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REVIEW ARTICLE

Characterization of graduate training programs in oral and maxillofacial pathology: an international review in America and the European Union

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Abstract:

Oral and Maxillofacial Pathology (OMFP) is a dental specialty dedicated to the diagnosis of diseases affecting the oral cavity, jaws, and associated structures. Despite its recognized role within oral healthcare, OMFP training programs exhibit substantial global heterogeneity in curricular structure, degree designation, and educational approach. This study aimed to comparatively analyze graduate-level OMFP training programs worldwide, focusing on their educational characteristics, curricular structures, teaching modalities, and core competencies. An integrative review was conducted between September and November 2025 using official institutional sources, complemented by systematic searches in PubMed, Scopus, SciELO, ScienceDirect, and Google Scholar, following SANRA guidelines. A total of 64 programs were identified, of which 61 met the inclusion criteria. The United States (n=17) and Brazil (n=9) accounted for the largest number of programs. In-person training predominated (n=53). Marked variability was observed in degree types, program duration, academic workload, and curricular design. Three principal training models were identified: clinical-diagnostic, clinical-laboratory, and academic-research. More than half of the programs lacked complete curricular information. These findings underscore the need for standardized frameworks to enhance consistency and global recognition.

Keywords: Oral and maxillofacial pathology; Oral pathology; Oral medicine; Medical education; Graduate education.

INTRODUCTION

Oral and Maxillofacial Pathology is a specialty of dentistry and a subspecialty of pathology, dedicated to the study, diagnosis, and interpretation of diseases affecting the oral and maxillofacial regions. Its scope encompasses structures such as teeth, oral mucosa, tongue, jaws, temporomandibular joint, salivary glands, lymph nodes, and other cervical structures[1-3]. OMFP integrates clinical, histopathological, radiographic, microbiological, and biochemical procedures, providing a comprehensive diagnostic approach. Nagpal[4] describes OMFP as a critical bridge between dentistry and medicine, offering specialized diagnoses that guide clinical decision-making in oral and maxillofacial surgery, head and neck surgery, otolaryngology, and related medical-surgical specialties.

Statement of Clinical Significance
The increasing prevalence of oral and maxillofacial diseases, together with the global heterogeneity in graduate training in Oral and Maxillofacial Pathology, highlights the need for both clinical professionals and researchers, as well as for reference curricular frameworks that strengthen international recognition and standardize minimum training criteria.

Historically, oral pathology focused on diseases of the oral mucosa and adjacent tissues; however, its evolution has established it as a field of considerable diagnostic complexity, characterized by the integration of advanced techniques such as immunohistochemistry, deep biopsies, salivary gland studies, molecular pathology, and lymph node analysis[4,5]. In Colombian contexts, historical analyses such as that by Guerrero

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Berrocal et al.[6] describe the progressive transition of the discipline from a predominantly descriptive field toward specialized diagnostic units. This expansion has increased training demands, requiring graduate programs structured around the development of clinical, diagnostic, and research competencies. Nevertheless, significant challenges persist within medical and educational environments, including a shortage of specialists, limited specialized faculty training, and inadequate funding for public pathology services, underscoring the need to strengthen training quality and processes[7-9].

From a medical education perspective, the global landscape reveals substantial variation in OMFP educational models across the Americas and the European Union, particularly regarding program duration, curricular content, accreditation systems, clinical integration, and research opportunities[5,10,11]. These differences raise concerns about comparability of competencies, training quality, and academic and professional mobility[5,10]. Identifying training standards, learning outcomes, and core competencies is essential for the evaluation and continuous improvement of graduate programs[12-14]. In this context, comparative analysis of international educational models is critical, as it enables the establishment of quality benchmarks, informs curriculum design, and promotes coherent, relevant training aligned with contemporary medical education and the recognition of OMFP as a specialty with a transversal impact on healthcare delivery. The objective of this work was to comparatively analyze graduate training programs in Oral and Maxillofacial Pathology (OMFP) in countries in America and the European Union, including their educational characteristics, curricular structures, teaching modalities, and competencies.

