Report 1000: Report on Oral and Maxillofacial Surgery Annual Survey Curriculum Section
Oral and Maxillofacial Surgery Education RC
Commission on Dental Accreditation (CODA) Winter 2026

Background

In Winter 2015, CODA directed each Review Committee to review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each Review Committee review aggregate data of its Annual Survey Curriculum Section, as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted every other year for oral and maxillofacial surgery residency education programs and clinical fellowship training programs in oral and maxillofacial surgery. The most recent Curriculum Section was conducted in August/September 2025. The next Curriculum Section will be conducted in August/September 2026. The draft Curriculum Section for review by the Review Committee on Oral and Maxillofacial Surgery Education are provided in **Appendix 1** and **Appendix 2.**

Summary

The Review Committee on Oral and Maxillofacial Surgery Education is requested to review the draft of its discipline-specific Annual Survey Curriculum Section (**Appendix 1** and **Appendix 2**).

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

Part II - Oral and Maxillofacial Surgery Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. Do residents from this program rotate to another educational site that has its own accredited oral and maxillofacial surgery program?

- ○ Yes (Specify institution) [ ]
- ○ No

Please note that submission of a supplemental report to CODA is not required for this annual survey, unless specifically requested by the Commission.

22. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member in each of the following major oral and maxillofacial surgery categories.

If none or not applicable, enter 0. Note that open treatment of bilateral mandibular fractures may be counted as separate procedures. Bilateral mandibular osteotomies may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

	Number of procedures
a. Trauma (must agree with Q23 total)	
b. Pathology (must agree with Q24 total)	
c. Orthognathic and Craniofacial (must agree with Q25 total)	
d. Reconstructive / Cosmetic (must agree with Q26 total)	
e. Other, please describe	

Use this space to enter comments or clarifications for your answers for Questions 21-22.

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

In calculating the program responses to Questions 23 and 24, same day admission and discharge patients are to be counted as inpatients.

23. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of trauma procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Open treatment of bilateral mandibular fractures may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22a.

a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	
b. Midface Fractures: Le Fort I (21421-21423)	
c. Midface Fractures: Le Fort II (21345-21348)	
d. Midface Fractures: Le Fort III (21431-21436)	
e. Malar (21355-21366)	
f. Nasoethmoid (21338-21340)	
g. Orbital (21385-21399, 21401-21408)	
h. Nasal (21315-21337)	
i. Frontal Sinus (21343-21344)	
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	
k. Additional Trauma / TMJ codes (20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	
Total	

24. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of pathology procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22b.

a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)

b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42808-42815)

c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31420, 38700, 38720, 38724, 40500-40530, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892, 42894)

d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 29804)

e. Salivary Gland and Duct Procedures (42300-42450, 42509, 42551-42665)

f. Tracheostomy (31600-31603, 31605, 31610)

g. Infections (40801, 41000, 41006-41009, 41015-41018, 42000, 42700, 42720, 42725)

Total

Use this space to enter comments or clarifications for your answers for Questions 23-24.

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

In calculating the program responses to Questions 25 and 26, same day admission and discharge patients are to be counted as inpatients.

25. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of orthognathic and craniofacial procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

Bilateral mandibular osteotomies may be counted as separate procedures. A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22c.

a. Mandible (21193-21199)

b. Genioplasty (21121-21123)

c. Maxilla (21141-21147, 21206)

d. Orbit (21172-21180, 21182-21184, 21256, 21260-21268, 21275)

e. Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)

f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62143, 62145-62148)

Total

26. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of reconstructive procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member.

A resident must serve as operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member, not as first assistant to another resident.

The total line should match the amount reported in Q22d.

a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)

b. Cleft Lip (40700-40761)

c. Cleft Palate / Pharyngoplasty (42200-42260, 42950)

d. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15271-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)

e. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)

f. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)

g. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)

h. Free Flaps (20955-20957, 20962, 20969, 20970, 20972, 21208-21209)

i. Temporomandibular Joint (21240-21243)

j. Vestibuloplasty (40840-40845)

k. Lip Repair (40650, 40652, 40654)

l. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)

m. Correction of Facial Nerve Paralysis (15840-15842, 15845)

n. Blepharoplasty / Eyelid Procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)

o. Brow / Forehead (15824, 15826, 67900)

p. Hard & Soft Tissue Augmentation / Osseous Reduction / Recontouring / Genioplasty / Facial Implants (21120, 21125, 21127, 21137-21139, 21181, 21208, 21209, 21270, 21295, 21296)

q. Otoplasty (69300, 69310, 69320)

r. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)

s. Rhytidectomy & lipectomy (15819, 15825, 15828, 15829, 15838, 15876)

t. Hair transplant (15775, 15776)

u. Dermabrasion & peels (15870, 15781, 15783, 30120)

v. Implants (21244, d6010)

Total

Use this space to enter comments or clarifications for your answers for Questions 25-26.

27. For each member of the program's most recent graduating class, please provide their cumulative anesthetic experience. If there were no graduates in the program during the previous academic year, this question is not applicable and can be skipped.

Note that Total General Anesthesia/Deep Sedation includes all on and off-service general anesthesia/deep sedation.

Oral and Maxillofacial Surgery Standard 4-9.1 states: The cumulative anesthetic experience of each graduating resident must include administration of general anesthesia/deep sedation for a minimum of 300 cases. This experience must involve care for 50 patients younger than 13. A minimum of 150 of the 300 cases must be ambulatory anesthetics for oral and maxillofacial surgery outside of the operating room.

	Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR - ADULT	Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR - PEDIATRIC	Total General Anesthesia/Deep Sedation - ADULT	Total General Anesthesia/Deep Sedation - PEDIATRIC
a. Graduate 1				
b. Graduate 2				
c. Graduate 3				
d. Graduate 4				
e. Graduate 5				
f. Graduate 6				
g. Graduate 7				
h. Graduate 8				

Use this space to enter comments or clarifications for your answers for

Question 27.

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

28. Indicate the type of assignment and length of each rotation (in WEEKS) included in the residents' off-service program.

	Type of Assignment			Length of Rotation
	Elective	Required	Not applicable	(in WEEKS)
a. Adult anesthesia	○	○	○	
b. Pediatric anesthesia	○	○	○	
c. Medicine	○	○	○	
d. Other medical rotations	○	○	○	
e. General surgery	○	○	○	
f. Plastic surgery	○	○	○	
g. Ear, nose and throat surgery	○	○	○	
h. Other surgical rotations	○	○	○	

Use this space to enter comments or clarifications for your answers for Question 28.

Part II - Oral and Maxillofacial Surgery Curriculum Section (continued)

29. Does each resident devote a minimum of 120 weeks to clinical oral and maxillofacial surgery over the course of their training?

- ◯ Yes
- ◯ No

30a. Is each resident assigned to anesthesia service for at least 20 weeks?

- ◯ Yes
- ◯ No

30b. Of the total amount of time spent in anesthesia service, how many weeks is the resident assigned to pediatric anesthesia?

If no separate assignment is made to pediatric anesthesia, enter 0.

31a. Is each resident assigned to a clinical surgical experience for at least 16 weeks?

- ◯ Yes
- ◯ No

31b. Of the total amount of time spent in clinical surgery, how many weeks is the resident assigned to a surgical service (not to include oral and maxillofacial surgery)?

32. Is each resident assigned to a clinical medical experience for at least eight (8) weeks?

- ◯ Yes
- ◯ No

33. Is each resident assigned to a clinical surgical or medical education experience, exclusive of all oral and maxillofacial surgery service assignments, for at least eight (8) additional weeks?

- ◯ Yes
- ◯ No

Use this space to enter comments or clarifications for your answers for Questions 29-33.

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section

Part II of the survey is confidential. Any reports from this section will not identify individual programs by name.

21. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of esthetic procedures performed by fellows.

	Total esthetic procedures
a. Blepharoplasty / Eyelid (15820-15823, 21280, 21282, 67901-67904, 67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975, 67999)	
b. Brow / Forehead (15824, 15826, 67900)	
c. Dermabrasion & Peels / Treatment of Skin Lesions (15780-15781, 15783, 15786-15793, 30120)	
d. Injections / Augmentation (11950-11954, 64612, 64615, 64616)	
e. Genioplasty / Hard & Soft Tissue Recontouring / Facial Implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	
f. Otoplasty (69300, 69310, 69320, 69399)	
g. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	
h. Rhytidectomy (15819, 15825, 15828, 15829, 15838, 15876)	
i. Hair Transplant (15775, 15776)	
j. Scar Revision (13120-13122, 13131-13133, 13151-13153, 13160, 14020, 14021, 14040, 14041, 14060, 14061, 14300-14302, 14350, 15115, 15116, 15120, 15121, 15240, 15241, 15260, 15261, 15574, 15610, 15620, 15630)	
k. Destruction of Lesions (17000, 17003, 17004, 17106-17108, 17110, 17111)	
Total	

22. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of oncology procedures performed by fellows.

