



# Oral Surgery - Frequently Asked Questions FAQs

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## Introduction

I hope this short paper might help the creation of a new induction pack for Oral Surgery STs (by the trainee reps on OS SAC and BAOS) and stimulate a few more questions, to which I will provide answers and build a useful resource.

If there are any trainees interested in becoming a eLogbook trainee rep, I am always much happier to assemble a team rather than work on my own.

## Why am I using an OMFS logbook rather than an Oral Surgery logbook?

To cut a long story short, the answer is money. The programme to develop a stand-alone Oral Surgery eLogbook is indefinitely stalled by the shortage of resources to make this happen. On the positive side, I have included ALL the oral surgery codes in the OMFS eLogbook and am happy to add any more you think are missing.

## Why do I have to pick my 'programme' as Oral Surgery – Specialty Training, rather than where I work and train?

To cut a long story short, the answer is money (again if you have not read the previous answer). The programme to develop a stand-alone Oral Surgery eLogbook is indefinitely stalled by the shortage of resources to make this happen. As a work-around I created a rotation within OMFS called 'Oral Surgery – Specialty Training' which is the national OS training rotation on the eLogbook. On the positive side, I have included ALL the oral surgery codes in the OMFS eLogbook and am happy to add any more you think are missing. See the screen shot below.

**eLOGBOOK**

current user: Mr Patrick Magennis (3583430) There are operations to be validated

Operative Records Portfolio Training Admin & Help Security Logout

**Admin**

- My Details
- My Preferences
- My Common Operations
- My Common Hospitals
- My Consultants

**Audit**

- National Audits
- Local Audits

**Help**

- Logbook Help
- Third Party Add-ons

**My Details**

Update Changes

Title: Mr

First name: Patrick

Surname: Magennis

Address: 19 Marine Crescent,  
Waterloo,  
Liverpool.  
L22 8QP.

Postcode: L22 8QP

Gender:  Male  Female

Username: 3583430

Email: maxfac.uk@googlemail.com

Default Specialty: Oral and Maxillofacial surgery

Area in which you work: Mersey

Training Programme: Oral Surgery - Specialty Training

Grade: South West Thames

Verified Grade: South Central Thames

Wessex

Oxford

South Western

West Midlands

Mersey

North Western

RCSI Access: Wales

Scotland : Aberdeen

Scotland : Dundee

Scotland : Glasgow

Scotland : Edinburgh

Northern Ireland

Republic of Ireland

Armed Forces

Overseas

Oral Surgery - Specialty Training

Not in Training Programme

Kent Surrey Sussex

and access to my  
y surgical training

Update Changes

links | logbook help

## Check your profile – are verified as an Oral Surgery – Specialty Training (by your TPD or me)?

If you are not a verified OS trainee, your TPD will not be able to view your eLogbook records. Check your profile tonight. In your profile you need to select OMFS as your specialty and Oral Surgery – Specialty Training as your training region (rather than where you are working).

## What should I upload onto ISCP?

The eLogbook does not speak to ISCP. There is what appears to be a link, but it is useless. This lack of facility is unlikely to change. So you need to actively upload reports to document your training.

At the end of each block/rotation, you should upload an SAC summary and grouped summary report for that block. Before your ARCP, you should also upload the same two summaries for the preceding year, and for your total training to date. This should go into the additional evidence part of ISCP.

## Can I use my eLogbook records from prior to my ST training?

Officially the GDC says no. However, at your final ARCP and you wish to have experience on your eLogbook that pre-dates your ST training considered, you should support this with WBA evidence or letters of support from your trainers (both current and contemporaneous to when the activity was being recorded). Of course, it will help if all your eLogbook records are validated.

## Validation

Best practice is to have your eLogbook records validated contemporaneously. The easiest way is to enter your data whilst the list is taking place, and have your trainer validate them before they leave the room. Putting entering eLogbook data off until later means you will lose 20-40% of your records. Worse, if your trainer can't remember the operation, they might not validate it. If your records are not validated, you may not get your ARCP or CCT. SO THIS IS SERIOUS.

A top tip, from the Liverpool trainees, is to agree within a region your trainer password and keep it constant across all training grades (ST DCT Fellows). This does not put your eLogbook data at risk, as a trainer will only gain access to activity allocated to them. Indeed the OS trainees could all agree a national trainer password.

On your eLogbook reports the number of validated records will be displayed, so please do not leave this until the last minute.

## Help your trainers use validation to populate their eLogbook

If, when your trainers validate your activity, if you encourage them to use 'copy and validate', the process will populate their own eLogbook. This will give them documentation for their annual appraisal.

## How much do I have to do for it to count as a procedure I have performed.

The general guidance is >70% but this does beg the question, what is 70% of a neck dissection? Common sense, and getting your trainer to advise you in theatre before you create an entry in the eLogbook is my advice.

## Dentoalveolar Surgery

Whilst you are collecting numbers toward your CCT it would seem foolish to use the 'multiple extractions' or 'dental clearance' codes and they could cover a series of surgical procedures including removal of wisdom teeth. Be honest and accurate.

## One wisdom tooth or two?

This is a question I have been asked – if you are removing two lower wisdom teeth, how should this be coded as a single case of 'surgical removal of 8' or should each tooth be coded? As per the

previous paragraph, each wisdom tooth should be coded individually and as accurately as you can. So this could be two simple extractions, or one extraction of 8 and one disto-angular wisdom tooth. Each will count as a single procedure i.e. two will be added to your total numbers.

## **Simulation**

Simulation should not be recorded in the eLogbook. Logbook records need to have a date of birth and hospital number – which would be unusual in a chicken leg. Details of simulated surgery can be recorded in ISCP with WBAs or other documentation in other evidence.

## **New codes – you just need to ask.**

Do have a good look before you ask for a new code, most procedures should be there already. That said, don't be afraid to ask. Particularly if you would like to record a specific variation on an existing operation. This is why we changed from fractured mandible without much detail, to the multiple codes we have now. Those with interest in trauma wanted to recorded more detail.

If you would like to record 'activity' on the eLogbook – like joint clinics or grand rounds – if you think where the activity would be best held/found in the hierarchy, and let me know, I would be happy to add it. Remember to mention this to your junior staff who might want to log ward activity.

Usually a new code will be added within a day or two (so you can record your operation before you forget what it was). You can use the official form, or just send me an e-mail. If you can find out the ICD or other official code for the operation let me know.

## **Useful links**

Help and Support – within eLogbook click the link at the top of the page or go to <https://www.elogbook.org/site/1293/default.aspx>

eLogbook Message Board <https://www.elogbook.org/site/1261/default.aspx>

Providing Trainer Access for Validation <https://www.elogbook.org/site/1306/default.aspx>