

AVDC OMFS Fellowship Minimum Standards Guidelines

A Founding Fellow or Fellow, Oral & Maxillofacial Surgery (OMFS) is a Diplomate of the American Veterinary Dental College (AVDC) or European Veterinary Dental College (EVDC), who has obtained additional training and experience in OMFS, or has demonstrated expertise in OMFS. A Founding Fellow, AVDC OMFS may also be a board-certified surgical Specialist, a Diplomate of an American or European surgical college (ACVS or ECVS), who has obtained additional training and experience in OMFS, or has demonstrated expertise in OMFS.

I. Objective

The objectives of the AVDC Fellowship Training in Veterinary OMFS are to build on the surgical knowledge and experience obtained during a dental and oral surgery residency through an intense period of applied focus on the surgical management of OMFS cases as it relates to comprehensive care, and to encourage a lifetime emphasis of excellence in the field of OMFS. A Fellowship Training Program in Veterinary OMFS should prepare its graduates to successfully interact with other disciplines of veterinary medicine and to provide a leadership role in the surgical, medical, and lay communities in matters pertaining to animal OMFS surgery. It is expected that most graduates of Fellowship Training Programs in OMFS will devote a major portion of their effort to the prevention, diagnosis, treatment, and rehabilitation of OMFS patients.

An AVDC Founding Fellow or Fellow in OMFS should have a high level of expertise in the selection of patients for surgical management of diseases affecting the oral and maxillofacial region that would necessitate expertise in orthopedic surgery, oncologic surgery, plastic and reconstructive surgery, oral surgery, and dental procedures related to successful outcomes in OMFS. The Founding Fellow or Fellow, AVDC OMFS must be proficient in knowledge of the benefits and risks associated with a multidisciplinary surgical approach for diseases affecting the oral and maxillofacial region.

II. Definitions:

- A. **“AVDC Fellowship Training Program in Veterinary OMFS”**: For each Fellow Candidate, there is a mentored training program of specific application, duration, curriculum, and evaluation for completion as specified later in this document.
- B. **Fellowship vs. Residency**: The OMFS Fellowship differs from the dentistry and oral surgery residency and is distinguished by its focus on OMFS. Individuals may register in

an AVDC Fellowship Training Program in OMFS while also engaged in a full-time AVDC/EVDC dentistry residency training program as long as a credentials application has been submitted to the AVDC/EVDC credentials committee. If the candidate's credentials are not accepted or the 30 months of AVDC residency training has not been completed by the time of the phase 1 exam, the program would be paused. The resident may not continue to log MRCL cases or log additional weeks of visitation. Cases and visitation to date are not lost but no new OMFS requirements may be added or logged until the Credentials are accepted and/or the 30 months of residency training has been completed. It is expected that this would apply to third year residents in most cases. Up to 20% of all OMFS case procedures may be completed during the residency as long as they do not also count toward the AVDC or EVDC credential requirements.

- C. **Primary Mentors and Program Directors:** Only a Specialist, in good standing, who is a Founding Fellow or Fellow, AVDC, OMFS may mentor an AVDC OMFS Fellow Candidate. Only a Specialist, in good standing, who is a Founding Fellow or Fellow, AVDC OMFS may be on record as a Primary Mentor or Program Director. Primary Mentors and Program Directors must maintain Specialist certification according to specialty organization criteria. The same individual may serve as both institutional OMFS Program Director and Primary Mentor. The minimum requirement for the number of mentors is one Founding Fellow or Fellow, AVDC OMFS per two full time Fellow Candidates. If there is more than one fellow candidate for any one mentor, then the total time permitted for training of fellow candidates by the mentor cannot be greater than the equivalent of two full time fellow candidates, although more than one mentor in the training program is preferable. If the Founding Fellow or Fellow, AVDC OMFS is a surgical Specialist, then a second mentor dental Specialist must be designated.
- D. **Supervising Mentors:** Supervising mentors are those who are directly supervising the Fellow Candidate during their fellowship training. They are the Program Director, Primary Mentor, other Founding Fellows or Fellows, AVDC OMFS.
- E. **Supporting Faculty:** Supporting Faculty is all faculty, other than the supervising mentor(s), involved in training of the Fellow Candidate. This includes:
- a. Board-certified individuals in the following human and/or veterinary disciplines should be considered for inclusion in the Fellow Candidate's AVDC OMFS program depending on the emphasis of the particular program and research endeavor: oncology, reconstructive surgery, orthopedic surgery, implantology, pathology, microvascular surgery.
 - b. Academic, board-certified individuals in the human fields of OMFS; Head and Neck Surgery; Ear, Nose, and Throat Surgery; and Plastic and Reconstructive Surgery should be considered as resources for limited, external rotations. A Fellow Candidate can spend up to 4 weeks in external rotations and have them count towards the 32 weeks of clinical rotations required for the AVDC OMFS

