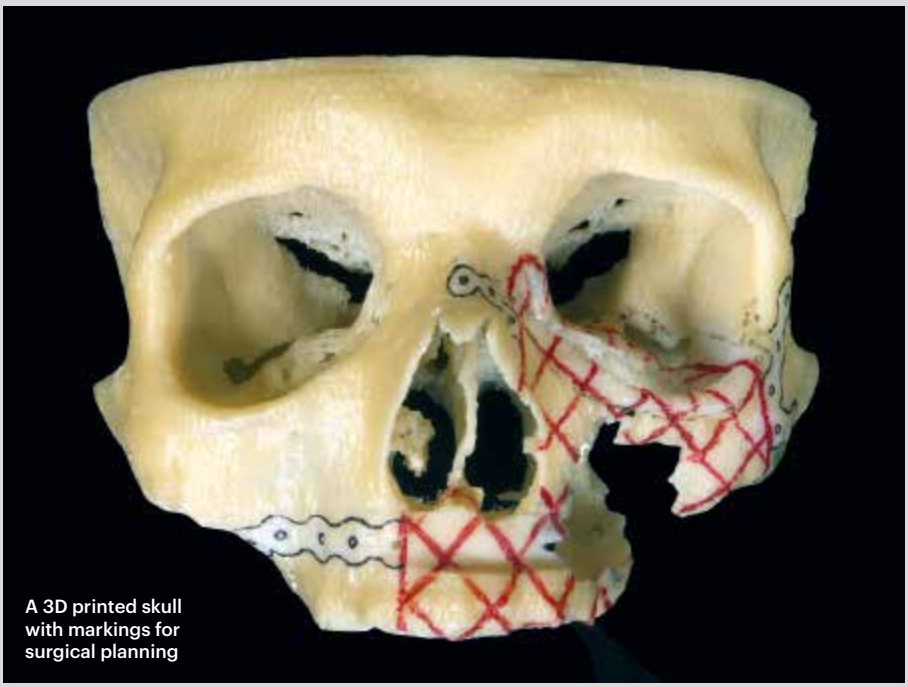
Heady heights

Chris MacDonald and Soudeh Chegini on OMFS training



A 3D printed skull with markings for surgical planning

The breadth of practice of OMFS is vast. It offers a variety of surgery and pathology that is unrivalled. Oncology, ablative surgery, free-flap and local tissue reconstruction, skin cancer surgery, complex deformity and orthognathic surgery, aesthetic facial surgery, temporomandibular joint surgery and arthroplasty, complex dental pathology and oral medicine are routinely performed in units across the UK.

Maxillofacial surgeons are embracing the advances of computer-aided surgery, using computer-assisted design to plan complex deformity procedures, joint replacements and free-flap reconstructions. Many units have in-house 3D printers to aid surgical planning. Face transplantation, although in its infancy, is being driven on a worldwide stage by maxillofacial surgeons.

Double qualification in both medicine and dentistry has been necessary for entry to specialty training since the late 1980s. Historically, most trainees started their careers as dentists, gained experience working in maxillofacial units and then went on to obtain medical degrees and complete postgraduate medical and surgical training. In more recent years, a growing number of trainees have chosen to complete medicine first and now comprise around one in three of those in higher specialty training. Most manage to keep in touch with the specialty during their second degree. Most units actively support second-degree students and incorporate them into their on-call rotas.

The point of specialisation in maxillofacial training is considered to be the start of the second degree (either medicine or dentistry). To be appointed to specialty training, trainees must have a dental qualification that is registerable with the General Dental Council, a medical qualification recognised by the General Medical Council and have completed medical foundation training. There are two points of access to higher specialty training: 'run through' training from ST1 (which includes core surgical training) or access at ST3 for those who have already completed core surgical training. Competition for specialty training jobs is favourable compared with many other specialties. There is a shortage of maxillofacial consultants in the UK and job prospects at completion of training are excellent.

As a small specialty, there is a shortage of academics in the UK. The need to engage trainees in clinical research has brought about the creation of the Maxillofacial Trainee Collaborative (MTReC – maxfaxtrainee.co.uk), a national trainee-led and delivered research network. Its inaugural project has already produced clinically relevant results. The current project is recruiting from every region of the UK and is on track to capture data on 1,000 hospital admissions with potentially airway-threatening cervicofacial infection. This is set to become one of the largest studies ever undertaken in head and neck surgery. Such networks can act to engage and enthuse trainees in clinical research.

OMFS is a dynamic specialty embracing the new opportunities that technology provides.

Chris MacDonald and **Soudeh Chegini**, specialty trainees in maxillofacial surgery

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