	Total oncology procedures
a. Excisions for Malignant Tumors (11620-11624, 11626, 11640-11644, 11646. 17270-17276, 17280-17286, 21015, 21016, 21034, 21044, 21045, 21557, 21558, 30150, 30160)	
b. Major Soft Tissue Excisions for Benign or Malignant Tumors (e.g., Hemiglossectomy, Floor of Mouth Excision, Parotidectomy, Submandibular Gland Incision) (11420-11424, 11426, 11440-11446, 21552, 21554-21556)	
c. Lip (40500-40530, 41110-41114, 41116, 41120-41150, 41825-41827, 42104, 42106, 42107, 42120, 42160, 42410, 42415, 42420, 42425, 42426, 42440, 42450, 42808, 42810, 42815, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	
d. Jaw Excisions for Benign and Malignant Disease (e.g., Marginal or Segmental Mandibulectomy, Partial Maxillectomy) (21025-21030, 21040-21050, 31225, 31230, 42280)	
e. Neck Dissections which must include Radical and Limited (e.g., Supramohyoid) Neck Dissections (38700, 38720, 38724, 41135, 41145, 41153, 41155)	
f. Tracheostomy (31600, 31601, 31603, 31605, 31610)	
Total	

Use this space to enter comments or clarifications for your answers for Questions 21-22.

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section (continued)

23. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of pediatric craniomaxillofacial surgery (cleft and craniofacial surgery) procedures performed by fellows.

	Total pediatric craniomaxillofacial surgery procedures
a. Orthognathic, Cleft-Related and Craniofacial: Mandible (21193-21196, 21198, 21199)	
b. Orthognathic, Cleft-Related and Craniofacial: Genioplasty (21121-21123)	
c. Orthognathic, Cleft-Related and Craniofacial: Maxilla (21141-21143, 21145-21147, 21206)	
d. Orthognathic, Cleft-Related and Craniofacial: Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	
e. Orthognathic, Cleft-Related and Craniofacial: Orbit (21172, 21175, 21179, 21180, 21182-21184, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275)	
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62148)	
g. Cleft Lip (40700-40702, 40720, 40761)	
h. Cleft palate / Pharyngoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 42200, 42205, 42210, 42215, 42220, 42225-42227, 42235, 42260, 42950)	
Total	

24. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of trauma procedures performed by fellows.

Note that open treatment of bilateral fractures may be counted as separate procedures.

	Total trauma procedures
a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	
b. Midface Fractures: Le Fort I (21421-21423)	
c. Midface Fractures: Le Fort II (21345-21348)	
d. Midface Fractures: Le Fort III (21431-21436)	
e. Malar (21355-21366)	
f. Nasoethmoid (21338-21340)	

	Total trauma procedures
g. Orbital (21385-21399, 21401-21408)	
h. Nasal (21315-21337)	
i. Frontal Sinus (21343-21344)	
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	
k. Vestibuloplasty Procedures (40840-40845)	
l. Additional Trauma / TMJ codes (11960, 11971, 20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	
Total	

Use this space to enter comments or clarifications for your answers for Questions 23-24.

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section (continued)

25. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of oral and maxillofacial pathology procedures performed by fellows.

	Total oral and maxillofacial pathology procedures
a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	

	Total oral and maxillofacial pathology procedures
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21070, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40810, 40812, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42806-42815)	
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 38700, 38720, 38724, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892)	
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 21240-21243, 29804)	
e. Salivary Gland and Duct Procedures (42300-42340, 42408, 42409, 42500-42510, 42600-42665)	
f. Infections (40801, 41000, 41006-41009 41015-41018, 42000, 42700, 42720, 42725)	
Total	

26. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of reconstructive and cosmetic surgery procedures performed by fellows.

	Total reconstructive and cosmetic surgery procedures
a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	
b. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15275-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	
c. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	
d. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	

	Total reconstructive and cosmetic surgery procedures
e. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	
f. Free Flaps (20955-20957, 20962, 20969, 20970, 20972)	
g. Vestibuloplasty (40840-40845)	
h. Lip Repair (40650, 40652, 40654)	
i. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)	
j. Correction of Facial Nerve Paralysis (15840-15842, 15845)	
k. Blepharoplasty / Eyelid procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)	
l. Brow / Forehead (15824, 15826, 67900)	
m. Hard & Soft tissue augmentation / Osseous reduction / Recontouring / Genioplasty / Facial implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	
n. Otoplasty (69300, 69310, 69320)	
o. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	
p. Rhytidectomy & Lipectomy (15819, 15825, 15828, 15829, 15838, 15876)	
q. Hair Transplant (15775, 15776)	
r. Dermabrasion & Peels (15870, 15781, 15783, 30120)	
s. Implants (21244, D6010)	
Total	

Use this space to enter comments or clarifications for your answers for Questions 25-26.

Part II - Oral and Maxillofacial Surgery Clinical Fellowships Curriculum Section (continued)

27. Indicate the type of assignment and length of each rotation (in weeks) included in the fellows' off-service program.

	Type of Assignment			Length of Rotation
	Elective	Required	Not applicable	(in WEEKS)
a. NICU	○	○	○	
b. PICU	○	○	○	
c. Microvascular laboratory	○	○	○	
d. Other	○	○	○	

28. Identify the total number of months fellows are assigned to the oral and maxillofacial surgery services for the entire program.

For the purpose of this question, a month is defined as a period of no less than four weeks. Round to the nearest whole month.

Use this space to enter comments or clarifications for your answers for Questions 27-28.

Report 1001: Informational Report on Oral and Maxillofacial Surgery Annual Survey Curriculum Data
Oral and Maxillofacial Surgery Education RC
Commission on Dental Accreditation (CODA) Winter 2026

Background

In Winter 2015, CODA directed each Review Committee to review a draft of its discipline-specific Annual Survey Curriculum Section during the Winter meeting in the year the Survey will be distributed. CODA further suggested that each Review Committee review aggregate data of its Annual Survey Curriculum Section, as an informational report, following data collection and analysis. All survey data is considered confidential at the programmatic level.

The Curriculum Section of CODA's Annual Survey is conducted annually for oral and maxillofacial surgery residency education programs and clinical fellowship training programs in oral and maxillofacial surgery. The most recent Curriculum Section was conducted in August/September 2025. Aggregate data of the most recent Curriculum Section for review by the Review Committee on Oral and Maxillofacial Surgery Education as an informational report is provided in **Appendix 1** and **Appendix 2.**

Summary

The Review Committee on Oral And Maxillofacial Surgery Education is requested to review the informational report on aggregate data of its discipline-specific Annual Survey Curriculum Section (**Appendix 1** and **Appendix 2**).

Recommendation: This report is informational in nature and no action is requested.

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

2025-26 Oral and Maxillofacial Surgery Residency Curriculum Survey Results

This report includes data collected in the 2025-26 *Survey of Advanced Dental Education* from 101 advanced dental education programs in oral and maxillofacial surgery accredited at the time of the survey. Two programs did not have residents enrolled during the curriculum survey period; data from these programs are not included in this report.

21. Do residents from this program rotate to another educational site that has its own accredited oral and maxillofacial surgery program?

	Percentage
Yes (Specify institution)	13.9%
No	86.1%
Total	101

Yes (Specify institution) - Text

Children's Hospital [redacted]
Dental College [redacted]
[redacted] Medical Center
[redacted]
[redacted] Hospital
[redacted] Health
Short, two weeks, elective rotation to H&N Surgery at [redacted]
[redacted]
University [redacted]
University [redacted]
University [redacted]
University [redacted]
University of [redacted]
[redacted] Hospital Center, [redacted]

22. For the most recently completed academic year (July 1, 2024 to June 30, 2025), please provide the number of procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member in each of the following major oral and maxillofacial surgery categories.

Number of procedures	Minimum	Maximum	Mean	Count
a. Trauma	40.0	1944.0	293.5	101
b. Pathology	23.0	2357.0	401.9	101
c. Orthognathic and Craniofacial	21.0	881.0	212.8	101
d. Reconstructive / Cosmetic	34.0	2378.0	414.9	101
e. Other, please describe -	0.0	4126.0	964.2	101

e. Other, please describe - Text
Codes not completed by CODA
Codes not contemplated *(2 schools)*
Codes not contemplated by CODA *(15 schools)*
Codes not counted
CPT CDT Codes Not In Other Categories
Dentoalveolar *(3 schools)*
dentoalveolar etc
Dentoalveolar in OR
Extractions etc
Hardware removal or deep bone biopsy and dentoalveolar procedures
Miscelaneous
Non CODA codes
Please see below
Procedures not reported into major categories
See below *(4 schools)*
See comments for full list of procedures
TMJ
Total codes not contemplated by CODA
Uncounted codes

Comments on OMS Questions 21-22

100+ other codes, available in report upon request, Code examples include 10060, 10140,15793, 40819, 60280, D7995, etc.

22 - e: Other includes: Consultation, Application IMF (not fracture), Removal Fixation Devices, Oral Surgery Splints, Incision & Drainage Abcess or Hematoma, and other.

22e details are found on page 6 of CODA Residency Worksheet Report in Resident Surgical Log

E.) D- Codes, Alveo, Fine Needle Bx., I&D, Removal foreign Body, Wound Repair, full thickness grafts, flaps, nasal Fracture. Drain Abscess, revisions

Impacted Wisdom Teeth Ridge Splits Botox Canine Exposures

Other Procedures: Hypoglossal Nerve Stimulator, DISE, Various OSA Procedures, Flap Procedure Codes, Nerve Grafting Codes

Total codes not contemplated by CODA

23. Trauma procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member during the most recently completed academic year (July 1, 2024 to June 30, 2025).