Fellowship Requirements. These 4 weeks in external rotations do not include the required 2 weeks of training in medical and radiation oncology.

- c. Other Specialists who are not Founding Fellows or Fellows, should be considered as resources for external rotations especially if such individuals offer expertise in a unique surgical technique related to OMFS. Examples of these Specialists would include ACVS Diplomates with experience in OMFS and Human Oral and Maxillofacial Surgeons.
- F. **The title “Founding Fellow, AVDC OMFS”** A Specialist who has received Fellow status as a result of credentials that were submitted, reviewed and approved during the open call for Founding Fellows from August 1, 2017 to July 31, 2018.
- G. **The title “Fellow, AVDC OMFS”**: A specialist who has successfully completed an AVDC Fellowship Training Program in Veterinary OMFS and passed the certifying examination. To earn the title “Fellow, AVDC OMFS” the individual must first achieve Specialist status. Thus, one cannot become an AVDC OMFS Fellow until one is first a Specialist.
- H. **The title for the OMFS Fellowship Candidate is “Fellow Candidate, Veterinary OMFS”**: A person currently enrolled in a Fellowship Training Program in Veterinary OMFS who has not yet completed that program or passed the certifying examination may use this title in correspondence or other means of communication.
- I. **Terminology for a person who completed an AVDC Fellowship Training Program in Veterinary OMFS but is not a Specialist**: A person who has completed an AVDC Fellowship Training Program in Veterinary OMFS and has successfully completed residency/training but not passed a specialty certifying examination may indicate only that they have completed a Fellowship Training Program in Veterinary OMFS. No connection to the AVDC may be implied. Terms such as "AVDC Fellow eligible" and “completed an AVDC Fellowship Training in OMFS" shall not be used. An individual who identifies their professional credentials using these terms may be eliminated from the examination process.
- J. **Fellow Candidate Clinic Week**: The fellow candidate clinic week is defined as a minimum of four (4) full working days in clinic and may include wet laboratories, additional night and weekend patient care, or clinically related activities as specified by the mentor, program, and institution. When fellow candidates do not work a minimum of four (4) full working days in one (1) week, they can work a total of four (4) days in more than one (1) week to achieve a total of four (4) days for purposes of counting required clinical weeks.
- K. **Mentor Work Week**: The mentor work week is defined as a minimum of three (3) working days on site with the Fellow Candidate outside of which the mentor remains available to the Fellow Candidate for consultation by the most efficient and appropriate means. This may include a personal visit or by telecommunication. The emphasis is that

the mentor must support the Fellow Candidate and assure patient safety and care.

- L. **Trackable Surgical OMFS Case**: An OMFS case that can be tracked in the Fellowship Training Case Log and counted as a “trackable” case is a surgery that is “performed under OMFS mentorship.” This means that the case is operated during a fellow-in-training clinic week wherein the mentoring OMFS Fellow is on site. The mentor may be physically present in the operating room. If the Fellow Candidate possesses sufficient training to proceed alone, the mentor must be available for appropriate consultation to approve the surgical treatment and overall management of the patient. See Section II.B regarding OMFS cases completed during residency training.

