Commission on Dental Accreditation

At its Winter 2017 meeting, the Commission directed that the proposed revisions to the Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery be distributed to the appropriate communities of interest for review and comment, with comment due December 1, 2017, for review at the Winter 2018 Commission meeting.

Written comments can be directed to snowj@ada.org or mailed to:

ATTN: Ms. Jennifer Snow, 19th Floor
Manager, Advanced Specialty Education
Commission on Dental Accreditation
211 East Chicago Avenue
Chicago, IL 60611

(underline indicates addition; strikethrough indicates deletion)

Accreditation Standards for Clinical Fellowship Training Programs in Oral and Maxillofacial Surgery
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: Surgical experience must include procedures in each of the following areas: orthognathic, reconstruction, craniofacial, trauma, and pathology. No absolute number of procedures can ensure adequate training but experience suggests that a minimum of **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** is required.

- 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, no more than 5 can be orthognathic and at least 5 transcranial approaches procedures must not exceed 5.)

Oral and Maxillofacial Surgery Fellowship Standards

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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.

6-4.3 Service Rotations:

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

6-4-35.2 PALS: The fellow must maintain certification in Pediatric Advanced Life Support (PALS).

6-4-36.3 Should The program must participate in a craniofacial and/or cleft treatment teams respectively.