



Accredtaion of Oral & Maxillofacail surgery
Department for ABOMS Training Programm

Introduction:

Oral and Maxillofacial surgery is a surgical specialty for oro facial/jaws diseases including jaw deformity tumours and reconstructions

It's the dental qualifications which differentiate an oral and Maxillofacial surgeon from other specialties however the dental graduate requires minimum 5 years structured training in Accredited hospital-based oral and maxillofacial surgery unit of which minimum 12-18 months of intensive medical and surgical training required preferably medical qualification.

It's compulsory for dental graduate to enroll in the oral and maxillofacial surgery training board program to spend minimum 12 months in oral and Maxillofacial unit with basic hospital training whereby basic life support BLS/ATLS done as a pre. Requisite to apply for selection to be trainee

Standard Oral &Maxillofacial surgery program requirement for accreditation

Number of beds in hospital ward Minimum 8 for adults +2 children.

Total 10 Beds +5 Beds for Day case surgery ward

Occupancy percentage not less than 60-80%

Number of cases to be seen and treated in maxillofacial /oral diseases per year 1000-1200 cases/year

Operated cases of oral &Maxillofacial disorders Under GA not less than 120 cases

Emergency surgery in A/E department minimum 300 cases/year

Number of Trainee accepted in the program annually:

Two Trainee per Consultant every year and not more than 8 Trainee at the same time in different training years.

Structure and components of Oral &Maxillofacial department required:

Three Dental Surgery Units provides facilities for the delivery of Oral and Maxillofacial Surgery and Orthodontics for out -patient services which include:

Consultation treatment units for oral and Maxillofacial surgery

1 Unit for Orthodontic consultation and treatments

Equipment

- Three Complete Dental units including high and low speed modules, monitor and digital x-ray
- Four surgical micro motors for oral surgery/dental implant
- Four complete Sets of minor Oral Surgery
- Two full set of dental implants (surgical+ prosthetic part)
- Two full set of orthodontic fixed appliances orthodontic treatment for Orthognathic surgery
- Recovery Room in OPD fully equipped with Resuscitation equipment and drugs including oxygen source
- Pulse- Oximeter
- One Orthopantomogram Machine
- One Lateral Cephalogram
- One CBCT or CT machine

One Complete Dental Lab

- One Entry /Reception area 36 square meter
- Four Dental imaging, generally using digital processing
- One Maxillofacial /dental imaging room 12 square meter
- One Dental Prosthetics Lab room 24 square meter
- One Clean-up /Sterilizing room 12 square meter

Functional Areas

- The Dental Surgery Units will consist of the following Functional Areas/ Zones:
 1. Entry / Reception and Waiting
 2. Patients/ Treatment Areas – including Dental Surgery Rooms, Dental Imaging Rooms, dental
 3. education areas
 4. Dental Support areas including Clean-up, Sterilizing, Laboratories, dental plant room.
 5. Staff and Support Areas; Utilities, Storage, Drug storage, Staff Room, Toilets and Locker facilities.
- Entry/ Reception and Waiting
- The Entry to the Unit should be clearly identified through appropriate signage informing people where to proceed. The Entry may incorporate an airlock space and should have suitable weather protection. Entry doors should cater to the physically handicapped and may require automatic doors for easy access.
- The Entry should have access to a vehicle set down area and be readily accessible from the street and parking areas. Reception and Waiting Areas should be adjacent.

Operational Models

Hours of Operation

The Dental Surgery Unit will generally operate 6 hours per day, 5 days per week. However, extended hours services involving after-hours and weekends may be provided by individual units.

Staff and Support Areas

- Bays for Linen, Resuscitation trolley, mobile equipment
- Cleaners room
- Clean Utility with provision for drug storage
- Store Rooms for general stock and equipment; storage for sterile stock may be required for Dental Surgery rooms
- Offices for Consultant head of department, Consultant's specialists and Orthodontists
- Staff amenities including Staff Room, Toilets, Shower, Lockers.

