgraduate students in an Academy approved training program in ANZ) to be awarded Full membership with Fellowship of the Academy consistent with the Academy’s Constitution.

3.2 Only trainees from an Academy-approved Oral Medicine Training program in Australia or New Zealand are eligible to sit the Fellowship Examination. If the trainee passes, they are invited to join the Academy as a Full Member and once approved by the membership are granted Fellowship of the Academy with the use of post nominal FOMAA.

3.3 Only trainees from programs dedicated wholly to Oral Medicine can sit the Fellowship Examination. As such, Academy-approved Oral Medicine Training programs will be only those where the full 3 years of training is dedicated to Oral Medicine. Combined programs such as those with Oral Medicine and Oral Pathology will not be accepted.

3.4 An Academy-approved Oral Medicine training program is one where the program has undergone Peer Evaluation by the Academy and has received accreditation by the Australian Dental Council, and adheres to the standards of the Academy as a national body.

3.5 Trainees from training programs not endorsed by the Academy (and therefore not included in an Academy-supported peer evaluation program) may not sit the Academy’s Fellowship Examination in Oral Medicine. They may join the Academy on completion of their studies but will not be offered Fellowship in the Academy.

3.6 Trainees from Academy-approved programs who voluntarily elect not to submit for the Fellowship Examination may join the Academy on completion of their studies but will not be offered Fellowship in the Academy.

3.7 Trainees from Academy-approved programs who voluntarily elect to submit for the Fellowship Examination, but who would not meet Full Membership (see Clause 5.3 of the Constitution) on successful completion of the Examination process may still submit for the Examination and join the Academy on completion of their studies but will not be offered Fellowship in the Academy until they meet Full membership conditions. As such they will join the Academy as Affiliate members.

4 Selection and Role of Academy Examiners

- 4.1 An Academy examiner will be selected from the pool of Academy-approved examiners following consultation between the Chair of the Credentialing and Peer Review Committee and the Head(s) of Training at each training institution.
- 4.2 Academy-approved examiners are to be accredited, calibrated and possess experience in supervision of postgraduate students in Oral Medicine and/or have previous experience in examining postgraduate students in Oral Medicine.
- 4.3 Examiners are responsible for undertaking the Academy examination only, and are not responsible for any other aspect of the candidate's examination not relevant, nor related to, the Academy examination.
- 4.4 The Academy examiner shall undertake their duties in consultation with the Chair of the Credentialing and Peer Review Committee.
- 4.5 The Academy examiner shall prepare the written papers in consultation with the Head(s) of Training. These papers shall be marked by the Academy examiner prior to the Viva Voce.
- 4.6 The Academy examiner shall prepare and oversee the 5 OSCE cases, and these shall not be revealed to the Head of Training(s). The OSCEs shall be marked by the examiner prior to the Viva Voce.
- 4.7 The Academy examiner shall review and mark the 4 case reports and the candidate's logbook prior to the OSCE examination and Viva Voce.
- 4.8 The Academy examiner shall contribute to the general discussion regarding the strengths and weaknesses of the candidate and any recommendation/feedback for granting a pass, but shall not communicate a pass or award (or otherwise if the candidate does not meet requirements) of such to the candidate or the Head of Training.
- 4.9 The Academy examiner shall summarize their findings and submit copies of the assessment material and associated marks to the Chair of the Credentialing and Peer Review Committee.
- 4.10 The Chair of the Credentialing and Peer Review Committee shall undertake quality assurance of the examination process and after consultation with Committee members, confer the award of a pass (or otherwise if the candidate does not meet requirements) and make such recommendation to the Academy's Executive for approval.
- 4.11 Following Executive approval, the Chair of the Credentialing and Peer Review Committee shall inform in writing the candidate, the Head of Training, and the Academy-approved examiner of the final outcome of the Academy Examination.

5 Format

5.1 General format requirements

The format was approved by the Heads of Training and endorsed by the Academy's Executive. The Fellowship Examination is currently composed of the following components:

- a. Two (2) written papers of 3 hours duration each covering the full scope of practice of Oral Medicine.
- b. Five (5) OSCE (Objective Structured Clinical Exam) stations covering any topic relevant to the practice of Oral Medicine (15 minutes per station).
- c. One hour *viva voce* covering any topic relevant to the practice of Oral Medicine.
- d. Four (4) case reports covering a breadth of interesting and/or challenging topics managed by the candidate relevant to the practice of Oral Medicine.
- e. Submission of a comprehensive logbook detailing the full extent of patients seen in clinical practice during the candidate's training program. Any format is acceptable with a summary sheet attached.

