BAOS
BRITISH ASSOCIATION OF ORAL SURGEONS
Promoting excellence in Oral Surgery through education, training and research for better patient care

BAOS Newsletter
2024: Issue 2

BAOS Feature

The Head and Neck Cancer Foundation

Very rarely do I get invited to a meeting where I feel I have to attend just to be able to say I have been in a certain venue.

Well, I recently had the privilege of attending a meeting at the House of Lords! I was invited by The Head and Neck Cancer Foundation (HNCF) to attend a meeting on behalf of BAOS, regarding Rare Benign Lesions of the Jaws (RLJ). The meeting was chaired by Professor Mark McGurk, Founder of the HNCF and this was my first visit to The House of Lords!

The objectives of the day were to promote a national register of Odontogenic and Salivary Gland Tumours and then encourage the development of Odontogenic like MDT's around the Country, eventually increasing this to include recurrent pleomorphic tumours.

The meeting was excellent, with short but powerful presentations from a number of experts including Mr Vinod Patel, Mr Mahesh Kumar, Dr Saira Khalique, Prof. Vin Paleri and Dr Simon Morley. A brief overview was given of Odontogenic Tumours, Recurrent Pleomorphic Adenoma and Salivary Gland Cancer. In addition to this, a number of patients had attended the meeting to give us a first-hand account of their experiences. Hearing how difficult some of the patients' journeys had been, as well as the wide variety in their experience with regards to diagnosis, treatment and outcome, reinforced the fact that these conditions require a more uniformed approach.

As a summary, numerous benign lesions, cysts or solid tumours may present in the jaws and they may be of either odontogenic or non-odontogenic origin. These lesions may have similar imaging features which can make diagnosis more difficult but it is their location, margins, internal contents, and effects on adjacent structures which are the important features to aid diagnosis. These RLJ can vary in behaviour, and despite their benign diagnosis, some can grow rapidly and result in destruction of surrounding structures. Some patients may require complex treatment to treat the RLJ adequately but in recent years, less invasive and adjunctive treatments have become available to reduce the morbidity associated with surgical treatment.

The British Association of Oral and Maxillofacial Surgeons (BAOMS) are launching a Quality and Outcomes in Oral and Maxillofacial Surgery programme (QOMS) regarding Rare Benign Lesions of the Jaws dedicated solely to this group of patients. The aim is to first establish the incidence of these lesions in the population and record their distribution and current management.

This evaluation and subsequent analysis will create a reference guide on RLJ to aid diagnosis and allow constructive discussions regarding management of the conditions. The hope is, the more information gathered, the better informed clinicians can be regarding treatment. Furthermore, with a unified approach, it is hopeful that evidence will influence pharmaceutical companies and allow for certain drugs to be licensed for the initial treatment of some of these lesions.

The meeting at The House of Lords aimed to bring together all Associations whose members are involved in the care of patients affected by RLJ, as well as members of NHS organisations, members of the HNCF and also MP's, to ask for our support in spreading this message.

After assessing the information provided, BAOS Council feel this is a worthwhile endeavour and strongly encourage our members to engage with this project.

BAOMS also held a webinar in December to promote the QOMS process. For those Oral Surgeons who were unable to dial into the webinar, it is available to be viewed via this link https://attendee.gotowebinar.com/recording/3208272011618865500

I would strongly encourage everyone to find the time to view this. As more information or details become available, BAOS will endeavour to keep our members informed of developments.

I am sure everyone will find this to be a worthwhile project to be involved with. As for me, the visit to the House of Lords was a memorable experience, which ended with a visit to the gift shop to purchase a commemorative tea-towel and pen – well, it had to be done!

Rhian Jones

BAOS President

Spotlight

Evolution of Oral Surgery

Oral Surgery (OS) was highly reliant on Staff and Associate Specialist (SAS) grades to deliver the services. In 2006, the British Medical Association (BMA) reported that SAS grades made up 42% of staff practising in departments of OMFS (52% of OMFS staff overall). This level of SAS staffing is the highest of any surgical specialty, with the average across healthcare being 23%

In late 2010 the Review of OS Services and Training document was published. The working group was commissioned by Medical Education England to align training, education, and the needs of the workforce to match the needs of the service and patients.

