**What Does ‘Good’ Training in OMFS Look Like ?**

**Some Key Documents Related to OMFS Training – In Chronological Order**

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[2011 MEE review of Oral Surgery 2](#_Toc477292712)

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# 2008 PMETB Review of Training in OMFS



PMETB was a QUANGO created to take responsibility for supervising training away from the Royal Colleges. The first and only review of training it undertook was OMFS training. This was a ‘hostile’ review of OMFS training led by the Chief Dental Officer aiming to reduce the size of OMFS to cleft, craniofacial and cancer (with medical degree only) and leave the rest of OMFS to single dental qualification oral surgeons. The only two hospitals he initially planned to visit did not have any OMFS trainees. The chair of PMETB co-chaired the report, and redirected the CDO to review training including evidence from patients, surgeons, doctors and dentists. The key recommendations were:

4. Recommendations

The working group propose the following recommendations:

Recommendation 1: The need for dual qualification: There should be no change to the current statutory requirement for those training in OMFS to obtain primary qualifications in both medicine and dentistry.

Recommendation 2: The duration of training : Discussions should take place with medical and dental schools and the regulators to explore ways of streamlining the education and training of those dentists or doctors who wish to pursue a career in OMFS. Any reduction in the length of training leading to a primary qualification must be compatible with the European Professional Qualifications Directive 2005/36

Recommendation 3: The training pathway; when should training begin?: Since OMFS is unique in requiring two primary qualifications, we recommend that all those responsible for training in the specialty explore the feasibility of beginning specialist OMFS training at the start of the second degree course.

Recommendation 4: Registration: Those on the specialist register in OMFS need be registered only with the GMC.

Recommendation 5: The relationship between Oral and Maxillofacial and Oral Surgery: There should be a separate review of the specialty of Oral Surgery.

Recommendation 6: Foundation programme: Dually qualified individuals who can demonstrate to PMETB that they meet foundation year 2 (F2) competencies have the option to move directly into competition for specialty training programmes without completing F2. This does not alter the requirement to complete F1, which remains compulsory. PMETB notes that the Department of Health for England intend to publish a review of the foundation programme later this year, and this may be subject to some change.

# 2011 MEE review of Oral Surgery

In this review the CDO tried to come to the conclusions he was not able to come to in the PMETB Review. The BJOMS Editorial is an excellent document highlighting the areas of weakness within the MME Review. If the review was fully implemented it would reduce the current activity of OMFS considerably.



# 2013 BAOMS Strategies to Promote OMFS and Support Junior Trainees

March 2013 – Ian Martin, Iain Hutchison, Patrick Magennis

## Promote Combined VT / DF1 posts

Aim – to expose VT to OMFS. Could DF1/VT posts be created which incorporate OMFS and the pre-requisites for acquisition of a provider number and in due course the requirements for registration?

Action - Speak to Austin how he did it and promote this as a concept. Design a tool-kit for units who are interested.

## Promote OMFS and provide education opportunities with/for dental and medical UGs

Aim – raise specialty profile, educate UG students outside teaching programme.. Link second degree students to Units.

Action - BAOMS to provide a slide of files with careers info and OMFS infomercial. Circulate JTG regional reps and fellows have an OMFS open day/evening in each training rotation. Perhaps nationally on the same day?

## Create OMFS posts in FY1/FY2/Core or link current posts into OMFS for clinics and lists.

Aim – to increase OMFS exposure to young doctors and surgeons.

Action – Where they currently rotate to ENT, try to include OMFS with Head & Neck  
Toolkit for those trying to include FY and CT trainees designed by those who have been successful.

## National Ranking Event for those aiming for second degree and career in OMFS

Aim – to provide some OMFS input into second selection – candidate could cite ranking /centile on application.

Action – create an event or combination of events that allows potential applicants to assess whether they have the aptitude for a career in OMFS. Applicants would undertake assessments in domains key to success in OMFS including practice skills. Model would be similar to Airforce Ranking Aptitude Process or ST application events in Irish Republic. Aptitude scores could be made available and used for second degree application.

Cost – to be calculated. Will require some funding from BAOMS. Candidates may have nominal entrance fee

## OMFS Involvement in selection of those applying for second degrees

Advice sheet for those trying to promote OMFS Participation in Admission Process for Second Degrees with check List for those planning to support trainees applying for second degrees

## Support for existing and new shortened second degree courses of both types.

Aim – to continue current, and create new shortened courses.

Action – advice sheet for units negotiating with Universities. JTG to maintain data on shortened courses on website.

