

ORAL SURGERY TRAINING – A MODERN FLEXIBLE PROGRAMME

The GDC report on specialist lists published in December 2005 approved a series of core and extended competencies for the oral surgery curriculum. Implementation of this curriculum must take into account the following points:

- A high standard of training and competence must be achieved.
- The training must be deliverable.
- Trainees must be equipped to undertake oral surgery in a range of environments, including specialist practice, hospital service, community-based service and in an academic institution.
- The programme must be sufficiently flexible to encompass the needs in each environment, avoid inappropriate and unnecessary training, and to permit eligibility for consultant status where desirable.

Outline

1. Oral surgery training will be delivered in either a one or two stage programme. The first stage will be a three-year programme leading to Membership of a Royal College (M Oral Surgery), a CCST, entry onto the specialist list in Oral Surgery, and therefore eligibility to practice as a specialist. The second component would be a period of flexible post-CCST ‘Fellowship’ training, leading to a FDS Oral Surgery, assessed by an intercollegiate specialty fellowship examination (ISFE). Completion of this second component should be viewed, when established, as essential for eligibility for an NHS consultant or honorary consultant appointment.
2. The first three years would cover the ‘core competencies’ in Oral Surgery (see below), as a *minimum* requirement. Wherever possible, it would be advantageous to the trainees to gain experience beyond the core competencies, including at least involvement in one or more of the so-called extended competencies. The core part of the curriculum would form the basis for the assessment for the CCST, but with some breadth of knowledge in allied areas expected.
3. The period of post-CCST Fellowship training would normally be a minimum of two years prior to sitting the ISFE. Programmes would have some flexibility (with optional components), allowing individuals to exploit the available local training opportunities, and be tailored to suit the needs of the individual trainee and the likely future environment for their employment. Programmes would be quality assured locally with the possible help of the local deanery. Examples of the components of this period are given below.
4. It is anticipated that the SAC in Oral Surgery will be asked to contribute to the approval of training programmes that will encompass the three year training in core competencies. Other programmes may provide a five year continuum of training, whilst yet others might offer only a two year period of post-CCST Fellowship training. It is likely that many trainees will only complete the training to CCST level, as currently occurs in other dental specialties such as orthodontics. It is acknowledged that the proposed two stage flexible training programme will result in trainees with different levels and spheres of experience, but this is not considered to be a problem. Public protection will be achieved because of “the professional duty to practice only within the limits of competence” (GDC Specialist Lists Review Group Final Report, 2005).

Curriculum

1. Pre-CCST training.

The list of competencies to be achieved in the three years of CCST training in the core competencies is listed below. It is based on Annex C of the GDC report, with minor modifications for clarity, and the addition of basic competencies in the management of health care delivery, as follows:

Core clinical competencies

- 1.1 Extraction of teeth & retained roots/pathology and management of associated complications including oro-antral fistula
- 1.2 Management of odontogenic and all other oral infections
- 1.3 Management of impacted teeth; management of complications
- 1.4 Peri-radicular surgery
- 1.5 Dentoalveolar surgery in relation to orthodontic treatment
- 1.6 Intraoral and labial biopsy techniques
- 1.7 Treatment of intra-oral benign and cystic lesions of hard and soft tissues
- 1.8 Management of benign salivary gland disease by intra-oral techniques and familiarity with the diagnosis and treatment of other salivary gland diseases
- 1.9 Insertion of osseointegrated dental implants including bone augmentation and soft tissue management
- 1.10 Appropriate pain and anxiety control including the administration of standard conscious sedation techniques
- 1.11 Management of adults and children as in-patients, including the medically at-risk patient
- 1.12 Management of dento-alveolar trauma and familiarity with the management and treatment of fractures of the jaws and facial skeleton
- 1.13 Management of oro-facial pain including temporomandibular joint disorders
- 1.14 Clinical diagnosis of oral cancer and potentially malignant diseases, familiarity with their management and appropriate referral
- 1.15 The diagnosis of dentofacial deformity and familiarity with its management and treatment
- 1.16 Diagnosis and management of oral mucosal diseases and appropriate referral

To successfully achieve the above competencies, trainees must obtain some experience of inpatient management including exposure to emergency work, and be exposed to appropriate well-focussed general medical and surgical training to develop competence in these areas.

Basic competencies in the management of health care delivery

- 2.1 An overview of health services management, administration and use of resources.
- 2.2 An understanding of evidence-based practice, clinical guidelines and monitoring of outcomes.
- 2.3 Awareness of medico-legal responsibilities, jurisprudence and ethics.

2. Post-CCST Fellowship training.

This will have several potential components, as follows:

i) Extended clinical competencies

- 3.1 Diagnosis and treatment of fractures of the jaws and facial skeleton
- 3.2 Diagnosis and treatment of congenital and acquired anomalies of the jaws
- 3.3 Advanced implantology and bone augmentation for oral rehabilitation
- 3.4 Diagnosis and treatment of anomalies and diseases of the TMJ
- 3.5 Diagnosis and treatment of salivary gland diseases

ii) Advanced competencies in the management of health care delivery

- 4.1 Involvement in health services management, administration and use of resources.
- 4.2 Development of evidence-based practice, clinical guidelines and outcomes.
- 4.3 Involvement in clinical audit/clinical effectiveness studies.
- 4.4 Involvement in appraisal/performance assessment/peer review for others.
- 4.5 Understanding of clinical risk management, complaints, and governance as it applies to clinical practice, education and research, and the profession
- 4.6 Involvement in teaching/training/continuous professional development.
- 4.7 Understanding of confidentiality/freedom of information/data protection.

iii) Competence in research and/or critical appraisal

Research would be an essential component for academic trainees and could involve:

- Acquisition of a doctorate by research
- Publication of papers in peer-reviewed journals
- Acquisition of research grant income
- Supervision of research students

To satisfactorily complete this period of training, the trainees would be expected to have at least knowledge and understanding of all components of the curriculum, and competence in the majority. As for the pre-CCST training period, to achieve clinical competencies, trainees would need experience of inpatient management including exposure to emergency work.

A post-CCST training programme would include a range of components from the above list, but could have an emphasis on different areas. For example, programmes could be constructed as follows:

- 1 *A programme to train a hospital-based consultant oral surgeon would emphasise*
 - Development of competency in a majority of the extended clinical competencies
 - Publication of clinical papers
 - Involvement in clinical audit
 - Preparation of clinical guidelines

- 2 *A programme to train an academic honorary consultant oral surgeon would emphasise*
 - Development of competency in extended clinical competencies relevant to special interests and expertise
 - Completion of a doctorate by research (if not obtained prior to entry)
 - Publication of research papers
 - Acquisition of research grant income
 - Supervision of research students

- 3 *A programme to train a community-based consultant oral surgeon would emphasise*
 - Development of core knowledge and understanding of the extended clinical competencies, possibly through experience
 - Preparation of clinical guidelines
 - Involvement in clinical audit
 - Membership of committees responsible for aspects of health services management

Assessment of post-CCST Fellowship training

Entry into the ISFE may require:

- A portfolio of achievements
- A record of assessed competencies, validated by trainers

The ISFE will include assessments of the clinical extended competencies, plus appraisal and discussion of the portfolio of achievements.

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