REPORT OF THE REVIEW COMMITTEE ON ORAL AND MAXILLOFACIAL SURGERY EDUCATION TO THE COMMISSION ON DENTAL ACCREDITATION

Committee Chair: Dr. George Kushner. Committee Members: Dr. Vasiliki Karlis, Dr. Deepak Krishnan, Dr. John Manahan, Dr. Jan Mitchell, and Dr. Vincent Perciaccante. Commissioner Trainee: Dr. Brent Ward observed the July 8, 2025 meeting virtually as Commissioner trainee Guests (Open Session Only, Virtual): Ms. Mary Allaire-Schnitzer, associate executive director, American Association of Oral and Maxillofacial Surgeons (AAOMS), Dr. Charles Crago, vice president, AAOMS, Dr. Deepak Kademani, vice president, American Board of Maxillofacial Surgery, (ABOMS), Ms. Laurie Oddo, director, Advanced Education and Resident Affairs, AAOMS, Dr. J. David Morrison, president, AAOMS, and Ms. Christina Tomaso, chief executive officer, ABOMS. Commission Staff: Dr. Yesenia Ruiz, manager, Advanced Dental Education, Ms. Peggy Soeldner, senior manager, Administration and Committees, Ms. Taylor Weast, manager, Advanced Dental Education (attended July 8, 2025 only), Ms. Shelby Burgus, senior project assistant, and Dr. Sherin Tooks, senior director, Commission on Dental Accreditation (CODA). The meetings of the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) were held on July 8, 2025 and July 14, 2025 via a virtual meeting.

CONSIDERATION OF MATTERS RELATED TO ORAL AND MAXILLOFACIAL SURGERY EDUCATION

Informational Report on Frequency of Citings of Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1000): The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered the annual report on the frequency of citings of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery implemented February 12, 2021, and noted there were 39 citings total. Standard 1 Institutional Commitment/Program Effectiveness had three (3) citings, Standard 2 Program Director and Teaching Staff had eight (8) citings, Standard 3 Facilities and Resources had one (1) citing, Standard 4 Curriculum and Program Duration had 23 citings, Standard 5 had two (2) citings, and Standard 6 Research had two (2) citings. The most frequently cited standard with six (6) citings occurs in Standard 4-11 related to Major Surgery. Due to the limited number of citings, no analysis can be performed at this time.

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

Informational Report on Frequency of Citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (p. 1001): The Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) considered the annual report on the frequency of citings of Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery. Since implementation of the February 12, 2021 Standards, there have been 12 site visits. No citings were reported for these site visits.

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

Informational Report on the Conduct of a Validity and Reliability Study for the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery (p. 1002) The Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery were adopted by the Commission on Dental Accreditation at its February 12, 2021 meeting for immediate implementation.

As stated in the Commission's "Policy on Assessing the Validity and Reliability of the Accreditation Standards" **(Appendix 1, Policy Report p. 1002),** the Commission believes that a minimum time span should elapse between the adoption of new standards or implementation of standards that have undergone a comprehensive revision and the assessment of the validity and reliability of these standards. This minimum period of time is directly related to the academic length of the accredited programs in each discipline. The Commission believes this minimum period is essential in order to allow time for programs to implement the new standards and to gain experience in each year of the curriculum.

The Commission's policy for assessment is based on the following formula: *The validity and reliability of accreditation standards will be assessed after they have been in effect for a period of time equal to the minimum academic length of the accredited program plus three years.*

Thus, the validity and reliability of the new standards for a one-year program will be assessed after four years, while standards applying to programs four years in length will be assessed seven years after implementation.

Accordingly, the validity and reliability study for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery will be initiated in the summer/fall of 2025. Survey results will be considered at the Winter 2026 meetings of the Oral and Maxillofacial Surgery Review Committee and the Commission on Dental Accreditation.

In cooperation with the ADA's Health Policy Institute (HPI), a timetable will be developed, surveys will be distributed to the audiences, and responses will be due to the HPI within two (2) weeks of receipt of the survey. A sample format of the survey is presented in **Appendix 2, Policy Report p. 1002**. Following a period of follow-up with non-respondents, the data will be tabulated, and analysis completed by December 1, 2025. Commission staff will prepare a report with results of the study for consideration by the Commission at its Winter 2026 meeting.

