

DECEMBER 2015

President's Newsletter



Whilst writing this newsletter, I am reminded of the comments made by the journalists Melanie Reid and John Diamond when they suffered catastrophic events and had to decide how much of their stories to include in their commentaries. In late June, whilst cycling to work, I was found on the road, having fallen from my bicycle, and subsequently diagnosed with an intracerebral bleed, in all probability caused by the trauma. Needless to say it has impacted somewhat on my life and my role as President. In a year when you are trying to do your best to contribute and be fully involved in the role, I have been forced to sit on the bench. So please accept my apologies for not always being available to fulfil the many and varied duties that this position entails. I would like to thank all those who sent me messages of support and concern during this time. It has been a truly humbling experience. I would also like to take this opportunity of expressing my gratitude to the BAOMS Council, and Mike Davidson in particular, for stepping into the breach and ensuring that everything has run smoothly in my absence. A very special thank you to Sally, my wife, who has devoted herself to my recovery.

BAOMS Meeting: Liverpool

I was delighted that so many of you found time to come to the new Liverpool, taking the opportunity of hearing some famous speakers and surgeons, and enjoying the waterfront and the city. I am particularly grateful to Fazilet Bekiroglu for standing in for me at the Pre-Congress Dissection Course and all my close colleagues who seamlessly filled the spaces and requirements of the meeting. I can say with some certainty, having run the European Congress in Head and Neck Surgery in 2014, that Sarah Durham and Sue Bailey did a marvellous job. They were a delight to work with and I am most grateful to them both. I had just been discharged from hospital but was able to amble round the meeting and attend virtually all the sessions. I was delighted to award the President's prize to Austen Smith for his paper on neurovascular bypass surgery and the Pop-up President's Prize to Clare Schilling for her paper on the quality of life differences between sentinel node and selective neck dissection. I would also like to emphasise the quality of the Norman Rowe Lecture delivered by Bernard Devauchelle, reflecting on face transplant and reconstructive surgery, the President's lecture by David Richardson on the role of carved costal cartilage for ear and nasal reconstruction, and Ed Ellis's contribution on maxillofacial trauma, orbits and condyles in

particular. These were senior surgeons giving their views on specific areas of surgery but also their experience, which is of such great value but often understated. I am of course grateful to all those who contributed to the meeting either with keynote lectures or what I call keynote free papers which emphasised the single auditorium and multidisciplinary team-working so essential to the delivery of high quality clinical care and surgery. I did take some risks when arranging the meeting but I think I got away with it. I am obviously biased but I think that the return to a single auditorium and the introduction of the Poster Pop-up session were successful. I was particularly pleased that those presenting free papers were able to do so in front of the largest audience in the specialty. The success of the Pre-Congress Course on free flap harvest on a cadaveric model was a highlight for me. I was also impressed that the dissections carried out by Alex Gaggi, Rui Fernandes and Martin Batstone were so well projected into the auditorium. I have the team at the Human Anatomy Department and Lynne Jones in particular at Liverpool University to thank for a most professional operation. The feedback from both events has been very good, and I hope the memories for those who attended will be happy and long lasting.



Receiving the President's Lecturer Award
Mr David Richardson



The President's Lecture
David Richardson, Aintree University Hospital, Liverpool



Professor Bernard Devauchelle
and Professor Edward Ellis III

Photographs: John Murray / PNJPhotography



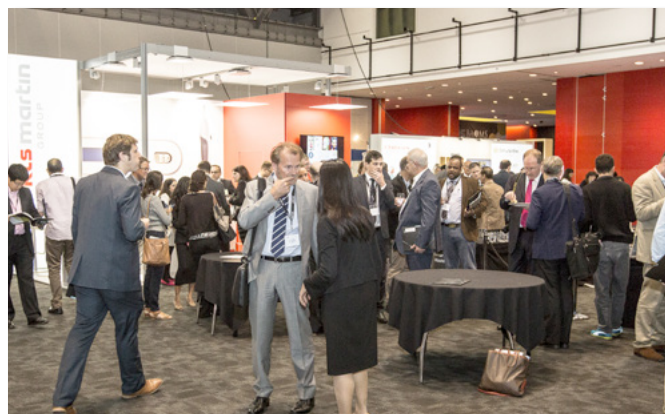
President's Reception - BAOMS Liverpool meeting



Annual dinner - BAOMS Liverpool meeting



Medical exhibition - BAOMS Liverpool meeting



Medical exhibition - BAOMS Liverpool meeting

Photographs: John Murray / PNJPhotography

BAOMS Fellows in Training 2015

I was unable to attend both International meetings in Melbourne and the American meeting in Washington DC (my thanks again to Mike Davidson) and so I was delighted to be invited to Cardiff this November to support and listen to our trainees and their lecturers. I remember the Senior Registrar's meetings in London

and Birmingham and made friendships there that I have enjoyed throughout my career. I found the meeting still had an excellent atmosphere for learning, questioning and friendship, and I would encourage trainees to attend and contribute if at all possible in future events.

