International Guidelines for Specialty Training and Education in Oral and Maxillofacial Surgery

Preface

The International Association of Oral and Maxillofacial Surgeons is committed to quality patient care. The quality of care provided to patients by oral and maxillofacial surgeons is largely dependent upon the quality of their training in the specialty. In order to practice the full scope of the specialty, oral maxillofacial surgeons are unique in that they require education in dentistry, medicine and surgery, which should be formally recognized based on regional requirements.

The mission of IAOMS is to guide the regional or national development of oral and maxillofacial surgery worldwide. Although it is recognized that there are many social, economic, and political differences throughout the world which impact on the education of oral and maxillofacial surgeons, these international guidelines define the fundamental components which should be considered in the development of regional and national guidelines.

1.0 Components and Duration of Specialty Training

1.1 The specialty training in oral and maxillofacial surgery may be accomplished in a number of ways. The entry point for training may either be a dental degree or a medical degree.

1.2 The broad requirements for the component of training in oral and maxillofacial surgery are set out in these guidelines, particularly in sections 4.0 and 5.0. Precisely how this is accomplished and the required duration should be the subject of Regional or National guidelines which assures the practice of the full scope of the specialty as defined in this document.

1.3 The maximum length of training following completion of the first degree should not be greater than eight years. Careful attention should be given to integrating components of dental, medical and clinical education so that an oral and maxillofacial surgeon may complete their training at an age which allows for a long and productive career.

2.0 Faculty

The advanced training program in oral and maxillofacial surgery should be directed by an oral and maxillofacial surgeon. It is the director’s responsibility to assure that individuals completing training meet the performance standards established for the program and for the practice of the speciality.

The faculty should have a strong interest in teaching and be willing to allocate the necessary time and effort to the educational program. The majority of the speciality instruction and supervision should be conducted by individuals who are educationally qualified in oral and maxillofacial surgery.

2.1 All training programs should be directed by a single responsible individual.

2.2 The program director should devote adequate time to the training program to ensure:
   a. The development and implementation of a planned curriculum.
b. Ongoing evaluation of the program content, faculty teaching, and resident performance.
   c. Proper administration of the program.
   d. Maintenance of records related to the educational program.

2.3 The size and time commitment of the teaching staff should be sufficient to ensure:
   a. Continuity of instruction.
   b. Exposure of trainees to a broad range of diagnostic and treatment modalities.
   c. Faculty participation in teaching activities, including conferences and seminars.
   d. Quality assurance and audit through the evaluation of complications and outcomes of cases treated by the trainees.

2.4 Faculty should be available for supervision and consultation for procedures completed in the operating room and outpatient departments.

2.5 The faculty should have a committed and demonstrated interest in teaching, personally provide the necessary time and effort to the educational process, and set an example for scholarly activities.

3.0 Facilities and Resources

Speciality training in oral and maxillofacial surgery requires both outpatient clinic and operating room experience. Facilities and resources should be adequate to provide the educational experiences and opportunities required to fulfil the needs of the educational program.

3.1 Clinical facilities should be properly equipped for performance of all ambulatory oral and maxillofacial surgery procedures.

4.0 Curriculum

4.1 The trainee should have extensive training in medicine which will provide the ability to evaluate the total patient and to assess the patient as a surgical and anaesthetic risk. This training in medicine should provide residents with an understanding of:

   a. Systemic disease, including:
      (i) comprehensive knowledge of various organ systems with particular emphasis on cardiovascular, pulmonary, hepatic, renal and endocrine physiology and pathology.
      (ii) familiarity with diagnostic aids such as electrocardiography, general and maxillofacial imaging, and clinical laboratory diagnosis.

   b. Patient evaluation, including additional experience in the art of history-taking and comprehensive physical examination.

   c. Therapeutics, including knowledge of the accepted therapeutic agents employed in medical management and the pharmacologic action of agents used in the treatment of oral and maxillofacial surgery patients.

   d. This core surgical experience should not be less than 1 year's duration. This may be accomplished through formal medical education and/or during specialty training.
4.2 Fundamental to the training of an oral and maxillofacial surgeon is extensive experience in the areas of critical care of the seriously ill surgical patient and the team management of the severely injured patient.

