

## BAOS Feature

### Training in 2022

It has been a privilege to be the BAOS Trainee Representative for the year 2022. I thought I'd use this newsletter article as an opportunity to update members on what has been going on for Oral Surgery Specialty Trainees in 2022.

Currently there are approximately 55 trainees in and out of programme within the UK. The majority are NHS with a small group undertaking integrated academic training either as an Academic Clinical Fellow (ACF) or Clinical Lecturer (CL). There are currently six trainees in Scotland, two in Wales and one in Northern Ireland and the remainder in England. There is also work being undertaken to look at the distribution of several new oral surgery training posts. This might be welcome news for those hoping to secure a training post in the future as the process is well known for being highly competitive with between 10-15 posts usually available per year. There are some Oral Surgery Trainees 'out of programme' undertaking a PhD and undertaking Clinical Leadership Fellowships with various different organisations.

As many of you reading will be aware, the GDC are currently undertaking a review of all the specialty curricula. The current oral surgery curriculum was published in 2014 (*General Dental Council, 2014*). It was previously hoped that all new curricula would be in place for September 2022 however this has now been pushed back to September 2023 (*General Dental Council, 2022*). A significant part of my role as BAOS trainee representative this year has been to communicate with trainees and voice their opinions regarding proposed changes to Specialty Training. There have been many questions from Trainees regarding how the transition to the new curriculum will occur and how this might change the assessment process. Many of these decisions cannot be made until the GDC has signed off on the new curriculum, however I have ensured that oral surgery trainee concerns and key considerations have been raised with the appropriate bodies. What I have found highly reassuring during my term as Trainee Representative on BAOS council, and also as a co-opted member of the Oral Surgery Specialty Advisory Committee (SAC), is the seriousness to

which trainee concerns and opinions are listened, considered and valued by members of both of these groups.

This year there have been a number of highly valuable educational events for Trainees. In particular, the BAOS Regional Rep study evenings have been highly useful for exam revision and the fact these are now online has opened-up the accessibility for trainees and other members of BAOS who would have previously had to factor in the cost of travel to attend these face-to-face. In September, the British Orthodontic Society very kindly invited oral surgery trainees to their pre-conference symposium on Autotransplantation. This was an inspiring day presented by Ewa Monika Czochrowska and Pawl Palkwicz who lead the way for Autotransplantation of developing teeth internationally. It opened my eyes up to a procedure which I wasn't overly familiar with and it provided delegates with a comprehensive understanding of the case selection, indications and procedures required to produce very successful long-term results (*Czochrowska, et. al, 2000; Plakwicz, 2013*).

In September I resumed the long-awaited national annual Trainee Study Day which was supported by BAOS and hosted by the Guys Hospital Multidisciplinary Salivary Gland Team. This was attended by almost 40 trainees from all over the UK and the first time we had all met face to face since the start of the pandemic. The majority of trainees will not get the experience of working in a multidisciplinary salivary gland team during their training, so this was a highly valuable educational programme. This included teaching on minimally invasive surgery for stone removal, interventional radiology techniques, other multispecialty input and hands-on using ultrasound and endoscopes. It was a real masterclass which demonstrated the importance of minimally invasive techniques which has been shown to reduce the need for gland excision (*Iro, et. al, 2009*). Not only was it a great day educationally but a great opportunity for networking and meeting new trainees. After the study day there was a very well attended social/dinner event in London.

In November the BAOS annual Scientific Conference resumed for the first time since 2019 and again this was well attended by trainees with a diverse and informative educational programme

covering some of the latest developments and high-quality research within Oral Surgery. Oral Surgery trainee, Emma Beecroft, presented her work on the development of much needed steroid cover guidelines which will hopefully be published soon. There was also a trainee lunchtime meeting and excellent conference dinner.

Overall, it has been a very busy year but highly rewarding and enjoyable. Alex Orchard will take over from me in January 2023 and I have no doubt he will do a fantastic job as trainee representative.

