

Dear Sir,

The British Association of Oral Surgeons (BAOS) welcomes the recent paper by Fullarton *et al*,¹ which clearly illustrates the need to expand the number of oral surgery (OS) training posts, thereby increasing the number of OS specialists and ultimately consultants. These consultants can then not only deliver secondary care OS but would ideally be integral in the supervision and delivery of OS in the primary care setting as well as undergraduate and postgraduate training across both sectors. These recommendations were made in the 2010 report by Medical Education England² but have yet to be actioned.

BAOS has been lobbying the Tri-collegiate Specialty Membership Examinations' Executive regarding portfolio access to the MOral Surg examination for some time now³ as well as holding discussions with the British Dental Association⁴ and the General Dental Council. Portfolio access to the MOral Surg would greatly benefit the huge number of experienced OS staff grade, associate specialist and specialty doctors, who form a vital part of the team in many maxillofacial units, and we welcome the support of the British Association of Oral and Maxillofacial Surgeons in this⁵. These individuals have a wide scope of practice⁶ and access to this examination would also augment any subsequent portfolio application for mediated entry to the OS specialist list. This approach works well for the General Medical Council with its Certificate of Eligibility for Specialist Registration model.

Once on the specialist list, these individuals would be able to apply for OS consultant roles. This step is necessary to try and remedy the current shortfall in training posts, which is extremely important in the interim as an increase in OS national training numbers cannot happen overnight. This method of application is onerous and is in no way a 'back door' route on to specialist lists.

BAOS is ultimately concerned with gold standard delivery of OS for patients. Safe, high quality care for all undergoing OS in every environment is only attainable with adequate workforce numbers comprising properly trained, quality assured OS specialists and consultants. The excellent paper by Fullarton *et al*¹ clearly demonstrates the need for robust workforce planning and illustrates that the lamentably low numbers of OS training programmes (45 in total in the UK) are currently insufficient to provide this.

Yours faithfully,

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References

1. Fullarton M, Jadun S, Begley A, Magennis P. The oral surgery specialist list: what will happen as the 'grandfathers' disappear? *FDJ* 2019; **10**: 52–57.
2. *Medical Education England. Review of Oral Surgery Services and Training.* London: MEE; 2010.
3. British Association of Oral Surgeons. Letter to the Tri-collegiate Specialty Membership Examinations' Executive. <https://www.baos.org.uk/wp-content/uploads/2019/01/BAOS-Eligibility-for-MOral-Surg-121118.pdf> (cited May 2019).
4. British Association of Oral Surgeons. Letter to the British Dental Association. <https://www.baos.org.uk/wp-content/uploads/2019/01/BAOS-CESR-letter-to-BDA-17.05.18.pdf> (cited May 2019).
5. Dental deans should give dentists fair access to Royal College exams. *BDJ* 246, 546 (2019)
6. Brotherton P, Gerrard G, Bennett K, Coulthard P. The scope of practice of UK oral surgeons. *Oral Surg* 2015; **8**: 83–90.