Commission on Dental Accreditation

Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery
Oral and Maxillofacial Surgery: is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial regions. (Adopted October 1990)

A fellowship in oral and maxillofacial surgery is a planned post-residency program that contains education and training in a focused area of the specialty. The focused areas include but not limited to: Cosmetic Oral and Maxillofacial Surgery; Oral and Maxillofacial Oncology; Pediatric Oral and Maxillofacial Surgery; Maxillofacial Trauma; and Craniofacial Surgery.
<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 26, 2007</td>
<td>Name Change: The Joint Commission on Accreditation of Healthcare Organizations changed to The Joint Commission</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>February 1, 2008</td>
<td>Revised Definition of Terms and usage of Examples of Evidence</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>January 30, 2009</td>
<td>Revisions to Language Common to All Specialties (Preface, Standards 1 and 5)</td>
<td>Adopted</td>
</tr>
<tr>
<td>July 1, 2009</td>
<td>Revisions to Language Common to All Specialties (Preface, Standards 1 and 5)</td>
<td>Implemented</td>
</tr>
<tr>
<td>July 31, 2009</td>
<td>Revised Policy on Major Change and Accreditation of Off-Campus Sites</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>August 6, 2010</td>
<td>Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)</td>
<td>Adopted</td>
</tr>
<tr>
<td>January 1, 2011</td>
<td>Policy Revisions (Major Change, Off-Site, Authorized Enrollment Increases)</td>
<td>Implemented</td>
</tr>
<tr>
<td>August 6, 2010</td>
<td>Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)</td>
<td>Adopted</td>
</tr>
<tr>
<td>January 1, 2011</td>
<td>Policy Revisions (Major Change, Off-Campus Sites, Authorized Enrollment Increases)</td>
<td>Implemented</td>
</tr>
<tr>
<td>August 5, 2011</td>
<td>Revised Policy on Program Changes</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>February 3, 2012</td>
<td>The Joint Commission Equivalency Statement</td>
<td>Adopted</td>
</tr>
<tr>
<td>August 4, 2012</td>
<td>The Joint Commission Equivalency Statement</td>
<td>Implemented</td>
</tr>
<tr>
<td>August 10, 2012</td>
<td>Revised Mission Statement</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Addition of Standard 2-4</td>
<td>Adopted</td>
</tr>
<tr>
<td>January 31, 2013</td>
<td>Revised Compliance with Commission Policies section (Complaints)</td>
<td>Implemented</td>
</tr>
<tr>
<td>July 1, 2013</td>
<td>Addition of Standard 2-4</td>
<td>Implemented</td>
</tr>
<tr>
<td>August 9, 2013</td>
<td>Revised Policy on Accreditation of Off-Campus Sites</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>August 9, 2013</td>
<td>Revised Policy on Reporting Program Changes in Accredited Programs</td>
<td>Adopted and Implemented</td>
</tr>
<tr>
<td>August 9, 2013</td>
<td>Revised Instructions for Completing Self-Study</td>
<td>Adopted and Implemented</td>
</tr>
</tbody>
</table>
Table of Contents

Mission Statement of the Commission on Dental Accreditation .......................................................... 3
ACCREDITATION STATUS DEFINITIONS .......................................................................................... 4
Preface .................................................................................................................................................. 5
AUTHORIZED ENROLLMENT ............................................................................................................. 6
DEFINITION OF TERMS USED IN ADVANCED SPECIALTY EDUCATION PROGRAM ….. 6
ACCREDITATION STANDARDS ............................................................................................................. 9
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS .................. 11
   AFFILIATIONS .................................................................................................................................. 13
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF ........................................ 14
STANDARD 3 - FACILITIES AND RESOURCES .......................................................................... 16
STANDARD 4 – CURRICULUM AND PROGRAM DURATION ....................................................... 17
STANDARD 5 – FELLOWS .................................................................................................................. 18
   ELIGIBILITY AND SELECTION .................................................................................................... 18
   EVALUATION ............................................................................................................................... 18
   DUE PROCESS ............................................................................................................................. 18
   RIGHTS AND RESPONSIBILITIES ............................................................................................ 18
STANDARD 6 - FELLOWSHIP PROGRAMS ................................................................................. 19
   6-1 Fellowship Program: ............................................................................................................. 19
   6-2 Cosmetic Facial Surgery: ....................................................................................................... 19
   6-3 Oral/Head and Neck Oncologic Surgery: ......................................................................... 19
   6-4 Pediatric Craniomaxillofacial Surgery: ............................................................................. 20
STANDARD 7 – INVESTIGATIVE STUDY ....................................................................................... 22
Mission Statement of the
Commission on Dental Accreditation

The Commission on Dental Accreditation serves the oral health care needs of the public through the development and administration of standards that foster continuous quality improvement of dental and dental related educational programs.