The Oral Cancer Study Day (27th November 2015)

The deadline for my newsletter comes before this meeting, but my intention is to try and emphasise the Oral and Maxillofacial Surgeon's role in the ablation and reconstruction required in the management of oral cancer. I am also hoping to include Oral Medicine and Pathology especially in their role in the management of premalignancy which is such a great research opportunity.

The involvement of the International Academy of Oral Oncology (IAOO) as a jointly badged meeting is an attempt to emphasise its importance, which I hope will persuade all European Surgeons, Oral Medicine experts and specialist Oral Pathologists to consider joining IAOO and help this project become more inclusive.

BAOMS Council and the Political Scene

Most of us are aware of a different approach in the management of the NHS and in particular how that affects Medical and Surgical staff. In the past we were encouraged to be independent Consultants with considerable powers in terms of the job plans we agreed and the way we delivered the service. Now there is less emphasis on the individual and more on how the surgical team can deliver the care and operations that are required and will benefit the patient. For me this emphasises the importance of the team-working capability of each one of us, and how we can contribute to the whole. I have

always tried to publish Liverpool results(1) rather than personal results(2) mainly to increase the numbers of cases reviewed but also to keep that feeling of all outcomes being OUR outcomes. I would like to think that the single auditorium principle at Liverpool 2015 is aiming to take this across the different sub-specialties and emphasising the common ground in our anatomical area rather than the differences. Similarly I think we need to form good relationships with ENT, Neurosurgery, Ophthalmology, Plastic Surgery as well as Oncology so that we are

functioning for the common good within a Managed Clinical Network, which sees sufficient cases for good outcome assessments. I would like to comment on our relationship with our dental colleagues and the provision of dentoalveolar surgery in the secondary care sector. In my opinion and that of many colleagues, there is no point in the creation of a two-tier system with Consultant Oral Surgeons as well as Oral and Maxillofacial Consultants in secondary care. There will inevitably be conflict and inefficiency resulting in increasing costs. I think we should strongly

support the role and training of the Specialist Oral Surgeon with a view to a role in the primary care sector similar to the way our Orthodontic colleagues have progressed. If there is a need for a Consultant Oral Surgeon in a Hospital this should be in exceptional circumstances where such a person is welcome and needed. I would hope that we as an Association can then support proposed NHS changes designed to deliver as much of the service as possible in the primary care setting within a managed clinical network that incorporates the secondary care service.

Research and Data

As most of you will know I am an ardent supporter of high quality research as well as good and clear outcomes regularly reported in the literature. In this era of single surgeon outcome data for oncology, now spreading to other disciplines, we need to have reliable and accurate recording of all our activity and outcomes. Commissioning groups will be very concerned that this data ensures we are not individual outliers, and if we are, then it is vital that we can trust the data that is being used to make such judgements. Trusts and Clinicians need to work together to use data collection systems appropriate for all areas of the Hospital, to be web-based and confidential. I think therefore that the role of BAOMS must be to suggest minimum datasets with

correct coding on our websites so that we can then advise our Trusts, from a national perspective, on what we are required to know as a minimum. If as a group we would like to extend the data for a particular project I would hope that such a system could be updated with the new fields to enable and assist in such work. This means that the system utilised must be able to populate national requirements if such data is already collected as part of say oncology or trauma. If not then it must be amenable to upgrade to include such data and be transferrable. I am pleased that NFORC has acquired the contract for DAHNO and I hope that the advice is for each Trust to be able to download appropriate data, easily and accurately, through systems already in place.

Concluding Remarks

In spite of a major health issue arising in the middle of my year, and my inability to represent the Association as I would have wished, it has been a most enjoyable privilege to serve as President and in particular to run the meeting in Liverpool. I would encourage colleagues to come forward to take part in

Council, the Examining Board, the SAC and post-graduate education, as future decisions and the correct direction for our Association can only come through these channels. Finally, I would like to wish Vice President Peter Brennan the very best in his year of office.