III. Institutional Requirements

- A. The OMFS Fellowship training must be conducted at a veterinary medical facility (hospital or institution) that offers the scope, volume, and variety of patients affected with both OMFS dentistry and oral surgical conditions. Complimentary clinical services that may be necessary for care of complex OMFS patients are to include the following, which can be located at the same facility as the OMFS program, or at an associated or nearby facility that has agreed to accept OMFS cases when necessary:
- one board-certified radiologist and medical imaging facilities, or remote/distance access to a radiology service administered by a board-certified radiologist
 - access to emergency and critical care facilities
 - access to radiation facilities
 - access to board-certified individuals in internal medicine, oncology, oncologic radiotherapy, and cardiology
 - access to clinical and anatomical pathology services
- B. Fellow Candidates should have a broad exposure to advanced imaging techniques. This broad exposure to advanced imaging shall be acquired during the diagnostic workup of OMFS cases and during the medical and radiation oncology rotation emphasizing advanced imaging (CT and MRI) (**Appendix 2**). Training institutions will need to carefully consider whether they can provide the depth and breadth of training required before agreeing to participate in the training of an OMFS Fellow.
- C. Clinical experience alone is insufficient education in OMFS. The training program must include a regularly scheduled didactic program consisting of lectures, debate series, and/or journal clubs, covering not only clinical surgical problems but also nonsurgical, perioperative management, basic science, and clinical research.
- D. A written agreement (**Fellowship Training Agreement**) shall be crafted by the institution, detailing the roles and responsibilities of the Fellow Candidate, the primary training institution (Department Head or Hospital Director) and the responsible host mentor and must be formally documented by both the primary training institution and the

responsible host mentor at all ancillary institution(s)(if training will occur at more than one facility). This agreement will serve to define the clinical and educational relationship between the Fellow Candidate and the training institution(s) as to their responsibility to provide mentorship to the Fellow Candidate for the entirety of their program. This training agreement must specify the agreed duration of the training program (minimum of one [1] year, maximum of three [3] years), which should be determined before training begins. The institution retains this agreement. This agreement will also indicate that the Fellow Candidate understands to undertake their clinical role with the utmost integrity, care, professionalism, and responsibility to the institution and the patients whom they serve. The Candidate is expected to remain in good standing throughout the Fellowship Training Program in OMFS with both the training institutions and all state and federal licensing agencies.

IV. Fellow Candidate Requirements

- A. The Fellow Candidate must have completed the AVDC/EVDC credentialing process (i.e. credentials application approved) prior to beginning an AVDC Fellowship Training in Veterinary OMFS. It is not necessary to be a Specialist before beginning the program; however, it is necessary to be recognized as a Specialist by the AVDC/EVDC before earning the title of Fellow, AVDC OMFS.
- B. The Fellow Candidate must register with AVDC at least sixty (60) days prior to the start date of the Fellowship Training Program in Veterinary OMFS. The Fellow Candidate must work with the Program Director and Primary Mentor to complete the AVDC Fellowship Training Program in Veterinary OMFS Registration Form. Required information includes:
 - 1. The name of the institution(s) or hospital(s) where the Fellowship Training Program will primarily take place
 - 2. The name and contact information for Fellowship Training Program Director and Primary Mentor.
 - 3. A list of Specialists including the Founding Fellow and/or Fellow, AVDC OMFS who will be included on the team of supervising mentors for the Fellow Candidate.
 - 4. The names and contact information of required specialists (supporting faculty) involved in training the Fellow Candidate. Supporting faculty must include the Founding Fellow or Fellow, AVDC OMFS Primary mentor and/or Program Director. A full time-specialist is defined as someone who is physically present at least three (3) working days of each week concurrent with the working days of the Fellow Candidate. The specialists will need to indicate their willingness to assist in training of the Fellow Candidate and that they have read and understand the specific requirements of the AVDC Fellowship training program outlined herein.
 - 5. A Fellow Candidate registration fee (\$1,000)

