Guidance for Portfolio towards Oral Surgery Specialist List

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Background of Oral Surgery specialist list:

Prior to 1999, Oral surgery was an integral part of oral and Maxillofacial Surgery as a surgical specialty of dentistry. In 1999, General Dental Council (GDC) established the specialist lists in dentistry across 12 dental disciplines. This included two specialist lists relating to practice of oral surgery; Oral Surgery and surgical Dentistry. Among these, Oral Surgery was for singly qualified Oral and Maxillofacial Surgeons and Academic consultants; and Surgical Dentistry for non-consultant individuals such as Staff Grades and Associate Specialists. In 2005, surgical dentistry was merged into the specialty of oral surgery. This merger was a result of several factors:

1. United Kingdom was the only country in the world where specialty of surgical dentistry existed.
2. There was lack of recognition and representation of surgical dentistry as a distinct specialty within dentistry.
3. There was lack of support for development of consultants within surgical dentistry.
4. There were 2 specialist lists for the same specialty.
5. Finally closure of Academic Advisory Committee for Oral and Maxillofacial Surgery (AACOMS) Training Programme that required a single dental qualification and a PhD rather than an additional medical degree or a general surgical training to become an OMFS surgeon.

At the time of this merger a two-year transition period was introduced for those individuals, who were already working as staff grades and associate specialists and wished to join the specialist list. During this transition period a large number of these individuals were grandfathered onto the oral surgery specialist list.

At the same time as this merger a new national contract for staff grades and associate specialists was introduced in which the title of staff grades and associate specialists was closed to new entrants and was instead replaced by the title of specialty doctors.

Following the end of this transition period, a mediated entry (Route 7, “Academic and Research”) to join oral surgery specialist lists was introduced and remains the only way for those without formal training (specialty doctors/staff grades/associate specialists) in oral surgery.

Current controversies with specialist lists:

The recent outcome report on the General Dental Council’s ‘Consultation on principles of specialist listing’ published in 2019 identified the mediated entry route for specialist lists to be an area needing further development. It also highlighted the need for appropriate regulatory levers for maintaining accreditation on specialist lists by actively working and updating professional knowledge in the specialty. In addition, it suggested changing specialist lists to specialist registers, as while current enhanced CPD may prove maintenance of accreditation on specialist list there is lack of quality assurance and appropriate level of regulation for the specialties. On the legal grounds, specialist lists are bound by several European and domestic legislations and regulations. Any addition, removal or change to these specialist lists will need a robust evidence showing the need for change and significant amount of regulatory change but not necessarily legislation change.

The recent publication of the article “The Oral Surgery Specialist List: what will happen as ‘grandfathers disappear’?” by Fullarton et al brought much debate and questions from healthcare professionals who are involved in practice of oral surgery and relevant organisations but are not necessarily on OS specialist list. This is an ongoing debate since merger of oral surgery and surgical dentistry specialist lists highlighting concerns regarding lack of transparency and clarity over the guidance around mediated entry route especially when compared to the General Medical Council’s guidance on Certificate of Eligibility for

specialist registration (CESR) and Certificate of Eligibility of General Practice Registration (CEGPR).

Common Routes of Entry to OS Specialist List:

Currently the most commonly used ways to join a specialist list is to:

- Undertake a recognised training programme in oral surgery in the United Kingdom.
- Have a specialist status in oral surgery in another EU country.
- By obtaining dual qualification (medicine and dentistry) along with completion of Oral and Maxillofacial Surgery (OMFS) training programme and joining the oral surgery specialist list via Route 11.
- Finally route 7 (mediated entry) where candidates can illustrate equivalence in "knowledge and research work" in Oral Surgery.

While the mediated entry route (route 7 [Academic and Research]) was meant to be for a small number of people who have done informal training programmes or have spent time in academic and research work, the outcome of applications to join the oral surgery specialist list has not been as one would have expected. Over the last decade, there are several unsuccessful and dissatisfied applicants, who have completed masters programmes in oral surgery or programmes relevant to practice of oral surgery and are involved in clinical work in secondary care where practice of oral surgery is known to be the most complex. There have been failed attempts to gain access to Tri-Collegiate Specialty Membership Exam for Oral Surgery (MOral Surg) and Intercollegiate Specialty fellowship Examinations (ISFE) that is the only alternate to mediated entry route. If Tri-Collegiate Specialty Membership Examination Executive (TSMEE) grants an access to ISFE or MOral Surg exam, it would be similar to the approach of the Joint Committee of Intercollegiate Exams (JCIE) over ISFE exam for medical specialties awarding post-nominal of FRCS (fellows of royal college of surgeons of (college name). To have access to an ISFE exam in a medical specialty, one only needs a portfolio of evidence of knowledge and experience in that specialty and 3 supporting references. However, this is not the case in dental specialties.

