



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

2019 Certification Handbook

IBCSOMS
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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 \$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 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 2019 Examinations

Refund Policy for 2019 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.

March 2019- Osaka, Japan

The MCQ administration will be March 6th, 2019

The oral examinations will be administered March 7th-8th, 2019

Applications open	October 15th 2018
Applications close	January 4th, 2019
Verification of examination participation	January 9th, 2019
Candidates scheduled for examination and notified	January 9 th , 2019

November 2019- Bangalore, India

The MCQ administration will be November 19th, 2019

The oral examinations will be administered November 20th-21st, 2019

Applications open	November 10 th 2018
Applications close	September 6, 2019
Verification of examination participation	September 13, 2019
Candidates scheduled for examination and notified	September 16 th , 2019

Examinations

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		diagnosis and treatment planning facial resurfacing
	muscle dysfunction		facial lifts + anatomy nasal procedures + anatomy eyelid procedures + anatomy labial procedures + anatomy ear procedures + anatomy fillers
<i>Odontogenic infections</i>	joint dysfunction	<i>Craniofacial Surgery</i>	paralyzing agents
	ankylosis facial pain		diagnosis and treatment planning genetics of craniofacial defects facial clefts
<i>Pre-prosthetic surgery</i>	complications	Crouzon's Apert's Syndrome Treacher Collins Hemifacial microsomia Pfeiffer	Stickler
	anatomical considerations		
<i>Dental and cranio-facial implants</i>	bone grafts (including distraction osteogenesis)		
	vestibuloplasty alveoloplasty local flaps (e.g. lip switch) complications		
	principles of osseointegration		
	implant design abutment design		

Orthognathic and orthopedic facial surgery

treatment planning
alveolar hard tissue grafting

alveolar soft tissue grafting
complications
relevant anatomy

diagnosis and treatment planning
maxillary surgery
mandibular surgery

bimaxillary surgery

orthodontic considerations

OSA Management (including surgical and non-surgical modalities)

diagnosis and treatment planning

oral appliances

orthognathic surgery
palatopharyngoplasty
airway support (e.g. cPaP)
complications

Oral medicine

mucocutaneous conditions

Benign oral pathology

systemic skeletal diseases
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

Reconstructive surgery with free tissue transfer

flap design and planning
ALT flap

radial forearm flap
ilium flap
fibula flap

scapula flap

Cleft lip and palate repair

diagnosis and treatment planning (timing of treatment)
genetics of cleft deformities
cleft lip
cleft palate
alveolar cleft

Perioperative outpatient anesthesia

velopharyngeal incompetence
speech appliances

drugs for sedation
Complications of sedative drugs

post-operative pain management

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

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**