



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

## 2023 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
5. Committee.  
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.

### 2023 APPLICATION EXAMINATION DATES

#### Applications

Application Available  
February 13<sup>th</sup>, 2023  
Deadline for materials  
October 20<sup>th</sup>, 2023

#### Examinations

MCQ Exams  
November 25<sup>th</sup> - 27<sup>th</sup>, 2023  
Oral Exams  
December 1<sup>st</sup> - 3<sup>rd</sup>, 2023

[www.ibcsoms.org](http://www.ibcsoms.org)

### 2023 IBCSOMS APPLICATION FEES

#### First-time applicant

Application  
\$65  
Examination  
\$1000

#### Re-Application

Application  
\$0  
Examination  
\$1000

[www.ibcsoms.org](http://www.ibcsoms.org)

### Refund Policy for 2023 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 (\$700).
- Candidates who withdraw in writing within 4 weeks of the examination will be refunded 45% of the application fee (\$450).
- 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
<b><i>Dentoalveolar surgery</i></b>	extractions	<b><i>Head and neck malignancy</i></b>	diagnosis and staging
	<ul style="list-style-type: none"> <li>Impacted teeth</li> <li>third molars</li> </ul>		<ul style="list-style-type: none"> <li>carcinomas</li> <li>sarcomas</li> <li>cervical disease</li> <li>radiation therapy</li> </ul>
<b><i>TMD/Facial Pain</i></b>	<ul style="list-style-type: none"> <li>pharmacological agents (e.g. bisphosphonates)</li> <li>wound healing compromise</li> <li>complications</li> <li>muscle dysfunction</li> </ul>	<b><i>Aesthetic facial surgery</i></b>	chemotherapy
	joint dysfunction		diagnosis and treatment planning
	<ul style="list-style-type: none"> <li>ankylosis</li> <li>facial pain</li> </ul>		facial resurfacing
<b><i>Odontogenic infections</i></b>	<ul style="list-style-type: none"> <li>complications</li> </ul>	<b><i>Craniofacial Surgery</i></b>	<ul style="list-style-type: none"> <li>facial lifts + anatomy</li> <li>nasal procedures + anatomy</li> <li>eyelid procedures + anatomy</li> <li>labial procedures + anatomy</li> <li>ear procedures + anatomy</li> <li>fillers</li> </ul>
	<ul style="list-style-type: none"> <li>anatomical considerations (tissue spaces)</li> <li>microbiology</li> <li>adjunctive measures (antibiotics, airway issues)</li> <li>complications</li> </ul>		paralyzing agents
<b><i>Pre-prosthetic surgery</i></b>	anatomical considerations	<b><i>Craniofacial Surgery</i></b>	diagnosis and treatment planning
	<ul style="list-style-type: none"> <li>bone grafts (including distraction osteogenesis)</li> <li>vestibuloplasty</li> <li>alveoloplasty</li> <li>local flaps (e.g. lip switch)</li> <li>complications</li> </ul>		<ul style="list-style-type: none"> <li>genetics of craniofacial defects</li> <li>facial clefts</li> </ul>
<b><i>Dental and cranio-facial implants</i></b>	principles of osseointegration	<b><i>Craniofacial Surgery</i></b>	<ul style="list-style-type: none"> <li>Crouzon's</li> <li>Apert's Syndrome</li> <li>Treacher Collins</li> <li>Hemifacial microsomia</li> </ul>
	<ul style="list-style-type: none"> <li>implant design</li> <li>abutment design</li> </ul>		<ul style="list-style-type: none"> <li>Pfeiffer</li> <li>Stickler</li> </ul>

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

### **India examinations inquiries**

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### **Secretary**

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