6. Acknowledgement of a Fellowship Training Agreement between the institution and the responsible host mentor at all ancillary institutions (if training will occur at more than one facility). (See III: Institutional Requirements, section D.)
 7. The signatures of the Fellow Candidate, Primary Mentor, and/or Program Director.
- C. The Fellow Candidate shall provide to each training institution a signed Statement of Compliance, crafted by the institution, indicating their understanding to undertake their clinical role with the utmost integrity, care, professionalism, and responsibility to the institution and the patients whom they serve. The statement may also specify certain specific expectations of day-to-day work responsibilities and schedules. Licensing requirements for practice at each institution are the responsibility of the Fellow Candidate, and the Fellow Candidate is expected to remain in good standing throughout the Fellowship Training Program in Veterinary OMFS with both the training institutions and all state and federal licensing agencies.
 - D. The Fellow Candidate must act as first or second assistant or primary clinician/surgeon on all cases assigned by the supervising mentor(s). The Fellow Candidate is responsible for reviewing the OMFS and surgical literature as to the surgical and nonsurgical procedures, approaches, options and adjuvant therapies for all cases assigned to them or seen by the mentoring faculty on clinic with them and any case on the service that will be going to surgery. The Fellow Candidate is responsible to report to the faculty mentor(s) any complications, client complaints, or concerns as soon as they are known and for creating appropriate medical record documentation while on clinic.
 - E. The Fellow Candidate shall keep a case log listing the cases operated. This should include the medical record number and the general type of surgery including those on the Minimum Required List (MRL) and whether the cases were directly supervised by mentoring faculty or non-supervised. This will be submitted along with the activity week logs, to the AVDC office to be reviewed by the AVDC OMFS Fellowship Oversight Committee every 6 months through the Fellowship and again at the end of the Fellowship Training Program.
 - F. The Fellow Candidate shall publish with the scrutiny of peer review. The candidate will be required to conduct a research or clinical investigation project (excluding single case reports) during the OMFS Fellowship. This project may have begun during residency training as long as the project did not also count toward the AVDC/EVDC dentistry residency credentialing process. One original publication in a peer-reviewed journal on a topic relevant to oral and maxillofacial surgery will be required in which the candidate is first author. Documentation that the work has been accepted for publication will be required before the candidate is examined for OMFS certification. However, a Fellow Candidate can submit a Request for Delayed Submission of a Publication and be allowed

to take the exam but will not become a Fellow until all Fellow Requirements are completed. This publication must be clearly different than the publication(s) submitted to satisfy any specialty organization credentials requirement.

- G. It is possible that during the Fellowship training period one of several key events might occur, including departures of the AVDC OMFS Program Director or AVDC OMFS Primary Mentor. In the event of any of the above or any other significant change in the program occurring, it is the responsibility of the Fellow Candidate to contact the AVDC OMFS Fellowship Oversight Committee as soon as possible with a clearly defined and outlined solution. A modification to any registration information must be reported to the AVDC office within 60 days of the key event. In the event of the Primary Mentor leaving, no more Fellow Candidate Clinic Weeks can be logged until a new mentor has been identified and the change to the program approved by the AVDC OMFS Fellowship Oversight Committee. Fellow Candidates should be clear that such significant change might result in a delay of several months to the training program, and if no acceptable solution can be found, the training program might be terminated.