METHODS

An integrative review was conducted between September and November 2025 following SANRA guidelines. Eligible records included formal postgraduate programs in Oral and Maxillofacial Pathology (specializations, master's, residencies, doctorates, and diplomas) from accredited institutions in the Americas and the European Union, published between January 2000 and November 2025 in Spanish, English, or Portuguese. Documents with non-verifiable data, non-public content, other languages, duplicates, or discontinued programs were excluded.

Information was retrieved by combining database searches (PubMed, Scopus, SciELO, ScienceDirect, and Google Scholar) using MeSH terms and Boolean combinations (Supplementary Table S1) with a web audit of official university portals, accreditation bodies (e.g., CODA), and program syllabi.

A comprehensive search strategy was implemented using Boolean operators (AND, OR) to combine MeSH terms and relevant free-text keywords, including: ("Oral and Maxillofacial Pathology" OR "Oral Pathology") AND ("Postgraduate Education" OR "Residency" OR "Master's" OR "Specialty") AND ("Curriculum" OR "Training").

Two reviewers independently evaluated eligibility, resolving discrepancies through consensus or a third senior researcher. Data (degree title, duration, credits, and structure) were verified in a two-stage process against official portals and catalogs before extraction into a standardized matrix (Supplementary Table S2: Search Strategies).