Outlook:

Keeping in mind the much debate attracted by the recent publications and lack of clarity over mediated entry and its portfolio requirements in the Faculty Dental Journal (FDJ) published by the Royal College of Surgeons of England, the council of British Association of Oral and Maxillofacial Surgeons (BAOMS) decided to create some form of guidance and support for its SAS (Staff Grade, Associate Specialist and Speciality Doctor) members also known as Associate Fellows, who wish to apply for the OS specialist list. In order to produce this guidance, we have researched the current application process on GDC website, required documentary evidence for the portfolio towards Route 7 'Academic and Research', the OS training curriculum and breadth of experience OMFS and OS units offer its SAS doctors and dentists. While we await GDC decision on the revised structure with much clarity and transparency to the mediated entry route for specialties in dentistry we hope that this guidance will help planning of the portfolios with the current and the new pathway.

It is important to note that the type of work undertaken by SAS doctors in OMFS and OS units remain variable depending on opportunities offered by an individual unit and the aspirations of an individual itself. It is also important to note that BAOMS is neither a regulatory organisation nor a trade union and has no influence or involvement in assessment process undertaken by the GDC. The aims of this guidance are to only guide and support our members who wish to apply for entry to OS specialist list.

Portfolio for Oral Surgery specialist list:

It is a known and well-accepted fact that being a SAS doctor or dentist in any specialty is a choice one makes to adapt to a portfolio career. The prospective development of this portfolio remains controversial requiring well-established mentoring programme for all SAS doctors and dentists in NHS that can be seen by some as an alternate to a formal training programme

causing conflicts over different standards towards achievement of clinical competencies. Retrospectively it relies on opportunities and one's engagement with clinical and nonclinical work along with additional focus on management and leadership roles within NHS and its sister organisations.

The individual portfolio will always remain unique to an individual depending upon their experience, engagement and organisation over the years. No one is expected to have a perfect portfolio unless it has been planned prospectively over the years. In addition to one's education, knowledge and experience covering the breadth of Oral Surgery curriculum, the portfolio should reflect on other non-clinical academic achievements and range of leadership, management, governance and research experience relevant to clinical work.

Contents of Portfolio

1. **Curriculum Vitae (CV)**

   The CV must be well structured and should reflect the bullet point of the portfolio itself.

2. **Evidence of Qualification**

   This should include certificates of all undergraduate, postgraduate qualifications and exams. The following list is exhaustive but not indicative:

- BDS
- MDS (obtained in non-EU countries)
- MSurg Dent
- Any equivalence of MOral Surg
- MFDS – Membership of the Faculty of Dental Surgeons
- MJDF – Membership of the Joint Dental Faculties
- MFGDP – Fellowship of the Faculty of General dental Practice (UK)
- FGDS – Fellowship in General Dental Surgery of RCSI
- FFD – The specialist Fellowship Diploma of the Faculty of Dentistry - RCSI
- DDPH – Diploma in Dental public Health – RCSEng
- FDS – Fellowship of the Faculty of dental surgery
- DPCOS – Diploma in Primary Care Oral Surgery – RCSEng
- Postgraduate certificate or diploma in Conscious Sedation
- Postgraduate diploma or MSc in Oral Implantology
- Postgraduate certificate, diploma or MSc in Medical education

   Having an academic postgraduate qualification is not mandatory but holds an advantage over the ones who do not have one.

3. **Professional indemnity and Memberships**

   Consider adding certificates of your professional membership to various organisations. The examples could include:

- GDC – General dental Council
- GMC – General medical Council
- BDA – British Dental Association
- BMA – British Medical association
- BAOMS – British Association of Oral and Maxillofacial Surgeons
- BAOS – British Association of Oral Surgeons
- DDPU – Doctors and Dentists Protection Union
- MDDUS – Medical and Dental Defence Union of Scotland
- MDU – Medical defence Union
- DDU – Dental Defence Union
- DPS - Dental Protection Society
- RCSEng – The Royal college of surgeons of England

- RCSEd – Royal College of Surgeons of Edinburgh
- RCPSG – Royal College of Physicians and Surgeons of Glasgow
- RCSI – royal college of Surgeons of Ireland
- NACT – National Academy of Clinical Tutors
- AoME – Academy of Medical Educators
- FMLM – Faculty of Medical Leadership and Management

Please note that these subscriptions are tax deductible.

