

## Newsletter

### BAOS Vision - An Age of Maturity

I am honoured to take over the BAOS Presidency from Rebecca Hierons who has shown great leadership and overseen significant development of our association and two wonderful annual conferences. Our Membership has grown to 635 Members. She has demonstrated huge commitment to our specialty and association and generously given much of her time. I want to use my next two years as President of BAOS in leading continued change that will have a really positive, lasting impact as we move into a new phase of maturity. We sometimes refer to the BAOS as a 'relatively new association' and it is true that 'Oral Surgery' was only created as a specialty of Dentistry in 2009. However, our association has developed and grown incredibly rapidly. Whilst there is still much to do to ensure a stable and confident future, I believe that we are now a 'mature' association. Interestingly we are recognised as such by some other parts of the world that look to us for advice and support!

BAOS Council has been working hard lobbying TSMEE (Tri-collegiate Speciality Membership Examinations Executive) for portfolio access to the MOral Surg examination, although with no success as yet. However, the lobbying for a mediated entry to the GDC specialist Oral Surgery list has been met with less resistance. This would of course need to be a robust process and require evidence to demonstrate equivalent training to that received by our current Oral Surgery trainees. This would be attractive to SAS grade staff, particularly those who did not have the option of applying for formal training before 2009 when such posts did not exist.

A priority for BAOS must now be to push for an increase in the number of Oral Surgery trainees and an increase in the number of Consultant posts in the UK. We currently have only 60 NTN's and 115 Consultants in the UK. We have an inadequate number of Specialists and Consultants to serve the needs of the population! The *NHS England* 'Guide for Commissioning Oral Surgery and Oral Medicine' of 2015 set out a framework to deliver better patient outcomes and to ensure effective commissioning. It recognised that Oral Surgery care was provided by General Dental Practitioners who are expected to undertake routine Oral Surgery care, such as dental extractions, as part of their general dental services contracts, and more complex Oral Surgery care by Specialists and Consultants in Oral Surgery, and by Oral & Maxillofacial Surgeons as the clinical competencies of these two specialties overlap. The Guide

recommended a strategic approach to redesign. A significant proportion of referrals in some OMFS units (up to 80%) were for Oral Surgery and approximately 20% specifically required the services of an Oral and Maxillofacial Surgeon. This does not equate of course to the same proportion of a budget or resource, as OMFS activity is more complex, more time-consuming and generally higher cost. Whilst OS training and consultant numbers have steadily grown over recent years we need an increase in this growth. This will require BAOS to work with other stakeholders to unlock the structural and cultural barriers so that together we can support transformational change.

The ultimate mission of the *British Association of Oral Surgeons* is to promote excellence in Oral Surgery through education, training and research for better patient care. Certainly any clinical speciality that develops effectively, does so because it is founded on excellent science. A fundamental responsibility of BAOS is to provide Members with access to high quality research to support the evolution of our clinical practice. We do this through our website, e-learning platform, regional meetings, courses, annual conferences, and of course our journal *Oral Surgery*, and highlighted by our social media activity. Beyond this our education and training systems need to keep pace with changes such as, integration of dental care with broader healthcare. Everything in healthcare should be orientated to benefiting patients and the BAOS focus will continue to be built around improved patient outcomes as its driver. Patient care is of course set to change in coming years as people become better educated about their health and start to build greater autonomy in monitoring their existing conditions and taking steps to avoid future illness. Technology and connectivity will also augment our ability to care for patients by improving surgical training, surgical procedures and support and management systems. The Commissioning Guide facilitated the opportunity to innovate and heralded the introduction of electronic referral systems with huge ability to improve the quality of the patient journey and collect important data. These systems are well established in some areas of the UK but not at all in others.

I look forward to leading and serving the *British Association of Oral Surgeons* by sharing the vision and direction, and empowering all to work towards moving forward. We need to maintain effectiveness and vibrancy of Council during the inevitable turnover of Members. We have incredible talent amongst the Membership and I believe that we can advocate, raise the awareness of oral surgery care, and help shape the UK and global oral surgical health agenda to improve patient care.

Kind regards,

Professor Paul Coulthard  
BAOS President