5.2 Specific format requirements

5.2.1 Written papers

- Two written papers of three hours duration each.
- Paper to be written by Head/s of Training in collaboration with the appointed OMAA Examiner/s.
- Candidates to sit the written papers on the same day, at the same time in their respective University locations.

5.2.2 Objective Structured Clinical Examination

- Five stations with an allocated time of 15 minutes per station.
- Prescriptive and clinical, with information provided.
- To be prepared by the appointed OMAA Examiner/s.

5.2.3 Viva Voce

- To be carried out in conjunction with Examiners from University at the same time.
- To cover all aspects of the scope of practice of Oral Medicine.
- To cover case reports, OSCE outcomes and general topics of discussion.
- One hour duration.

5.2.4 Case Reports

- Four (4) case reports covering a breadth of interesting and/or challenging topics managed by the candidate relevant to the practice of Oral Medicine.
- Each case report must not exceed five (5) pages in length, excluding the reference list. The 5 page limit excludes clinical charting, radiographs, photographs, laboratory reports and any other illustrative material pertinent to the case.
- Case reports are to be written in a manner consistent with case reports to be submitted to peer reviewed journals in the broad area of Oral Medicine.

- Each case report must detail the role of the candidate in the management of the patient.

5.3 General Areas of Competence

The Academy recognizes that it is neither its role nor responsibility to set curriculum in Oral Medicine, but to work collaboratively with Training Programs and institutions to maintain and raise the standard of training in Oral Medicine. While the Academy wishes to harmonize curricula across Australia and New Zealand to the benefit of trainees, graduates and the discipline, it does not intend to interfere with the curriculum of a Training Program or institution as this lies outside its remit. The Academy's role is to offer assistance and to harmonize the accredited Training Programs through peer evaluation and voluntary submission by trainees for Fellowship by examination.

Following are areas in which a candidate for the Fellowship examination should have indicated knowledge, experience and understanding. Candidates are required to have adequate knowledge with the ability to apply this knowledge in the following areas:

- Patient assessment, diagnosis, treatment planning and prognosis, including appropriate medical history, diagnosis and treatment planning in conjunction with clinicians in related disciplines.
- Local anaesthesia and sedation.
- Pharmacology and therapeutics.
- Research methodology, design and biostatistics.
- Diagnostic dento/maxillo-facial radiology
- Diagnostic oral pathology
- Management of medical emergencies in dental practice
- Dento-legal reporting.
- Embryology and developmental defects affecting the teeth.
- Oral care of the medically complex patient.
- Infection control in dental practice.
- Cultural competence.

5.4 Specific Areas of Competence

Following is a broad outline of the specific areas in which a candidate for the Fellowship examination should have indicated knowledge, experience and understanding.

In depth:

Candidates should have achieved a thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding in:

- Mucosal pathology
- Medically complex conditions
- Orofacial pain
- Systemic diseases with orofacial and/or dental manifestations
- General and internal medicine relevant to the practice of oral medicine
- Evidence based medicine

Understanding:

Candidates should have achieved adequate knowledge with the ability to apply this knowledge in:

- Clinical Pharmacology
- Procedural oral medicine including anaesthesia, surgical emergencies and infection control
- Diagnostic oral pathology and laboratory medicine
- Diagnostic oral and maxillofacial radiology
- Principles of care of the medically-complex patient and the patient with special/specific needs
- Systemic disease and its management

5.5 Guidelines for Preparation of Case Reports

- Case reports are required for assessment by the Academy Examiner prior to the written and clinical components of the Fellowship Examination.
- It is expected that candidates are able to present their cases succinctly.
- Candidates are to be familiar with the Guidelines for Fellowship Examination leading to Fellowship in the Academy, which outlines the number (4) and the general areas of competence required.
- Candidates must adhere to these guidelines and it would be in their interest to select cases that demonstrate the breadth and range of their clinical experience.
- Candidates are strongly encouraged to seek mentoring from a senior colleague or their training director in the preparation and documentation of their cases.
- A wide knowledge and understanding of the current literature is expected.
- Skills assessed include written communication, decision-making, and critical thinking. Comprehensive content supported by a clear understanding and appreciation of the issues is expected with well-organized and sustained arguments.
- Case reports are to be written in a manner consistent with case reports to be submitted to peer reviewed journals in the broad area of Oral Medicine.
- Each case report must detail the role of the candidate in the management of the patient.
- Each Case Report should not exceed five (5) pages in length, excluding the reference list. The 5 page limit excludes clinical charting, radiographs, photographs, laboratory reports and any other illustrative material pertinent to the case.
- Supportive material (clinical charting, radiographs, photographs, laboratory reports and any other illustrative material pertinent to the case) should be placed at the end of the case report (after the reference list), and numbered accordingly throughout the text.
- Case Reports should be presented in narrative form using paragraphs and free of typographical and grammatical errors.
- All treatment performed should be summarized in narrative form, that is, an appointment log (procedures performed appointment by appointment) is not required however acknowledgement where treatment has been performed by other clinicians is to be included. A treatment log can be included as supportive material.
- The discussion should include specific reference to the relevant literature.
- Font should be 12-point Times New Roman, with 1.5 spacing between lines, justified on both left and right sides of the page.
- All pages should be numbered in sequence in the bottom right hand side corner.