4. Career History

Career History should include all posts (current and past) held since graduation in chronological order along with its duration and relevant clinical experience acquired in each post. Any career breaks should include the reasons and how that time was utilized.

5. Current Job Plan

A copy of current job plan should clearly indicate breadth of clinical work being undertaken along with any second on-call and teaching commitments.

6. Past Positions of responsibility

Past positions of responsibility could include:

- Clinical supervisor
- Educational Supervisor
- Clinical Tutor
- Clinical Lead
- Clinical Audit Lead
- Clinical governance Lead
- LNC Representative
- BDA Representative
- FDS Representative
- Royal College Representative
- Representative for BAOS, BAOMS
- Interview panellist
- Organiser or Facilitator for any local/regional/national teaching, course or programme for certificate, diploma or masters.
- Peer reviewer for any journals

Each of above should include a 1-2 line summary of what each role involved. Try to be precise and specific covering range of work done by you and any achievements and rewards obtained within each role.

A letter certifying your role as peer reviewer could be added to certificates.

7. Teaching Experience

The teaching experience should include examples of all teaching carried out within and outside the specialty (clinical and nonclinical) with a copy of presentation for all teachings in the CV.

Any teaching done in regional or national courses, grand rounds should be highlighted with information on mix of audience addressed. Try to include a copy of the programme and copy of formal feedback for your lecture in the portfolio where possible.

8. Research, Audits and Clinical Governance

This shows level of engagement with clinical governance and should be in the form of an evidence of clinical audits and quality assurance and improvement projects. Audits could be divided depending on the themes e.g.

- NICE audit
- QUIP audit
- HQUIP audit
- Dr Foster audit
- Clinical Outcome audit
- Patient Focus Group audit
- Patient experience feedback audit

Any completed audit cycles should be specified with number of cycles undertaken. A brief description of any changes made to practice at the end of each cycle should be included and highlighted in bold.

Any changes at national level should be highlighted in bold.

A copy of audit presentation should be included for all audits in the portfolio.

Any audits leading to an oral presentation, poster or publication should once again should have brief mention highlighted in bold.

9. Publications

Provide the reference for all publications in the CV.

Include a copy of all publications in chronological order in the portfolio.

10. Posters and Oral Presentations

For the CV - provide the details of scientific programme or conference along with dates, where poster or oral presentation was presented.

Provide a copy of posters and presentations in the portfolio.

11. Dissertations and Essays

If you completed any certificates, diplomas or masters degree, use the essays, dissertation or thesis written to display breadth of research and knowledge in that area of expertise. Any publications achieved from these should be mentioned in bold and could be added to research part in the CV.

Provide a copy of these essays, dissertation or thesis in the portfolio.

12. Mandatory Statutory Training

Provide details of statutory mandatory training in the CV.

Enclose a copy of mandatory statutory training certificate in the portfolio.

13. Clinical Courses supporting Continuing Professional Development

Provide details of all clinical courses attended in chronological order in the CV.

Provide an attendance certificate in the portfolio. Where possible, include a copy of programme, and self-reflection.

14. Conferences Attended

Provide details of all conferences attended in the CV in chronological order.

Provide an attendance certificate in the portfolio. Where possible include a copy of programme, self-reflection and an attendance certificate in the portfolio.

15. Clinical/Educational Supervision Courses

Provide details of any clinical or educational advisor courses in chronological order.

Make sure they are up-to-date.

Where possible provide a copy of programme and learning objectives along with an attendance certificate and self-reflection in the portfolio.

A certificate of medical education could be added to this section.

16. Coaching and Mentoring Courses

Provide details of any coaching and mentoring courses in the CV.

Where possible provide a copy of programme and an attendance certificate in the portfolio.

17. Human Factors Training

Provide details of any human factors courses, lectures or degrees in the CV.

Provide a copy of programme and an attendance certificate in the portfolio.

18. Communication Skills Courses

Provide details of any communication skills courses attended in the CV.

Where possible provide a copy of programme in the portfolio.

Provide a copy of an attendance certificate in the portfolio.

19. Leadership and Management Skill Courses

Provide details of any leadership and management skills courses in the CV.

Where possible provide a copy a copy of programme and self-reflection along with an attendance certificate in the portfolio.

20. Fellowships

Include details of any fellowship programmes attended in the CV.

Include a certificate and a description of any changes to professional life (management positions) following fellowship in portfolio.