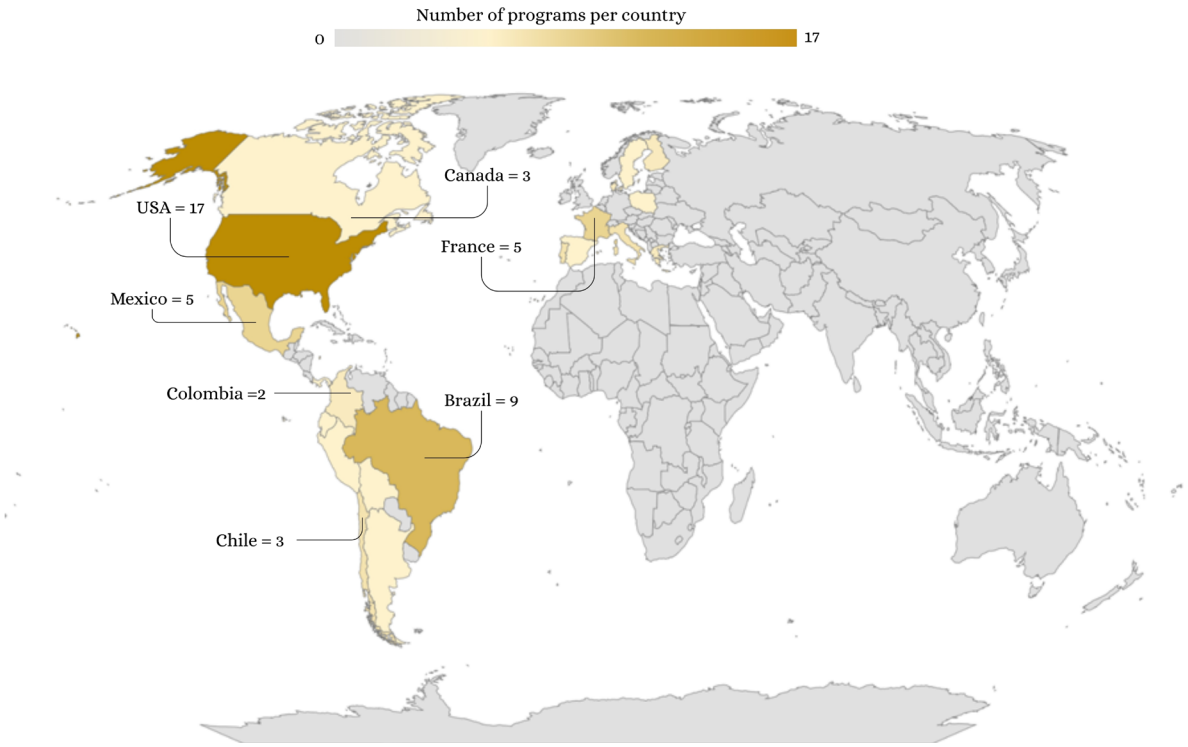
RESULTS

Geographic distribution

A total of 64 OMFP graduate programs were identified across countries in the Americas and the European Union; three were excluded due to language restrictions. A marked concentration was observed in the United States (n=17), followed by Brazil (n=9), both recognized for their longstanding development of advanced dental specialties. In Europe, countries such as Spain, France, Portugal, and Sweden offer between one and five programs, predominantly in the form of master's degrees, interuniversity diplomas (DIU), or doctoral programs. Other Latin American countries—including Argentina, Bolivia, Chile, Colombia, Mexico, and Peru — reported between one and three programs each (Figure 1, Table 1).

Typology of graduate programs

Overall, the most common modality was the master's degree (n=21), followed by specialty programs and other formats such as residencies and doctoral degrees (Table 1). In the United States, residency programs predominated (n=7), followed by master's degrees (n=4), and to a lesser extent specialty programs (n=3) and doctoral programs (n=2). In Brazil, the most represented modalities were master's (n=4) and doctoral degrees (n=3), followed by specialty programs (n=2). In other



Source: The authors.

Figure 1. Geographic distribution of Oral and Maxillofacial Pathology graduate programs.

countries, master's and specialty programs showed a relatively balanced distribution.

Program modality and duration

In-person education was predominant (n=53), followed by virtual and hybrid formats. Program duration varied widely, ranging from 1 year (12 months) to 8 years (96 months), reflecting substantial differences across countries and curricular structures. The most frequent durations were 3 years (n=23), 24 months (n=15), and 12 months (n=12). Programs exceeding 4 years (48 months) were predominantly doctoral programs — especially in Europe, the United States, and Brazil — while specialty programs typically ranged from 2 to 3 years (24–36 months) (Table 1).

Current status of programs

Of the 64 programs identified, 61 were analyzed: 56 were active, while five were reported as inactive or discontinued. The high proportion of active programs suggests sustained and growing demand for OMFP training, particularly in countries where the specialty is formally recognized, such as the United States and Brazil (Table 1). Among these, 36 were independent programs and 25 were dependent programs linked to degrees in oral surgery, oral medicine, or stomatology.

Academic workload

A total of 45 programs did not report total instructional hours, highlighting limited standardization and transparency in curricular reporting, particularly in Latin America. Among programs that did report this information, the most common ranges were 1,000–1,500 hours and 1,501–3,000 hours (n=4 in each category). Academic credit loads showed substantial variability both within Latin America and in comparisons with the United States and the European Union, ranging from 32 to 180 credits (Table 2).

However, these values are not directly comparable due to differences in credit-hour equivalencies across countries. For example, in Chile, one credit corresponds to approximately 24–31 hours of student workload, whereas in Colombia it corresponds to 48 hours. Additionally, Latin American programs do not use the ECTS system, unlike Europe.

DISCUSSION

Globally, training in Oral and Maxillofacial Pathology (OMFP) demonstrates marked heterogeneity. In the United States, the programs analyzed exhibit a rigorous structure, contributing to more homogeneous and robust academic training. In Europe, initiatives such as the Scandinavian Fellowship for Oral Pathology and Oral Medicine aim to establish guidelines for training in oral pathology and oral medicine within the dental curriculum, facilitating standardization and guiding curricular planning[12]. Additionally, expert consensus in medical education has been documented, such as that of the British Society for Oral and Maxillofacial Pathology, which establishes a minimum curriculum for training in oral pathology aligned with the standards of the General

Table 1. Characteristics of academic training and education in Oral and Maxillofacial Pathology identified in the integrative review.

