**MEDICAL AND DENTAL PRACTITIONERS COUNCIL OF ZIMBABWE**



**SENIOR REGISTRAR LOGBOOK FOR ORAL AND MAXILLOFACIAL SURGERY**

**PERSONAL DETAILS**

SURNAME

FORENAMES (BLOCK LETTERS)

MDPCZ REGISTRATION NUMBER:

DATE OF BIRTH

(DD/MM/YY)

Registered address

E-MAIL ADDRESS

Date of Commencing SR supervised Training

Date of completion ……………………………………………………………………

Name of training Institution/(s)/ Dates

1

2

3

4

Promoting the health of the population of Zimbabwe through guiding the medical and dental professions

**Preamble**

As a regulator the Medical and Dental Practitioners Council of Zimbabwe (MDPCZ) has a statutory responsibility of assisting in the promotion of the health of the Zimbabweans by ensuring high standards of medical/ dental education and practice.

The MDPCZ has a duty to ensure that Zimbabweans receive quality health care. The following guidelines have been developed to guide recently qualified Specialists who trained locally or abroad seeking specialist registration with the MDPCZ.

**Requirements for Specialist Registration**

Recently qualified practitioners Masters in Medicine/ Dentistry (MMed/ M Dent) or any other approved specialist qualification by the MDPCZCouncil upon successful completion of their specialist degree programmes are required to undertake 12 months Senior Registrar (SR) supervised practice in an approved teaching Designated Health Institution by the MDPCZl. The SR programme is an accredited year of training intended to broaden both clinical acumen and knowledge base with a view of preparing for autonomous practice as a Consultant. Thus each Specialty has prescribed for itself areas, with the MDPCZ input and approval, a set of generic and specific competencies that it feels forms a sound basis for lifelong development and practice as a safe Consultant.

In this regard, a SR is mandated to fulfill the requirements of their respective log book.

This must be duly signed by the respective supervising Consultant and submitted to the Council together with two 6 monthly reports from and signed by the respective Clinical Director and two supervising Consultants from their respective Specialty.

Where not specified in the logbook, a SR must show evidence of:

1. Participation in ongoing regular unit meetings(pathology, radiology, oncology etc)
2. Active in regular departmental audit meetings,
3. Active in clinical research and teaching activities.
4. At least 5 supervised clinical contact sessions a week , while optimally having no more than 20 percent unsupervised work load(surgical disciplines to have one independent list/week)

**SENIOR REGISTRAR LOGBOOK FOR ORAL & MAXILLOFACIAL SURGERY**

**GENERIC FORMAT FOR PRE-REGISTRATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Attributes**  | **Strengths** | **Areas Of Improvement** | **Score**  |
| 1. **Presentation**

Personal/physical appearance  |  |  |  |
| 1. **Communication**

Patient, relatives and any other interested parties.Effective verbal skills. Present ideas and information concisely. Inspires confidence in colleagues. Keeps others well informed etc**• Interpersonal relations** Work colleagues and superiors  |  |  |  |
| 1. **Management**

**Planning and Organization**Sets goals and priorities. Plans ahead and utilizes resources effectively. Ability to meet deadlines and monitor tasks.  |  |  |  |
| 1. **Judgement**

Considers pros and cons before making decisions. Considers risks. Considers impact of decisions and seeks advice. |  |  |  |
| 1. **Leadership**

Effectively manages situations and implements changes when required. Motivates, coordinates, guides and develops subordinates through actions and attitudes. |  |  |  |
| 1. **Ethics**

Observance of both the patient’s and the doctor’s rights. Considers the ethical impact of decisions. Demonstrates actions and attitudes of integrity. |  |  |  |
| 1. **Reliability**

Can achieve goals without supervision. Dependable and trustworthy. |  |  |  |
| 1. **Quality of Work**

Achieves high quality of work that meets requirements of the job. |  |  |  |
| 1. **Quantity of Work**

Achieves or exceeds the standard amount of work expected on the job. |  |  |  |
| 1. **Initiative**

A self-starter. Provides solutions to problems. |  |  |  |
| 1. **Cooperation**

Willingness to work with others as a team member |  |  |  |
| 1. **Assessment by other disciplines**

Professional conduct, reliability and quality of work. |  |  |  |
| 1. **Participation in clinical audit, clinical governance and Continuous Professional Development**
 |  |  |  |
| 1. **Teaching**

Junior medical and dental staff. Nurses and other health professionals. |  |  |  |
| 1. **Research**

Participation in ongoing research. |  |  |  |
| 1. **Others**
 |  |  |  |

**Score 1 – 5**

**1 is the worst score and 5 is the best score. Meet candidate quarterly and discuss strengths and areas of improvement. Consolidate with rating from other departments for overall score.**

**Introduction**

1. The Senior Registrar is expected to have successfully completed a recognizable qualification in Oral and Maxillofacial Surgery: MDent; MDS; FRCS etc
2. The Senior Registrar year is meant to be an application of the theoretical and practical knowledge acquired over the training period.
3. On successful completion of the Senior Registrar year one is then registrable on the specialist register of the Oral and Maxillofacial Surgery
4. After completing the Senior Registrar year one is eligible for appointment as a consultant, depending on the availability of posts

Listed below are areas benchmarking registration as a specialist Oral & Maxillofacial Surgeon:-

