Guidance Document: Temporary Flexibility in Accreditation Standards to Address Interruption of Education Reporting Requirements Resulting From COVID-19 for the Class of 2020

Below is the *temporary flexibility* guidance on select Accreditation Standards. Only those Accreditation Standards which include *temporary flexibility* are included, all others have been retained as written in the current published Accreditation Standards document.

Oral and Maxillofacial Surgery Education

Alternative Assessment Methods (for example, patient vs simulation)
Simulation does not have application to oral and maxillofacial surgery for operative experience at the senior resident level at this time. With regard to a resident's or fellow's knowledge base, there is flexibility in alternative education and assessment methods at the program director's discretion. The program is expected to ensure the competence of its graduates.

Modification/Reduction of Curriculum Content or Curriculum Requirements (for example, modification/reduction of program-dictated requirements, CODA competency requirements, and/or CODA quantitative numbers-based requirements)
Modification or reduction of curriculum content, program-dictated requirements, and CODA quantitative numbers-based requirements is acceptable as a temporary flexibility for the Class of 2020. The program is expected to ensure the competence of its graduates.

Program Length or Program Component Length (for example, rotations, services, etc.)
There is temporary flexibility for the Class of 2020 with regard to minimum program length and rotation lengths. There is also flexibility with the use of alternative knowledge based education methods, which may include remote conferencing technology, distance learning, web-based resources, etc. Programs are likely adjusting to emergent needs related to the resident or fellow rotation schedule; for example, oral and maxillofacial surgery residents or fellows may be called upon to provide intensive care treatment or other front line assignments during COVID-19.

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

Oral and Maxillofacial Surgery Standard 4-1
An advanced dental education program in oral and maxillofacial surgery must encompass a minimum duration of 48 months of full-time study.

> Temporary Guidance: Temporary flexibility using alternative education methods is acceptable. These may include remote conferencing technology, distance learning, web-based resources, etc. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-2
Each resident must devote a minimum of 30 months to clinical oral and maxillofacial surgery.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-2.1
Twelve months of the time spent on the oral and maxillofacial surgery service must be at a senior level of responsibility, 6 months of which must be in the final year.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-2.3
Rotations to a private practice must not be used to fulfill the core 30 month clinical oral and maxillofacial surgery training experience.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-3
When assigned to a required rotation on another service (surgery, medicine, anesthesiology, and two months of additional off-service elective), the oral and maxillofacial surgery resident must devote full-time to the service and participate fully in all the teaching activities of the service, including regular on-call responsibilities.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-3.1
Anesthesia Service: The assignment must be for a minimum of 5 months, should be consecutive and one of these months should be dedicated to pediatric anesthesia. The resident must function as an anesthesia resident with commensurate level of responsibility.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-3.2
Medical Service: A minimum of 2 months of clinical medical experience must be provided.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-3.3
Surgical Service: A minimum of 4 months of clinical surgical experience must be provided. This experience should be achieved by rotation to a surgical service (not to include oral and maxillofacial surgery) and the resident must function as a surgery resident with commensurate level of responsibility.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-3.4
Other Rotations: Two additional months of clinical surgical or medical education must be assigned. These must be exclusive of all oral and maxillofacial surgery service assignments.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-4
Weekly departmental seminars and conferences, directed by participating members of the teaching staff, must be conducted to augment the biomedical science and clinical program. They must be scheduled and structured to provide instruction in the broad scope of oral and maxillofacial surgery and related sciences and must include retrospective audits, clinicopathological conferences, tumor conferences and guest lectures. The majority of teaching sessions must be presented by the institutional teaching staff and may include remote access educational opportunities. The residents must also prepare and present departmental conferences under the guidance of the faculty.

Temporary Guidance: Temporary flexibility using alternative education methods is acceptable. These may include remote conferencing technology, distance learning, web-based resources, etc. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-7
In addition to providing the teaching and supervision of the resident activities described above, there must be patients of sufficient number and variety to give residents exposure to and competence in the full scope of oral and maxillofacial surgery.

Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-9.1 General Anesthesia and Deep Sedation
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.

> Temporary Guidance: With the pandemic, residents cannot participate in non-emergent or urgent operations or anesthetic experiences that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each resident for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Standard 4-11 Major Surgery
For each authorized final year resident position, residents must perform 175 major oral and maxillofacial surgery procedures on adults and children, documented by at least a formal operative note. For the above 175 procedures there must be at least 20 procedures in each category of surgery. The categories of major surgery are defined as: 1) trauma 2) pathology 3) orthognathic surgery 4) reconstructive and cosmetic surgery. Sufficient variety in each category, as specified below, must be provided. Surgery performed by oral and maxillofacial surgery residents while rotating on or assisting with other services must not be counted toward this requirement.

> Temporary Guidance: With the pandemic, residents cannot participate in non-emergent or urgent operations or anesthetic experiences that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each resident for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

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

Oral and Maxillofacial Surgery Fellowship Standard 4-2
The duration of the fellowship must be a minimum of twelve months.

> Temporary Guidance: Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Fellowship Standard 6-2.2
Cosmetic Facial Surgery
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.

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Fellowship Standard 6-3.2
Oral/Head and Neck Oncologic Surgery
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.

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

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.

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Fellowship Standard 6-3.4.2
Type II: Oral/Head and Neck Oncologic Surgery and Microvascular Reconstructive Surgery
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.

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Fellowship Standard 6-4.4
Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery)
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

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.

Oral and Maxillofacial Surgery Fellowship Standard 6-4.4.1
Pediatric Craniomaxillofacial Surgery (Cleft and Craniofacial Surgery)
In Type I and II programs, surgical experience must include a minimum of 5 transcranial procedures.

Temporary Guidance: With the pandemic, fellows cannot participate in operations that do not take place. Cancelation of clinics with less than the normal number of patients will adversely affect required patient numbers. The program director will need to consider the circumstances and assess the readiness of each fellow for autonomous practice. Temporary flexibility is given at the discretion of the program director. The program is expected to ensure the competence of its graduates.