Oral Surgery - Frequently Asked Questions FAQs

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Introduction

This guidance document is a list of frequently asked questions which will hopefully address any questions you may have about the eLogbook. It is mainly aimed at those completing Oral Surgery Specialty Training in the UK with a National Training Number (NTN) but may be of interest to others including DCTs and others working in Oral Surgery.

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 has previously been stalled by the shortage of resources to make this happen. We have included ALL the oral surgery codes in the OMFS eLogbook and we are happy to add any more you think are missing. On the positive side at the time of update, discussions are ongoing regarding the development on an Oral Surgery logbook within eLogbook.

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 the same as above. As a work-around the previous Oral Surgery eLogbook Lead created a rotation within OMFS called *'Oral Surgery – Specialty Training'* which is the national OS training rotation on the eLogbook.

CCTDate (dd/mm/yyyy)

04/09/2024

Default Specialty

Oral and Maxillofacial surgery

Deanery

Glasgow / Scotland

Grade

Specialty Registrars (StR)

Training Programme Affiliation

Oral Surgery - Specialty Training

NTN/DRN

WOS/066/257783/C

Verified Grade

StR, Surgical Trainee Year 5 (SpR Year 3 equivalent), OralAndMax, Oral Surgery - Specialty Training

If this grade is not correct please use the **support request form** to request a change
Please also use the **Trainee History Form** to keep your records up-to-date and help the accuracy of the Logbook analysis

☑ RCSI Access ⓘ

Allow The Royal College of Surgeons of Ireland access to my logbook data for the purposes of monitoring my surgical training progress and experience.

Save

Check your profile – are you verified as Oral Surgery – Specialty Training?

If you are not a verified OS trainee, your TPD will not be able to view your eLogbook records. Check your profile. In your profile, **you need to select OMFS as your specialty and *Oral Surgery – Specialty Training* as your *'Training Programme Affiliation'* (rather than the location of where you are working).**

What should I upload onto ISCP?

The eLogbook speaks to ISCP and there is a way to view your Logbook on ISCP. It is not always accessible to all members of the ARCP panel. At this time, it is strongly recommended that you actively upload reports to document your training.

At the end of each block/rotation/before your ARCP, you should upload an *SAC indicative operation groups* summary for that placement / block since the last ARCP. Before your ARCP, you should also upload another *SAC indicative operation groups* summary report for your total training to date.

Upload these SAC summary reports to the 'Miscellaneous' section of ISCP and clearly label these so that they are easy for the ARCP panel to find.

Because we are using the OMFS logbook, the first few pages are only relevant to OMFS trainees however, we have added a Customised Oral Surgery Consolidation Report. This can be found at the end of the PDF consolidation report.

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

Officially the GDC says no (although this may be changing with some future legislation updates). 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/SLE 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

On your eLogbook consolidation reports, there will be a record of the number of validated records. You may need to chase your supervisors up throughout to remind them to validate your logbook.

The system for validating your logbook has been radically overhauled and simplified. Every clinical supervisor with whom you have performed cases will now receive an automatic email containing a link which will allow them to validate your cases. These emails will be sent when you have more than 25 cases with that supervisor to be validated, or if there are cases with that supervisor that have not been validated for more than 30 days.

Alternatively, you can request your trainer/clinical supervisor to validate your logbook in the request trainer validation section under Browse Operations.
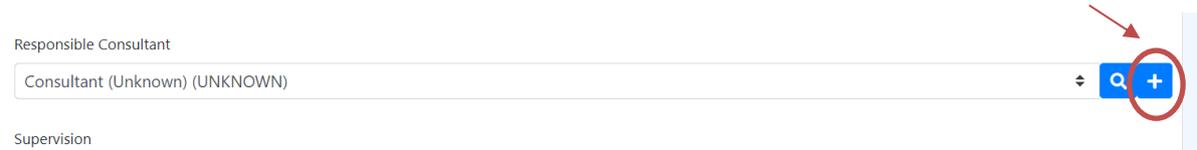

Help your trainers use validation to populate their eLogbook

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 to add a supervisor, who is not a consultant, to verify your logbook - UPDATED

It is recognised that not all clinical supervisors will be consultants. A specialist who does not hold a consultant post can still verify procedures that you have completed / been involved with on their lists. On the 'add operation page'. Click the + sign next to the responsible consultant box. If you hover over, it will say 'add non-consultant'.