Commission on Dental Accreditation
Revised: August 10, 2012
ACCREDITATION STATUS DEFINITIONS

Commission on Dental Accreditation
Revised: January 1999; 2012
Effective Date: July 1999; 2012

Programs Which Are Fully Operational

Approval (*with reporting requirements*): An accreditation classification granted to an educational program indicating that specific deficiencies or weaknesses exist in one or more areas of the program. Evidence of compliance with the cited standards must be demonstrated within eighteen (18) months if the program is between one and two years in length or two years if the program is at least two years in length. If the deficiencies are not corrected within the specified time period, accreditation will be withdrawn, unless the Commission extends the period for achieving compliance for good cause. Circumstances under which an extension for good cause would be granted include, but are not limited to:

- sudden changes in institutional commitment;
- natural disaster which affects affiliated agreements between institutions; faculty support; or facilities;
- changes in institutional accreditation;
- interruption of an educational program due to unforeseen circumstances that take faculty, administrators or students away from the program

Effective Date: January 1, 2003; 2012
Preface

Maintaining and improving the quality of advanced education in the nationally recognized oral and maxillofacial surgery fellowships is a primary aim of the Commission on Dental Accreditation. The Commission is recognized by the public, the profession, and the United States Department of Education as the specialized accrediting agency in dentistry.

Accreditation of advanced fellowship programs is a voluntary effort of all parties involved. The process of accreditation assures fellows, specialty boards and the public that accredited training programs are in compliance with published standards.

A fellowship in oral and maxillofacial surgery is a planned post-residency program that contains advanced education and training in a focused area of the specialty. The focused areas include: Cosmetic Facial Surgery; Oral/Head and Neck Oncologic Surgery; Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery).

Accreditation actions by the Commission on Dental Accreditation are based on information gained through written submissions by program directors and evaluations made on site by assigned consultants. The Commission has established review committees in each of the recognized specialties to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives selected by the specialties and their certifying boards. The Commission has the ultimate responsibility for determining a program's accreditation status. The Commission is also responsible for adjudication of appeals of adverse decisions and has established policies and procedures for appeal. A copy of policies and procedures may be obtained from the Director, Commission on Dental Accreditation, 211 East Chicago Avenue, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its consultants will evaluate fellowship programs for accreditation purposes. The general and specific standards, subsequent to approval by the Commission on Dental Accreditation, set forth the standards for the essential educational content, instructional activities, patient care responsibilities, supervision and facilities that should be provided by fellowships in the particular area.

General standards are identified by the use of a single numerical listing (e.g., 1). Specific standards are identified by the use of multiple numerical listings (e.g., 1-1, 1-1.2, 1-2).
AUTHORIZED ENROLLMENT

Oral and maxillofacial surgery fellowship programs are accredited for a specified number of fellows in each year of the program. Prior authorization is required for an increase in enrollment beyond the authorized level in any year, for any reason and regardless of whether the increase is a one-time-only or a permanent change in enrollment. Failure to comply with this policy will jeopardize the program's accreditation status.

REPORTING PROGRAM CHANGES IN ACCREDITED PROGRAMS

The Commission on Dental Accreditation recognizes that education and accreditation are dynamic, not static, processes. Ongoing review and evaluation often lead to changes in an educational program. The Commission views change as part of a healthy educational process and encourages programs to make them as part of their normal operating procedures.