Field	Minimum	Maximum	Mean	Count
a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	11.0	517.0	108.6	101
b. Midface Fractures: Le Fort I (21421-21423)	0.0	88.0	10.1	101
c. Midface Fractures: Le Fort II (21345-21348)	0.0	15.0	3.6	101
d. Midface Fractures: Le Fort III (21431-21436)	0.0	15.0	2.5	101
e. Malar (21355-21366)	0.0	106.0	22.7	101
f. Nasoethmoid (21338-21340)	0.0	19.0	3.5	101
g. Orbital (21385-21399, 21401-21408)	0.0	152.0	17.4	101
h. Nasal (21315-21337)	1.0	132.0	19.3	100
i. Frontal Sinus (21343-21344)	0.0	20.0	3.4	101
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	0.0	510.0	76.6	101
k. Additional Trauma / TMJ codes (20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	0.0	1875.0	26.1	101

24. Pathology procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member during the most recently completed academic year (July 1, 2024 to June 30, 2025).

Field	Minimum	Maximum	Mean	Count
a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	0.0	419.0	9.9	101
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42808-42815)	12.0	939.0	166.7	101
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 31360, 31365, 31367, 31368, 31370, 31375, 31380, 31382, 31390, 31395, 31420, 38700, 38720, 38724, 40500-40530, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	0.0	952.0	48.6	101
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 29804)	0.0	230.0	35.2	101
e. Salivary Gland and Duct Procedures (42300-42450, 42509, 42551-42665)	0.0	298.0	14.1	101
f. Tracheostomy (31600-31603, 31605, 31610)	0.0	124.0	15.9	101
g. Infections (40801, 41000, 41006-41009, 41015-41018, 42000, 42700, 42720, 42725)	4.0	455.0	111.5	101

Comments on OMS Questions 23-24

[none]

25. Orthognathic and craniofacial procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member during the most recently completed academic year (July 1, 2024 to June 30, 2025).

Field	Minimum	Maximum	Mean	Count
a. Mandible (21193-21199)	12.0	500.0	106.1	101
b. Genioplasty (21121-21123)	0.0	69.0	17.7	101
c. Maxilla (21141-21147, 21206)	6.0	343.0	82.3	101
d. Orbit (21172-21180, 21182-21184, 21256, 21260-21268, 21275)	0.0	56.0	2.6	101
e. Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	0.0	90.0	2.1	101
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62143, 62145-62148)	0.0	42.0	1.9	101

26. Reconstructive procedures performed by residents as the operating surgeon or first assistant to an oral and maxillofacial surgery attending staff member during the most recently completed academic year (July 1, 2024 to June 30, 2025).

Field	Minimum	Maximum	Mean	Count
a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	0.0	111.0	12.9	101
b. Cleft Lip (40700-40761)	0.0	21.0	2.4	101
c. Cleft Palate / Pharyngoplasty (42200-42260, 42950)	0.0	47.0	10.4	101
d. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15130, 15131, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15271-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	0.0	748.0	66.2	101
e. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	0.0	250.0	8.4	101
f. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	0.0	155.0	3.8	101
g. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	2.0	231.0	34.9	100
h. Free Flaps (20955-20957, 20962, 20969, 20970, 20972, 21208-21209)	0.0	181.0	10.3	101
i. Temporomandibular Joint (21240-21243)	0.0	172.0	25.4	101
j. Vestibuloplasty (40840-40845)	0.0	165.0	7.2	101
k. Lip Repair (40650, 40652, 40654)	0.0	54.0	5.4	101
l. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)	0.0	27.0	2.3	101
m. Correction of Facial Nerve Paralysis (15840-15842, 15845)	0.0	2.0	0.1	101
n. Blepharoplasty / Eyelid Procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)	0.0	92.0	9.0	101
o. Brow / Forehead (15824, 15826, 67900)	0.0	35.0	2.0	101
p. Hard Soft Tissue Augmentation / Osseous Reduction / Recontouring / Genioplasty / Facial Implants (21120, 21125, 21127, 21137-21139, 21181, 21208, 21209, 21270, 21295, 21296)	0.0	108.0	6.8	101
q. Otoplasty (69300, 69310, 69320)	0.0	21.0	1.0	101
r. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	0.0	167.0	17.0	101
s. Rhytidectomy lipectomy (15819, 15825, 15828, 15829, 15838, 15876)	0.0	100.0	4.4	101
t. Hair transplant (15775, 15776)	0.0	2.0	0.0	101
u. Dermabrasion peels (15870, 15781, 15783, 30120)	0.0	6.0	0.5	101
v. Implants (21244, d6010)	0.0	1373.0	184.9	101

Comments on OMS Questions 25-26

codes not contemplated by CODA - 3968

Dermabrasion and peels are performed in the office and not in the OR so they are NOT included

27. For each member of the program's most recent graduating class, please provide their cumulative anesthetic experience.

Field	Minimum	Maximum	Mean	Count
Ambulatory Anesthesia/Deep Sedation for OMS Outside of the OR				
ADULT	42.0	1004.0	235.4	252
PEDIATRIC	0.0	160.0	23.1	252
Total General Anesthesia/Deep Sedation				
ADULT	167.0	1,225.0	428.0	252
PEDIATRIC	11.0	240.0	83.7	252

Comments on OMS Question 27

G1: JB, G2: GC, G3:MM, G4: MS Adult 13+, Peds under 13

Graduate #1 had adequate pediatric anesthesia cases, but failed to document properly in the RSL. This has been addressed with current residents

28. Indicate the type of assignment and length of each rotation included in the residents' off-service rotation -

Type of Assignment	Elective	Required	Not applicable	Total
a. Adult anesthesia	0.0%	100.0%	0.0%	101
b. Pediatric anesthesia	0.0%	94.1%	5.9%	101
c. Medicine	0.0%	98.0%	2.0%	101
d. Other medical rotations	4.0%	59.4%	36.6%	101
e. General surgery	0.0%	100.0%	0.0%	101
f. Plastic surgery	17.8%	61.4%	20.8%	101
g. Ear, nose and throat surgery	17.8%	58.4%	23.8%	101
h. Other surgical rotations	10.9%	49.5%	39.6%	101

Length of Rotation (in weeks)	Minimum	Maximum	Mean	Count
a. Adult anesthesia	4.0	24.0	16.9	101
b. Pediatric anesthesia	0.0	12.0	4.5	98
c. Medicine	4.0	128.0	11.6	99
d. Other medical rotations	0.0	136.0	11.7	84
e. General surgery	2.0	60.0	19.1	101
f. Plastic surgery	0.0	16.0	4.3	91
g. Ear, nose and throat surgery	0.0	16.0	4.1	87
h. Other surgical rotations	0.0	180.0	7.5	80

h. Other surgical rotations - Text

Burn Surgery, [redacted]
Burns, Oncology, Trauma, Vascular, [redacted]
Cosmetic Facial Surgery
Head & Neck Surgery, Cleft & Craniofacial Surgery
Neurosurgery [redacted]
Neurosurgery, Dermatology, Anesthesia Pre-op
Neurosurgery, [redacted] Memorial Hospital, [redacted]
Oculoplastic
Oculoplastic surgery [redacted]
OMS
OMS Trauma - off campus
Perioperative Ambulatory, SICU, ER
Resident Elective
shock trauma, dermatology, oral facial pain
SICU *(3 schools)*
SICU and Cosmetic Surgery Rotations
SICU and Occuloplastics
SICU ED
SICU, Vascular
Surgical Critical Care
Surgical Critical Care, Trauma
Surgical ICU *(3 schools)*
[redacted] Rotations
Trauma Surgery, SICU *(3 schools)*

Comments on OMS Question 28

6-year residents gain medicine experience during their three years of medical school. while 4-year residents gain their experience through 12 consecutive weeks on the Medicine service at our primary learning site. 6-year residents integrate into the General Surgery preliminary program in the 4th year of their residency, while 4-year residents rotate through general surgery for 16 consecutive weeks at our primary learning site. During rotations onto general surgery, all residents (regardless of track) are exposed to trauma, surgical intensive care unit, surgical oncology (including ENT), and Emergency general surgery

All of the above applies to both the 4-year and 6-year programs, except as follows: C. & D. Medicine – The 12 weeks of medicine is for residents in the 4-year program. In the 6-year program, residents typically complete an additional 60 weeks of medicine rotation. E. General Surgery – Both the 4-year and 6-year programs require a minimum of 20 weeks, with the 6-year program residents completing an additional 44 weeks.

d. ICU 8 weeks, CCU 4 weeks

d. Other medical rotations = Preoperative Assessment Clinic (OPAC); h. Other surgical rotations = pediatric general surgery, 4 weeks; surgical intensive care unit, 8 weeks.

Elective rotations of 4 weeks are available in Pediatric Surgery, Radiology Rotation, Dermatology Rotation, Orthopedic Surgery, Infectious Diseases, General Pathology, and the resident most take, at least, 2 of these elective rotations.

Full body cosmetic surgery as an elective

General surgery year includes rotations to vascular, plastics and surgical oncology assigned by the department through their rotation scheduled independent of OMS service.