Graduate programs in Oral and Maxillofacial Pathology	
Country	**Number (n)**
USA	17
Brazil	9
Mexico	5
France	5
Canada	3
Chile	3
Italy	3
Portugal	3
Colombia	2
Denmark	2
Finland	2
Greece	2
Argentina	1
Bolivia	1
Ecuador	1
Panama	1
Peru	1
Spain	1
Poland	1
Sweden	1
Total	**64**
Typology of graduate programs	
Program type	**Number (n)**
Interuniversity Diploma (DIU)	5
Doctorate (PhD)	6
Specialty Program	18
Master's Degree (MSc)	21
Other	
Advanced Education Program (OPRM)	3
Residency	8
Excluded due to incomplete information	3 (1 PhD, 2 Master's)
Total	**64**

Program modality	
Modality	**Number (n)**
In-person	53
Hybrid	4
Virtual	4
Total	**61**
Program duration (months)	
Duration	**Number (n)**
36 months (3 years)	23
24 months (2 years)	15
12 months (1 year)	12
48 months (4 years)	6
18 months (1.5 years)	1
5 months	1
72 months (6 years)	1
96 months (8 years)	1
Not reported	1
Total	**61**
Current status	
Status	**Number (n)**
Active	56
Inactive	5
Total	**61**
Program independence	
Type	**Number (n)**
Independent	36
Not independent	25
Total	**61**
Total instructional hours	
Hours	**Number (n)**
Less than 100 hours	3
100–999 hours	3
1,000–1,500 hours	4
1,501–3,000 hours	4
2,501–3,000 hours	1
More than 3,000 hours	1
Not reported	45

Source: The authors.

Table 2. Academic credit load by country of Oral and Maxillofacial Pathology program offering.

Country	University	Type of program	Credits	1 Credit Equivalent (hours)
Brazil	Faculdade do Centro Oeste Paulista	Specialty Program	Unknown	15.5
	Universidade Estadual de Campinas	Master's Degree	56	
	Universidade Estadual de Campinas	Doctoral Program (PhD)	56	
	São Leopoldo Mandic	Specialty Program	Unknown	
		Master's Degree	Unknown	
		Doctoral Program (PhD)	Unknown	
	Universidade Federal do Rio Grande do Norte	Master's Degree	Unknown	
	Universidade de São Paulo	Master's Degree	32	
		Doctoral Program (PhD)	56	
Canada	University of Toronto	Master's Degree	Unknown	45 hours
		Doctoral Program (PhD)	Unknown	
	The University of British Columbia	Residency Program	Unknown	
Chile	Universidad Mayor	Specialty Program	Unknown	Average of 27 hours
	Universidad de Valparaíso	Specialty Program	68	
	Universidad de Chile	Specialty Program	104 credits + 4 electives	
Colombia	Pontificia Universidad Javeriana	Specialty Program	112	48 hours
	Universidad El Bosque	Specialty Program	78	
United States	Columbia University College of Dental Medicine	Specialty Program	Unknown	45 hours
	Harvard University School of Dental Medicine	Master's Degree	20	
		Doctoral Program (PhD)	32	
	Texas A&M University	Residency Program	72	
	University of Florida	Specialty Program	Unknown	
	University of Maryland	Master's Degree	Unknown	
		Doctoral Program (PhD)	Unknown	
	University of Iowa	Advanced Education Program	Unknown	
	Naval Medical Leader and Professional Development Command (Maryland)	Residency Program	Unknown	
	University at Buffalo School of Dental Medicine	Master's Degree	107	
	NewYork-Presbyterian Queens Dental Service	Residency Program	Unknown	
	Zucker School of Medicine at Hofstra/Northwell (Long Island Jewish Medical Center)	Residency Program	Unknown	
	University of North Carolina at Chapel Hill Adams School of Dentistry	Specialty Program	Unknown	
	The Ohio State University College of Dentistry	Master's Degree	Unknown	
	University of Pittsburgh School of Medicine	Residency Program	Unknown	
	The University of Texas School of Dentistry at Houston	Residency Program	72	
	Icahn School of Medicine at Mount Sinai	Residency Program	Unknown	
Mexico	Universidad Nacional Autónoma de México (UNAM)	Specialty Program	76	16 hours
	National School of Higher Studies, León Unit (UNAM)	Specialty Program	119	
	Universidad Autónoma de Ciudad Juárez	Specialty Program	219	
	Universidad Autónoma Metropolitana, Xochimilco Unit	Master's Degree	Unknown	
	Universidad de Guadalajara	Master's Degree	Unknown	
France	Université de Bordeaux	Interuniversity Diploma	Unknown	25–30 hours
	Aix-Marseille Université	Interuniversity Diploma	Unknown	
	Université Paris Cité	Interuniversity Diploma	Unknown	
	Sorbonne Université	Interuniversity Diploma	Unknown	
	Université de Tours	Interuniversity Diploma	Unknown	