At times, however, more significant changes occur in a program. Changes have a direct and significant impact on the program’s potential ability to comply with the accreditation standards. These changes tend to occur in the areas of finances, program administration, enrollment, curriculum and clinical/laboratory facilities, but may also occur in other areas. Reporting changes in the Annual Survey does not preclude the requirement to report changes to the Commission. Failure to report and receive approval in advance of implementing the change, using the Guidelines for Reporting Program Change, may result in review by the Commission, a special site visit, and may jeopardize the program’s accreditation status. Advanced specialty education programs must adhere to the Policy on Enrollment Increases in Advanced Specialty Programs. In addition, programs adding off-campus sites must adhere to the Policy on the Accreditation of Off-Campus sites. Guidelines for Reporting Off-Campus Sites are available from the Commission office.

The Commission’s Policy on Integrity also applies to the reporting of changes. If the Commission determines that an intentional breech of integrity has occurred, the Commission will immediately notify the chief executive officer of the institution of its intent to withdraw the accreditation of the program(s) at its next scheduled meeting.

When a change is planned, Commission staff should be consulted to determine reporting requirements. This report must document how the program will continue to meet accreditation standards. The Commission’s Guidelines for Reporting Program Changes are available on the ADA website and may clarify what constitutes a change and provide guidance in adequately explaining and documenting such changes.

The following examples illustrate, but are not limited to, changes that must be reported at least thirty (30) days prior to a regularly scheduled, semi-annual Review Committee meeting and must be
reviewed by the appropriate Review Committee and approved by the Commission prior to the implementation to ensure that the program continues to meet the accreditation standards:

- Establishment of Off-Campus Sites used to meet accreditation standards or program requirements;
- Transfer of sponsorship from one institution to another;
- Moving a program from one geographic site to another;
- Program director qualifications not being in compliance with the standards. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch should be provided to Commission staff. Contact Commission Staff for the BioSketch template.
- Substantial increase in program enrollment as determined by preliminary review by the discipline-specific Review Committee Chair. (Specialty programs see Policy on Enrollment Increases In Advanced Specialty Programs);
- Change in the nature of the program’s financial support that could affect the ability of the program to meet the standards;
- Curriculum changes that that could affect the ability of the program to meet the standards;
- Reduction in faculty or support staff time commitment;
- Change in the required length of the program;
- Reduction of program dental facilities that could affect the ability of the program to meet the standards; and/or
- Expansion of a developing dental hygiene or assisting program will only be considered after the program has demonstrated success by graduating the first class, measured outcomes of the academic program, and received approval without reporting requirements.

The Commission recognizes that unexpected, changes may occur. If an unexpected change occurs, it must be reported no more than 30 days following the occurrence. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

The following examples illustrate, but are not limited to, additional program changes that must be reported in writing at least thirty (30) days prior to the anticipated implementation of the change and are not reviewed by the Review Committee and the Commission but are reviewed at the next site visit:

- Expansion or relocation of dental facilities within the same institution;
- Change in program director. In lieu of a CV, a copy of the new or acting program director’s completed BioSketch should be provided to Commission staff. Contact Commission Staff for the BioSketch template.
The Commission uses the following process when considering reports of changes. Program administrators have the option of consulting with Commission staff at any time during this process.

1. A program administrator submits the report at least thirty (30) days prior to a regularly scheduled Review Committee meeting.

2. Commission staff reviews the report to assess its completeness and to determine whether the change could impact the program’s potential ability to comply with the accreditation standards. If this is the case, the report is reviewed by the appropriate Review Committee for the discipline and by the Commission.

3. Receipt of the report and accompanying documentation is acknowledged in one of the following ways:
   a. The program administrator is informed that the report will be reviewed by the appropriate Review Committee and by the Commission at their next regularly scheduled meeting. Additional information may be requested prior to this review if the change is not well-documented; or
   b. The program administrator is informed that the reported change will be reviewed during the next site visit.

4. If the report will be considered by a Review Committee and by the Commission, the report is added to the appropriate agendas. The program administrator receives notice of the results of the Commission’s review.

The following alternatives may be recommended by Review Committees and/or be taken by the Commission in relation to the review of reports of changes received from accredited educational programs.

- **Approve the report of program change**: If the Review Committees or Commission does not identify any concerns regarding the program’s continued compliance with the accreditation standards, the transmittal letter should advise the institution that the change(s) have been noted and will be reviewed at the next regularly-scheduled site visit to the program.