Head and neck rotation listed under ENT

Medicine: Cardiology (4 weeks), Surgical co-management (4 weeks), SICU (weeks). Surgery: Pediatric surgery (4 weeks), Vascular surgery (4 weeks), Endocrine surgery (4 weeks), Plastic surgery (4 weeks), Otolaryngology (4 weeks), Neurosurgery - 4 weeks

'other medical rotations' is SICU

other medicine: surgical intensive care unit

Other surgical rotations include [redacted] Neurosurgery (4 wks), [redacted] Memorial Hospital [redacted] OMS Rotation (12 wks), [redacted] 4-8 wks), and [redacted] OMS Rotation (12-20 wks)

Pediatric anesthesia is a component of total anesthesia experience at our institution.

Residents in the 48-month program are assigned to general surgery for 20 weeks. Residents in the 72-month program are assigned to general surgery for 44 weeks.

Residents in their second year are required to complete four (4) weeks in each: Head & Neck Surgery and Cleft & Craniofacial Surgery.

SICU rotation (elective) 4 weeks, Facial Cosmetic Surgery Rotation (elective) 4 weeks.

The 6 year residents obtain their medical rotations and anethesia while medical students and their general surgery requirements during their general surgery prelim year as Gneral Surgery Interns. The 4 year resident completes their ambulatory/preop month in their third year of the program, whereas the 6 year residents complete this rotation as senior medical students.

The four weeks of pediatric anesthesia is broken up / intermixed within the 24 weeks that the residents are on the Anesthesia service.

29. Does each resident devote a minimum of 120 weeks to clinical oral and maxillofacial surgery over the course of their training?

	Percentage
Yes	100.0%
No	0.0%
Total	101

30a. Is each resident assigned to anesthesia service for at least 20 weeks?

	Percentage
Yes	100.0%
No	0.0%
Total	101

30b. Of the total amount of time spent in anesthesia service, how many weeks is the resident assigned to pediatric anesthesia?

	Minimum	Maximum	Mean	Count
	0.0	12.0	4.4	101

31a. Is each resident assigned to a clinical surgical experience for at least 16 weeks?

	Percentage
Yes	99.0%
No	1.0%
Total	101

31b. Of the total amount of time spent in clinical surgery, how many weeks is the resident assigned to a surgical service (not to include oral and maxillofacial surgery)?

	Minimum	Maximum	Mean	Count
	4.0	72.0	26.5	101

32. Is each resident assigned to a clinical medical experience for at least eight (8) weeks?

	Percentage
Yes	100.0%
No	0.0%
Total	101

33. Is each resident assigned to a clinical surgical or medical education experience, exclusive of all oral and maxillofacial surgery service assignments, for at least eight (8) additional weeks?

	Percentage
Yes	100.0%
No	0.0%
Total	101

Comments on OMS Questions 29-33

4 Weeks on [redacted] Plastic Surgery Service and 4 Weeks on [redacted] ENT Service
For Q33: An additional 8 weeks is spent on the Plastic Surgery/Oral Pathology rotation. The experience is 3 days a week on plastics and 2 days a week on oral pathology. The residents do not have any responsibilities for the OMS service during these 8 weeks
Neurosurgery - 4 weeks, Otolaryngology - 4 weeks
Residents spend a total of 24 weeks on surgical services (General Surgery, PRS and ENT) and 8 weeks on the Medicine service

2025-26 Clinical Fellowships in Oral and Maxillofacial Surgery Curriculum Survey Results

This report includes data collected in the 2025-26 *Survey of Advanced Dental Education* from 12 clinical fellowship programs in oral and maxillofacial surgery accredited at the time of the survey.

21. CF-OMS esthetic procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total esthetic procedures	Minimum	Maximum	Mean	Count
a. Blepharoplasty / Eyelid (15820-15823, 21280, 21282, 67901-67904, 67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975, 67999)	0.0	49.0	9.3	12
b. Brow / Forehead (15824, 15826, 67900)	0.0	10.0	1.8	12
c. Dermabrasion & Peels / Treatment of Skin Lesions (15780-15781, 15783, 15786-15793, 30120)	0.0	222.0	23.8	12
d. Injections / Augmentation (11950-11954, 64612, 64615, 64616)	0.0	252.0	22.9	12
e. Genioplasty / Hard & Soft Tissue Recontouring / Facial Implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	0.0	89.0	11.8	12
f. Otoplasty (69300, 69310, 69320, 69399)	0.0	7.0	1.5	12
g. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	0.0	31.0	4.3	12
h. Rhytidectomy (15819, 15825, 15828, 15829, 15838, 15876)	0.0	60.0	7.9	12
i. Hair Transplant (15775, 15776)	0.0	0.0	0.0	12
j. Scar Revision (13120-13122, 13131-13133, 13151-13153, 13160, 14020, 14021, 14040, 14041, 14060, 14061, 14300-14302, 14350, 15115, 15116, 15120, 15121, 15240, 15241, 15260, 15261, 15574, 15610, 15620, 15630)	0.0	394.0	47.4	12
k. Destruction of Lesions (17000, 17003, 17004, 17106-17108, 17110, 17111)	0.0	504.0	44.1	12

22. CF-OMS oncology procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total oncology procedures	Minimum	Maximum	Mean	Count
a. Excisions for Malignant Tumors (11620-11624, 11626, 11640-11644, 11646. 17270-17276, 17280-17286, 21015, 21016, 21034, 21044, 21045, 21557, 21558, 30150, 30160)	0.0	206.0	58.2	12
b. Major Soft Tissue Excisions for Benign or Malignant Tumors (e.g., Hemiglossectomy, Floor of Mouth Excision, Parotidectomy, Submandibular Gland Incision) (11420-11424, 11426, 11440-11446, 21552, 21554-21556)	0.0	194.0	64.8	12
c. Lip (40500-40530, 41110-41114, 41116, 41120-41150, 41825-41827, 42104, 42106, 42107, 42120, 42160, 42410, 42415, 42420, 42425, 42426, 42440, 42450, 42808, 42810, 42815, 42842, 42844, 42845, 42870, 42890, 42892, 42894)	0.0	323.0	54.2	12
d. Jaw Excisions for Benign and Malignant Disease (e.g., Marginal or Segmental Mandibulectomy, Partial Maxillectomy) (21025-21030, 21040-21050, 31225, 31230, 42280)	0.0	202.0	55.6	12
e. Neck Dissections which must include Radical and Limited (e.g., Supramohyoid) Neck Dissections (38700, 38720, 38724, 41135, 41145, 41153, 41155)	0.0	231.0	68.1	12
f. Tracheostomy (31600, 31601, 31603, 31605, 31610)	0.0	113.0	32.6	12

CF-OMS comments 1

We are not a cosmetic fellowship. We are Head and Neck Oncology and Microvascular surgery

23. CF-OMS pediatric craniomaxillofacial surgery procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total pediatric craniomaxillofacial surgery procedures	Minimum	Maximum	Mean	Count
a. Orthognathic, Cleft-Related and Craniofacial: Mandible (21193-21196, 21198, 21199)	0.0	36.0	5.3	12
b. Orthognathic, Cleft-Related and Craniofacial: Genioplasty (21121-21123)	0.0	8.0	0.7	12
c. Orthognathic, Cleft-Related and Craniofacial: Maxilla (21141-21143, 21145-21147, 21206)	0.0	31.0	2.8	12
d. Orthognathic, Cleft-Related and Craniofacial: Midface (21150, 21151, 21154, 21155, 21159, 21160, 21188)	0.0	6.0	0.5	12
e. Orthognathic, Cleft-Related and Craniofacial: Orbit (21172, 21175, 21179, 21180, 21182-21184, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275)	0.0	3.0	0.3	12
f. Cranial Vault / Transcranial (61550, 61552, 61556-61559, 61563, 61564, 62120, 62121, 62140-62148)	0.0	40.0	3.3	12
g. Cleft Lip (40700-40702, 40720, 40761)	0.0	44.0	4.0	12
h. Cleft palate / Pharyngoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 42200, 42205, 42210, 42215, 42220, 42225-42227, 42235, 42260, 42950)	0.0	115.0	18.0	12

24. CF-OMS trauma procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total trauma procedures	Minimum	Maximum	Mean	Count
a. Alveolus and Mandible Fractures (21441-21449, 21451-21470)	0.0	28.0	6.8	12
b. Midface Fractures: Le Fort I (21421-21423)	0.0	10.0	1.6	12
c. Midface Fractures: Le Fort II (21345-21348)	0.0	1.0	0.1	12
d. Midface Fractures: Le Fort III (21431-21436)	0.0	0.0	0.0	12
e. Malar (21355-21366)	0.0	10.0	2.1	12
f. Nasoethmoid (21338-21340)	0.0	0.0	0.0	12
g. Orbital (21385-21399, 21401-21408)	0.0	6.0	1.2	12
h. Nasal (21315-21337)	0.0	21.0	2.6	12
i. Frontal Sinus (21343-21344)	0.0	1.0	0.3	12
j. Repair of Lacerations (12031-12057, 13120-13153, 13160, 40830-40839, 41250-41252, 42180-42182)	0.0	72.0	11.4	12
k. Vestibuloplasty Procedures (40840-40845)	0.0	159.0	16.5	12
l. Additional Trauma / TMJ codes (11960, 11971, 20690, 20692, 20693, 20694, 21100, 21480, 21485, 21490, 21495)	0.0	20.0	4.3	12

CF-OMS comments 2

[none]