These fellowships could include:

- NICE Fellowship
- HQUIP Fellowship
- National Medical Director's clinical Fellow Scheme
- Chief Dental Officer's Clinical Fellow Scheme
- Chief Pharmaceutical Officer's Clinical Fellow Scheme
- FMLM (Faculty of Medical Leadership and Management) Fellows (Senior or associate fellow)

- Any self-funded clinical fellowship

21. External CPD

This could include any CPD/CME used for training towards extended management roles, e.g. to be a LNC member, one completes a number of online and face to face training offered by BMA.

22. Experience of Organisation of Local/Regional/National Events and Feedback

Experience of organisation of courses or teaching events shows your commitment and involvement in teaching and training along with evidence of leadership skills.

Where possible, provide aims and objectives of the teaching/course along with a copy of programme in the portfolio.

Provide a copy of feedback collected at the completion of the course. This feedback can be shown in a graph format.

23. Appraisals and Professional Development Plan

Enclose a copy of all appraisals going back at least 5 years along with professional development plans in the portfolio.

24. Appraisals from any leadership or management roles

If you have any extended roles in trade unions, royal colleges or specialty associations, add any relevant appraisals carried out with them in portfolio.

25. E Logbook

Provide a copy of validated logbook that shows breadth of experience within the specialty. Validation could be carried out by one of your consultant colleagues and should be dated and stamped.

This logbook could be elogbook or a copy of logbook downloaded from OPERA.

This logbook should not have patient identifiable data at any times.

26. Multi Source Feedback (MSF)

Provide a copy of MSF carried out in the recent past. If this MSF is in the last 2 years, provide a copy of previous MSF (where and if accessible).

27. 360-Degree Appraisal

Provide a copy of 360-degree appraisal in portfolio.

Where possible, provide a recent copy or provide copy of last 2 appraisals.

28. Work Base Assessments

The purpose of providing work base assessments is to provide an evidence of formative assessment to support learning. It shows not only trainer's feedback but also self-reflection by you as a learner. The forms can be printed from ISCP website (www.iscp.ac.uk) Work Base Assessments are most difficult to achieve, mostly due to autonomous nature of SAS doctor's job plan. However, this is the most important part of your portfolio and must be done.

The work base assessments should be a combination of:

- Direct Observation of Procedural Skills (DOPs)
- Procedure Based Assessments (PBAs) – These are DOPs designed to specific individual procedures.
- Case Based Discussions (CBD)
- Clinical Evaluation Exercise (CEX)
- Observation of Teaching (OoT)
- Assessment of Audit (AoA)

There is no definite number of such WBAs one could suggest. The intention should be to cover range of clinical cases and procedures covering the breadth of oral surgery curriculum and some of the extended competencies. These assessments should be done by a number of assessors in a reasonable amount of time (rather than in one day or week) and could include consultants, SAS colleagues, registrars and dental core trainees.

Some of these assessments must reflect multi-disciplinary working practice and should be done by consultant anaesthetist, radiologists, pathologists, radiotherapists or any member of extended team.

29. Tier 2 Portfolio

If anyone is certified Tier 2 primary care practitioner, they must include an evidence of this practice to this portfolio.

30. Professional Awards

Include any awards or commendations achieved during the course of your professional life.

31. Letters of Support

Try to add some letters of support from colleagues within a multi-disciplinary team you may be part of. Every little helps!

32. References

GDC expects two references from consultants in Oral and Maxillofacial Surgery (must be on oral surgery specialist list) or Oral Surgery. This reference needs to be structured covering the breadth of oral surgery curriculum and should reflect their personal and professional experience of working alongside an applicant.

Many OMFS consultants are not on the Oral Surgery specialist list by choice. For those, who have not been able to obtain references from their consultant colleagues merely because they are not on the Oral Surgery specialist list, BAOMS has assembled a team of oral surgery specialists who review the specialist-listing portfolio of applicants for the oral surgery specialist list. A reference can be provided by these specialists, for BAOMS members, that are based on your application portfolio and structured references from your own consultants. The structure of this reference is also based on oral surgery curriculum.

Final tips:

- Take time to put all the above information together in your portfolio.
- GDC expects a mirror copy of your portfolio along with original portfolio.
- While creating this copy scan a copy and keep with you as all your original certificates will be with GDC for a few months at the least.
- Take help from a family member or a colleague to ensure that the original copy matches photocopy of portfolio page by page.

- If any doubts ask help from BAOMS.

Finally, if you decide to put this portfolio together, we wish you our very best. Please remember that we are here to help with any queries you may have along the way and can be contacted via BAOMS.

References:

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