- **Approve the report of program change and request additional information**: If the Review Committees or Commission does not identify any concerns regarding the program’s compliance with the accreditation standards, but believes follow up reporting is required to ensure continued compliance with accreditation standards, additional information will be requested for review by the Commission. Additional information could occur through a supplemental report or a focused site visit.

- **Postpone action and continue the program’s accreditation status, but request additional information**: The transmittal letter will inform the institution that the report of program change has been considered, but that concerns regarding continued compliance with the accreditation standards have been identified. Additional specific information regarding the identified concerns will be requested for review by the Commission. The institution will be further advised that, if the additional information submitted does not satisfy the Commission regarding the identified
concerns, the Commission reserves the right to request additional documentation, conduct a special focused site visit of the program, or deny the request.

- **Postpone action and continue the program's accreditation status pending conduct of a special site visit:** If the information submitted with the initial request is insufficient to provide reasonable assurance that the accreditation standards will continue to be met, and the Commission believes that the necessary information can only be obtained on-site, a special focused site visit will be conducted.

- **Deny the request:** If the submitted information does not indicate that the program will continue to comply with the accreditation standards, the Commission will deny the request for a program change. The institutions will be advised that they may re-submit the request with additional information if they choose.

Revised: 8/13 2/12, 8/11, 8/10, 7/09, 7/07, 8/02, 7/97; Reaffirmed: 7/07, 7/01, 5/90; CODA: 05/91:11

**DEFINITION OF TERMS USED IN ADVANCED SPECIALTY EDUCATION PROGRAM ACCREDITATION STANDARDS**

The terms used in this document (i.e. shall, *must*, should, can and may) were selected carefully and indicate the relative weight that the Commission attaches to each statement. The definitions of these words used in the Standards are as follows:

**Must** or **Shall**: Indicates an imperative need and/or duty; an essential or indispensable item; mandatory.

Examples of evidence to demonstrate compliance include: Desirable condition, practice or documentation indicating the freedom or liberty to follow a suggested alternative.

**Should**: Indicates a method to achieve the standards.

**May** or **Could**: Indicates freedom or liberty to follow a suggested alternative.

**Levels of Knowledge**:

- **In-depth**: A thorough knowledge of concepts and theories for the purpose of critical analysis and the synthesis of more complete understanding.

- **Understanding**: Adequate knowledge with the ability to apply.

- **Familiarity**: A simplified knowledge for the purpose of orientation and recognition of general principles.
Levels of Skills:

Proficient: The level of skill beyond competency. It is that level of skill acquired through advanced training or the level of skill attained when a particular activity is accomplished with repeated quality and a more efficient utilization of time.

Competent: The level of skill displaying special ability or knowledge derived from training and experience.

Exposed: The level of skill attained by observation of or participation in a particular activity.

Other Terms:

Institution (or organizational unit of an institution): a dental, medical or public health school, patient care facility, or other entity that engages in advanced specialty education.

Sponsoring institution: primary responsibility for advanced specialty education programs.

Affiliated institution: support responsibility for advanced specialty education programs.
STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program must develop clearly stated goals and objectives appropriate to advanced specialty education, addressing education, patient care, research and service. Planning for, evaluation of and improvement of educational quality for the program must be broad-based, systematic, continuous and designed to promote achievement of program goals related to education, patient care, research and service.

The program must document its effectiveness using a formal and ongoing outcomes assessment process to include measures of fellowship student achievement.

Intent: The Commission on Dental Accreditation expects each program to define its own goals and objectives for preparing individuals for the practice of oral and maxillofacial surgery and that one of the program goals is to comprehensively prepare competent individuals to initially practice oral and maxillofacial surgery. The outcomes process includes steps to: (a) develop clear, measurable goals and objectives consistent with the program’s purpose/mission; (b) develop procedures for evaluating the extent to which the goals and objectives are met; (c) collect and maintain data in an ongoing and systematic manner; (d) analyze the data collected and share the results with appropriate audiences; (e) identify and implement corrective actions to strengthen the program; and (f) review the assessment plan, revise as appropriate, and continue the cyclical process.