25. CF-OMS oral and maxillofacial pathology procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total oral and maxillofacial pathology procedures	Minimum	Maximum	Mean	Count
a. Sinus (31020, 31030, 31032, 31040, 31233, 31235, 31237-31240, 31254-31256, 31267, 31276, 31287, 31288, 31290-31297)	0.0	27.0	8.1	12
b. Cysts, Benign Neoplasms of Bone and Soft Tissue (11010-11012, 11042-11047, 11420-11424, 11426, 11440-11444, 11446, 21011-21014, 21025-21032, 21040, 21046-21049, 21070, 21501, 21552, 21554-21556, 30110, 30115, 30117, 30118, 30124, 30125, 30130, 30140, 30310, 30320, 31225, 31230, 40805, 40810, 40812, 40814-40818, 41100, 41105, 41110, 41112-41116, 41825-41827, 42806-42815)	0.0	475.0	92.8	12
c. Malignant Neoplasms of Bone and Soft Tissue (11620-11624, 11626, 11640-11644, 11646, 21015, 21016, 21034, 21044-21045, 21557, 21558, 30150, 30160, 38700, 38720, 38724, 41110, 41112-41114, 41116, 41120, 41130, 41135, 41140, 41145, 41150, 41153, 41155, 41825-41827, 42107, 42120, 42140, 42808, 42842, 42844, 42845, 42870, 42890, 42892)	0.0	450.0	96.3	12
d. Temporomandibular Joint Surgery (21010, 21050, 21060, 21070, 29800, 21240-21243, 29804)	0.0	16.0	3.3	12
e. Salivary Gland and Duct Procedures (42300-42340, 42408, 42409, 42500-42510, 42600-42665)	0.0	44.0	13.0	12
f. Infections (40801, 41000, 41006-41009 41015-41018, 42000, 42700, 42720, 42725)	0.0	53.0	15.9	12

26. CF-OMS reconstructive and cosmetic surgery procedures for the most recently completed academic year (July 1, 2024 to June 30, 2025)

Total reconstructive and cosmetic surgery procedures	Minimum	Maximum	Mean	Count
a. Nerve (64600, 64605, 64610, 64716, 64722, 64727, 64732-64744, 64864, 64885-64886, 64902, 64910, 64911)	0.0	36.0	12.1	12
b. Flaps and Grafts (11960, 11971, 14020, 14021, 14040, 14041, 14060, 14061, 14301, 14302, 14350, 15040, 15100, 15101, 15110, 15111, 15115, 15116, 15120, 15121, 15135, 15136, 15156, 15157, 15220, 15221, 15240, 15241, 15260, 15261, 15275-15278, 15572, 15740, 15750, 15756, 15758, 15760, 15770, 30580, 30600, 42145)	0.0	405.0	117.7	12
c. Flaps and Grafts: Vestibuloplasty (15574-15576, 15610, 15620-15630, 15650, 15731, 15732, 15757)	0.0	106.0	25.8	12
d. Flaps and Grafts: Soft Tissue Flaps (40500, 40525-40527, 42894)	0.0	100.0	24.6	12
e. Bone, Cartilage and Tissue Grafts (20900, 20902, 20910, 20912, 20920, 20922, 20926, 21210-21235, 21247, 21255)	0.0	49.0	18.1	12
f. Free Flaps (20955-20957, 20962, 20969, 20970, 20972)	0.0	112.0	44.2	12
g. Vestibuloplasty (40840-40845)	0.0	159.0	19.2	12
h. Lip Repair (40650, 40652, 40654)	0.0	47.0	5.3	12
i. Salivary Gland and Duct (42500, 42505, 42507, 42509, 42510)	0.0	27.0	3.7	12
j. Correction of Facial Nerve Paralysis (15840-15842, 15845)	0.0	3.0	0.8	12
k. Blepharoplasty / Eyelid procedures (15820-15823, 21280, 21282, 67901-67906, 67908, 67909, 67911, 67912, 67914-67917, 67921-67924, 67930, 67935, 67950, 67961, 67966, 67971, 67973-67975)	0.0	49.0	10.3	12
l. Brow / Forehead (15824, 15826, 67900)	0.0	10.0	1.8	12
m. Hard & Soft tissue augmentation / Osseous reduction / Recontouring / Genioplasty / Facial implants (21120, 21125, 21127, 21137- 21139, 21181, 21208, 21209, 21270, 21295, 21296)	0.0	82.0	12.3	12
n. Otoplasty (69300, 69310, 69320)	0.0	9.0	1.9	12
o. Rhinoplasty (30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30520, 30540, 30545, 30560, 30620, 30630)	0.0	30.0	4.2	12
p. Rhytidectomy & Lipectomy (15819, 15825, 15828, 15829, 15838, 15876)	0.0	60.0	7.8	12
q. Hair Transplant (15775, 15776)	0.0	0.0	0.0	12
r. Dermabrasion & Peels (15870, 15781, 15783, 30120)	0.0	222.0	24.8	12
s. Implants (21244, D6010)	0.0	34.0	8.9	12

CF-OMS comments 3

Index procedures per accreditation standards: Category 1

27. Indicate the type of assignment and length of each rotation (in weeks) included in the fellows' off-service program.

Type of Assignment

Question	Elective	Required	Not applicable	Total
a. NICU	0.0%	8.3%	91.7%	12
b. PICU	0.0%	0.0%	100.0%	12
c. Microvascular laboratory	8.3%	41.7%	50.0%	12
d. Other	0.0%	18.2%	81.8%	11

Length of Rotation (weeks)

Field	Minimum	Maximum	Mean	Count
a. NICU	1.0	1.0	1.0	1
b. PICU	0.0	0.0	0.0	0
c. Microvascular laboratory	1.0	48.0	9.0	6
d. Other	2.0	2.0	2.0	2

d. Other - Text
Pediatric Anesthesia
Radiation Oncology & Medical Oncology

28. Identify the total number of months fellows are assigned to the oral and maxillofacial surgery services for the entire program.

	Minimum	Maximum	Mean	Count
	0.0	24.0	14.3	12

CF-OMS comments 4

Fellows spend time in the on-site microvascular training laboratory and in the fresh cadaver dissection lab at the [redacted] harvesting various free flaps

This is a two year fellowship. The fellow spends 12 months in each year on the OMFS service.

Report 1002: Consideration of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery Related to Administrative Oversight at Major Sites Where Educational Activity Occurs
Oral and Maxillofacial Surgery Review Committee
Commission on Dental Accreditation (CODA) Winter 2026

Background

At its Winter 2024 meeting, the Commission considered the New Business report of the Review Committee on Predoctoral Dental Education (PREDOC RC), which included a discussion about the possibility of program directors working remotely and not in-person, on-site at one of the program's approved educational sites. The PREDOC RC recognized the Commission does not have a defined policy or requirement in some discipline-specific Accreditation Standards that stipulates the program director must be in-person, on-site to fulfill the duties as written in the Accreditation Standards. The PREDOC RC believed that CODA should clearly define this expectation for future interpretation of program director qualifications in accordance with the discipline-specific Accreditation Standards. Through a discussion, the PREDOC RC recognized that new technologies and an increasing remote workforce may allow program directors to complete some job tasks remotely. However, tasks such as supervision of faculty and some day-to-day job responsibilities would require the program director to be in-person, on-site at the program's approved educational sites. Additionally, for programs that have multiple approved educational sites that may be geographically separated from the sponsoring institution, including those throughout an individual state or located in different states, it is not clearly defined how much time the program director should spend at each site for supervision over the day-to-day operations, as listed in the discipline-specific Accreditation Standards, or the requirement to delegate site supervision responsibilities. The PREDOC RC believed CODA may need to investigate and review the in-person, on-site work expectations for program directors to determine if changes are needed to the Accreditation Standards for dental education, advanced dental education, and allied dental education programs. Following consideration, the Commission directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs.

Additionally, at its Winter 2024 meeting, the Commission considered the New Business report of the Review Committee on Dental Hygiene Education (DH RC) related to program administrators that may be remotely located from the program's campus. The DH RC considered whether there should be oversight of remote program sites by an on-site individual who reports to the program director. The DH RC noted that some advanced dental education Standards require an on-site supervisor at remote program locations. The Commission noted that the Dental Hygiene Review Committee would monitor trends in remote program locations for dental hygiene education.

Following consideration, at its Winter 2024 meeting, the Commission on Dental Accreditation (CODA) directed an Ad Hoc or Standing Committee to investigate in-person, on-site work expectations for program directors to determine if changes are needed in the discipline-specific Accreditation Standards for dental education, advanced dental education, and allied dental education programs.

Summer 2024: The Ad Hoc Committee, which was comprised of all current CODA Commissioners, met on August 7, 2024, at the ADA Headquarters, in association with the Commission's Summer 2024 meeting. The Ad Hoc Committee reviewed the background materials, which included the Commission's action leading to the Ad Hoc Committee, and the Standards for each discipline related to program director. The Ad Hoc Committee noted that the Advanced Education in General Dentistry, General Practice Residency Standards, and Pediatric Dentistry Standards include a requirement for a site director/site administrator at all off-campus clinical locations. The Committee discussed the changing environment in dental and dental hygiene education, noting increased establishment of off-campus sites where students spend a majority or all their time, much like a satellite campus.

It was noted that while all CODA Standards have a requirement for clinical supervision at all educational activity sites, it was noted that most Standards do not address overall administrative oversight of the program, by the program director or a designee, at all sites where a student spends a majority or all their time. The Committee discussed whether virtual oversight or assignment of a responsible individual would be appropriate at all educational sites. The Committee believed there must be consistency in the educational program at all program sites.

