

COMMISSION ON DENTAL ACCREDITATION

**Accreditation Standards for
Clinical Fellowship Training
Programs in Oral and
Maxillofacial Surgery**

Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery

Commission on Dental Accreditation
American Dental Association
211 East Chicago Avenue
Chicago, Illinois 60611
(312) 440-4653
www.ada.org

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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.

Document Revision History

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July 26, 2007	Name Change: The Joint Commission on Accreditation of Healthcare Organizations changed to The Joint Commission	Adopted and Implemented
February 1, 2008	Revised Definition of Terms and usage of Examples of Evidence	Adopted and Implemented
January 30, 2009	Revisions to Language Common to All Specialties (Preface, Standards 1 and 5)	Adopted
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Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation's mission is to ensure the quality of dental and dental-related education by conducting accreditation reviews to determine the degree to which individual programs meet the Commission's published accreditation standards and their own stated goals and objectives. The Commission recognizes only those programs meeting the accreditation standards that are developed and agreed upon by the various communities of interest, including the public. The Commission's second purpose is to enhance and encourage improvement in the quality of its accredited educational programs.

The Commission's accreditation program ensures that quality education is available for dentists, dental specialists and allied dental personnel. Quality education ultimately leads to quality dental care for the public.

Thus, the Commission's voluntary accreditation program serves to ensure educational quality and to improve the quality of the educational programs in 14 dental and dental-related disciplines. These disciplines include: dentistry, dental assisting, dental hygiene, dental laboratory technology, dental public health, endodontics, oral and maxillofacial pathology, oral and maxillofacial surgery, oral and maxillofacial surgery fellowships, orthodontics and dentofacial orthopedics, pediatric dentistry, periodontics, prosthodontics, general practice residency and advanced general dentistry.

(12/89)

ACCREDITATION STATUS DEFINITIONS

Commission on Dental Accreditation

Revised: January 1999

Effective Date: July 1999

Programs Which Are Fully Operational

APPROVAL (without reporting requirements): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

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 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.

Programs Which Are Not Fully Operational

A program which has not enrolled and graduated at least one class of students/fellows and does not have students/fellows enrolled in each year of the program is defined by the Commission as “not fully operational.” The accreditation classification granted by the Commission on Dental Accreditation to programs which are not fully operational is “initial accreditation.” When “initial accreditation” status is granted to a developing education program, it is in effect through the projected initial enrollment date. However, if enrollment is delayed for two consecutive years, the institution must reapply for “initial accreditation” and update pertinent information on program development. Following this, the Commission will reconsider granting “initial accreditation” status.

INITIAL ACCREDITATION: Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is in the planning and early stages of development or an intermediate stage of program implementation and not yet fully operational. This accreditation classification provides evidence to educational institutions, licensing bodies, government or other granting agencies that, at the time of initial evaluation(s), the developing education program has the potential for meeting the standards set forth in the requirements for an accredited education program for the specific occupational area. The classification “Initial accreditation” is granted based upon one or more site evaluation visit(s) and until the program is fully operational.

Effective Date: January 1, 2003

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 ensures 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 Oral and Maxillofacial Surgery; Oral and Maxillofacial Oncology; Pediatric Oral and Maxillofacial Surgery; Maxillofacial Trauma; 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).

Policy on Major Changes

Major changes as defined by the Commission are to be reported promptly to the Commission on Dental Accreditation. (Guidelines for Reporting Major Changes are available from the Commission Office). Major changes have a direct and significant impact on the program's potential ability to comply with the accreditation standards. Examples of major changes that must be reported include (but are not limited to) changes in program director, clinical facilities, program sponsorship or curriculum length. The program must report such major changes in writing to the Commission within thirty (30) days). Failure to comply with the policy will jeopardize the program's accreditation status.

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.

Definitions of Terms Used in Oral and Maxillofacial Surgery 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 The Joint Commission or its equivalent. 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** ensure 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 cases. Separate statistics **must** be maintained for each program.
- 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).*

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 an 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.

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, students/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 students/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 students/fellows, faculty and appropriate support staff.*

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 ensured 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 outcome of the procedure.

STANDARD 5 – FELLOWS

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** ensure that, through the director and faculty, each program:

- a. Periodically, but at least semiannually, evaluates the knowledge, skills, ethical conduct and professional growth of its fellowship students, using appropriate written criteria and procedures;
- b. Provides 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 fellow 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 cases is generally required. These procedures include, but are not limited to: blepharoplasty, brow lifts, treatment of skin lesions, skin resurfacing, cheiloplasty, genioplasty, liposuction, otoplasty, rhinoplasty and rhytidectomy.

6-3 Oral and Maxillofacial Oncology: is that area of the specialty which manages patients with tumors of the maxillofacial region.

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 cases 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 cases for category a-c)

- a. Excision of malignant tumors.
- b. Major soft tissue excision for benign or malignant tumors, e.g. hemiglossectomy, floor of mouth excision, parotidectomy, submandibular gland incision.
- c. Jaw excision for benign and malignant disease, e.g. marginal or segmental mandibulectomy, partial maxillectomy.

Category II (Minimum 20 cases)

- Neck dissections

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 in the tumor board.

- 6-4 Maxillofacial Trauma: is that area of oral and maxillofacial surgery that deals with the diagnosis, surgical and adjunctive treatment of injuries to the hard and soft tissues of the maxillofacial region.
- 6-4.1 Goals/Objectives: To provide comprehensive clinical and didactic training which will allow the oral and maxillofacial surgeon to manage a broad scope of maxillofacial injuries.
- 6-4.2 Surgical Experience: Surgical experience **must** include the following procedures in sufficient numbers and variety to ensure that the objectives of training are met with a minimum of 100 major cases as principal surgeon or first assistant in the following categories:
- a. midfacial fractures;
 - b. upper facial fractures including frontal sinus;
 - c. major soft tissue injuries.

6-5 Craniofacial and Pediatric Oral and Maxillofacial 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 craniomaxillofacial region
- trauma to the craniomaxillofacial region

6-5.1 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 a cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.

6-5.2 Surgical Experience: Surgical experience **must** include procedures in each of the following areas: orthognathic, reconstruction, craniofacial, trauma, and pathology. No absolute number of cases can ensure adequate training but experience suggests that a minimum of **80 cases** is required.

Category I (Minimum 20 Cases)

(a) Cleft Lip/Palate Related Surgery

(b) Craniofacial Surgery

Category II (Minimum 20 Cases)

Orthognathic Surgery, Reconstruction, Distraction Osteogenesis

Category III (Minimum 20 Cases)

Minor surgery in the medically compromised patient

Category IV (Minimum 10 Cases)

Trauma

Category V (Minimum 10 Cases)

Pathology

6-5.3 Off Service Rotations:

6-5.3.1 Anesthesia Service: A minimum of 1 month rotation **must** be on the pediatric anesthesia service. The fellow must function as an anesthesia resident with commensurate level of responsibility.

6-5.3.2 PALS: The clinical program **must** include certification in Pediatric Advanced Life Support (PALS).

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