The financial resources must be sufficient to support the program’s stated goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the advanced specialty discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

Hospitals that sponsor fellowships must be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor fellowships must be accredited by an agency recognized by the United States Department of Education or its equivalent. The bylaws, rules and regulations of hospitals that sponsor or provide a substantial portion of fellowship programs must assure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.
The position of the program in the administrative structure must be consistent with that of other parallel programs within the institution and the administrator must have the authority, responsibility, and privileges necessary to manage the program.

1-1 Fellowships which are based in institutions or centers that also sponsor oral and maxillofacial surgery residency training programs must demonstrate that the fellowship and residency programs are not in conflict. The fellowship experience must not compete with the residency training program for surgical procedures. Separate statistics must be maintained for each program.

Examples of evidence may include:
- resident interviews as well as separate statistics for the fellowship and residents

1-2 Members of the teaching staff participating in an accredited fellowship program must be able to practice the full scope of the specialty in the focused area and in accordance with their training, experience and demonstrated competence.
AFFILIATIONS

The primary sponsor of the fellowship program must accept full responsibility for the quality of education provided in all affiliated institutions.

Documentary evidence of agreements, approved by the sponsoring and relevant affiliated institutions, must be available. The following items must be covered in such inter-institutional agreements:

a. Designation of a single program director;
b. The teaching staff;
c. The educational objectives of the program;
d. The period of assignment of fellows; and
e. Each institution’s financial commitment.

Intent: The items that are covered in inter-institutional agreements do not have to be contained in a single document. They may be included in multiple agreements, both formal and informal (e.g., addenda and letters of mutual understanding).

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission’s Policy on Accreditation of Off-Campus Sites found in the Evaluation and Operational Policies and Procedures manual (EOPP).
STANDARD 2 - PROGRAM DIRECTOR AND TEACHING STAFF

The program must be administered by a director who is board certified.

2-1 Program Director: The program must be directed by a single individual. The responsibilities of the program director must include:

2-1.1 Development of the goals and objectives of the program and definition of a systematic method of assessing these goals by appropriate outcomes measures.

2-1.2 Ensuring the provision of adequate physical facilities for the educational process.

2-1.3 Participation in selection and supervision of the teaching staff. Perform periodic, at least annual, written evaluations of the teaching staff.

2-1.4 Responsibility for adequate educational resource materials for education of the fellows, including access to adequate learning resources.

2-1.5 Responsibility for selection of fellows and ensuring that all appointed fellows meet the minimum eligibility requirements.

2-1.6 Maintenance of appropriate records of the program, including fellow and patient statistics, institutional agreements, and fellow records.

2-2 Teaching Staff: The teaching staff must be of adequate size and must provide for the following:

2-2.1 Provide direct supervision appropriate to a fellow's competence, level of training, in all patient care settings.

2-3 Scholarly Activity of Faculty: There must be evidence of scholarly activity among the fellowship faculty. Such evidence may include:

a. Participation in clinical and/or basic research particularly in projects funded following peer review;

b. Publication of the results of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media;

c. Presentation at scientific meetings and/or continuing education courses at the local, regional, or national level.

Oral and Maxillofacial Surgery Fellowship Standards

-14-
The program must show evidence of an ongoing faculty development process.

**Intent:** Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession.

**Examples of evidence to demonstrate compliance may include:**
- Participation in development activities related to teaching, learning, and assessment
- Attendance at regional and national meetings that address contemporary issues in education and patient care
- Mentored experiences for new faculty
- Scholarly productivity
- Presentations at regional and national meetings
- Examples of curriculum innovation
- Maintenance of existing and development of new and/or emerging clinical skills
- Documented understanding of relevant aspects of teaching methodology
- Curriculum design and development
- Curriculum evaluation
- Student/Resident assessment
- Cultural Competency
- Ability to work with students/residents of varying ages and backgrounds
- Use of technology in didactic and clinical components of the curriculum
- Evidence of participation in continuing education activities
STANDARD 3 - FACILITIES AND RESOURCES

Facilities and resources must be adequate to provide the educational experiences and opportunities required to fulfill the needs of the educational program as specified in these Standards. Equipment and supplies for use in managing medical emergencies must be readily accessible and functional.