Following consideration, the Ad Hoc Committee concluded that each Review Committee that does not currently have a Standard related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) should review this topic and determine whether a Standard is needed to address the Commission's expectation for administrative oversight, for consideration by the Commission in Winter 2025. In considering this matter, the Commission noted that inclusion of Intent Statements, in conjunction with proposed Standards, could further clarify the flexibility permitted for programs to oversee educational sites in a variety of ways, while ensuring administrative oversight and consistency in the educational program across all sites. At its Summer 2024 meeting, the Commission on Dental Accreditation concurred with the recommendations of the Ad Hoc Committee.

Winter 2025: the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered the oral and maxillofacial surgery residency and oral and maxillofacial surgery clinical fellowship Accreditation Standards related to administrative oversight at major educational activity sites (e.g., off-campus sites where students spend a majority or all their time) to determine whether revisions are needed to address the Commission's expectation for administrative oversight. The Review Committee noted that the oral and maxillofacial surgery Accreditation Standards do not have specific standards for administrative oversight at any major educational site. The Review Committee discussed and determined that administrative oversight must be in place at any major educational site if the program director is not routinely present.

Following consideration, the Review Committee determined that the Standards require modification to address overall administrative oversight of the program, by the program director or a designee, at all sites where a resident/fellow spends a majority or all their time. The proposed revision to the oral and maxillofacial surgery (residency) Accreditation Standards is found in **Appendix 1** and the proposed revision to the oral and maxillofacial surgery (clinical fellowship) Accreditation Standards is found in **Appendix 2**. The Review Committee recommended that the proposed revision be circulated to the communities of interest for review and comment for one (1) year, with Hearings conducted in conjunction with the American Dental Education Association (ADEA) Annual Meeting and American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.Summary

Summary

At this meeting, the OMS RC and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery **(Appendix 1),** Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery **(Appendix 2),** and the written comments received **(Appendix 3).** If further revisions are warranted, the Commission may wish to circulate the modified revisions to the communities of interest for an additional comment period.

Alternatively, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

Commission on Dental Accreditation

Proposed Revision to Standard 1 (New Standard 1-10)

Additions are Underlined

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the educational program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-6 All arrangements with major and minor activity sites, not owned by the sponsoring institution, must be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

Intent: *Ownership may entail clinical operations, and not necessarily the physical facility.*

1-7 Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, 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 residents; and
e. Each institution's financial commitment

Intent*: An "institution (or organizational unit of an institution)" is defined as a dental, medical or public health school, patient care facility, or other entity (e.g., OMS practice facility) that engages in advanced dental education. 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).*

1-8 Rotations to an affiliated institution which sponsors its own accredited oral and maxillofacial surgery residency program must not exceed 26 weeks in duration.

1-9 All standards in this document must apply to training provided in affiliated institutions.

1-10 Major sites of activity where the program director is not routinely present must include the appointment of a site administrator faculty member to provide administrative oversight of the program at that site.

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)

Commission on Dental Accreditation

Proposed Revision to Standard 1 (New Standard 1-5)

Additions are Underlined

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

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 All arrangements with major and minor activity sites, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

Intent*: Ownership may entail clinical operations, and not necessarily the physical facility.*

1-4 Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, **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).*

1-5 Major sites of activity where the program director is not routinely present must include the appointment of a site administrator faculty member to provide administrative oversight of the program at that site.

If the program utilizes off-campus sites for clinical experiences or didactic instruction, please review the Commission's Policy on Reporting and Approval of Sites Where Educational Activity Occurs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisi ons of Accreditation Standards for Oral and Maxillofacial Surgery Educati on programs be distributed to the communities of interest for review and c omment. The document is available at the Commission website.

All communities of interest are invited to submit comment on the propose d revision through the link below. Please note that by submitting a comm ent you agree to the Commission publishing your name, title, affiliation an d comment in a public forum through its policy reports at the meeting duri ng which comments will be considered. The Commission will neither publ ish your contact information nor follow up with you related to the comment , including its successful or unsuccessful submission. Further, the Commi ssion reserves the right to redact inappropriate and/or unprofessional com ments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[redacted]
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
  Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
  Council on Dental Education and Licensure

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. J ason A. Tanguay, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters r elated to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its June 23-24, 2025 meeting, the Council considered and supported the proposed revision to the Accreditation Standards fo r Advanced Dental Education Programs in Oral and Maxillofacial Surgery.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Response Summary:

The Commission on Dental Accreditation directed that the proposed revisions of Accreditation Standards for Clinical Fellowship training programs in Oral and Maxillofacial Surgery be distributed to the communities of interest for review and comment. The document is available at the Commission website.

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[redacted]
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
  Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
  Council on Dental Education and Licensure

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

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

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. J ason A. Tanguay, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters r elated to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, at its June 23-24, 2025 meeting, the Council considered and supported the proposed revision to the Accreditation Standards fo r Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0

Report 1003: Consideration of Proposed Revisions to Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery-Trigeminal Nerve Surgery
Oral and Maxillofacial Surgery Review Committee (OMS RC)
CODA Winter 2025

Background

On July 23, 2024 the Commission on Dental Accreditation (CODA) received correspondence from Dr. John Zuniga requesting that the Commission establish a process of accreditation for clinical fellowship training programs in oral and maxillofacial surgery - trigeminal nerve surgery and disorders. At the Summer 2024 meeting, the Commission considered Dr. Zuniga's request and noted the Commission's *Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline* provided a framework for the Commission in determining whether a process should be initiated for programs in a new dental education area or discipline. Accordingly, the Commission directed that an Ad Hoc Committee composed of Commission members be appointed to further study the request in accordance with the Commission's *Policies and Procedures for Accreditation of Programs in A New Dental Education Area or Discipline*, with a report on the Ad Hoc Committee's progress at the Winter 2025 meeting of the Commission.

Winter 2025 Commission Meeting: The Commission reviewed the Report of the Ad Hoc Committee to Consider a Request to Establish an Accreditation Process for Oral and Maxillofacial Surgery Clinical Fellowship Training Programs in Trigeminal Nerve Surgery and Disorders The Commission noted that the area of trigeminal nerve surgery and disorders would be a new clinical fellowship area within the discipline of oral and maxillofacial surgery, and other clinical fellowships already exist in oral and maxillofacial surgery. As such, the Commission concluded the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) should proceed with developing Accreditation Standards for clinical fellowship training programs in trigeminal nerve surgery and disorders. The Commission also determined that CODA's Standing Committee on Documentation and Policy Review should consider current policies and determine whether revisions are warranted related to development of accreditation processes for subdisciplines (i.e., fellowships) of dentistry already under the Commission's purview, with a future report to the Commission. Accordingly, the Commission took the following actions at its Winter 2025 meeting:

- Directed that the Commission establish a process of accreditation for clinical fellowship training programs in oral and maxillofacial surgery - trigeminal nerve surgery and disorders.
- Directed the Review Committee on Oral and Maxillofacial Surgery Education to develop Accreditation Standards for clinical fellowship training programs in oral and maxillofacial surgery - trigeminal nerve surgery and disorders, with a future report to the Commission on Dental Accreditation.
- Directed the Standing Committee on Documentation and Policy Review to consider the current policy and determine whether revisions are warranted related to development of accreditation processes for subdisciplines (i.e., fellowships) of dentistry that are already under the Commission's purview, with a future report to the Commission.

Meeting of the Review Committee on Oral and Maxillofacial Surgery Education: In accordance with the prior directives of the Commission on Dental Accreditation, the Review Committee on Oral and Maxillofacial Surgery Education met on April 14, 2025. The following OMS RC members attended the meeting: Dr. George Kushner (OMR RC Chair and Commissioner), Dr. Vasiliki Karlis, Dr. Deepak Krishnan, Mr. John Manahan, Dr. Jan Mitchell. Dr. Vincent Perciaccante was unable to attend the meeting. The OMS RC was supported by Dr. Yesenia Ruiz, manager, Advanced Dental Education, Ms. Shelby Burgus, project assistant, and Dr. Sherin Tooks, senior director, CODA, who were also in attendance.

The OMS RC began its discussion by considering the report of the Ad Hoc Committee and CODA's Winter 2025 directive. The Review Committee noted that clinical fellowship Standards include common standards for all clinical fellowships, which are found in Standards 1, 2, 3, 4, 5, and 7, and discipline-specific standards for each individual clinical fellowship area found in Standard 6. The OMS RC also discussed the variety of trigeminal nerve surgical procedures, and the minimum number of procedures required for each fellow to complete as a first assistant or primary surgeon, both with and without faculty supervision. Additionally, the OMS RC considered the minimum required duration of a clinical fellowship in oral maxillofacial surgery, which is twelve (12) months, to establish the minimum number of surgical cases required.

Following discussion, the OMS RC recommended that the Oral and Maxillofacial Review Committee and Commission review the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery related to new Standards for clinical fellowship training programs in trigeminal nerve surgery and disorders. The OMS RC noted that the Commission may direct, circulation to the communities of interest for review and comment, with Hearings and future consideration by the Commission.

