ACGME Program Requirements for
Graduate Medical Education
in Craniofacial Surgery

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IV. Educational Program

IV.A. The curriculum must contain the following educational components:

IV.A.1. Skills and competencies the fellow will be able to demonstrate at the conclusion of the program. The program must distribute these skills and competencies to fellows and faculty at least annually, in either written or electronic form. (Core)

IV.A.2. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum: (Core)

IV.A.2.a) Patient Care and Procedural Skills

IV.A.2.a).(1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. (Outcome)

IV.A.2.a).(2) Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows: (Outcome)

IV.A.2.a).(2).(a) must demonstrate competence in the four essential phases of total patient care: pre-operative evaluation, therapeutic decision making, operative experience, and post-operative management, including:

IV.A.2.a).(2).(a).(i) craniosynostosis; (Outcome)

IV.A.2.a).(2).(a).(ii) congenital and developmental deformities of the face that may be related to craniosynostosis, including midface hypoplasia and facial asymmetries; (Outcome)

IV.A.2.a).(2).(a).(iii) syndromal malformations of the face, such as Treacher Collins, hemifacial microsomia; (Outcome)

IV.A.2.a).(2).(a).(iv) congenital orbital dysmorphologies, including orbitofacial clefts and hypertelorism; (Outcome)

IV.A.2.a).(2).(a).(v) facial cleft deformities; (Outcome)

IV.A.2.a).(2).(a).(vi) atrophic and hypertrophic disorders, such
as Romberg's disease, bone dysplasia;
(Outcome)

IV.A.2.a). (2). (a). (vii) craniofacial manifestations of systemic disorders, such as neurofibromatosis and vascular malformations and lymphatic disorders; (Outcome)

IV.A.2.a). (2). (a). (viii) post-traumatic complex skull and facial deformities; (Outcome)

IV.A.2.a). (2). (a). (ix) congenital and acquired disorders of the facial skeleton and occlusal relationships; and,

IV.A.2.a). (2). (a). (x) craniofacial concepts in the exposure and/or reconstruction in cranial base oncologic surgery. (Outcome)

IV.A.2.a). (2). (b) must demonstrate competence in:

IV.A.2.a). (2). (b). (i) the surgical methods of craniofacial surgery, including rigid fixation of skull facial bones and training in the fabrication of dental splints; (Outcome)

IV.A.2.a). (2). (b). (ii) pre-operative assessment and decision making regarding methods and timing of intervention in craniofacial disorders; (Outcome)

IV.A.2.a). (2). (b). (iii) management of craniofacial patients from the pre-operative through the post-operative stages; and, (Outcome)

IV.A.2.a). (2). (b). (iv) knowledge of critical care in the post-operative management of craniofacial patients. (Outcome)

IV.A.2.b) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Fellows: (Outcome)

IV.A.2.b). (1) must demonstrate competency in the knowledge of the sciences of embryology, anatomy, physiology, and pathology as these relate to the diagnosis and treatment of diseases of the craniofacial areas, to include knowledge of the diagnosis and management of disease and deformity involving the jaws, teeth, and occlusion. (Outcome)
IV.A.2.c) Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

IV.A.2.c).(1) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and, (Outcome)

IV.A.2.c).(2) locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems. (Outcome)

IV.A.2.d) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. (Outcome)

IV.A.2.e) Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. (Outcome)

IV.A.2.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. (Outcome)

IV.A.3. Fellow Experiences and Curriculum Organization

IV.A.3.a) Fellows must participate in the clinical, basic science, and research conferences; monthly morbidity and mortality sessions; other conferences focused specifically on craniofacial surgery. (Core)

IV.A.3.a).(1) Conferences must be conducted regularly and as scheduled, and the topics of each must be linked to the goals and objectives for the course of study. (Detail)

IV.A.3.b) Basic science components to the curriculum must include:

IV.A.3.b).(1) normal and abnormal embryology and fetal development of the head and neck, with special emphasis on the development of the cranium, the maxillary and mandibular

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complex, the mechanisms of clefting, and the development of the temporomandibular joint and surrounding musculature; (Detail)

IV.A.3.b).(2) normal growth, development, and anatomy of the cranium and face, with special attention to dental development and occlusion and to the consequences of congenital anomalies, trauma, surgery, and radiation; (Detail)

IV.A.3.b).(3) interpretation of dental radiographs, cephalometric analysis, and study models; (Detail)

IV.A.3.b).(4) construction of splints and their use in craniofacial and maxillofacial surgery; (Detail)

IV.A.3.b).(5) interpretation of sophisticated diagnostic imaging modalities used in craniofacial surgery, such as computed tomography, magnetic resonance imaging, and arteriography; (Detail)

IV.A.3.b).(6) standards of beauty and normalcy as they relate to the face, and an understanding of the relationship of cephalometric values to soft-tissue features; (Detail)

IV.A.3.b).(7) bone healing, including primary healing, malunion, nonunion, osteomyelitis, and the physiology and methods of bone grafting; (Detail)

IV.A.3.b).(8) use of alloplastic materials used for reconstruction; and, (Detail)

IV.A.3.b).(9) congenital, developmental, and secondary deformities of the head and face, including the embryology, pathogenesis, anatomy, natural history, and the course of disease following treatment; (Detail)

IV.A.3.c) The curriculum should include education and experience in the following areas: (Outcome)

IV.A.3.c).(1) diagnostic methods and treatment techniques of temporomandibular joint disorders; (Outcome)

IV.A.3.c).(2) aesthetic contour deformities, such as masmasticatory hypertrophy and frontal cranial remodeling; (Outcome)

IV.A.3.c).(3) elective orthognathic surgery for orthodontic problems; (Outcome)

IV.A.3.c).(4) surgical correction of congenital clefts of the lip and palate, with emphasis on both primary and late repairs and revisions; and, (Outcome)

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IV.A.3.c).(5) Reconstructive management of defects after ablative surgery for malignancy about the maxillofacial region, including pedicle and free flap surgery and bone grafting techniques. (Outcome)

IV.A.4. Operative Experience

IV.A.4.a) Programs in craniofacial surgery must provide a sufficient number and variety of surgical experiences to ensure that fellows receive sufficient exposure to a wide range of diseases and injuries to the soft and hard tissues of the craniofacial region. (Core)

IV.A.4.b) Fellows must actively participate in an integrated craniofacial team with sufficient patient volume to provide an exposure to diverse craniofacial problems. (Core)

IV.A.4.c) Fellows should not act on a regular basis as teaching assistants to the chief resident in plastic surgery. If the craniofacial surgery fellow and the plastic surgery resident each contribute significantly to a complex case, then both may receive credit as surgeon for the experience. (Core)

V. Evaluation

V.A. Fellow Evaluation

V.A.1. The program director must appoint the Clinical Competency Committee. (Core)

V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. (Core)

V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all fellow evaluations semi-annually; (Core)

V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and, (Core)

V.A.1.b).(1).(c) advise the program director regarding fellow progress, including promotion, remediation, and dismissal. (Detail)