ICMFS FELLOWSHIP EXAMINATION (FICMFS)

An International Credential for Oral and Maxillofacial Surgeons — 2027 Examination Cycle

The International College of Maxillofacial Surgery presents the ICMFS Fellowship Examination (FICMFS), the College's flagship credentialing pathway, designed to recognise the knowledge, clinical judgement, and professional competence required for independent practice in Oral and Maxillofacial Surgery (OMFS) at an international standard.

FICMFS is deliberately curriculum-neutral. It does not reference any single national training system or regulatory framework, and questions are drawn exclusively from internationally recognised principles of OMFS practice and the international literature. The examination is open globally, with no restriction on nationality, country of training, or prior fellowship affiliation.

The Fellowship is a credential of demonstrated competence. It does not itself confer, and should not be represented as conferring, a licence to practise in any country; licensure remains a matter for the relevant national or regional regulatory authority.

1. Purpose and Strategic Intent

FICMFS certifies that the successful candidate has demonstrated the knowledge, clinical reasoning, judgement, and professional competence expected of an independently practising OMFS surgeon at an international standard. Every component of the examination: eligibility, portfolio, written paper, oral examination, scoring and pass standard, is designed to test against this single statement. The examination evaluates candidates across six dimensions: core scientific and clinical knowledge; clinical reasoning and diagnostic ability; treatment-planning skill in real-world scenarios; evidence-based decision-making and critical appraisal of literature; professional judgement in complex maxillofacial cases; and the ability to communicate clinical decisions clearly in English. The Fellowship supports the career development of maxillofacial surgeons across Asia, Africa, the Middle East, Latin America, and beyond, complementing rather than duplicating regionally restricted fellowships.

2. Eligibility

The examination is open to medical and dental practitioners with recognised postgraduate training or established clinical practice in OMFS. There is no restriction based on nationality, country of training, or registration with any regulatory body other than ICMFS itself.

Required qualifications

- Primary medical degree (MBBS, MBBCh, MD) or primary dental degree (BDS, BDent, DMD) from a recognised institution
- Postgraduate qualification in OMFS, Maxillofacial Surgery, or Oral Surgery, and a minimum of 3–5 years' documented clinical practice in the specialty
- Current registration with a recognised medical or dental regulatory authority in the candidate's country of practice

Desirable but not essential

- Peer-reviewed publications, conference presentations and book chapters
- Fellowship or membership of a national or regional OMFS professional body
- Completion of a formal structured training programme — self-trained and service-trained surgeons are equally eligible, provided the clinical-experience requirement above is met

3. Examination Structure at a Glance

The examination comprises three parts, all completed within a single calendar year. Part III (Portfolio) is a pass/fail prerequisite that must be approved before a candidate may sit Parts I and II. To pass, a candidate must achieve (a) a minimum of 50% in Part I, (b) a minimum of 50% in Part II, and (c) a minimum of 60% overall across Parts I and II combined.

Component	Format	Duration	Marks
Part I — Written Examination	120 MCQs (Single Best Answer)	150 minutes	100
Part II — Clinical Oral Examination	2 Clinical case discussions (15 min each)	30 minutes	40
Part II — Critical Appraisal	Pre-submitted appraisal + unseen-question discussion	10 minutes	15
Part III — Portfolio Submission	Logbook + CV + CME evidence	Submitted with application	Pass / Fail gate

Part II is delivered as a single 40-minute online session (30 minutes of clinical cases, 5 minutes of critical-appraisal presentation, and up to 5 minutes of examiner questioning on the appraisal). Part I is delivered online via a secure proctored platform or at designated examination centres; Part II is conducted online via Zoom or an equivalent secure video platform. The written critical-appraisal document must be submitted at least 14 days before the oral examination. The Fellowship is **ONLY** conferred at the biennial ICMFS Congress or meeting.

4. Part I - Written Examination

Each question follows a consistent format: a clinical stem (2–5 sentences), a lead-in question, and four response options, one correct answer and three clinically plausible distractors. Every item is reviewed by at least two subject-matter experts before entering the live question bank. Difficulty is distributed as 40% recall and recognition, 45% application and clinical reasoning, and 15% higher-order analysis and judgement, reflecting the examination's emphasis on applied competence over rote memorisation. The 150-minute duration is set to give candidates approximately 75 seconds per item on average, sufficient time for the reasoning-heavy items in the paper.