A short form will pop up on the screen asking for the supervisor's details. If the supervisor is a dentist, then under the field 'Identifier (GMC etc)' you must enter the text **GDC** before entering the GDC number. If the GDC number was 123456 then you must enter the text, **GDC123456** into the identifier field.

Add a non-logbook consultant

We are currently unable to verify details of Consultants other than GMC registered Consultants, however you can still add their details in to the system here

Identifier (GMC etc)*
GDCXXXXX

Initials*
XX

First name*
John

Last name*
Smith

Save   Cancel

Once you have completed this form you will be able to assign procedures to this supervisor when adding operations and they will be able to validate these as per the process described in Validation.
There was a system problem with this recently however the issue has now been resolved allowing SAS or primary care clinical supervisors to validate your logbook.

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 - UPDATED

Whilst you are collecting numbers toward your CCT **please avoid using the *'multiple extractions'*** code. If you are carrying out a dental clearance, please log each extraction separately. We are aware of the merits of 'clearance' codes being recorded if the extractions are part of a dental clearance. If this is the case, we ask that you record a dental clearance and also record each individual tooth removed (e.g. for a upper dental clearance that involves 7 simple extractions, for the one patient identifier you should record 'clearance – upper' along with 7x 'extraction – simple'). The dental clearance codes and multiple extraction codes do not count towards indicative numbers for total numbers of extractions on the consolidation report. Be honest, consistent, and accurate.

Recording multiple extractions is easy and quick – click 'save and next procedure on same patient' and this will save the procedure you have recorded and keep all of the details you have just entered about the patient on the form including the procedure. If you are recording another of the same procedure e.g. 'Extraction -simple'. Just click 'save' if that's you done or 'save and next procedure' if you need to add more.
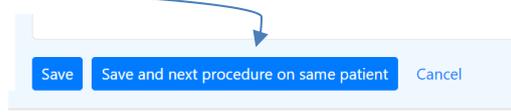
One wisdom tooth or two?

This is a question we 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.

How to log wisdom teeth

If you carry out a wisdom tooth removal which requires a flap +/- bone removal +/- tooth sectioning please detail this as much as possible rather than using the 'surgical removal of wisdom tooth' code.

For maxillary wisdom teeth, there are now codes for surgical removal requiring a flap or surgical removal with bone removal. For mandibular wisdom teeth, there are codes for the different angulations – please use these.

Surgical Removal of impacted canines, premolars and supernumeraries

There are codes for the surgical removal of impacted teeth often removed for orthodontic reasons. These are housed within the oral surgery folder under 'orthodontic'.

☆ Impacted deciduous tooth
☆ Extraction - supernumerary tooth (surgical removal)
★ Extraction - surgical removal of Canine (F09.5)
★ Impacted maxillary canine (surgical removal)
☆ Impacted mandibular canine (surgical removal)
☆ Impacted maxillary premolar (surgical removal)
☆ Impacted mandibular premolar (surgical removal)
☆ Odontome (surgical removal)
☆ Mesiodens
★ Extraction - supernumerary tooth/teeth

Please use these instead of the code 'extraction – surgical'.

Sedation

You will be aware of the sedation drop downs in the 'add operations' tab. Please feel free to use these and you can keep a track on your sedation activity in the 'browse operations' tab. **However**, these data do not feed into the *SAC indicative operation groups* consolidation report and is instead best recorded by logging the codes IV Sedation' or 'inhalation sedation' as an additional 'procedure' for that patient. If you record your sedation this way, it will be included in the SAC consolidation report and the ARCP panel will be able to see your sedation numbers. This is an area we hope to be able to improve on if an Oral Surgery eLogbook comes to fruition.

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/SLEs 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.

To suggest a new code, 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/support-help

eLogbook Latest News https://www.elogbook.org/support-help/latest-release-news

Providing Trainer Access for Validation https://www.elogbook.org/trainees/trainer-access

How to contact the Oral Surgery eLogbook Lead?

If you have a question about maintaining your logbook for specialty training or you have an idea for a new code, then please email me at OralSurgery@elogbook.org

If it is a more technical question about the logbook itself or a function is not working then please don't contact me as it's unlikely I'll be able to help and you are much better served by helpdesk@elogbook.org