V. Program Director and Primary Mentor Expectations:

- A. The Program Director and/or the Primary Mentor must be, an AVDC or EVDC Diplomate in good standing, and either a Founding Fellow or Fellow, AVDC OMFS.
 - 1. Primary Mentors and Program Directors must maintain Specialist certification according to specialist organization criteria.
 - 2. The same individual may serve as both institutional OMFS Director and Primary Mentor.
 - 3. An individual Primary Mentor can be a mentor for no more than the equivalent two full time Fellow Candidates at a time. Two supervising mentors could supervise up to the equivalent of four full candidates who alternate between them, although there must be a clearly defined Primary Mentor for each candidate.
- B. A program will require a dental Specialist if the primary mentor is an AVDC Founding Fellow OMFS surgical Specialist.
- C. The AVDC Fellowship Training Program in OMFS is considered an intensively mentored experience. This may require varying levels of direct (i.e., at the operating table) supervision at different phases of the Fellow Candidate's training. Fellow Candidates have been engaged in a dentistry and oral surgery residency and therefore should begin their Fellowship Training Program with certain core surgical competencies. Nonetheless, good surgical decision making in complex OMFS cases and optimal integration of surgical intervention with other treatment modalities requires experience.
 - 1. The Fellow Candidate must receive mentored assistance or observation on a case-

by-case basis until such a time that the Fellow Candidate is competent to proceed with similar cases unassisted and unobserved.

2. The supervising mentor must be available for consultation at all times during the Fellowship experience. While the Primary Mentor may not be personally available at all times, he or she should ensure that there is mentorship available at all times. The mentor should be available at least three (3) regular full work days per clinic week for that week to be counted towards the Fellow Candidate's case log. Alternatively, when the mentor and/or fellow candidate do not work together for a full week, three days of direct mentor supervision from separate weeks can be counted as one week of clinical supervision. During the training period, it remains the responsibility of the mentor(s) to be aware and proximate enough to ensure patient safety. A Specialist who is not a Founding Fellow or Fellow may provide supervision when the Primary Mentor or other supervising mentor is not available; however, surgeries performed under these circumstances will need to be reviewed by the Primary Mentor in order to be counted as trackable cases. A Specialist who is not a Founding Fellow or Fellow may provide supervision when the Primary Mentor or other supervising mentor is not available for up to 5 trackable cases.
- D. The Program Director must assure each Fellow Candidate's progress during the program is formally evaluated in writing and feedback provided to the Fellow Candidate at least semi-annually.
1. The Program Director or the Primary Mentor can perform this function.
 2. The Fellow Candidate must be advised of any deficiencies in time to correct problems prior to completion of the Fellowship Training Program and a performance improvement plan put in place if deficiencies are identified. If satisfactory improvement is not met in the specified time frame, the Fellow Candidate can be dismissed from the training program.
- E. The Program Director must provide an opportunity for Fellow Candidates to evaluate the program overall, as well as all rotations, conferences, and faculty. These evaluations should be obtained in a confidential a manner.
- F. The Program Director shall provide to the AVDC office all the Fellow Candidates evaluations of their program every three years for full review by the AVDC OMFS Fellowship Oversight Committee to determine whether the goals of each training program are being achieved and whether ancillary institutions/faculty are effective in their training mission.

VI. Specific Program Requirements

- A. The AVDC OMFS Fellowship Oversight Committee will review for approval each Fellowship Training Program on request by a Fellow Candidate. Requests to initiate programs must be made at least 60 days prior to the start of the Fellowship Training period to allow time for the Fellowship Oversight Committee to review the program plan. The program approval will remain in force for 3 years providing no substantive changes in the program or personnel occur.
- B. Review of the primary training institution's oversight of Fellowship Training Programs will occur once every 3 years or when substantive changes occur to ensure the minimum standards are met. On behalf of each primary training institution, Program Directors shall submit documentation for each Fellow Candidate directed over the last 3 years.
- C. A Fellow Candidate may complete a Fellowship Training Program in a minimum of 1 year but must be completed in a maximum of 3 years. However, if a Fellow Candidate's first year of a Fellowship Training Program runs concurrently with the final year of an AVDC/EVDC dentistry residency (after completing the credentialing process), the total time spent in the dentistry residency and in the Fellowship Training Program must be a minimum of 4 years.
- D. Part time Fellowships are also an option for Fellow Candidates. Training can be organized as continuous, i.e. the Fellow candidate is employed full time at the mentor's institution, but assigned to Fellowship training only part of the time. Part time Fellowship training can be intermittent, i.e. the Fellow candidate can be appointed located elsewhere, when not in active Fellowship training.
- E. The Fellowship Training must include a minimum of **32** weeks on clinic. A Fellow Candidate's clinic "week" is defined as at least four (4) full work days and appropriate case management on nights and weekends. When fellow candidates do not work a minimum of four (4) full working days in one (1) week, they can work a total of four (4) days in more than one (1) week to achieve a total of four (4) days for purposes of counting required clinical weeks and the Mentor must provide direct supervision, i.e. Be on site for mentoring for 3 of those days for the week to be counted as a required clinical week. (see II. Definitions, section J).
- F. Up to **8** weeks can be taken for AVDC or other Specialist certification examination preparation with up to 12 additional weeks off-clinic time to be scheduled for other external program or research activities, and 2 weeks for vacation or additional certification examination preparation time, if the candidate chooses to use vacation in this manner.
- E. A regularly scheduled didactic program consisting of attendance at case conferences/ journal clubs covering OMFS, basic science, and clinical research shall be organized. These are outlined at the beginning of the Fellow Candidate's program and involve no