Source: The authors.

Dental Council (GDC) and the Quality Assurance Agency for Higher Education (QAA), organizations that define the framework for education and learning outcomes in the United Kingdom[13].

Nevertheless, global studies in medical education have documented notable variability in program duration, admission requirements, availability of laboratory infrastructure, professional recognition, and institutional regulation of OMFP, particularly in Latin America[5,10,11]. Furthermore, access to graduate training in OMFP remains limited across much of Latin America, with academic offerings concentrated in countries such as Brazil. This phenomenon has been previously described in studies addressing regional inequities in dental specialties and is consistent with our findings[5,10,11].

Training gaps between low-, lower-middle-, upper-middle-, and high-income countries are reflected in institutional capacity for the formal recognition of the specialty, the availability of structured academic environments, and the shortage of specialists. These factors negatively impact comprehensive training and, indirectly, the contribution of these professionals to early diagnosis and oral health coverage[7-9], given that the oral and maxillofacial pathologist plays a central role in establishing the clinical-radiographic diagnosis of oral and maxillofacial diseases through histopathological analysis, interpretation of complementary diagnostic tools, interdisciplinary collaboration, and research capacity.

Among the academic degrees identified for the OMFP professional profile, specialty and residency programs are distinguished by their clinical and laboratory-oriented focus, with clearer definition of clinical and operational content. In contrast, master's programs are divided between professionally oriented tracks and those predominantly focused on research. Doctoral programs, in turn, are almost exclusively oriented toward biomedical research, with less emphasis on routine clinical diagnosis. The presence of doctoral programs linked to OMFP training suggests a trend toward strengthening the research component, particularly in European and Brazilian institutions, where translational research and clinicopathological correlation constitute central elements of the training process. Interuniversity diplomas (DIU), commonly offered in France, are typically shorter programs focused on diagnostic techniques or oral mucosal pathology. Although this training model is not integrated into the Bachelor-Master-Doctorate (LMD) system, it allows for the deepening of knowledge and the strengthening of specific professional competencies[15].

In this review, three predominant training components were identified in OMFP programs. The first corresponds to theoretical disciplinary training, analyzed based on programs that reported their curricula, and includes subjects such as general pathology, oral and maxillofacial pathology, soft tissue and salivary gland pathology, oral medicine, oral potentially malignant disorders, oral oncology, clinicoradiologic correlation, semiology, and clinical diagnosis. However, marked heterogeneity was observed in the thematic content delivered across different graduate programs.

Some authors, such as Darling MR and Daley TD[16], have proposed approaches to define essential content for OMFP education, arguing that these should be planned based on relevance assessment and thematic prioritization, considering criteria such as frequency, uniqueness, and clinical significance of the diseases and conditions addressed[16]. This perspective is shared by the authors of the present review.

The second component identified corresponds to laboratory and histopathological training, which constitutes a central axis in specialty and residency programs. This includes training in specimen processing through basic histopathological techniques, biopsy interpretation, advanced microscopic diagnosis, immunohistochemistry, and applied molecular biology or pathology. This component is particularly robust in programs in Brazil, the United States, and Portugal, where accredited laboratories are available within institutions. In contrast, several Latin American programs offer more limited opportunities or do not clearly report the spaces allocated for laboratory practice.

