

Guidelines for Preparation of Requests for Increases in Authorized Enrollment in Oral and Maxillofacial Surgery Residency and Fellowship Programs

POLICY:

A program considering or planning an enrollment increase, or any other substantive change, should notify the Commission early in the programs planning. Such notification will provide an opportunity for the program to seek consultation from Commission staff regarding the potential effect of the proposed change on the accreditation status and the procedures to be followed.

A request for an increase in enrollment with all supporting documentation must be submitted in writing to the Commission one (1) month prior to a regularly scheduled semiannual Review Committee/Commission meeting. A program must receive Commission approval for an increase in enrollment prior to publishing or announcing the additional positions or accepting additional students/residents. The Commission will not retroactively approve enrollment increases without a special focused site visit. Special circumstances may be considered on a case-by-case basis, including, but not limited to, temporary enrollment increases due to:

- Resident extending program length due to illness, incomplete projects/clinical assignments, or concurrent enrollment in another program;
- Unexpected loss of an enrollee and need to maintain balance of manpower needs;
- Urgent manpower needs demanded by U.S. armed forces; and
- Natural disasters.

Failure to comply with this policy will jeopardize the program's accreditation status, up to and including withdrawal of accreditation. If a program has enrolled beyond the approved number of residents without notifying prior approval by the Commission, a special focused site visit will be required at the program's expense.

If the focused visit determines that the program does not have the resources to support the additional resident(s), the program will be placed on "intent to withdraw" status and no more additional resident(s) beyond the previously approved number may be admitted to the program until the deficiencies have been rectified and approved by the Commission. Resident(s) who have already been formally accepted or enrolled in the program will be allowed to continue.

(CODA: 08/2010 approval;
01/2011 implementation)

TIMING OF REQUESTS: Requests for an increase in authorized enrollment for oral and maxillofacial surgery programs must be done on a proactive basis before the program expects to implement the increase. In addition, at its January 28, 2000 meeting, the Commission determined that **effective January 2001 retroactive requests for authorization to increase enrollment would no longer be considered.** This directive confirmed by the Commission August 6, 2010, applies to an increase in authorized enrollment on a one-time-only basis for any given period of program time and on a permanent basis. For oral and maxillofacial surgery programs that participate in the National Matching Program, requests for enrollment increase must be received no later than June 1 of year preceding the intended increase (13 months) for review and approval by the Commission.

FORMAT The report must be clear and concise and must follow the “Required Documentation” and “Mechanics” sections illustrated within this guideline. Reports that fail to adhere to the stated guidelines may be returned to the program.

REQUIRED DOCUMENTATION: Documentation submitted by the program includes: the number of residents to be increased and in what training year(s); whether the increase is for one-time-only or on a permanent basis (if the increase is one-time-only, the number of years during which the increase applies); the reason for the increase; the ratio of teaching staff to residents; a schedule for all residents at the time of the increase; and a copy of the current ADA annual program survey.

Programs are advised that clinical caseload numbers must be numbers that the program has at present, and not projected numbers. The numbers must reflect what pertains to the program in a single educational setting including any affiliations, but not numbers that belong to “rotators” from another program.

A summary of the numbers reported in the program’s most recent Annual Survey will be provided with the documentation submitted by the program. If any area(s) is “flagged” as not meeting the required number stipulated by the *Accreditation Standards for Advanced Specialty Education Programs in Oral and Maxillofacial Surgery*, the program will be notified regarding what this area(s) is and it may address this area(s) through documentation that will be appended to the request, before the review by the OMS RC and the Commission.

MECHANICS: The following **must** be observed in preparing the request:

1. COVER PAGE – **Must** include the following information:
 - a. name and address of the institution;
 - b. program title;
 - c. name, title and telephone number, e-mail address and signature of individual preparing the request;
 - d. name, title and signature of the department head and the chief executive officer of the institution;

NOTE: The CEO of the institution sponsoring the program must be copied on the letter transmitting the request to the Commission.

2. DOCUMENTATION -- If documentation is extensive, include a LIST of what is provided in the text of the request and include the actual items in separate **appendices**. Use **tabs** for each appendix and cite them for each item mentioned in the request. Include the tab number next to the item on the list of documentation in the request.
3. THREE-HOLE PUNCH -- The request should be three-hole punched and fastened with clips or rubber bands. **Please DO NOT bind the request into book form -- the pages must be loose.** Additionally, one (1) electronic copy (on an IMB-compatible CD or travel USB drive) should be provided.
4. COPIES--Submit **two (2) copies** of the request.

Electronic Submission: In addition to a paper copy being requested, please be advised that effective January 1, 2008 the Commission requires that all accreditation correspondence/documents/reports and related materials submitted to the Commission for a program's permanent file be done so electronically. The attached Electronic Submission Guidelines will assist you in preparing your report. If the program is unable to provide a comprehensive electronic document, the Commission will accept a paper copy and assess a fee to the program for converting the document to an electronic version.

The program is responsible for assuring that the electronic copy submitted is an exact replica of the paper copy. Failure to comply with these guidelines will constitute an incomplete report.

ANNOUNCEMENT OF REVIEW RESULTS: The Commission's actions to approve or deny the requests for enrollment increases in OMS, like other accreditation actions, are transmitted to the institutions/programs within 30 days following the (Winter (January/February) or Summer (July/August) meeting. Accredited program listings will reflect only permanent changes in enrollment.

DENIAL OF REQUESTS: Requests may be denied if the enrollment increase would cause a program to go out of compliance with the *Accreditation Standards*. A denial of the request for an increase in enrollment may occur if surgical caseload numbers are not in agreement with *Accreditation Standards* or if there is an unsatisfactory ratio of teaching staff to residents.

OTHER CHANGES IN ENROLLMENT: Decreases in enrollment on a one-time-only basis or on a permanent basis must be reported to the Commission, but do not require *prior authorization*. Accredited program listings will reflect permanent decreases. In the case of one-time-only decreases, programs are advised to maintain clinical experiences for the enrollment number for which they are authorized.

Changes in the distribution of residents per year with no increase in total resident complement for which the program is authorized must be reported to the Commission and will require *prior authorization*. The change in distribution of resident enrollment must also be recorded through the ADA annual survey.

ASSISTANCE: Staff is available to answer questions about request preparation and can be contacted on the ADA toll-free number: 1-800/621-8099, extension 2714.

Information should be sent to: Commission on Dental Accreditation, 211 E. Chicago Avenue, 19th floor, Chicago, IL 60611-2678.

Revised 09/2010