## References

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Callum Wemyss  
BAOS Trainee Representative

### Good to be together again

At the time of writing, it's been just over a month since our long awaited and fantastic BAOS conference in Edinburgh. As Regional Representative Co-Ordinator for BAOS Council it was a wonderful opportunity to put faces to the names of some of our regional reps. I'd like to extend my thanks and congratulations for their efforts since I was appointed to Council, 2 years ago. They have played an important role in engaging both members and non-members with fantastic online webinars and in promoting BAOS in their workplaces, regions and nationally.

There was plenty to keep everyone busy at conference and whilst it was wonderful being involved as a council member, helping behind the scenes, I did wish I'd had more time for a proper chinwag with colleagues old and new! On that note, BAOS Council are currently considering revising the conference programme for 2024 and extending it to a 3-day event, so there'll be more time to learn... and mingle, watch this space!

As an association, BAOS continues to grow year on year, and it was rewarding to see so many young professionals at conference. It also makes me feel old (I feel like a granny emoji should be inserted here)! When I looked around the conference venue, I felt reminiscent and extremely grateful for the colleagues who have influenced me and patiently shared with me, their knowledge, experience, and talents over the years. It really doesn't feel so long since I was at my first BAOS conference.

Anyhow, enough of my reminiscing, here's to 2023 and another successful year for BAOS and our wonderful members. Please look out for more webinars being advertised on the website and for a joint BAOS and SAAD study day in Spring/Summer.



Lee Mercer  
BAOS Council Member

### Review of OS Services and Training

The Review of Oral Surgery (OS) Services and Training document by Medical Education England (MEE) in 2010 recommended to expand OS consultant led services and training in the speciality. This was aimed to provide improved cost-effective accessibility of OS services to provide enhanced patient-centred high-quality OS in both primary care and secondary care services.

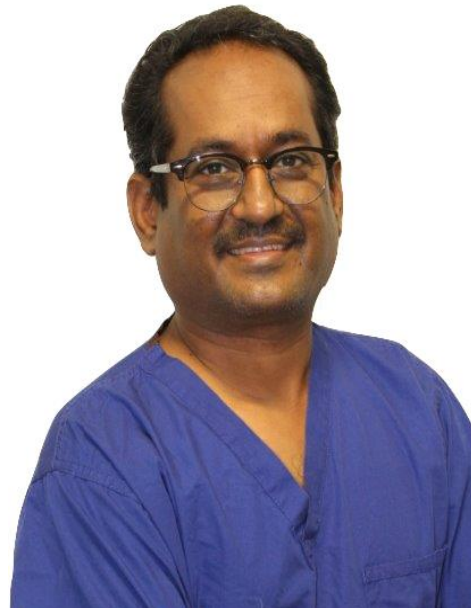
Litigation in National Health Service (NHS) oral and maxillofacial surgery (OMFS): review of the last 15 years (1995-2010) by Gulati et al highlighted the highest number of claims (37%) related to dentoalveolar and minor oral surgery. Patient Reported Outcome Measures (PROMs) was introduced and subsequently Getting it right first time (GIRFT) set up in 2012.

As a result of, we now have increasing OS consultant workforce, trainees and rapidly evolving OS networks and greater interest in our junior dental trainees to take up the speciality of OS.

So, what is next?

Other dental specialities evolved far and beyond to provide evidence-based guidelines such as managing ectopic upper incisors, ectopic canines, dental trauma, hypomineralised teeth and the list goes on. Technological innovations in operating equipment and dental materials within NHS is far advanced for other dental specialities than what is available in an NHS OS outpatient service or in an operating theatre.

Innovation is critical to deliver better outcomes for patients and it is now time for us to invest on innovation, training the future work force and improving outcomes. To deliver this, we need much improved harmonious integration between primary and secondary care OS and OMFS



Kandy Ganesan  
BAOS Council Member