- Vancouver style of referencing should be used (see <http://www.ICMJE.org/>) and cited using superscript Arabic numerals in the order in which they appear. The reference list should not exceed 30 references, and may be presented in 10-font Times New Roman.

5.6 Assessment^a

These guidelines are intended to provide assistance to candidates concerning standards, assessment and format of the Fellowship Examination.

1. The candidate should have a broad and deep theoretical knowledge with clinical application in all aspects of Oral Medicine.
2. The candidate should have a wide knowledge and understanding of the current international literature in Oral Medicine.
3. The examination will assess whether the candidate has the level of clinical maturity and expertise commensurate with that of a specialist following the successful completion of a recognised post-graduate qualification, particularly in the areas of diagnosis, treatment planning and management relevant to Oral Medicine.
4. A closed marking system is used for the Fellowship Examination. The marking criteria are as follows:

To achieve a good outcome, a candidate will show an outstanding level of overall performance and have exceeded all performance indicators:

- have comprehensive content
- have an exceptionally clear understanding and appreciation of the issues
- be well organized, have formulated and sustained arguments
- be well-informed; display critical thinking
- show creative insight and originality in comprehension, application and analysis, with synthesis and evaluation
- have excellent communication skills: written and/or oral
- have good decision making skills
- show well justified approaches

To achieve a pass, a candidate will show a good level of overall performance and have fulfilled most of the performance indicators to a satisfactory level:

- show a good level of overall performance
- have fulfilled most of the performance indicators to a satisfactory level
- have adequate content
- have a competent understanding and appreciation of the main issues possibly with some lapses
- show logical thinking
- put forward clearly developed arguments; generally well prepared and presented.
- have satisfactory communication skills: written and/or oral
- adequate decision making skills
- show solid evidence of comprehension and application with some analysis.
- be able to justify most approaches well

A candidate will fail if their performance is unsatisfactory in most aspects and does not meet half the performance indicators:

- fails to meet half the performance indicators
- is unsatisfactory in most aspects
- is missing in essential content
- lacks sound justification or approaches
- shows unacceptable decision making and other tested skills
- shows inadequate communication skills
- shows minimal or inadequate comprehension of material and little or no application

A candidate will fail poorly if the performance:

- shows questionable approaches, which are not justified or not justifiable
- reflects poor decision making
- reflects poor communication skills
- is unable to identify issues;
- is inadequate depth & breadth of understanding
- shows incomplete or irrelevant presentation of material
- is potentially risky in practice

^a Modeled on Guidelines for Candidates Fellowship Examination – Special Field Stream, Courses and Examinations Policies and Guidelines, Royal Australasian College of Dental Surgeons Track No. COU 163/10.

6 Specialist level Competencies in Oral Medicine

The Oral Medicine Academy of Australasia believes that all specialists wishing to obtain full registration with AHPRA in Oral Medicine should possess the specialist-specific competencies listed below.

The Academy believes that the Oral Medicine specialist should possess an accredited and recognised general dental qualification, a minimum of 2 years' practice in general clinical dentistry, and have completed training of no less than 3 years' full-time duration at an accredited, peer-reviewed training program in Oral Medicine in Australia or New Zealand which satisfies the competencies listed below.

The competencies outlined below are defined in terms of the scope of practice of Oral Medicine in Australia and New Zealand, and the current definition of Oral Medicine as prescribed by the Oral Medicine Academy of Australasia which states that "*Oral Medicine is that specialist branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain, as well as the oral health care of medically complex patients.*"

The Fellowship Examination is guided by the Essential Competencies listed below.