Finally, the third training axis corresponds to clinical training and patient care, including rotations or consultation modules in oral medicine, management of oral manifestations of systemic diseases, and care of hospitalized patients. European programs, particularly master's degrees and DIU programs, place greater emphasis on hospital-based rotations, whereas some Latin American programs restrict this component to the university clinical setting.

Additionally, three training models in Oral and Maxillofacial Pathology were identified. The first is the clinical-diagnostic model, predominant in Latin America, focused on clinical diagnosis and management of oral diseases, with an average duration of 12 to 24 months, consistent with regional traditions and previously described infrastructure limitations[5]. The second is the clinical-laboratory model, characteristic of Brazil and the United States, with strong emphasis on

histopathological training, advanced techniques such as immunohistochemistry, and clinicomicroscopic correlation[2,3], approaching the level of competency expected of an oral pathologist with diagnostic autonomy. Finally, the academic-research model, predominant in Europe, is associated with master's and doctoral programs with a strong component in research methodology.

Regarding training modalities, in-person education remains the most widely used. This finding is expected given the clinical-laboratory nature of OMFP, which requires direct training in histopathological diagnosis, clinicoradiographic correlation, and management of real cases in hospital settings or referral centers, as well as hands-on training in histopathological techniques, clinicoradiographic correlation, and management of complex cases, in accordance with academic standards established by each country. Furthermore, variations in program duration reflect the absence of a single international standard and the influence of region-specific regulatory frameworks.

From a regional perspective, Latin America continues to face limitations in training OMFP professionals due to insufficient laboratory infrastructure, lack of trained personnel, limited teaching capacity, restricted program availability, and lack of standardization in curricular information[5,10,11]. These factors constrain the training of adequately prepared specialists and reduce diagnostic coverage compared with benchmarks such as the United States and countries of the European Union.

Overall, the findings of this review underscore the need to strengthen and harmonize graduate programs in Oral and Maxillofacial Pathology, particularly in Latin America, through the development of training models that integrate theoretical, clinical, laboratory, and research components in a balanced manner. The adoption of established international frameworks, together with the standardization of program duration, academic workload, and curricular structures, could significantly contribute to the recognition of the specialty, the improvement of training quality, and the consolidation of the role of the oral and maxillofacial pathologist within contemporary healthcare systems[14].

Study limitations

A major limitation of this study lies in the linguistic restriction applied during the institutional web searches, which were limited to English, Spanish, and Portuguese. Consequently, postgraduate training programs in Oral and Maxillofacial Medicine established in non-English-speaking European countries, or in other regions, were not included. Therefore, the 61 programs analyzed reflect a substantial cohort within the sampled languages. Future studies incorporating multilingual analysis or surveys of national societies are recommended to broaden global representation.

CONCLUSION

Regional differences reflect not only academic variations but also structural disparities in the formal recognition and orientation of programs. Postgraduate pathways in oral and maxillofacial pathology (OMFP) show a clear division based on the educational objectives of each postgraduate typology: clinical-laboratory residency programs prioritize training in histopathological diagnosis and laboratory autonomy, while master's and doctoral programs emphasize research methodologies and academic research development. Since this review analyzed curriculum design rather than long-term educational outcomes, variations among models should be understood as differences in structural and institutional scope, rather than as direct indicators of diagnostic competence. The development of standardized frameworks and minimum training guidelines can contribute to strengthening the international recognition and comparability of OMFP programs within contemporary medical and dental education.

AUTHORS' CONTRIBUTIONS

AMGV: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing. MLSD: Methodology, Validation, Supervision, Writing – review & editing. JPRM: Data curation, Formal analysis, Validation, Writing – review & editing. CPPV: Supervision, Writing – review & editing.

CONFLICT OF INTEREST STATEMENT

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English and to correct grammar and spelling. Following the use of this tool, the author(s) critically reviewed and edited the content as necessary and assume full responsibility for the content of the published article.

Data availability statement: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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