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

Consideration of Proposed Revision to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery Related to Trigeminal Nerve Surgery and Disorders (p. 1003): 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 **(Appendix 1, Policy Report p. 1003).** 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.

At its Winter 2025 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 **(Appendix 1, Policy Report p. 1003)**. 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 (OMS 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 **(Appendix 1, Policy Report p. 1003)** 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 12 months, to establish the minimum number of surgical cases required.

Following discussion, the OMS RC recommended that the Oral and Maxillofacial Surgery Review Committee and Commission review the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery **(Appendix 2)** 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.

At its July 2025 meeting, the Review Committee considered the background information **(Appendix 1, Policy Report p. 1003)** 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 **(Appendix 2, Policy Report p. 1003)**. 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 **(Appeneix 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.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery related to the proposed new section for clinical fellowship training programs in Trigeminal Nerve Surgery and Disorders **(Appendix 1)** to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the October 2025 American Dental Association (ADA) Annual Meeting, with all comments reviewed by the Review Committee and Commission at its Winter 2026 meetings.

Consideration of Proposed Revisions to the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery (p. 1004): On March 7, 2024, the Commission on Dental Accreditation (CODA) received a request from Dr. Robert Pellecchia, chair of oral and maxillofacial surgery and dental medicine at Lincoln Hospital to consider proposed revisions to Standard 2-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery. The request is found in **Appendix 1, Policy Report p. 1004.**

Dr. Pellecchia believes that Standard 2-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery should be revised to eliminate the "full-time" designation and instead use a 0.6 full time equivalent (FTE) commitment for program directors to dedicate to advanced dental education programs in oral and maxillofacial surgery.

At its Summer 2025 meeting, the Review Committee noted that each institution defines the full-time status of its faculty. It was further noted that a program director's responsibilities for resident education and administration of the oral and maxillofacial surgery program require a full-time commitment from the program director as the program functions on a full-time basis. Therefore, eliminating the requirement for a full-time status of the program director, as defined by the institution, can negatively impact the education of the residents and the overall administration of the program. Following discussion, the OMS RC believed that no revision is warranted at this time to Standard 2-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct that no revisions be made at this time to Standard 2-1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery related to program director full-time status.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 1005): At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed. Changes include the addition of one (1) organization, removal of organizations, and changes in the acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

Following discussion, the Commission on Dental Accreditation directed each advanced dental education Review Committee examine the proposed revisions to Examples of Evidence in

Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview related to sponsoring institution and authority, with a report to the Commission at the August 2025 meeting.

At its July 2025 meeting, the Review Committee on Oral and Maxillofacial Surgery Education (OMS RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in **Appendix 1, Policy Report p. 1005**, and concluded that comments should be obtained from CODA's communities of interest related to CMS-recognized accreditation organizations. Therefore, the OMS RC recommended the proposed revisions **(Appendix 2)** be circulated to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.

The OMS RC also noted the PGD RC discussion related to whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. Through discussion, the OMS RC noted that some of the organizations included in the list may be inappropriate for oral and maxillofacial surgery programs and may warrant removal from the list. Following lengthy discussion, the OMS RC determined it lacked sufficient information about each CMS-recognized accreditation organization to determine its appropriateness as an eligible institutional accreditation organization in accordance with CODA's Standards. Therefore, the OMS RC concluded that further discussion be postponed until its Winter 2026 meeting following consideration of additional information about each organization.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to the Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery **(Appendix 2**) to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.
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> It is further recommended that the Commission on Dental Accreditation direct consideration by the Commission of the list of CMS-recognized accreditation organizations in the Examples of Evidence for Accreditation Standard 1 of the Accreditation Standards for Advanced Dental Education Programs in Oral and Maxillofacial Surgery, with a report to the Review Committee and Commission for consideration in Winter 2026.