4.3 The trainee should have training in dentistry as it is dental education which differentiates oral and maxillofacial surgeons from other surgical specialities.

4.4 The oral and maxillofacial surgery trainee should be exposed to the full scope of the speciality as defined in 5.0. The minimum time for this clinical oral and maxillofacial surgery training should be 30 months.

4.5 A minimum of 12 months of the time in oral and maxillofacial surgery training should be spent in a position of surgical responsibility (e.g. senior resident, senior registrar).

4.6 It is the Regional or National responsibility to carefully review the curriculum as it relates to the local health needs. This review should commence with analysis of the entry point qualification to determine areas of deficiency which should then be addressed in accord with 4.1, 4.2 and 4.3.

5.0 Clinical Oral and Maxillofacial Surgery

Clinical training in oral and maxillofacial surgery should provide a complete, progressively graduated sequence of outpatient, inpatient, and emergency room experience. The trainee’s exposure to major and minor surgical procedures should be integrated throughout the duration of the training program. The trainee should be exposed to sufficient numbers of patients with a wide variety of problems to develop competence in the full scope of oral and maxillofacial surgery. The scope of oral and maxillofacial surgery includes, but it is not limited to:

a. oral pathology/oral medicine, including management of diseases of oral and maxillofacial regions.

b. dentolaveolar surgery and management of pain and anxiety.

c. preprosthetic surgery including implantology.

d. surgical and nonsurgical management of TMJ diseases and disorders.

e. management of maxillofacial trauma (soft and hard tissues).

f. management of benign and malignant tumours.

g. regional reconstructive surgery, including harvesting of hard and soft tissue grafts and microsurgery.

h. orthognathic/orthopaedic facial surgery.

i. aesthetic facial surgery.

j. surgical treatment of congenital abnormalities, including cleft lip and cleft palate surgery.

k. craniofacial surgery.

5.1 The trainee should receive extensive experience throughout the training program in all aspects of pain and anxiety control, including general and regional anaesthesia and other methods of pain control.

5.2 The trainee should receive a broad surgical experience by being primary surgeon on cases involving the full scope of oral and maxillofacial surgery, including major maxillofacial trauma, pathology, orthognathic surgery, and reconstructive maxillofacial surgery.

5.2.1 Fellowships, following speciality training, are one method for providing
surgeons with additional surgical experience and for expansion of their scope of practice.

5.3  The trainee should have the opportunity of discussing treatment plans with members of other specialties in both medicine and dentistry.

5.4  Regularly scheduled seminars and conferences should be conducted to augment the clinical program.

5.4.1  Faculty and trainees should be encouraged to attend national, regional, and international scientific meetings.

6.0  Trainee Evaluation

There should be documentation of ongoing evaluation of the progress of each trainee. The trainee should receive formal periodic evaluation and should only be advanced to a position of higher responsibility on the basis of this evaluation and readiness for advancement.

Performance should be formally evaluated and documented in all the components of training as defined in sections 4.0, and 5.0 of this document by the responsible director as set out in section 2.1 and 2.2.

7.0  Research and Publication

The trainee is encouraged to participate in research and to publish.

7.1  Trainees should be encouraged to engage in an investigative project.

7.2  Training opportunities which incorporate a research qualification are strongly encouraged.

8.0  International Training Opportunities

The international exchange of trainees and faculties is to be encouraged.

8.1  International training opportunities for oral and maxillofacial surgeons and trainees expands educational options and improves international understanding within the speciality and is an important aspect of professional education in oral and maxillofacial surgery.

8.2  Each Regional or National Association should, in cooperation with the IAOMS, facilitate such educational opportunities.

9.0  Quality Assurance in Oral and Maxillofacial Surgery Education

It is recommended that each region and nation develop a standard of training document consistent with these International Guidelines. Mechanisms should be developed by each region and nation, to assure that the goals and objectives of its training document are met and recognised by the appropriate authorities.

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