Functional Relationships

A-External

- The Dental Surgery Unit will have a close functional relationship with the following:
 - Car parking areas
 - Ambulance access for emergency use
 - Main Entry

- Services entry for delivery of supplies and removal of waste.

B-Internal

Within the Unit, key functional relationships will include:

1. Reception should have a direct view of Entry / Waiting Areas and be visible from adjacent
2. Staff areas for optimal security; stationery and patient records should be conveniently located for staff access.
3. Access to Dental Treatment areas by clients should be controlled by the reception area.
 - a. Dental Surgery and treatment rooms should be easily accessible from the Entry / Waiting Area for patients.
 - b. Separation of clean and dirty traffic flows particularly in Surgery rooms and Clean-up/ sterilizing areas.
 - c. Staff areas should be located with ready access to Entry / Reception and Client/ Treatment areas. Staff offices and amenities should be separate from client and Waiting areas to provide privacy and security.
4. Design General:
Design needs to accommodate all types of patients using the Unit. Provision shall be made for wheelchairs, mobility aids, and families with children and prams within the Unit.
5. Environmental Considerations.
6. Natural Light:
Where possible, the use of natural light shall be maximized within the Unit. Sufficient levels of natural lighting can provide a sense of wellbeing for both staff and patients, reduce patient discomfort and stress and is more likely to lead to better service outcomes.
7. Maximize provision of natural light to areas where staff spend a large proportion of their working day such as Clean-up Rooms and Laboratories.
8. Privacy:
Privacy is an important consideration in this Unit. The following features shall be integrated to the design of the Unit to support privacy:
 - Doors and windows to be located appropriately to guarantee patient privacy and promote staff security
 - Window treatments should provide patient privacy from external and internal viewing
 - Confidentiality of patient discussions and patient records.

Dental Surgery Unit

Acoustics

The following functions require careful consideration of acoustic privacy:

- Noisy areas such as Waiting and play areas shall be located further away from the Surgery/
- Treatment spaces and staff areas
- Interview areas with clients
- Discussion areas for staff where confidential patient information will be shared
- Surgery/ treatment areas and Dental Laboratories where equipment noise and noise producing treatments are likely to be transmitted.
- Space Standards and Components

- Ergonomics
- The Dental Surgery Unit should be designed with consideration to ergonomics to ensure an optimal working environment, particularly with respect to heights of benches, working height of equipment and location of equipment within rooms.
- Refer also to Part C of these Guidelines.

Safety and Security

Equipment, furniture, fittings and the facility itself shall be designed and constructed to be safe, robust and meet the needs of the intended range of users.

The Dental Unit requires the following security considerations:

- a. The perimeter of the Unit shall be lockable
- b. Zones within the Unit such as service areas may need to be lockable when not in use
- c. Doors to all offices shall be lockable
- d. Rooms used for storing equipment and files must be lockable
- e. Provision of after-hours access and security for staff may be required.
- f. Finishes
- g. Floor and ceiling finishes shall be selected to suit the function of the space and promote a pleasant environment for patients, visitors and staff.

The following factors shall be considered:

1. Aesthetic appearance
2. Acoustic properties
3. Durability
4. Ease of cleaning
5. Infection control

Dental Surgery Unit

Building Service Requirements

1. Radiation Safety and Shielding:
The Unit will undertake dental imaging procedures; plans and specifications will require assessment for radiation protection by a certified physicist or other qualified expert as required by the relevant Radiation and Nuclear Safety Agency.
The radiation protection assessment will specify the type, location and amount of radiation protection required according to the final equipment selections and layout. Radiation protection requirements must be incorporated into the final specifications and building plans.
2. Information Technology (IT) and Communications:
It is vital to provide reliable and effective IT/ Communications service for efficient operation of the Unit. The following items relating to IT/ Communication should be addressed in the design:
 - a. Appointment systems
 - b. Electronic records, pathology results
 - c. Scheduling systems to manage Dental surgery room bookings, if applicable
 - d. Materials management including bar coding for supplies, x-rays and records, as required
 - e. Emergency and duress call systems

- f. Telephones, computers, servers and communications room requirements.