Essential Competencies for Specialists in Oral Medicine

1. The Oral Medicine Specialist will be able to elicit, record and interpret an accurate history from patients of any age within the scope of Oral Medicine practice.
2. The Oral Medicine Specialist will be able to perform an appropriate clinical examination on patients of any age within the scope of Oral Medicine practice.
3. The Oral Medicine Specialist will be able to select and request (and in some instances undertake) appropriate and relevant investigations within the scope of Oral Medicine practice.
4. The Oral Medicine Specialist will be able to interpret and where necessary seek clarification on the meaning of a range of laboratory and imaging investigation results to inform subsequent patient care.
5. The Oral Medicine Specialist will be able to undertake specialist assessment and management of a patient of any age within the scope of Oral Medicine practice, in both an outpatient and inpatient hospital setting.
6. The Oral Medicine Specialist will be able to undertake safe and effective prescription of drugs.
7. The Oral Medicine Specialist will be able to undertake safely and effectively, operative techniques as definitive management of localised benign disease; or to establish a tissue diagnosis, including where oral soft tissue malignancy is suspected.
8. The Oral Medicine Specialist will be able to describe the appropriate application of operative techniques in other relevant situations.
9. The Oral Medicine Specialist will possess knowledge of the structure and function in health of lips and oral soft tissues.
10. The Oral Medicine Specialist will be able to correlate health of the lips and oral soft tissues to disease states and use this insight to inform patient care.
11. The Oral Medicine Specialist will be able to undertake specialist assessment and management of oral soft tissue disease.
12. The Oral Medicine Specialist will be able to investigate, diagnose and manage patients with oral soft tissue disease with a hypersensitivity basis.
13. The Oral Medicine Specialist will be able to diagnose and manage viral, bacterial, fungal and other infections of the oral soft tissues.
14. The Oral Medicine Specialist will be able to describe the structure and function in health of salivary glands and saliva.
15. The Oral Medicine Specialist will be able to correlate health of salivary gland tissues to disease states and use this insight to inform patient care.
16. The Oral Medicine Specialist will be able to diagnose and appropriately manage patients presenting with disorders of major and minor salivary glands.
17. The Oral Medicine Specialist will be able to describe the structure and function in health of the nervous system.
18. The Oral Medicine Specialist will be able to correlate health of the nervous system to disease states and use this insight to inform patient care.
19. The Oral Medicine Specialist will be able to diagnose and appropriately manage patients presenting with orofacial pain of odontogenic and non-odontogenic origin.
20. The Oral Medicine Specialist will be able to diagnose and appropriately manage patients presenting with altered cranial nerve function related or unrelated to other neurological abnormalities.

21. The Oral Medicine Specialist will relate health and disease of orofacial tissues to other relevant body systems where appropriate.
22. The Oral Medicine Specialist will be able to diagnose and appropriately manage patients presenting with temporomandibular joint disorders.
23. The Oral Medicine Specialist will be able to diagnose and appropriately manage neuropathic orofacial pain.
24. The Oral Medicine Specialist will be able to diagnose and appropriately manage primary and secondary neurovascular pain in patients with orofacial pain.
25. The Oral Medicine Specialist will be able to diagnose and manage orofacial movement disorders.
26. The Oral Medicine Specialist will be able to recognise and appropriately manage patients presenting with sleep disorders.
27. The Oral Medicine Specialist will be able to provide oral appliance therapy for patients with sleep disordered breathing.
28. The Oral Medicine Specialist will be able to provide advice on medical disease to dental practitioners and patients and on specific oral implications of disease to medical practitioners.
29. The Oral Medicine Specialist will be able to develop a management plan for chronic disease, including self-care and the use of a supportive multidisciplinary team.
30. The Oral Medicine Specialist will be able to recall adverse drug reactions to commonly used drugs and recall drugs requiring therapeutic drug monitoring.
31. The Oral Medicine Specialist will be able to establish effective communication with relevant teams by means appropriate to the urgency of the situation.
32. The Oral Medicine Specialist will be able to identify serious or incidental psychiatric morbidity in patients presenting with oral disease.
33. The Oral Medicine Specialist will be able to recognise, manage and where required provide basic and immediate life support for adult and paediatric medical emergencies, in line with accepted Australian/New Zealand guidelines.
34. The Oral Medicine Specialist will be able to minimise risk of, recognise, assess and treat other acutely unwell adult and paediatric patients including simple faint, postoperative bleeding, hyperventilation, angina, myocardial infarction, acute asthma, anaphylaxis, diabetic emergencies, seizures and adrenal insufficiency.
35. The Oral Medicine Specialist will demonstrate the ability to participate and contribute to research.
36. The Oral Medicine Specialist should be able to demonstrate knowledge of the principles of management within healthcare.
37. The Oral Medicine Specialist will demonstrate appropriate time management and decision making skills.
38. The Oral Medicine Specialist will understand the principles of evidence based practice and life-long learning.
39. The Oral Medicine Specialist will ensure patient safety as a priority.
40. The Oral Medicine Specialist will work effectively with colleagues as part of a healthcare team.
41. The Oral Medicine Specialist will understand the principles of quality and safety improvement.