Consideration of Proposed Revision to Examples of Evidence for Standard 1 of the Accreditation Standards for Advanced Dental Education Programs (p. 1006): At its January 31, 2025 meeting, through consideration of the Report of the Review Committee on Postdoctoral General Dentistry Education (PGD RC), the Commission on Dental Accreditation (CODA) learned that the list of accreditation organizations recognized by the Centers for Medicare and

Medicaid Services (CMS) included in the Examples of Evidence of Standard 1 within the Accreditation Standards for all advanced dental education programs has changed. Changes include the addition of one (1) organization, removal of organizations, and changes in the acronyms listed for some organizations. In addition, the Commission learned that the PGD RC discussed whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. The PGD RC believed the decision to include these CMS-recognized organizations in CODA's Standards for advanced dental education programs was outside the purview of the PGD RC.

Following discussion, the Commission on Dental Accreditation directed each advanced dental education Review Committee examine the proposed revisions to Examples of Evidence in Standard 1 of the Accreditation Standards for all advanced dental education disciplines under the Commission's purview related to sponsoring institution and authority, with a report to the Commission at the August 2025 meeting.

At its July 2025 meeting, the Review Committee on Oral and Maxillofacial Surgery (OMS RC) examined the proposed revisions to Examples of Evidence in Standard 1 found in **Appendix 1, Policy Report p. 1006**, and concluded that comments should be obtained from CODA's communities of interest related to CMS-recognized accreditation organizations. Therefore, the OMS RC recommended the proposed revisions **(Appendix 3)** be circulated to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.

The OMS RC also noted the PGD RC discussion related to whether all organizations included in the current CMS-recognized list of accreditation organizations should be accepted for CODA-accredited dental education programs. Through discussion, the OMS RC noted that some of the organizations included in the list may be inappropriate for clinical fellowship training programs in oral and maxillofacial surgery and may warrant removal from the list. Following lengthy discussion, the OMS RC determined it lacked sufficient information about each CMS-recognized accreditation organization to determine its appropriateness as an eligible institutional accreditation organization in accordance with CODA's Standards. Therefore, the OMS RC concluded that further discussion be postponed until its Winter 2026 meeting following consideration of additional information about each organization.

> **Recommendation:** It is recommended that the Commission on Dental Accreditation direct circulation of the proposed revisions to the Examples of Evidence for Standard 1 of the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery **(Appendix 3)** to the communities of interest for review and comment for six (6) months, with a Hearing conducted in conjunction with the American Dental Association (ADA) Annual Session, with review of all comments received by the Review Committee and Commission in Winter 2026.
>
> It is further recommended that the Commission on Dental Accreditation direct

consideration by the Commission of the list of CMS-recognized accreditation organizations in the Examples of Evidence for Accreditation Standard 1 of the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery, with a report to the Review Committee and Commission for consideration in Winter 2026.

CONSIDERATION OF MATTERS RELATING TO MORE THAN ONE REVIEW COMMITTEE

Matters related to more than one review committee are included in a separate report.

CONSIDERATION OF MATTERS RELATED TO ACCREDITATION STATUS

Matters related to accreditation status of programs are included in a separate report.

Respectfully submitted,

Dr. George Kushner
Chair, Review Committee on Oral and Maxillofacial Surgery 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
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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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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
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- 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

Commission on Dental Accreditation

Proposed Revisions to Examples of Evidence for Standard 1

Additions are Underlined
~~Strikethroughs~~ indicate Deletions

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

CONSIDERATION OF PROPOSED REVISION TO EXAMPLES OF EVIDENCE FOR STANDARD 1 OF THE ACCREDITATION STANDARDS FOR ADVANCED DENTAL EDUCATION PROGRAMS

Additions are underlined; Deletions are ~~stricken~~

STANDARD 1 – INSTITUTIONAL AND PROGRAM EFFECTIVENESS

Hospitals that sponsor advanced dental education programs **must** be accredited by an accreditation organization recognized by the Centers for Medicare and Medicaid Services (CMS). Educational institutions that sponsor advanced dental education programs **must** be accredited by an agency recognized by the United States Department of Education. 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 advanced dental education programs **must** ensure that dentists are eligible for medical staff membership and privileges including the right to vote, hold office, serve on medical staff committees and admit, manage and discharge patients.

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.

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- Evidence of successful achievement of 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.

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Examples of evidence to demonstrate compliance may include:

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Commission on Dental Accreditation

Proposed Revisions to Examples of Evidence for Standard 1

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

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