Infection Control

Consideration of Infection Control is important in the design of this Unit.

Separation of clean and dirty workflows in Dental Surgery rooms and clean-up areas is critical to the function of the Unit and to prevent cross infection.

Dental Surgery rooms will be used for a variety of clients whose infection status may be unknown. Standard precautions must be taken for all clients regardless of their diagnosis or presumed infectious status.

Staff hand washing facilities, including disposable paper towels, must be readily available.

Facilities required within the hospital where the unit of Oral and Maxillofacial surgery located

1. Radiology department equipped with:
 - a. MRI
 - b. CT 3D scan
 - c. Angiography
2. Blood bank
3. Medical Laboratory:
Haematology, biochemistry, immunology and Microbiology
4. ICU Surgical
5. Medical Library
6. Lecture room with educational facilities

Types of cases:

- Dentistry alveolar surgery
- Surgical Extraction of teeth
- Surgical extraction of Third molars
- Surgical Excision of soft tissue lesion in oral mucosa
- Palatal mucosa, Lips
- Cysts of the Oro- facial soft tissues
- Cysts of the jaws Odontogenic and Non-Odontogenic
- Odontogenic Tumour
- Injuries to the teeth and soft tissues
- Benign tumours of the oral soft tissue
- Malignant tumour of Oral soft tissues
- Lips /oral mucosa /Palate
- Submental lesions
- Submandibular space infection drainage
- Facial Spaces Infections Odontogenic and non-Odontogenic
- Salivary gland disorders (minor-submandibular-Sublingual and Parotid)
- Infection/ Sialolith
- Benign. Malignant
- Autoimmune disorders
- Temporomandibular Joint Disorders (TMJ)
- TMJ /facial pain

- TMJ inflammatory disorders
- TMJ Tumour
- Maxillary Sinus disorders
- Infection
- Tumour
- Cysts and Odontogenic infection spreading to maxillary sinus
- Roots in Maxillary Sinus post extraction
- Oro-antral communication/Fistulas
- Fractures of Facial Skeleton including surgery
- Mandible
- Dent alveolar
- Condylar
- Angle
- Body Symphysis
- Fractures Maxilla
- Fractures of Zygomatic Bone including the eye
- Fractures of orbital floor and Roof
- Valvuloplasty
- Augmentation of Edentulous jaws ridges
- Dental implant
- Orthognathic Surgery
- Mandible
- Maxilla
- Oncology surgical Diagnosis and Treatment
- Reconstruction of jaw defects (soft tissues and or Bone)
- Cleft lips and palate surgery
- Syndrome of head and neck
- Medically Compromised patients with relevant to Oral surgery

Types of papers required publication and research (Components of Logbook)

- Publication in international Journal in the field
- Posters
- Research and thesis in The of Speciality
- Logbook

Service supported the speciality

- General Surgery
- General Medicine
- Neuro Surgery
- Plastic Surgery
- ENT surgery
- Anaesthesia and ICU
- Radiology
- Oncology

Total period of rotations in medical and surgical departments 14 months

Mechanism of identifying the annual capacity per year and no of trainees

1. File system of OPD and Special Clinic
2. Number of cases seen and treated in A/E department
3. Number of cases operated under GA. From OT records
4. Program Director must be a senior consultant with hospital- based experience not less than 10 Years and preferred with academic back grounds
5. Two Consultants and or specialists involved in training must have the highest clinical training degree with Oral and Maxillofacial surgery experience of minimum 5years.
6. One Consultant or specialists in Orthodontics required
7. One Dental Laboratory technicians
8. Part of oral surgery /oral medicine can be done in dental Schools department under direct supervision of academic staff in dental schools and hospital with arrangement by the programm director.

According to the flow of patients annually to consultations clinic in OMS

Number of cases treated in the department

Number of cases operated annually

Number of consultants and specialists involved in training the number of students will be decided (But not more than 2 per consultant/specialists)