less than 20 attended sessions in a broad cross section of the above topics.

- F. Presentation of three comprehensive OMFS case discussions to an audience that includes their mentors and may include other Specialists, and residents. The cases presented should represent complex multidisciplinary approaches to the management of OMFS surgical patients. The selection of audience members is intended to prepare the Fellow Candidate to successfully interact with the other related disciplines and begins to provide a leadership role in the integration of multiple disciplines.
- G. Required learning objectives for OMFS skills are outlined in **Appendix 1**. Mastery of these learning objectives must be documented by the OMFS mentor who was identified as participating faculty at the start of the Fellowship Training Program. If the Fellowship Training Program is designed such that focused requisite training (e.g. AO orthopedic courses) must occur in order to master the required training objectives, such clinical weeks (rotations) must occur in addition to the **32** clinical training weeks.
- H. Candidates will be required to participate in at least 2 multi-day AO (or equivalent) standard and miniplate courses that include practical sessions, and attend the equivalent of 2 full days of advanced courses in OMF disorders or surgery (ie., pathology or advanced AO courses). Training programs are to include exposure to bone grafting and skin flap development. Exposure to microvascular surgery is encouraged. This requisite supplementary training must occur in addition to the **32** clinical training weeks specified for surgical OMFS case experience.
- I. A minimum required case log (MRCL) of 53 OMFS cases must be submitted and be under direct Founding Fellow or Fellow, AVDC OMFS supervision during the OMFS Fellowship Training Program and/or after approval of their AVDC residency credentials package. The Fellow Candidate can either be the primary surgeon or first or second assistant on the case in order for the case to be counted in the MRCL minimum. A Fellow Candidate can log an OMFS procedure with a dentistry and oral surgery resident in the capacity of the primary surgeon or first assistant as long as the procedure is supervised directly by a Founding Fellow or Fellow, AVDC OMFS. However, overall the Fellow candidate must be primary surgeon with direct mentor supervision on at least 50% of MRCL cases. If multiple Fellow Candidates scrub on a case, two people can count these cases, one as primary and one as first assistant as long as they are directly supervised by their mentor. However, if the mentor is primary on the case and two Fellow Candidates scrub on a case, both Fellow Candidates can be assistants on the case. In cases in which the Fellow candidate is an assistant on any of the 53 required minimum cases, the Fellow candidate must perform these procedures as the primary surgeon on a cadaver specimen under the direct supervision of their mentor to help give the Fellow candidate an opportunity to perform all of the required procedures as the primary surgeon. When a cadaver case in

performed to give the Fellow Candidate the opportunity to be the primary surgeon on a case when acting as an assistant to the mentor who is the primary surgeon, the cadaver cases should be listed on the MRCL in addition to the case in which the Fellow Candidate was an assistant but these two (2) cases will only count as one (1) case and not two (2) cases.