Summer 2025 Commission Meeting: The Review Committee considered the background information and proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, with a proposed new section in Standard 6 for trigeminal nerve surgery and disorders. In review of the proposed revisions, the Oral and Maxillofacial Surgery Review Committee further revised the proposed revision to Standard 6-7.3 to remove items a, b, and c since the items could be interpreted as prescriptive and may reduce opportunities for innovation. Following consideration, the Review Committee recommended that the proposed revisions **(Appendix 1)** be circulated to the communities of interest for review and comment for a period of six (6) months with all comments received to be reviewed by the Review Committee and Commission at its Winter 2026 meetings. The OMS RC believed a shortened comment period was warranted since there are currently no programs accredited in this fellowship area but there is interest in development of emerging clinical fellowship training programs in trigeminal nerve surgery and disorders.

Summary

At this meeting, the OMS RC and the Commission are asked to consider the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery **(Appendix 1),** and the written comments received **(Appendix 2).** If further revisions are warranted, the Commission may wish to circulate the modified revisions to the communities of interest for an additional comment period. Alternatively, if the proposed revisions are adopted, the Commission may wish to consider an implementation date.

Recommendation:

Prepared by: Dr. Yesenia R. Dworetzky, manager, Advanced Dental Education

Commission on Dental Accreditation

Proposed Revisions to Standard 6 – Inclusion of a New Section (Standard 6-7) for Trigeminal Nerve Surgery and Disorders

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

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
401 North Michigan Avenue, Suite 3300
Chicago, Illinois 60611
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https://coda.ada.org/

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Document Revision History

Date	Item	Action
February 12, 2021	Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery	Adopted and Implemented
August 6, 2021	Revised Mission Statement	Adopted
January 1, 2022	Revised Mission Statement	Implemented
February 11, 2022	Elimination of the term "Proficiency" from the Definition of Terms	Adopted and Implemented
August 11, 2023	Revised Accreditation Status Definitions	Adopted and Implemented
August 9, 2024	Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate	Adopted
January 1, 2025	Revised Definitions of Terms and Standard 1 related to Sponsoring Institution and Authority to Operate	Implemented
DATE	New Section in Standard 6 for Clinical Fellowship Training Programs in Trigeminal Nerve Surgery and Disorders	Adopted
DATE	New Section in Standard 6 for Clinical Fellowship Training Programs in Trigeminal Nerve Surgery and Disorders	Implemented

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Table of Contents

Mission Statement of the Commission on Dental Accreditation

The Commission on Dental Accreditation serves the public and dental professions by developing and implementing accreditation standards that promote and monitor the continuous quality and improvement of dental education programs.

Commission on Dental Accreditation
Adopted: August 5, 2016; Revised August 6, 2021

ACCREDITATION STATUS DEFINITIONS

PROGRAMS THAT ARE FULLY OPERATIONAL:

Approval *(<u>without</u> reporting requirements*): An accreditation classification granted to an educational program indicating that the program achieves or exceeds the basic requirements for accreditation.

Approval *(<u>with</u> 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 or policies must be demonstrated within a timeframe not to exceed 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. Identification of new deficiencies during the reporting time period will not result in a modification of the specified deadline for compliance with prior deficiencies.

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.

Revised: 8/17; 2/16; 5/12; 1/99; Reaffirmed: 8/23; 8/18; 8/13; 8/10, 7/05; Adopted: 1/98

PROGRAMS THAT ARE NOT FULLY OPERATIONAL: A program which has not enrolled and graduated at least one class of students/residents and does not have students/residents 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 enrollment date. However, if enrollment of the first class is delayed for two consecutive years following the projected enrollment date, the program's accreditation will be discontinued, and the institution must reapply for initial accreditation and update pertinent information on program development. Following this, the Commission will reconsider granting initial accreditation status. The developing education program must not enroll students/residents/fellows with advanced standing beyond its regularly enrolled cohort, while holding the accreditation status of "initial accreditation."

Initial Accreditation is the accreditation classification granted to any dental, advanced dental or allied dental education program which is 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 educational program for the specific occupational area. The classification "initial accreditation" is granted based upon one or more site evaluation visit(s).

Revised: 7/08; Reaffirmed: 8/23; 8/18; 8/13; 8/10; Adopted: 2/02

Other Accreditation Actions:

Teach-Out: An action taken by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program is in the process of voluntarily terminating its accreditation due to a planned discontinuance or program closure. The Commission monitors the program until students/residents who matriculated into the program prior to the reported discontinuance or closure effective date are no longer enrolled.

Reaffirmed: 8/23, 8/18; Adopted: 2/16

Discontinued: An action taken by the Commission on Dental Accreditation to affirm a program's reported discontinuance effective date or planned closure date and to remove a program from the Commission's accredited program listing, when a program either 1) voluntarily discontinues its participation in the accreditation program and no longer enrolls students/residents who matriculated prior to the program's reported discontinuance effective date or 2) is closed by the sponsoring institution.

Intent to Withdraw: A formal warning utilized by the Commission on Dental Accreditation to notify an accredited program and the communities of interest that the program's accreditation will be withdrawn if compliance with accreditation standards or policies cannot be demonstrated by a specified date. The warning is usually for a six-month period, unless the Commission extends for good cause. The Commission advises programs that the intent to withdraw accreditation may have legal implications for the program and suggests that the institution's legal counsel be consulted regarding how and when to advise applicants and students of the Commission's accreditation actions. The Commission reserves the right to require a period of non-enrollment for programs that have been issued the Intent to Withdraw warning.

Revised: 2/16; 8/13; Reaffirmed: 8/23, 8/18

Withdraw: An action taken by the Commission when a program has been unable to demonstrate compliance with the accreditation standards or policies within the time period specified. A final action to withdraw accreditation is communicated to the program and announced to the communities of interest. A statement summarizing the reasons for the Commission's decision and comments, if any, that the affected program has made with regard to this decision, is available upon request from the Commission office. Upon withdrawal of accreditation by the Commission, the program is no longer recognized by the United States Department of Education. In the event the Commission withdraws accreditation from a program, students currently enrolled in the program at the time

accreditation is withdrawn and who successfully complete the program, will be considered graduates of an accredited program. Students who enroll in a program after the accreditation has been withdrawn will not be considered graduates of a Commission accredited program. Such graduates may be ineligible for certification/licensure examinations.

Revised 6/17; Reaffirmed: 8/23, 8/18; 8/13; 8/10, 7/07, 7/01; CODA: 12/87:9

Denial: An action by the Commission that denies accreditation to a developing program (without enrollment) or to a fully operational program (with enrollment) that has applied for accreditation. Reasons for the denial are provided. Denial of accreditation is considered an adverse action.
Reaffirmed: 8/23, 8/18; 8/13; Adopted: 8/11

Preface

Maintaining and improving the quality of advanced dental education programs 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, the dental profession, 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 discipline. The focused areas include: Cosmetic Facial Surgery; Oral/Head and Neck Oncologic Surgery; Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery); Microvascular Reconstructive Surgery; and Endoscopic Maxillofacial Surgery.

Accreditation actions by the Commission on Dental Accreditation are based upon information gained through written submissions by program directors and evaluations made on site by assigned site visitors. The Commission has established review committees to review site visit and progress reports and make recommendations to the Commission. Review committees are composed of representatives nominated by dental organizations and nationally accepted 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, 401 North Michigan Avenue, Suite 3300, Chicago, Illinois 60611.

This document constitutes the standards by which the Commission on Dental Accreditation and its site visitors will evaluate fellowship programs in each discipline for accreditation purposes. The general and discipline-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., l). Discipline-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 onetime only or a permanent change in enrollment. Failure to comply with this policy will jeopardize the program's accreditation status.

Please review the Commission's Policy on Enrollment Increases in Advanced Dental Education Programs found in the Evaluation and Operational Policies and Procedures manual (EOPP).

DEFINITION OF TERMS USED IN ADVANCED DENTAL 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; highly desirable, but not mandatory.

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:

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 dental education.

Sponsoring institution: primary responsibility for advanced dental education programs.

Health Care Organization: A Federally Qualified Health Center (FQHC), Indian Health Service (IHS), Veterans Health Administration system (VA), or academic health center/medical center/ambulatory care center (both public and private) that is accredited by an agency recognized by the United States Department of Education, accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS), or receiving regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV).

Affiliated institution: support responsibility for advanced dental education programs.

STANDARD 1 - INSTITUTIONAL COMMITMENT/PROGRAM EFFECTIVENESS

The program **must** develop clearly stated goals and objectives appropriate to advanced dental 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 dental education 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. Health care organizations that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) or receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process. The bylaws, rules and regulations of hospitals or health care organizations 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.

United States military programs not sponsored or co-sponsored by military medical treatment facilities, United States-based educational institutions, hospitals or health care organizations accredited by an agency recognized by the United States Department of Education or accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS) **must** demonstrate successful achievement of Service-specific organizational inspection criteria.

Examples of evidence to demonstrate compliance may include:

- Accreditation certificate or current official listing of accredited institutions from a United States Department of Education recognized accreditation organization
- Evidence of successful achievement of Service-specific organizational inspection criteria
- Accreditation certificate or current official listing of accredited institution from an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). For example: Accreditation Association for Ambulatory Health Care (AAAHC); Accreditation Commission for Health Care, Inc. (ACHC); American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF); American Osteopathic Association Healthcare Facilities Accreditation Program (AOA/HFAP); Center for Improvement in Healthcare Quality (CIHQ); Community Health Accreditation Program (CHAP); DNV GL-Healthcare (DNV GL); National Dialysis Accreditation Commission (NDAC); The Compliance Team (TCT); The Joint Commission (JC).
- Evidence of successful achievement of receive regular on-site inspections through the Health Resources and Services Administration Operational Site Visit (HRSA-OSV) process.