## Financial and educational support for OMFS trainees studying for second degrees

### Work during second degree

Promote concept with Council of Dental Deans via Paul Speight Encourage tolerance, or ideally generate support.

Promote use of model contract

Give examples of educational agreements suitable for second degree students via ISCP

### ISCP Category of Junior Trainee in OMFS

All OMFS trainees except those currently in CT can use ISCP. May be worth considering what ‘targets’ or indicative numbers would be useful. This could link into the grading of applicants for second degrees.

### Maintaining NHS Bursary for All of Second Degree of OMFS Trainees

Should we highlight the reducing competition ratio/reducing standard of those applying for OMFS ST? Risks / benefits.

Ultimately aim for second degree and work during second degree to be part of training when we have provided proof of concept with effective selection and robust management during second degree studies.

## Actions Delivered from this strategy document.

### Promote Combined VT / DF1 posts

None generated yet in Foundation. There are combined Core Posts.

### Promote OMFS and provide education opportunities with/for dental and medical UGs

2014 Saving Faces Lecture Series in London – evening lectures outside curriculum time with patients and OMFS teaching.

2015 BAOMS Mini Grant available for educational events – approx. 10 so far

2015 BAOMS Mini-Grants for OMFS Student Selected Modules in medicine or dentistry.

Register your Interest in OMFS website – line of communication with all those interested in OMFS.



### Create OMFS posts in FY1/FY2/Core or link current posts into OMFS for clinics and lists.

2013 onwards - OMFS Foundation posts and Core Surgery rotations in a number of Foundation/Core Schools. Pressure to ensure that all training rotations should have some exposure to all of the recognised surgical specialties, which should include OMFS.

### National Ranking Event for those aiming for second degree and career in OMFS

2016 – first formative/ranking MCQ in OMFS run through Orzone. Discussion document at BAOMS Council March 2016.

### OMFS Involvement in selection of those applying for second degrees

The number of medical and dental schools with OMFS specific places has increased, with most having access to 4 or in some cases 3 year courses. Training rotations at locations with dedicated OMFS places much less likely to have unfilled ST posts and have higher ranked candidates.

### Financial and educational support for OMFS trainees studying for second degrees

BAOMS Annual Bursaries for £2000 awarded to second degree students – now for completion of a project (audit/research/educational) rather than essay.

Many units have second degree students employed evenings and weekends to address working hours issues and also at times of induction.

### ISCP Category of Junior Trainee in OMFS

2013 BAOMS funded a Junior Trainee Programme Pilot for trainees of all levels before ST training. ISCP has a Junior Trainee in OMFS category and will soon have an ‘Other’ level (at present they must choose CT1). Moved from pilot to full programme in Autumn 2016 with funding currently up to £10K per year. Much less than this has been used to have between 60 and 80 JTP members. To date all the JTP members who have entered ST recruitment have been appointed and until Autumn 2016 all had been appointed at their first attempt (5 were unsuccessful then, but have been appointed in Spring 2017).

 

### Maintaining NHS Bursary for All of Second Degree of OMFS Trainees

There remains some inequity of the provision of NHS Bursaries. No progress has been made, but the bursaries still exist.

New Contract – OMFS is recognised as a specialty which needs a supplement and so trainees receive £20,000 over their five years of training (non- superannuable).

# 2014 GMC Review of OMFS Training – Small Specialty Review



Initiated because of concerns from the GMC about perceived problems with small specialties this took a considerable amount of time and effort.

Overall it was positive about OMFS training in the UK. One of the key findings was:

22. Trainers were also concerned that the length of training (particularly the obligation to complete foundation/CT1 training twice) added to the costs of the additional training time which could discourage potential trainees, and that the specialty might not recruit the best candidates as a result. Trainers also thought that the length and cost of training could discourage women, although the female doctors in training we spoke with felt they were treated equally. Trainers suggested a streamlined shortened pathway and felt that a bursary to go through the additional training could be helpful with specific arrangements to support OMFS candidates when they are in foundation posts. The Lead Dean and SAC recognised that engaging doctors in training during their second degree and foundation training was an area for improvement. The British Association of Oral and Maxillofacial Surgeons offer membership and support for those planning to enter OMFS specialty training.

# 2016 BMJ Articles on OMFS Training

Triggered by the paper “Can you afford to become an oral and maxillofacial surgeon?” Robert Isaac, Divya Ramkumar, James Ban, Madhav Kittur in BMJ Careers highlighting the cost of OMFS training, there was a further paper and series of responses published electronically. The following PDF has the original paper and a response.