- J. The specific type of surgical procedures performed during training can include non-oral and maxillofacial soft tissue and orthopedic procedures but the emphasis of the Fellow's effort should be directed toward OMFS, and only OMFS cases can be counted toward the procedure total in the case log. Moreover, the type of OMFS procedures must demonstrate sufficient depth and breadth of diversity and advanced skills.
- K. Publication (See Section IV F: Fellow Candidate Requirements)
- L. The Primary Mentor, the Program Director, and supporting faculty will determine if the Fellow Candidate has successfully completed the Fellowship Training Program. The Fellow Candidate must submit the following documentation within 3-years of initiating the OMFS Fellowship Training Program: letter of intent to become a Fellow, AVDC OMFS; supporting letters from the Program Director and Primary Mentor documenting successful completion of the program; case logs, activity logs, case presentations, results/status of required research project, and publication; and, semiannual assessments from the AVDC OMFS Oversight Committee.
- M. Upon positive review of the aforementioned documents, the AVDC OMFS Oversight Committee will recommend candidates for examination to the AVDC Board of Directors. Candidates approved by the Board will be eligible to take the examination.
- N. The AVDC OMFS certification examination will be administered by the AVDC OMFS Examination Committee. The Examination Committee will be composed of Founding Fellows and/or Fellows, AVDC OMFS. The examination will be a written examination similar in structure to the current AVDC written examination. The examination shall be graded blinded to the identification of the candidate, and the results of the examination will be presented on a final Pass-Fail basis. The criteria used in determining the Pass-Fail recommendations to be made to the AVDC Board of Directors will be determined by the AVDC OMFS Examination Committee. Fellow Candidates will be recommended by the AVDC OMFS Examination as Pass or Fail to the AVDC Board of Directors. Candidates approved by the AVDC Board of Directors as having passed the examination will receive the AVDC OMFS certificate. Candidates must complete the examination within 2 successive offerings of the examination, with the option to request deferral for cause (e.g. medical reasons or maternity leave) without the deferral limiting the number of examination attempts permitted. The AVDC Examination Committee shall work with an examination consultant.

- O. The AVDC OMFS Fellowship Oversight Committee will monitor activities of the Fellow Candidates in the OMFS Fellowship Programs. The OMFS Fellowship Oversight Committee will provide a report to the AVDC Board of Directors each Fall or as directed by the AVDC Board of Directors specifying: the number and location of fellowship programs, names of Fellow Candidates pursuing fellowships, results of requirement completion, requests for program modification, and additional items proposed by the AVDC Oversight Committee or AVDC Board of Directors.
- P. After Fellow Candidates successfully complete all program requirements including examination, the AVDC Board of Directors will grant Fellow status based on the recommendation of the AVDC OMFS Examination Committee.

Appendix 1

AVDC OMFS Fellowship Minimum Required Case Log Requirements-MRCL

Category 1: Surgical treatment of oral and facial tumors requiring partial or complete mandibulectomy – **8 cases***

Category 2: Surgical treatment of oral and facial tumors requiring maxillectomy – **6 cases ****

Category 3: Surgical closure of congenital or acquired palate defects acquired after birth– **4 cases *****

Category 4: Treatment of maxillary or mandibular fractures by application of bone-borne devices such as plates, wires or cross pins/half-pins – **6 cases ******

Category 5: Treatment of maxillary or mandibular fractures by application of a wire-reinforced intraoral tooth-borne splint – **6 cases**

Category 6: Treatment of maxillofacial conditions requiring repositioning and internal fixation, and/or osteotomy/ostectomy, of osseous structures associated with the maxillary and/or orbital bones, zygomatic arch or mandibular coronoid process or condyle – **3 cases *******

Category 7: Surgical treatment of salivary gland disorders – **3 cases.**

Category 8: Local, subdermal plexus or axial pattern pedicle flaps for closure of traumatic or surgical OMF soft tissue defects involving the dermis – **4 cases *******

