

BAOS Feature

National recruitment for Oral Surgery specialist training.

This is imminent and it is heartening to see that the enthusiasm for a career in Oral Surgery (OS) remains high with application numbers significant for the number of posts available. This reflects a recognition amongst young dentists on the need and benefits of following an appropriate training pathway to facilitate career progression. BAOS totally supports trainees and training and is the voice for trainees within the specialty.

There is however a resounding lack of awareness of the importance of a recognised, nationally agreed career pathway after training and BAOS is the lone voice asking for more Specialists and Consultants to maintain the quality and safety of service provision for the future cohort of patients. The need for OS increases exponentially with the rising ageing population, increasing co-morbidities and polypharmacy without a substantial increase in Specialists and Consultants. Not only are they the key

to delivering high quality patient care but also the future training and support for those with an interest in OS providing primary care services to ensure any patient receiving OS regardless of the setting is treated safely and to a high standard. BAOS continues to make this case despite the deafening silence from other relevant bodies. Neither is there progress on the development of a four-year curriculum nor is there agreement on an appropriate post CCT programme as options for ensuring a well-trained cohort of future oral surgeons safeguarding the population they will serve. BAOS continues to press this case.



Divya Keshanis
BAOS Council
Member

President elect, Paul Coulthard

The still relatively new specialty of Oral Surgery is now mature and I am so proud to see how it is serving the health of the population and is being served by the BAOS. It has been a privilege to experience of this evolution and to serve on BAOS Council and I look forward to serving as President! The passion and commitment of Council Members is exhilarating.

My day job has recently changed! I was Head of Medical Sciences at the University of Manchester. I was leading and managing the largest Medical School in the UK as well as the Dental School and also four large Research Institutes, Cancer Sciences, Cardiovascular Sciences, Developmental Biology & Medicine, Diabetes, Endocrinology & Gastroenterology. Before that I was Dean of the Manchester Dental School for five years. So what to do next was the issue! Always loved visiting London, although not worked there since an OMFS

SHO, so intrigued by an invitation to look at a job there. I seem to prefer new challenges to enjoying my comfort zone, and so here I am in London, as Dean and Director for Dentistry at Barts and The London School of Medicine and Dentistry at Queen Mary University of London! I have had a very warm welcome and I'm already so excited to have the opportunity to support students and staff to be the best that they can be so that we can make a difference locally and globally. The BOAS has the same mission to make change, improve health and has the opportunity to lead globally!



Paul Coulthard
BAOS Council Member
and President Elect

Hot Topics in Oral Surgery

Level 2 Oral Surgery Services..... the future ?

Autumn of 2017 gave rise to the publication of the Accreditation of Performers of Level 2 complexity care by the Office of the Chief Dental Officer. This was produced following NHS England's *Five Year Forward View* which shared challenges ahead, and choices about health and care services in the future which included dentistry. The Guide for Commissioning Oral Surgery and Oral Medicine Specialities was to be used by commissioners to offer a consistent and coherent approach to the direction required to commission dental specialist services. The document describes a "national consistency in the NHS commissioning offer for dental specialist services and how they are delivered". This includes referral criteria, data set on referral information, contractual frameworks as well as consistent measures of quality and outcomes.

There is evidence that this is not the case and that there is a lack of consistency across the NHS with regards to provision of commissioning in Oral Surgery and remuneration. There is little clarity on a route for those clinicians wishing to progress to become a Level 2 provider or indeed whether or not Level 2 Providers should be registered specialists in Oral Surgery.

Medical Education England (MEE) in 2011 published a review of Oral Surgery services and training. This report recommended that Oral Surgery services should be developed in the primary care setting, and that Staff and Associate Specialist (SAS) grades (those who are on the specialist list) should have the opportunity to further their careers to satisfy appointment to consultant grades. Recommendations were also made to increase the Oral Surgery training numbers to, although this has sadly not progressed.

This would therefore support the increase in provision of oral surgery in primary care but suggests that it should be via specialists, rather than either those with appropriate experience of General Dental Practitioners with a 'specialist interest'. Neither of are clearly defined or have an accreditation process.

BAOS are working tirelessly to address the low numbers of training posts in oral surgery and the lack of progression for those who are SAS grades. In recent months there have been several positive meetings with the BDA and BMA regarding the potential CESR route for SAS grades to be accredited.

The GRIFT review of Oral and Maxillofacial Surgery has been recently published, and BAOS have responded appropriately to this report. I would encourage members to read this report who have an interest in the development of the speciality.

Oral Surgery will be a component of the Dental Specialities GIRFT which is currently being carried out across the country. We await with anticipation the published report.

The level 2 contracts which have been procured across the country have varying processes of accreditation, some of the contracts sit with the principal of the practice rather than the clinical provider, and some have been awarded to secondary care who have then sub-contracted them out to primary care providers who may or may not fulfil the original criteria. There is no national accredited route for the awarding of Level 2 contracts, and ultimately it is the commissioner who will approve the application as opposed to the Oral Surgery MCN.

There are significant numbers of clinicians who have the appropriate experience within oral surgery who are not registered as specialists and may not have any 'formal' oral surgery post graduate qualifications (e.g. certificates, diplomas or masters degrees in oral surgery).

There are several providers of such courses, none of which are recognised as a mandatory requirement for Level 2 contracts.

If, as it seems there is, a general move for more oral surgery to be carried out by Level 2 providers which may predominate in primary care, then it would be appropriate for the development of a clear accreditation process which includes evidence of an appropriately 'trained' and experienced clinician, with a validated clinical portfolio and log book.

We need to ensure that clinicians providing the care have evidence of appropriate training to ensure patient safety in both primary and secondary care.

Office of Chief Dental officer England.

Accreditation of Performers of Level 2 complexity care. OCDO, 2017

Guide for Commissioning Oral Surgery and Oral Medicine, NHS England access February 2019 <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf>

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