



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

## 2018 Certification Handbook

IBCSOMS  
8618 W Catalpa St, Ste 1116  
Chicago, IL 60657

## **Mission**

The International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) exists to protect the public by providing a certification process that recognizes specialty training in Oral and Maxillofacial Surgery (OMS), attainment of the necessary knowledge, experience and skills for a specialist in OMS, and a commitment to lifelong learning and contemporary practice. Successful completion of the certification process leads initially to Fellowship of the IBCSOMS which is subject to a formal process of periodic re-evaluation.

The certification process does not provide licensure in any jurisdiction for the practice of oral and maxillofacial surgery but may be utilized by a local authority to establish attainment of expertise.

## **Structure**

The International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS) is a not-for-profit corporation registered in the State of Illinois, USA.

The operation of the IBCSOMS is the responsibility of an eight-member Senate of Directors. To allow the certification process to become established, the transitional Rules and Regulations as detailed will be utilized. These provisions will have no effect 10 (ten) years following the initiation of the certification process.

The composition of the Senate will remain the same as when the By-Laws were adopted for a period of five (5) years (November 2018). After a five (5)-year period the election of the Senate will follow the plan set forth in the IBCSOMS Rules and Regulations.

An Examination Committee is appointed by the Senate to counsel and assist in the certification examinations, submission of questions for the MCQ and oral certifying examination cases and other tasks as determined by the Senate. The Senate and its Examination Committee serve without salary.

The Executive Director is designated as the official registering agent for International Board for the Certification of Specialists in Oral and Maxillofacial Surgery (IBCSOMS).

## **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 \$50 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 more detailed description of the two-stage process and a list of the documents required can be found below.

### A. The Initial Assessment

1. Completion of a Demographic form that will be accessed from the IBCSOMS website. The information necessary includes:
  - i. Surname (Family name)
  - ii. First name (Personal name)
  - iii. Email address. You **MUST** use the same email address throughout the application process. Your record is associated with the address.
  - iv. Additional names
  - v. Date of Birth (*DD/MM/YYYY*)
  - vi. Postal Address
  - vii. Country of practice
  - viii. Applicant picture (passport sized and quality)
  
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. The Initial 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.

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 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 oral and maxillofacial surgery in the location of the individual's practice. 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.

**Application and Review Dates to Note for 2018 Examinations**

## Refund Policy for 2018 Certifying Examination in Bangalore, India.

The initial payment is not refunded.

The Examination fee is refunded as follows:

- Candidates who withdraw in writing their application prior to September 14, 2018 will be refunded 70% of the application fee (\$1031).
- Candidates who withdraw in writing prior to September 28, 2018 will be refunded 45% of the application fee (\$687).
- Candidates who withdraw after October 1, 2018 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.

### October 2018 Examinations—Bangalore, India

The MCQ administration will be October 17, 2018.

The oral examinations will be administered October 18-20, 2018.

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Application Process Opens		March 1, 2018
Application Process Ends		August 17, 2018
Applicants Notified of IBCSOMS Determination		August 24, 2018
Candidates approved to participate should apply for Visa		
Verification of Examination Participation		August 24, 2018
Candidates Scheduled for Examination and Notified		August 31, 2018

# Examinations

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



	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		diagnosis and treatment planning (timing of treatment)
	mandibular surgery	<b>Cleft lip and palate repair</b>	genetics of cleft deformities
	bimaxillary surgery		cleft lip
	orthodontic considerations		cleft palate
<b>OSA Management (including surgical and non-surgical modalities)</b>	diagnosis and treatment planning		alveolar cleft
	oral appliances		velopharyngeal incompetence
	orthognathic surgery		speech appliances
	palatopharyngoplasty		drugs for sedation
	airway support (e.g. cPaP)	<b>Perioperative outpatient anesthesia</b>	Complications of sedative drugs
	complications		post-operative pain management
<b>Oral medicine</b>	mucocutaneous conditions		
	systemic skeletal diseases		
	salivary gland disease		
	pharmacotherapy		
	complications		
<b>Benign oral pathology</b>	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  
bone graft physiology  
alloplastic grafts

**Hard tissue reconstructive surgery (Bone 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**

<b><i>Basic sciences relevant to medicine and surgery</i></b>	physiology
<b><i>Adult general medicine</i></b>	biochemistry cardiovascular pulmonary hematopoietic endocrine gastrointestinal / nutrition musculoskeletal renal central and peripheral neurology electrolytes
<b><i>Adult general surgery</i></b>	fluid and electrolyte replacement shock + management blood transfusions airway management pulmonary support nutrition cardiovascular pulmonary
<b><i>Pediatric general medicine and general surgery</i></b>	hematopoietic endocrine electrolytes fluid and electrolyte replacement shock + management blood transfusions airway management
<b><i>Primary management of the trauma patient</i></b>	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**