Category 9: Surgical management of miscellaneous challenging OMFS conditions. Qualifying procedures may include: extraction of impacted teeth, enucleation of odontogenic cysts or tumors (when indicated), root tip retrieval from nasal cavity or mandibular canal, surgical management of osteonecrosis, marsupialization procedures – **5 cases**

Category 10: Management of soft tissue neoplasms not requiring ostectomy – **3 cases**

Category 11: Management of traumatic soft tissue injuries (e.g., lip avulsion, lip laceration, tongue laceration and avulsion) – **3 cases**

Category 12: Medical management of temporomandibular conditions – 2 cases

*Category 1 shall include at least 1 total mandibulectomy, 1 segmental mandibulectomy, 1 bilateral rostral mandibulectomy, and 1 dorsal marginal mandibulectomy (i.e., mandibular rim excision).

**Category 2 shall include at least 3 caudal maxillectomies. Procedures that do not penetrate the nasal cavity would not fulfill this category.

***Category 3 may include closure of oronasal fistula (ONF) caused by periodontal disease, though no more than 1 of the 4 cases can be dental-related ONF cases.

****Categories 4 and 6 shall include at least 4 cases involving placement of plates (standard, reconstruction or miniplates), and 4 cases in which a bone-grafting technique or application of rhBMP2 is used.

*****Category 8 shall include a minimum of 2 axial pattern flaps. One case may be performed on a dog or cat cadaver but must be documented with image material and supervised as a clinical case. One case may also be performed in a non-OMF region when performed with an ACVS/ECVS boarded surgeon. Note that intraoral mucosal flaps that do not include dermis do not satisfy the requirements of this category.

Note: a 'case' can be included as meeting the MRCL requirement under only one category unless a technique in Category 8 is used for reconstruction following treatment using a technique in a different category, e.g. following maxillectomy. A total of 5 procedures may be performed on a cadaver.

A Fellow Candidate may submit a Request for Delayed Submission for Cases/Weeks Logged to enable them to take the AVDC OMFS Exam prior to completion of all their AVDC OMFS MRCL and Required Clinical Weeks in order to take the AVDC OMFS Exam but will not become an AVDC OMFS Fellow until all of the Fellow Requirements are completed. The Fellow Candidate must complete a minimum of 40 MRCL cases and 28 weeks of required clinical experience by the time the examination is administered to take the examination but will not become an AVDC OMFS Fellow until all of the Fellow requirements are completed.

Appendix 2

Recommended Oncology Rotation Learning Objectives

- 1) 2-week rotation in medical and radiation oncology

- 2) Medical Oncology
 - know the rationale and indications for chemotherapeutic agents for the treatment of OMF neoplasms
 - know the indications for pre and/or postoperative adjunctive chemotherapy for OMF neoplasms
 - observe and be familiar with complications associated with the administration of chemotherapy for the treatment of OMF neoplasms
 - observe and be familiar with the treatment of complications associated with the administration of chemotherapy for the treatment of OMF neoplasms
 - review the outcomes of chemotherapy for a minimum of 10 OMF cases with a board-certified medical oncologist

- 3) Radiation Oncology
 - know the basic principles of radiation therapy for the treatment of OMF neoplasms
 - know the rationale and indications for radiation therapy for the treatment of OMF neoplasms
 - know the indications for pre- and/or postoperative adjunctive radiation therapy for OMF neoplasms
 - observe and be familiar with mapping techniques and dosage regimens for administration of radiation therapy for the treatment of OMF neoplasms
 - observe and be familiar with complications associated with the administration of radiation therapy for the treatment of OMF neoplasms
 - observe and be familiar with the treatment of complications associated with the administration of radiation therapy for the treatment of OMF neoplasms

- review the outcomes of radiation therapy for a minimum of 10 OMF cases with a board-certified radiation oncologist
- 4) Multimodal therapy
- know the rationale and indications for multimodal therapy for the treatment of OMF neoplasms