One of the recommendations was the specialist OS services should be Consultant-led, ideally by Consultant OS. This transformed the delivery of the OS services and work force by increase in number of training numbers and subsequently an increase in consultant led delivery of OS services. Since then, the trainee numbers have increased from 30 in 2009 to over 55 by 2020 and substantial increase in OS consultant numbers too.

Improving patient outcomes

Our increasing speciality roles in various multidisciplinary teams like ectopic teeth, salivary gland diseases, haematology, prevention of osteonecrosis of the jaws from radiation and medications etc is a noticeable evolution in developing subspecialisations within OS.

Emerging technologies in OS in improving surgical outcomes.

- CBCT in surgical planning of ectopic teeth.
- Use of platelet rich plasma to minimise the dry socket and preserve the alveolar bone. This obviously reduces the need for second stage bone augmentation, second surgical site and reducing the need for allografts.
- Optical light ended drills in increasing the visibility of surgical sites to minimise the complications.
- Use of piezo and endoscopy in bone preservation minimal access procedures.
- Loupes to carry out root end surgeries and nerve repairs.

Increasing training duration

It is a welcome news to see OS specialist training increase from 3 to 4 years duration and this will enable the trainees to consolidate their surgical skills further in managing deeply impacted teeth, managing rare benign diseases of the maxillofacial skeleton, obstructive salivary gland diseases and managing medically compromised patients.

I was one of the SAS until 2010 and I am now part of the new revolution in transforming the care provision of the OS services.

Kandy Ganesan

BAOS Council Member

BAOS: Who, What, Where??

The membership of BAOS has expanded steadily since it's inception in 2001 as the British Association of Surgical Dentistry, growing from an initial membership of 40 to over 860 at last count. The landscape of Oral Surgery has changed dramatically over this time, which begs the question, "Who are we now?"

As an association, we are really interested in trying to understand this. The composition of our membership feeds into many things, including strategic planning for the society itself, but also, in giving insight into national workforce planning. As our society has grown, we have found it more difficult to track the nature of our membership. In 2022 we changed our database to allow for more detailed data collection. This system does rely on the members keeping their own profiles up to date- so thank you to everyone who has taken the time to do this.

The database is not fully populated, but it does give us some idea of BAOS membership composition. We currently have completed profiles in two thirds of our entire membership. So, who is performing Oral Surgery, and where?

The majority of our membership is spread throughout the UK but 1% are from overseas. 65% are in England with a fairly even spread throughout the North, Midlands and South. 20% are in Scotland, 10% in Wales and 5% in Ireland.

In what roles are our members working? We can see that two thirds are in substantive positions and a third are trainees. Just over a half of the trainees are DCTs and the rest are specialist trainees.

Of those in substantive roles, 30% are working in Primary Care alone, 45% in only secondary care and 20% work in both. The remaining 5% work in community, nursing or other roles. It will be interesting to see if these figures change over the next few years in line with the expected expansion of Tier 2 provision.

Over two thirds of those working in secondary care are in an SAS role, a quarter are consultants and the rest in other roles. We know that historically SAS grades have been the cornerstone of Oral Surgery activity in the UK, and continue to deliver this across the board. We would however hope to see more consultant roles being created in the future to support career development and training infrastructure.

What about the Oral Surgery specialist list? 40% of those in a substantive role have stated that they are on the specialist list. 20% are working in primary care, 30% are SAS grades, 45% are consultants and 5% are working in community or other roles. It is possible that increased training numbers and the reforms in Specialist List Assessed applications may change these figures over the next few years.

We would love to see a complete profile of our membership to definitively assess who we are. Please take two minutes to complete your profile in the members section of our website. Help us to define our workforce so that we can help you.

Kelly Gillan

BAOS Hon. Treasurer