Content blueprint

Domain	% of Paper
Maxillofacial trauma	15%
Head and neck oncology	13%
Dentoalveolar surgery and oral infection	12%
Orthognathic surgery and dentofacial deformity	9%
Facial reconstruction and implantology	9%
Cleft, craniofacial and developmental conditions	9%
Facial aesthetic surgery	7%
Diagnostic imaging and radiology in OMFS	6%
Temporomandibular joint and facial pain	6%
Salivary gland surgery	5%
Basic sciences, pharmacology and anaesthesia	5%
Research methods and evidence-based practice	4%

5. Part II — Oral Examination

Part II consists of two components conducted sequentially in a single online session: two 15-minute clinical case discussions, followed by a critical-appraisal discussion (5 minutes candidate presentation plus up to 5 minutes of examiner questioning). Candidates pre-select two speciality domains from the ten published domains at the time of registration, ensuring examination on areas of declared competence. Examiners retain discretion to extend either case, or to introduce a brief unseen scenario outside the two selected domains, in order to confirm the breadth as well as the depth of a candidate's competence.

Structure of each 15-minute clinical case

Stage	Duration	Content Tested
Clinical presentation	3 min	History, examination, differential diagnosis
Investigations and diagnosis	3 min	Imaging interpretation, investigation selection, diagnosis
Treatment planning	5 min	Operative planning, alternatives, patient factors
Complication management	4 min	Anticipated complications, decisions, outcomes

Each case is marked independently by two examiners using a structured rubric (clinical knowledge, reasoning and judgement, communication and structure, response to challenge). Marks for defensible clinical reasoning are awarded generously: where practice varies internationally, any regionally appropriate, evidence-supported approach is accepted, and examiners are briefed that the aim is to confirm competence, not to identify failure. A scoring difference of more than 4 marks between examiners triggers a third-examiner review.

6. Part III - Portfolio Submission

The portfolio is a prerequisite gate assessed on a pass/fail basis, approved before a candidate may sit Parts I and II; it does not itself contribute to the numerical score. Submission opens simultaneously with examination registration.

- Surgical logbook: minimum 10 completed maxillofacial cases across at least 3 of the 10 specialty domains, recording date/institution, patient details (anonymised), diagnosis and procedure, candidate's role, and outcome.

Entries are self-declared and, where possible, countersigned by a supervising consultant; the logbook is reviewed for completeness and may be sampled for verification in the event of an audit or appeal, rather than clinically re-adjudicated at submission.

- Curriculum vitae: qualifications, training history, current appointments, and relevant professional activity
- Evidence of a minimum of 20 hours of continuing medical education (CME) in the preceding 2 years
- Academic activity (optional): peer-reviewed publications, conference presentations, and book chapters are recorded as a Portfolio Commendation on the Fellowship certificate; they do not add marks to the numerical Part I/Part II score.

7. Critical Appraisal Component

Evidence-based practice is treated as a core competency. At least 14 days before the oral examination, candidates submit a written critical appraisal (400–600 words) of one peer-reviewed original research paper (published within past two years, in or translated into English) related to OMFS, addressing five structured prompts: study design and primary outcome; a methodological strength and a limitation; whether the conclusion is supported by the results; practical clinical application, with caveats; and one unanswered clinical question arising from the paper. During the oral, the candidate presents the appraisal in 5 minutes, after which examiners spend up to 5 minutes questioning the candidate on an aspect of the same paper not covered in the written submission. This unseen-questioning element is intended to confirm the candidate's own understanding of the paper, independent of how the written appraisal was produced. Scoring is on quality of reasoning, not statistical expertise.

8. Examination Syllabus

The syllabus defines the scope of knowledge tested in both Part I and Part II, drawn from internationally recognised OMFS competency frameworks. Candidates are expected to demonstrate knowledge consistent with competent independent practice, not subspecialty fellowship expertise, assessed at three levels: Know (factual recall), Understand (clinical application), and Demonstrate (higher-order analysis and judgement). A companion Curriculum Document, setting out detailed learning outcomes for each domain, is recommended as a future addition and is outside the scope of this Handbook.

Domain 1 - Maxillofacial Trauma

Epidemiology and ATLS-based assessment; dentoalveolar and soft-tissue trauma; mandibular fracture classification and management, including condylar fracture controversies; midface and orbital fractures (Le Fort, ZMC, orbital blow-out, NOE); panfacial fracture sequencing and virtual surgical planning; and post-traumatic complications including malunion and deformity correction.

Domain 2 - Head and Neck Oncology

Premalignant conditions and risk factors; oral/oropharyngeal squamous cell carcinoma staging, surgical margins, and neck dissection; salivary gland and skin tumours; jaw tumours and cysts (ameloblastoma, KCOT, fibrous dysplasia); and principles of palliative and supportive care.

Domain 3 - Orthognathic Surgery and Dentofacial Deformity

Cephalometric analysis and surgical planning; Le Fort I osteotomy, BSSO, genioplasty, and bimaxillary sequencing; management of class III/vertical discrepancy, asymmetry, and obstructive sleep apnoea; and complications including nerve injury and relapse. Treatment-planning items are written so that no single cephalometric measurement in isolation dictates the correct answer; case stems specify the full clinical picture needed to justify the plan.

