



International Board for the Certification of Specialists in Oral and Maxillofacial Surgery

2021-2022 Fellowship Handbook

Written Qualifying Examination

The first of two assessments in the certification process the Multiple-Choice Questionnaire (MCQ) is a 150 multiple-choice question examination designed to evaluate the breadth and depth of your basic science and clinical knowledge.

Oral Examination

The second assessment in the certification process, the Oral Examination is a timed assessment in which your examiners will present you with a series of cases and ask you verbally to describe how you would care for each patient.

Due to the effects of COVID-19 pandemic on travel and in-person meetings, the IBCSOMS will administer the Oral Examination virtually again in 2022. Procedures for the online examination, will be sent to all candidates. In addition, tutorials will be provided for the MCQ examinations prior to examination.

Credentialing/Application Process

All candidates wishing to participate in the certification process administered by the International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) must submit to a credentialing process. While it may be necessary to modify the process over time, candidates will be required to meet the Credentialing/Screening Process that is current at the time of application.

Overview

Prior to beginning the application process, applicants must undergo an initial assessment of credentials to ensure that they are qualified to undergo certification by the IBCSOMS. These credentials include qualifications in dentistry or medicine, or both, as well as a certificate of specialization in Oral & Maxillofacial Surgery or Oro-Maxillofacial Surgery (E.U.) issued by a national health authority (e.g. Ministry of Health). For those, practicing in countries where an official national certificate of specialization in Oral & Maxillofacial Surgery there does not exist, a designation from an approved authority that a candidate has completed the requisite training to be considered a specialist in oral and maxillofacial surgery in the region where they practice must be submitted. Independent verification of documents and qualifications may be required. A non-refundable application fee of US \$65 must accompany the initial assessment.

Upon successful completion of the initial review, applicants will be invited to complete a more detailed application form through the IBCSOMS website. Documentation from their training faculty, a description of the training program and a record of surgical cases along with evidence of licensure will be required along with a non-refundable examination fee that will be determined by the IBCSOMS. The Senate will consider special circumstances under which some refunds may be granted.

A. Part I-The Initial Assessment

1. Completion of a Demographic form that will be accessed from the IBCSOMS website. The information necessary includes:
2. Basic Qualifications (**must be certified copies**)
 - i. Current registration certificate or annual practicing certificate if they are issued
 - ii. Change of name instruments if the name on the certificates does not match the applicant
 - iii. One (1) passport sized and quality photograph. Each photograph must be endorsed in handwriting on the back and certified that this is a true likeness of the applicant. Photographs that do not show the full face or are not of passport standard will be rejected.
 - iv. A non-refundable initial payment which is subject to change by the IBCSOMS Senate.
3. Documents required
 - i. Certification from the OMS Program Director of completion of formal training
 - ii. Certification from supervisor attesting to full time training completed if there was not a program director
 - iii. Contact details of all supervisors of training including email addresses. All supervisors will be contacted so that the IBCSOMS can verify a minimum of three (3) years full OMS time training.

B. Part II of Application Process

1. After successful completion of the Initial Assessment, candidates will be able to complete the application process through the IBCSOMS website.
2. Documentation required
 - i. Completion of IBCSOMS surgical logbook/record of operative experience for the period of formal training. For cases performed during training, the surgical supervisor must verify the list of procedures performed.
 - ii. Applicants who completed training more than three years prior to applying must submit documentation of current surgical experiences verified by a hospital medical records officer. The surgical log in this case should include cases performed during a three-year period prior to application and should comprise a list of at least 250 cases. Existing surgical logs can be used for this purpose as long as they include the following de-identified information: Patient Medical Record #, Gender, Date of Birth, Procedure Name, Date of Surgery, Name of Supervising or Verification Authority. If a candidate does not have an existing log, an IBCSOMS Surgical Log with pre-populated procedure names can be downloaded from the website and used. (see

Section E below)

- iii. Exceptions to this policy may be granted by the IBCSOMS Senate based on special circumstances.

C. Educational Requirements

1. Applicants for certification by the IBCSOMS must have graduated from training programs recognized by the Credentials Committee of the IBCSOMS.
2. Applicants for certification by the IBCSOMS must have completed a minimum of three (3) years of advanced educational oral and maxillofacial surgery programs as noted above.
3. When listing academic credentials all degrees must be included even if they are not directly associated with oral and maxillofacial surgery training.

D. Licensure Requirement

Candidates must show evidence of a current license from the appropriate authority enabling the individual to practice independently the specialty of oral and maxillofacial surgery in the location of the individual's practice. Licensure questions will be addressed by the IBCSOMS Credentials Committee.

E. Surgical Logbook/Record of Operative Experience

All candidates must complete a surgical logbook/record of operative experience of surgical activities to demonstrate their clinical experience during training or current practice. The logbook/record of operative experience is located on the IBCSOMS website.