**Intent:** The facilities and resources (e.g., support/secretarial staff, allied personnel and/or technical staff) should permit the attainment of program goals and objectives. To ensure health and safety for patients, fellows, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule.

The program must document its compliance with any applicable regulations of local, state and federal agencies including but not limited to radiation hygiene and protection, ionizing radiation, hazardous materials, and bloodborne and infectious diseases. Policies must be provided to all fellows, faculty and appropriate support staff and continuously monitored for compliance. Additionally, policies on bloodborne and infectious diseases must be made available to applicants for admission and patients.

**Intent:** The program may document compliance by including the applicable program policies. The program demonstrates how the policies are provided to the fellows, faculty and appropriate support staff and who is responsible for monitoring compliance. Applicable policy states how it is made available to applicants for admission and patients should a request to review the policy be made.

Fellows, faculty and appropriate support staff must be encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk to patients and personnel.

**Intent:** The program should have written policy that encourages (e.g., delineates the advantages of) immunization for fellows, faculty and appropriate support staff.

Fellows, faculty and support staff involved in the direct provision of patient care must be continuously recognized/certified in basic life support procedures, including cardiopulmonary resuscitation.

**Intent:** Continuously recognized/certified in basic life support procedures means the appropriate individuals are currently recognized/certified.
STANDARD 4 – CURRICULUM AND PROGRAM DURATION

The fellowship program must be designed to provide special knowledge and skills beyond residency training. Documentation of all program activities must be assured by the program director and available for review.

4-1 The fellowship program is a structured post-residency program which is designed to provide special knowledge and skills. The goals of the fellowship must be clearly identified and documented.

4-2 The duration of the fellowship must be a minimum of twelve months.

4-3 The fellowship program must include a formally structured curriculum. The curriculum should include a list of topics which will be discussed with the fellow(s).

4-4 The fellowship program must provide a complete sequence of patient experiences which includes:
   a. pre-operative evaluation;
   b. adequate operating experience;
   c. diagnosis and management of complications;
   d. post-operative evaluation.

4-5 The fellow must maintain a surgical case log of all procedures and should include at least the date of the procedure, patient name, patient identification number, geographic location where procedure was performed, type of anesthesia/sedation, preoperative diagnosis, the operative procedure performed and the level of participation (surgeon or first assistant).
STANDARD 5 – FELLOW
ELIGIBILITY AND SELECTION

Oral and maxillofacial surgeons who have completed their formal oral and maxillofacial surgery residency training are eligible for fellowship consideration.

5-1 Nondiscriminatory policies must be followed in selecting fellows.

5-2 There must be no discrimination in the selection process based on professional degree(s).

EVALUATION

A system of ongoing evaluation and advancement must assure that, through the director and faculty, each program:

a. Periodically, but at least semiannually, evaluates the knowledge, skills and professional growth of its fellowship students, using appropriate written criteria and procedures;
b. Provide to fellowship students an assessment of their performance, at least semiannually;
c. Maintains a personal record of evaluation for each fellowship student which is accessible to the fellowship student and available for review during site visits.

**Intent:** A copy of the final written evaluation stating that the fellow has demonstrated competency to practice independently should be provided to each individual upon completion of the fellowship.

DUE PROCESS

There must be specific written due process policies and procedures for adjudication of academic and disciplinary complaints, which parallel those established by the sponsoring institution.

RIGHTS AND RESPONSIBILITIES

At the time of enrollment, the fellowship students must be apprised in writing of the educational experience to be provided, including the nature of assignments to other departments or institutions and teaching commitments. Additionally, all fellowship students must be provided with written information which affirms their obligations and responsibilities to the institution, the program and program faculty.
STANDARD 6 - FELLOWSHIP PROGRAMS

Those enrolled in an accredited clinical fellowship in oral and maxillofacial surgery complete advanced training in a focused area.

6-1 Fellowship Program:
A fellowship is a structured post-residency educational experience devoted to enhancement and acquisition of skills in a focused area and must be taught to a level of competence.

6-2 Cosmetic Oral and Maxillofacial Surgery:
is that area of oral and maxillofacial surgery that treats congenital and acquired deformities of the integument and its underlying musculoskeletal system within the maxillofacial area and associated structures.