Domain 4 - Facial Reconstruction and Implantology

Reconstructive ladder and defect analysis; local, regional, and free flaps (fibula, radial forearm, ALT) with microvascular principles; autogenous and alloplastic bone grafting and distraction osteogenesis; and dental implantology including zygomatic implants and complications.

Domain 5 - Temporomandibular Joint and Facial Pain

TMJ anatomy and biomechanics; internal derangement (Wilkes classification), degenerative disease, and ankylosis; management spanning splint therapy through arthroscopy, open joint surgery, and alloplastic replacement; and differential diagnosis of facial pain.

Domain 6 - Salivary Gland Surgery

Gland anatomy and facial nerve landmarks; sialadenitis, sialolithiasis (including sialendoscopy — not presumed first-line for every case; selection depends on stone size, location and gland viability), and ranula; benign and malignant salivary tumours; and parotidectomy/submandibular excision technique, including Frey's syndrome.

Domain 7 - Craniofacial, Cleft and Developmental Conditions

Cleft lip and palate embryology, multidisciplinary timing, and repair techniques; craniosynostosis classification and surgical correction; and syndromic and developmental anomalies including Treacher Collins and hemifacial microsomia.

Domain 8 - Dentoalveolar Surgery and Oral Infection

Third molar and impacted tooth surgery, including inferior alveolar and lingual nerve injury; odontogenic and oro-facial infection spread and management, including Ludwig's angina; MRONJ, osteoradionecrosis, and osteomyelitis; oroantral communication and odontogenic sinusitis; and relevant oral and general medicine as it bears on MFS practice.

Domain 9 - Facial Aesthetic Surgery

Facial ageing and patient selection, including psychological assessment; facelift, blepharoplasty, brow lift, and rhinoplasty; non-surgical adjuncts (botulinum toxin, fillers, resurfacing); and recognition and management of complications, including vascular occlusion.

Domain 10 - Diagnostic Imaging and Radiology in OMFS

Interpretation of plain film and OPG; CBCT principles and indications; medical CT and MRI in trauma and oncology, including CT angiography for flap planning; and ultrasound, sialography, and nuclear medicine applications.

9. Fees and Registration

The examination fee is benchmarked to be competitive with comparable international fellowship examinations while remaining accessible to surgeons in low- and middle-income countries. Hardship waivers of up to 50% are available on application, with a limited number offered per cycle.

Fee Component	Amount (USD)	Notes
Application and portfolio review	100	Non-refundable; payable at submission
Examination fee (Parts I and II)	400	Payable after portfolio approval; refundable if not approved
Total per first attempt	500	ICMFS membership (year 1) waived for successful candidates
Resit fee (Parts I or II separately)	250	Up to 3 total attempts; portfolio not re-reviewed
Annual FICMFS renewal	80	CME log submission required to confirm active status

Registration timeline: applications open six months before the examination date; portfolio submission closes at three months; portfolio outcomes are communicated six weeks before the sitting (candidates without an approved portfolio are not permitted to sit Parts I and II); critical appraisal documents are due 14 days before the oral; and oral examination scheduling is confirmed at least four weeks in advance. Candidates who do not achieve the required score may resit up to twice (three attempts total); the portfolio need not be resubmitted unless more than three years have elapsed.

10. Governance, Quality Assurance, and Appeals

The FICMFS Examination is overseen by the ICMFS Examination Board, comprising an Examination Chair, a Question Bank Sub-committee, an Oral Examination Panel, a Portfolio Review Officer, an independent Educational Adviser, and a Lay Representative. A minimum of 300 validated items is maintained across the ten domains, with 100 rotated into use each cycle and every new item reviewed by at least two subject-matter experts. All oral examiners complete a structured online calibration and standard-setting briefing before each sitting; the Educational Adviser is responsible for this training and for periodically reviewing examiner concordance. Pass marks are set using the modified Angoff method. All examiners must declare potential conflicts of interest before each sitting; any examiner with a training, financial, or institutional relationship with a candidate is recused. Candidates may appeal an examination result within 30 days on grounds of administrative error, procedural irregularity, or extenuating circumstances (examiner judgement itself cannot be appealed); the appeal fee is fully refunded if the appeal is upheld.

11. The ICMFS Fellows' Network

FICMFS is designed as a living credential rather than a one-time certificate. All active Fellows are automatically enrolled in the ICMFS Fellows' Network, which includes an Annual Fellows' Webinar with international speakers, an opt-in searchable Fellows' Directory, a moderated case-discussion forum, discounted Congress registration, and the right to use the post-nominal FICMFS. Active status requires 20 hours of annual CME, at least 12 of which must be OMFS-specific. Planned developments include Regional Study Days co-hosted with local OMFS societies, a structured two-year Mentorship Programme pairing new Fellows with established practitioners, optional Sub-specialty Endorsements, and International Recognition Agreements to support mutual recognition of FICMFS for professional registration and hospital credentialling.