Following this paper Prof Brennan published an article on Shortening OMFS training. In Response to his letter Prof Brennan, as President, received over 200 e-mails in support of dual degree OMFS and one for single medical degree training.



# 2016 Minutes from BAOMS Council March 23rd

***Dual degree for higher training – where do we go from here?***

NO formal debate invited.

Call for agreement to have a formal debate in protected time for this discussion.

Suggestion for polling opinion via website

RB suggested that we seek government approval, endorsement by GMC etc should be incorporated. Suggests a focus day to influence the higher authorities in order to achieve better support for the potential Trainees.

DAK felt Council should have protected time to debate.

Ground rules etc should be laid down. Mechanism should be agreed and rules established

Discussion with GMC about recruitment and ICB exam results - need to keep issue alive and for this summer.

JSB felt that a day is a waste of time – previous meetings were ineffectual. Suggested we need to speak to Universities and NHS higher authorities and move forward with the incorporation of the second degree into higher training. This would allow selection of the best candidates from either first degree into a highly competitive process.

JMcC – use the opportunity to solve the practical issues of our current dual training rather than question the current agreed qualification base.

DAM fix the financial disincentive and much will be resolved.

KF How to retain in the specialty?

JSB – contract based arrangement including ongoing training qualification.

DAM - BASO will help shortening the training pathway

PM said that rather that if we were to discuss the option of becoming a medicine only specialty, we would need a comparable document to the PMETB review supporting this change. The 2008 review was written under a hostile chair whose ambitions were to split the specialty. We should concentrate our efforts, as RB said, on having a day to move forward with the best way to deliver what the 2008 review and the 2014 GMC reviews said, rather than just empty discussion.

***At the end of the discussion the chair asked was there consensus around the table that our future was as a dual degree specialty. There was not just consensus, there was unanimity.***

**Action Point - Organise an all-day event with key stakeholders to present ‘what good looks like’ in OMFS.**

# 2016 BAOMS Council Meeting December



Training proposal shortening dental degree

Letter from JSB considered.

General assent this is the mood of the Association regarding training structure of choice.

PB – had a combined meeting with GDC and GMC – following meeting with Norman Williams. Outcome was within a short period of time became apparent that no shortening was possible. Also no competencies to be gained during the second degree period.

DK Considerable effort expended in approaching senior levels with apparent support, but initial response is always legally cautious. When advice is received from GMC and GDC the SAC OMFS can review our position. Their legal advice could be challenged.

Other options including removing the specialty from Annexe 5 (the EU specialty listing document which lists the specialties recognised in each country)

All previous legal argument and documentation has been forwarded to GMC.

KF – Some Trainees struggle to successfully complete their degrees in 3 years which can create problems. Some trainees who are given ‘OMFS’ places do not come back to the specialty. Finances are the key issue.

IM - Europe has instances of second degree study during existing training.

PB – concern re recruitment – taken to JCM Presidents strongly support concept but aware of the legalities. Still developing a package with which to approach the Minister re salary protection, pension issues – finance is key.

JSB – combine the dental and medical first degree applicants to raise quality.

IMcV – Quality is not defined by competition. Currently not enough BDS applicants as weak support in Dental Schools. Finances are unclear, and generates a climate of fear.

Some allowance to work and earn during the degree may help. Structure to help financially and educationally is one answer.

RB – Cohort in London system are good, have been supported through on-call rotas with pensionable payments and an esprit de corps. Helps to prepare them for the next step of ST3 application and selection. Some medics take on dentistry but do not return to OMFS

**ACTION: Incoming Chair and Officers to run a forum for complete and inclusive discussion over Training base and process. President to consider including this as a topic at ASM June 2017**

**Possibly followed by a poll. Poll to be based on specific identifiable packages rather than a general principle of numbers of degrees.**

# 2016 – Summary of Life Time Earnings between OMFS, OS and Surgery



# 2016 – Review of Training and Earning in OMFS Programmes in USA



# 2017 - Short Survey of Consultants and Fellows



Over 90% of consultant consider their current work would not be possible without full dental qualification and training and almost as many do not think their future replacements could undertake the same work with a dental diploma.

# 2017 - European Status regarding Single and Dual Degree OMFS



Document outline the current single medical degree, dual degree and oral surgery based OMFS in Europe. All those who have changes, have moved from single degree to dual degree. No European country has moved in the opposite direction.

# 2017 – Snap Survey of Dental Practitioners



This was a focus group style questionnaire for dentists regarding single medical qualification OMFS.