1. **Principles of Oral and Maxillofacial Surgery**
* Introduction to Oral and Maxillofacial Surgery
* Art of Diagnosis
* Diagnostic Imaging
* Management of Medically Compromised Patients in Oral Surgery
* Armamentarium Used in Oral and Maxillofacial Surgery
* Suturing Materials and Techniques
* Asepsis and Sterilization
* Infection Control
* Antimicrobial Therapy
* Minor Oral Surgical Procedures
* Complications following minor surgical procedures
* Complications following the use of local anaesthetic solution in dentistry
1. **General Anaesthesia and Sedation in Oral and Maxillofacial Surgery**
* Introduction to General Anaesthesia and Sedation
* Anaesthetic Evaluation
* Preoperative preparation and Premedication
* Anaesthetic Equipment
* Pharmacology of Commonly Used Anaesthetic Drugs
* Sedation Techniques for Dentistry
* Short Anaesthesia in a Dental Chair
* Tracheal Intubation for a Patient Undergoing Oral and Maxillofacial Surgery
* Complications of General Anaesthesia
* Cardiopulmonary Resuscitation (CPR)
1. **Temporomandibular Joint Disorders**
* Temporomandibular Joint: Its Diseases, Disorders and Management
* Ankylosis of the Temporomandibular Joint and its Management
* Myofacial Pain Dysfunction Syndrome (MPDS)
1. **Orthognathic Surgery**
* Introduction to Orthognathic Surgery, Diagnosis and Treatment Planning
* Presurgical Orthodontic Phase
* Orthognatthic Surgery: Ostrotomy Procedures
1. **Maxillofacial Trauma**
* Basic Principles for the Management of Maxillofacial Injuries
* Injuries of the Maxillofacial Skeleton
* Fractures of the Middle Third of the Facial Skeleton
* Principles of Treatment of Midfacial Fractures
* Applied Surgical Anatomy of the Mandible and Classification of Mandibular Fractures
* Management of Mandibular Fractures
* Fractures of the Condylar Process and its Management
* Haemorrhage and Shock: Its Management in Oral Surgery
1. **Preprosthetic Surgery**
* Preprosthetic Surgery
1. **Cysts and Tumours of the Orofacial Region**
* Cysts of the Jaws, Oral and Facial Soft Tissues
* Benign Tumours of the jaw Bones
* Malignant tumours of the orofacial region
1. **Salivary Gland Disorders**
* Diseases of the Salivary Glands
1. **Orofacial Clefts**
* Cleft lip and Cleft Palate Management
* Reconstructive oral and maxillofacial surgery: soft and hard tissues
1. **Maxillary Sinus and its Implications**
* Maxillary Sinus and its Implications
1. **Orofacial and Neck Infections**
* Orofacial and Neck Infections and their Management
* Ostheomyelitis and Osteoradionecrosis of the Jaw Bones
1. **Facial Neuropathology**
* The Trigeminal Nerve (V)
* Orofacial Region Pain
* Trigeminal Neuralgia and its Management
* Sensory Disturbances of Face and Jaws
* Facial Nerve and Motor Disturbances of Face and Jaws

**MINIMUM REQUIRMENTS IN ORAL AND MAXILLOFACIAL SURGERY**

The Senior Registrar must meet the minimum requirements as in each area stipulated below.

Every effort should be made to expose the Senior Registrar to ALL the listed procedures.

1. **SURGICAL EMERGENCIES: SEVERE FACIAL TRAUMA OROFACIAL INFECTIONS, CELLULITIS: NUMBERS REQUIRED 20**

Number of cases seen in the clinic/hospital during the period ………………………to ………………………… i.e period of Senior Registrar is …………to…………………….

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Name of Patient | Gender/Age | Hospital Number | Procedure/Condition managed | AssessmentPoor/Satisfactory/Good/Excellent | Signature of SR | Supervisor signature |
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1. Mandibulectomy 12
2. Maxillectomy 6
3. Trachestomy 6
4. Orthognathic surgery 4
5. Reductions, fixation immobilization of all types of jaw fractures 20
6. Reconstructive Surgery: Soft tissue 14 hard tissue 10
7. Cleft lip 10
8. Cleft Palate 10
9. Sugery of TMJ: arthroplasty, ankylosis 10
10. Sequestretomy, decortications and saucerisation 10 …………………………………
11. Cysts …………………………………10
12. Surgery of the salivary glands 8
13. Preprosthetic surgery/implants 10
14. Glossectomy 4
15. Removal of impacted teeth (indicate type of impaction)
16. Head and neck oncology (state site)
17. Research and continuing professional development : indicate activities………………………………
18. Research activities: title, program, published: indicate………….
19. **Journal Club**

|  |  |  |
| --- | --- | --- |
| Date | Activity | Presenter |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Audit Activities………………………………………………..**
2. **Attendance at postgraduate meetings – 10**

|  |  |  |
| --- | --- | --- |
| Date | Activity | Signature of convener |
|  |  |  |
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1. **Miscellaneous: Overall assessment**

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| --- | --- | --- | --- | --- | --- |
| Ward rounds | Poor | Satisfactory | Good | Excellent | Comments |
| Outpatient clinics |  |  |  |  |  |

**Overall assessment by Chairperson Department of Dentistry :**

Registrable …………………………………………………………………………………………………………………..

Not Registrable (Give reasons below) …………………………………………………… ……………………………

Name of institution……………

Name of Chairman/ Head: ………………………………………….

Signature: ………………………………….

Date: …………………………

Senior Registrar’s Comments: ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

I agree/disagree with the Chairman’s assessment

Name: ………………………………………………

Signature: …………………………………………

Date: …………………………………………………..

Recommendation by the Zimbabwe Dental Association/Zimbabwe Oral and Maxillofacial Association:

Name of President: ………………………….

Signature: ………………………………………….

Date: …………………………………………………