6-2.1 Goals/Objectives: To provide comprehensive clinical and didactic training as primary surgeon in the broad scope of cosmetic maxillofacial surgery.

6-2.2 Surgical Experience: Surgical experience must include the following procedures in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that a minimum of 125 maxillofacial cosmetic procedures is required. These procedures include, but are not limited to: blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, liposuction, otoplasty, rhinoplasty, rhytidectomy, hard and soft tissue augmentation contour procedures.

6-3 Oral/Head and Neck Oncologic Surgery:
is that area of oral and maxillofacial surgery which manages patients with tumors of the head and neck.

6-3.1 Goals/Objectives: To provide comprehensive clinical and didactic training which will allow the maxillofacial surgeon to function as a primary oncologic surgeon in a head and neck cancer team at the completion of training.

6-3.2 Surgical Experience: Surgical experience must include the following procedures in sufficient number and variety to ensure that objectives of the training are met. No absolute number can ensure adequate training but experience suggests that at least 90 major surgical procedures should be documented. These procedures include, but are not limited to: extirpative surgery for malignant and benign tumors, neck dissections, major soft and hard tissue reconstruction, as well as free, local and regional flap procedures.
Category I (Minimum 60 total procedures for category a-c)

a. Excision of benign/malignant tumors involving hard and soft tissues.

b. Excision of benign and malignant salivary gland tumors

Category II (Minimum 20 procedures)


6-3.3 The fellow must be trained in the role of radiation therapy and chemotherapy in the treatment and management of malignant tumors of the maxillofacial region. The fellow should participate on the tumor board.

Category III (Minimum 10 procedures)

a. Surgical Airway Management.

6-4 Pediatric Craniofacial Surgery:

is that area of oral and maxillofacial surgery that focuses on the diagnosis, as well as the surgical and adjunctive treatment in the neonate, infant, child and adolescent, of the following:

• congenital or developmental cleft and craniofacial deformities
• pathology of the craniofacial region
• trauma to the craniofacial region

6-4.1 Goals/Objectives: To provide a structured, didactic curriculum and broad experience in fundamental areas of craniofacial and pediatric oral and maxillofacial surgery. The goal is to prepare the fellow to function as a primary surgeon on an American Cleft Palate/Craniofacial Association (ACCPA)-recognized cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.
6-4.2 **Surgical Experience:** Surgical experience **must** include procedures in each of the following areas: orthognathic, reconstruction, craniofacial, trauma, and pathology. No absolute number of procedures can ensure adequate training but experience suggests that a minimum of **80 procedures** is required.

Category I (Minimum 20 Procedures)
- Cleft Lip/Palate Related Surgery
  (to include primary and secondary procedures)

Category II (Minimum 20 Procedures)
- Craniofacial Surgery to include Orthognathic Surgery, Intracranial Surgery, Reconstruction, Distraction Osteogenesis
  (Of the 20 procedures no more than 5 can be orthognathic and at least 5 transcranial approaches)

Category III (Minimum 20 Procedures)
- Pediatric Hard and Soft Tissue Trauma

Category IV (Minimum 20 Procedures)
- Hard and Soft Tissue Pathology

6-4.3 **Service Rotations:**

6-4.3.1 Neonatal Intensive Care Unit/Pediatric Intensive Care Unit (NICU/PICU)/Anesthesia Service Rotations: A minimum of 1 month rotation **must** be on one or more of the above mentioned service rotations. The fellow **must** function as a resident with commensurate level of responsibility.

6-4.3.2 **PALS:** The clinical program **must** maintain certification in Pediatric Advanced Life Support (PALS).

6-4.3.3 Should participate in craniofacial and cleft treatment teams.
STANDARD 7 – INVESTIGATIVE STUDY

Fellows must engage in scholarly activity. Such efforts may include:

7-1 Participation in clinical and/or basic research particularly in projects funded following peer review

7-2 Publication of the result of innovative thought, data gathering research projects, and thorough reviews of controversial issues in peer-reviewed scientific media

7-3 Presentation at scientific meetings and/or continuing education courses at the local, regional, or national and international levels.

Examples of evidence to demonstrate compliance may include:

a. Investigation in laboratories or clinics

b. Comprehensive summaries of scientific literature or preparation of statistical analyses based in clinical case records