The logbook/record of operative experience includes the patient's:

1. medical record number.
2. gender.
3. date of birth
4. procedure date
5. verification by a Supervisor of Training/Trainer/Consultant/Attending or hospital authority (for those already in practice).
6. procedure name.

The IBCSOMS Credentials Committee recommends a minimum of 250 cases in the various categories of the specialty validated by a Verifying Authority, such as a training supervisor/professor, medical director or medical records supervisor of the hospital in which the procedure is performed. Candidates should only submit cases performed as the primary surgeon or first assistant.

Oral and Maxillofacial Surgery requires competency and experience in all aspects of the core curriculum. Those candidates whose logbooks do not document sufficient cases in core categories (dentoalveolar surgery, TMJ procedures, correction of dentofacial deformities, management of benign pathology, management of maxillofacial trauma, dental implantology, management of odontogenic infections and reconstruction of hard and soft tissue defects) will not qualify for certification by the IBCSOMS.

period the application becomes void and the candidate must repeat the entire application process.

F. Re-Application Process

1. Candidates who were not successful on the IBCSOMS Certification Examinations or let their applications expire are no longer active and their applications have expired. If either of these are the case the candidate must repeat portions of the application process.
2. The candidate must update demographic information and confirm his/her training information.
3. Pay a non-refundable examination fee that will be determined by the IBCSOMS.
4. Candidates must show evidence of a current license from the appropriate authority enabling the individual to practice independently the specialty of Licensure questions will be addressed by the IBCSOMS Credentials Committee.
5. Other requirements may be set forth by the IBCSOMS and will be necessary before a candidate re-application is accepted as a candidate for examination.

2022 APPLICATION & EXAMINATION DATES

Applications

Application Available	October 8, 2021-January 1, 2022
Applications Due	January 1, 2022

Examinations

MCQ Exams	March 2-3, 2022
Oral Exams	March 4-7, 2022

www.ibcsoms.org

2022 IBCSOMS APPLICATION FEES

First-time applicants

Application	\$65
Examination	\$1000

Reapplication

Application	\$0
Examination	\$1000

www.ibcsoms.org

Refund Policy for 2021 Certifying Examination

The initial payment is non-refundable.

The Examination fee is refunded as follows:

- Candidates who withdraw in writing within 6 weeks prior to the examination will be refunded 70% of the application fee (\$1031).
- Candidates who withdraw in writing within 4 weeks of the examination will be refunded 45% of the application fee (\$687).
- Candidates who withdraw within 2 weeks of the examination will not receive a refund of the Examinations fee.

This refund policy may be affirmed or changed with every administration of the exam and it is the candidate's responsibility to inquire about the relevant policy for each examination delivery. The IBCSOMS Senate may consider exceptions to this policy under special circumstances.

MCQ Blueprint

Core Content (Domains)	Sub-Topics by Domain	Expanded Scope Content (Domains)	Sub-Topics by Domain
<i>Dentoalveolar surgery</i>	extractions	<i>Head and neck malignancy</i>	diagnosis and staging
	Impacted teeth third molars		carcinomas sarcomas cervical disease radiation therapy
<i>TMD/Facial Pain</i>	pharmacological agents (e.g. bisphosphonates)	<i>Aesthetic facial surgery</i>	chemotherapy
	wound healing compromise complications muscle dysfunction		diagnosis and treatment planning facial resurfacing
	joint dysfunction		facial lifts + anatomy nasal procedures + anatomy eyelid procedures + anatomy labial procedures + anatomy ear procedures + anatomy fillers
<i>Odontogenic infections</i>	ankylosis facial pain	<i>Craniofacial Surgery</i>	paralyzing agents
	complications		diagnosis and treatment planning genetics of craniofacial defects facial clefts
<i>Pre-prosthetic surgery</i>	anatomical considerations		Crouzon's Apert's Syndrome Treacher Collins Hemifacial microsomia
	bone grafts (including distraction osteogenesis) vestibuloplasty alveoloplasty local flaps (e.g. lip switch) complications		Pfeiffer Stickler
<i>Dental and cranio-facial implants</i>	principles of osseointegration		
	implant design abutment design		