Advanced dental education programs conferring a certificate **must** have state or federal approval to operate and, as applicable, to confer a certificate. Advanced dental education programs conferring a degree **must** have institutional accreditation and authority to confer a degree.

Intent: *The educational program demonstrates either: a) documentation of receipt of federal aid as evidence to operate, or b) documentation of a state business license as evidence to operate. Additionally, as required by the state, the program demonstrates authority through an appropriate state agency when issuing a certificate of completion. If conferring a degree, the program demonstrates authorization from its institutional accrediting agency.*

Examples of evidence to demonstrate compliance may include:

- State license or federal authority documenting the institution's approval to operate and confer a credential
- Institutional accreditation indicating approval to confer a degree

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 discipline in the focused area and in accordance with their training, experience and demonstrated competence.

USE OF SITES WHERE EDUCATIONAL ACTIVITY OCCURS

The primary sponsor of the fellowship program **must** accept full responsibility for the quality of education provided in all sites where educational activity occurs.

1-3 All arrangements with major and minor activity sites, not owned by the sponsoring institution, **must** be formalized by means of current written agreements that clearly define the roles and responsibilities of the parties involved.

Intent*: Ownership may entail clinical operations, and not necessarily the physical facility.*

1-4 Documentary evidence of agreements, for major and minor activity sites not owned by the sponsoring institution, **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 Reporting and Approval of Sites Where Educational Activity Occurs 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.

2-4 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 Facial 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 and contouring 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 categories a & b)

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)

a. Neck dissections.

Category III (Minimum 10 procedures)

a. Surgical Airway Management.

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.

6-3.4 Microvascular Reconstructive Surgery: is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects of the head and neck.

6-3.4.1 **Goals/Objectives:** To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions.

6-3.4.2 **Surgical Experience:** Surgical experience **must** include a minimum of 40 hours of microsurgical laboratory training and primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures, which includes flap harvest, inset and microvascular anastomosis.

6-3.5 Fellowship programs **must** declare the scope of the training program.

Type I: Oral/Head and Neck Oncologic Surgery
Type II: Oral/Head and Neck Oncologic Surgery and Microvascular Reconstructive Surgery

Intent: *Programs will be responsible for meeting the portion of the standard that applies to the declared type of program.*

6-4 Pediatric Craniomaxillofacial Surgery (Cleft and 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 craniomaxillofacial region

- Trauma to the craniomaxillofacial 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 (ACPCA)-recognized cleft and craniofacial team. The educational program should include anesthetic techniques and perioperative medical management of pediatric surgical patients.

6-4.2 **Craniofacial surgery:** is the type of surgery that may traverse the cranial base and refers to combined oral and maxillofacial surgery/neurosurgery to treat, e.g., hypertelorism, Crouzon syndrome, Apert syndrome, and isolated craniosynostosis.

6-4.3 Fellowship programs **must** declare the scope of the training program.

Type I: Craniofacial and Cleft (Categories I, II, II, IV)
Type II: Craniofacial (Categories II, III, IV)
Type III: Cleft (Categories (I, III, IV)

6-4.4 **Surgical Experience**: The experience **must** include a minimum of **20 procedures** in each of the categories delineated by the declared program Type (I, II, III). The cumulative surgical experience **must** include a minimum of **80 procedures**.

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

Category II (Minimum 20 Procedures)
Craniomaxillofacial Surgery to include Orthognathic Surgery, Transcranial Surgery, Reconstruction, Distraction Osteogenesis, and other skeletofacial surgery.
(Of the 20 procedures, orthognathic procedures must not exceed 5.)

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

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

6-4.4.1 In Type I and II programs, surgical experience **must** include a minimum of 5 transcranial procedures.

6-4.5 PALS: The fellow **must** maintain certification in Pediatric Advanced Life Support (PALS).

6-4.6 The program **must** participate in a craniofacial and/or cleft treatment team respectively.

6-5 Microvascular Reconstructive Surgery

Microvascular Reconstructive Surgery is that area of oral and maxillofacial surgery that uses microvascular surgical techniques to permit transplantation of tissues from distant sites of the body in order to reconstruct defects.

6-5.1 Goals/Objectives: To provide comprehensive clinical and didactic training that will allow the oral and maxillofacial surgeon to perform microvascular reconstructions.

6-5.2 Surgical Experience: Surgical experience **must** include a minimum of 40 hours of microsurgical laboratory training and primary or first assist surgeon in at least 30 microvascular surgical reconstruction procedures which includes flap harvest, inset and microvascular anastomosis.

6-6 Endoscopic Maxillofacial Fellowship

Endoscopic Maxillofacial Surgery is that area of oral and maxillofacial surgery that utilizes high definition video technology coupled with minimal access exposure to execute precise surgical maneuvers.

6-6.1 Goals/Objectives: To provide a comprehensive clinical and didactic training in minimally invasive endoscopic techniques either as the primary procedure or endoscopic assisted procedures. To advance technology and surgical procedures in order to provide precise intervention and reduce morbidity. The goal is to prepare the fellow to be competent in doing endoscopic assisted procedures.
Surgical Experience: Surgical procedures may include: TMJ Arthroscopy (Diagnostic and Advanced), Sialoendoscopy, Endoscopic assisted Orthognathic Surgery, Endoscopic assisted Maxillofacial Trauma, Endoscopic assisted TMJ Total Joint Reconstruction and sinus endoscopy.

6-6.2 Surgical procedures performed by the fellow, as a first assistant or primary surgeon, **must** include a minimum of 100 endoscopic maxillofacial surgical procedures to ensure that the objectives of the training are achieved. The 100 endoscopic maxillofacial surgical procedures **must** include no less than:

a. 30 double puncture, advanced, temporomandibular joint arthroscopic procedures

b. 10 Sialoendoscopic procedures
c. 10 Sinus endoscopic procedures

6-7 Trigeminal Nerve Surgery and Disorders

Trigeminal Nerve Surgery is that area of oral and maxillofacial surgery that pertains to the management of trigeminal nerve disorders.

6-7.1 **Goals/Objectives:** To provide comprehensive clinical and didactic training in diagnosis, prognosis and treatment of trigeminal nerve disorders including surgery.

6-7.2 **Surgical Experience:** Surgical procedures may include neurolysis, neurorrhaphy, nerve capping for painful neuroma, connector-assisted – repair technique with various suturing modalities, nerve transposition, immediate reconstruction with long span graft for benign or malignant mandibular pathology.

6-7.3 Surgical procedures performed by the fellow, as a first assistant or primary surgeon, **must** include a minimum 30 trigeminal nerve surgical cases.

Intent: *The program should ensure experience in a variety of cases including neurolysis, neurorrhaphy, nerve capping for painful neuroma, connector-assisted – repair technique with various suturing modalities, nerve transposition, immediate reconstruction with long span graft for benign or malignant mandibular pathology.*

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:

- Investigation in laboratories or clinics
- Comprehensive summaries of scientific literature or preparation of statistical analyses based in clinical case records

Response Summary:

The Commission on Dental Accreditation directed that the proposed new section of Accreditation Standards for Clinical Fellowship training programs in Trigeminal Nerve Surgery and Disorders in Oral and Maxillofacial Surgery be distributed to the communities of interest for review and comment. The document is available at the Commission website: https://coda.ada.org/standards#proposed-standards

All communities of interest are invited to submit comment on the proposed revision through the link below. Please note that by submitting a comment you agree to the Commission publishing your name, title, affiliation and comment in a public forum through its policy reports at the meeting during which comments will be considered. The Commission will neither publish your contact information nor follow up with you related to the comment, including its successful or unsuccessful submission. Further, the Commission reserves the right to redact inappropriate and/or unprofessional comments.

Click next to submit a comment.

Q2. Please complete the requested information.

First Name	Annette
Last Name	Puzan
Email	[redacted]
Title	Manager, Dental Education and Licensure

Q3. Please select one of the following options that best describes you or your organization:

- Other (Please specify):
  Council on Dental Education and Licensure (CDEL)

Q4. Is this an official comment from your organization?

- Yes. Please enter the name of your organization below.:
  Council on Dental Education and Licensure

Q5. Enter the Standard number(s), page(s) and line(s) to which you would like to comment.

Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, New Standard 6-7

Q6. Do you agree with the proposed revision?

- Agree

Q7. Enter your comment. Type or copy and paste in the text box below.

The following comment is being submitted on behalf of the ADA Council on Dental Education and Licensure by Dr. P aul A. Shadid, chair:

A duty of the ADA Council on Dental Education and Licensure is to act as the agency of the Association in matters r elated to the accreditation of dental, advanced dental and allied dental education programs. Accordingly, via a Nove mber 2025 electronic ballot, the Council considered and supported the proposed revisions to the Accreditation Stan dards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery related to the proposed new sectio n for clinical fellowship training programs in Trigeminal Nerve Surgery and Disorders.

The Council appreciates the opportunity to submit comment on this important document.

Q8. Do you have additional comment?

- I have NO additional comment and ready to submit.

Scoring

- Score: 0