	treatment planning		flap design and planning
	alveolar hard tissue grafting		ALT flap
Orthognathic and orthopedic facial surgery	alveolar soft tissue grafting	Reconstructive surgery with free tissue transfer	radial forearm flap
	complications		ilium flap
	relevant anatomy		fibula flap
	diagnosis and treatment planning		scapula flap
	maxillary surgery		
	mandibular surgery		diagnosis and treatment planning (timing of treatment)
	bimaxillary surgery	Cleft lip and palate repair	genetics of cleft deformities
	orthodontic considerations		cleft lip
	diagnosis and treatment planning		cleft palate
OSA Management (including surgical and non-surgical modalities)	oral appliances		alveolar cleft
	orthognathic surgery		velopharyngeal incompetence
	palatopharyngoplasty		speech appliances
	airway support (e.g. cPaP)	Perioperative outpatient anesthesia	drugs for sedation
complications			Complications of sedative drugs
Oral medicine	mucocutaneous conditions		post-operative pain management
	systemic skeletal diseases		
Benign oral pathology	salivary gland disease		
	pharmacotherapy		
	complications		
	diagnosis		
	cysts + management		
	benign neoplasms + management		
	fibro-osseous conditions + management		
	complications		
diagnostic modalities			
Maxillofacial hard tissue trauma	frontal		
	naso-orbito-ethmoidal complex		
	orbital		
	zygomatic complex		
	Le Fort fractures		
	Mandible		

Maxillofacial soft tissue trauma

complications
diagnosis
facial soft tissue (including nose and ear)
oral soft tissue
vascular injuries
laryngeal injuries
neural injury
salivary gland injury
complications

Hard tissue reconstructive surgery (Bone grafts)

bone graft physiology
alloplastic grafts
allogeneic grafts
protein growth factors (e.g. rH-BMP)
ilium bone grafts
tibial bone grafts
costochondral grafts
oral bone grafts
cranial bone grafts
complications
principles of flap design
pectoralis major flap

Regional soft tissue reconstructive surgery (e.g. rotational, advancement flaps, skin grafts)

latissimus dorsi flap
temporalis flap
sternocleidomastoid flap
platysma flap
buccinator flap
tongue flap
lip and peri-oral flaps (e.g. Abbe', Bernard, Kapetansky)
nasolabial flap
forehead flap
glabella flap
buccal fat flap
abdominal fat graft
skin graft
mucosal graft
complications
relevant anatomy
pharmacology
techniques
complications
anatomy

Local anesthesia

Basic sciences relevant to medicine and surgery

physiology

Adult general medicine

biochemistry
cardiovascular
pulmonary
hematopoietic
endocrine
gastrointestinal / nutrition
musculoskeletal
renal

Adult general surgery

central and peripheral neurology
electrolytes
fluid and electrolyte replacement
shock + management
blood transfusions
airway management
pulmonary support
nutrition

Pediatric general medicine and general surgery

cardiovascular
pulmonary

hematopoietic
endocrine
electrolytes
fluid and electrolyte replacement
shock + management
blood transfusions
airway management

Primary management of the trauma patient

initial survey and assessment
principles of primary resuscitation
airway and breathing management
management of shock

Oral Examination Blueprint

Section 1

Dentoalveolar Surgery
Dentoalveolar Surgery
TMD/Facial Pain
Odontogenic infections
Pre-prosthetic surgery

Dental implants
Orthognathic and orthopedic facial surgery
OSA Management (including surgical and non-surgical modalities)
Cleft lip and palate

Section 2

Oral medicine or adult medicine
Benign oral pathology
Malignant pathology
Maxillofacial hard tissue trauma and ATLS
Maxillofacial soft tissue trauma
Hard tissue reconstructive surgery (Bone grafts)
Regional soft tissue reconstructive surgery (e.g., rotational advancement flaps, skin grafts)
Local anesthesia

Basic sciences (anatomy)
Basic sciences (physiology)
Adult general medicine
Adult general surgery
Pediatric general medicine and general surgery

Rules and Regulations

Approved Applications

Applications which have been approved by the IBCSOMS Credentials Committee will remain active for two (2) consecutive years following initial approval. After that period the application is expired and the candidate must repeat portions of the application process.

Refund of Fees

All examination fees are non-refundable. Should there be extenuating circumstances the candidate can communicate with the IBCSOMS and the Credentialing Committee will determine if special consideration is warranted.

Release of Information

The Senate shall not release any information from a candidate's application file to anyone other than to the candidate him/herself who has made a written request to the administrative office. At no time will grade sheets or copies of grade sheets be released. Any material to be released will be at the discretion of the Senate. Any candidate requesting copies of information from his/her file must submit a signed written request for such. All application materials, supporting documents, and correspondence are considered part of a candidate's file.

In the event information from a candidate's file is lawfully deposed and/or subpoenaed, a Senate member of the IBCSOMS shall fulfill the responsibilities of the deposition and/or subpoena.

Appeal

A candidate failing the IBCSOMS Certifying Examination (s) has the right to appeal. The appeal must be submitted in writing and must be made within 60 days of notification of failure. The appeal [process will be based on requirements set forth by the IBCSOMS Senate. This information will be provided to each candidate after examination administration.

Contact Information:

Should there be a need to contact the Executive Director the following contact is suggested: **caroline.johnson@ibcsoms.org**