- References**
1. Brown JS, Blackburn TK, Woolgar JA, Lowe D, Errington RD, Vaughan ED, Rogers SN. A comparison of outcomes for patients with oral squamous cell carcinoma at intermediate risk of recurrence treated by surgery alone or with post-operative radiotherapy. *Oral Oncol* 2007; 43: 764-773
 2. Brown JS, Bekiroglu F, Shaw RJ. Indications for the scapular flap in reconstructions of the head and neck. *Br J Oral Maxillofac Surg* 2010; 48(5): 331-337

BAOMS Sub Specialty Interest Groups (SSIGs)

Please note the leads and deputy leads for each BAOMS SSIG and there is also a SSIG section on the members' secure area. BAOMS holds elections within each SSIG. The roles are for a three year period and most will be up for renewal or replacement next November 2016.

Do you receive BAOMS e-mails?

If you wish to receive e-mails from BAOMS and have not received any recently, we might have the wrong e-mail address for you. In addition, if you are in a Fellowship category of membership then you are eligible to vote in certain elections which are now held online. Therefore please make sure that we have the correct email address so that we can notify you of when to cast your vote.

	Lead	Deputy Lead
Aesthetic	Paul Johnson	Tim Mellor
Cleft	Mark Devlin	Kanwal Moar
Craniofacial	Martin Evans	Satyajeet Bhatia
Deformity	Paul Johnson	Vyomesh Bhatt
Oncology	Michael Fardy	Michael Bater
Oral & Dento-Alveolar	Steven Liggins	Karan Singh
Paediatric	Keith Altman	
Salivary	Katherine George	Richard Crosher
Skin Surgery	TBC	Rajiv Anand
Reconstruction	Michael Ho	Michael Nugent
TMJ	Andrew Sidebottom	Martin Dodd
Trauma	Simon Holmes	Niall McLeod

Chairman's Report

Michael J C Davidson. Chair, BAOMS Council



BAOMS Annual Scientific Meeting in Liverpool

James Brown and his team should be congratulated for a first class meeting from both a scientific and social point of view. Who will ever forget the Anglican Cathedral as a venue for the annual dinner? It was great to see James back and so active at the meeting. I am sure we all wish him the best for his ongoing recovery.

Junior Doctors Contract

As you will all know, our employers are seeking nationally to bring in new contracts for trainee, consultant and non-consultant career grade staff. Much of this is linked to seven day working (yes I know it is news to us all that we do not provide a seven day emergency service). The main area of current confrontation has been relating to trainee staff.

Council discussed the situation at its last meeting and supports trainees in whatever route they choose in attempting to resolve the situation; ideally at the negotiating table without the need for industrial action.

Your representatives at the Colleges and the Federation of Surgical Speciality Associations have contributed to debates and press statements supportive of trainees' contribution to patient care and the need to treat them fairly both financially and in their working conditions.

ICOMS Conference 2021 Glasgow

Thanks to the highly professional submission and well argued case provided by David Koppel and the Glasgow team, ICOMS has awarded the 2021 Conference to Glasgow. This is a real opportunity for British OMFS to show itself on the international stage.

Council have decided in the event of a successful bid the annual BAOMS conference that year will be amalgamated with the ICOMS meeting.

Website Editor

Andy Baker has now taken up post as web editor and is working to "revamp" the website to make it increasingly a resource for colleagues, media and, perhaps as importantly, the public. I know he will be canvassing for ideas to help inform changes so please feed in any improvements you feel are needed.

Oral Surgery & Oral Medicine Commissioning Guide

Health England has published the guide including the areas your Council felt not fit for purpose. I have sought a meeting with the new Chief Dental Officer for England to explain our concerns but as yet her office has not got back to me with a date. I will therefore put a synopsis of concerns on the website for members to comment on. BAOMS will of course continue to work to deliver an improved care pathway for patients requiring oral surgery and medicine care.

As commissioners roll out the proposed managed care networks in these fields, could colleagues feedback to Council both positive and negative experiences with evidence so we can inform what is, I understand, proposed as a dynamic, evolving guide.

Sub Specialty Interest Groups (SSIGs)

We are moving to the end of the term of lead for some of these groups. As is always the case some have been more active than others. I suspect we will need to develop care pathways with linked patient outcomes across all of OMFS. The obvious driver for this should come from these groups. Hopefully we will see movement in this area across all groups.

Treasurer's Report

Best wishes for the festive season. Austen Smith



As reported in Liverpool at the Annual General Meeting (AGM) in July this year, the financial situation of the Association remains healthy.

Wealth Managers

Following the "good business practice" principle for our financial guidance we changed from UBS to Cazenove Charity Investment Management (Schroders) after your Trustees held competitive interviews and engaged the latter for the coming three year period, based on their expressed understanding of our position as a Charity, and our needs for financial well-being. The relationship will be reviewed at each 3 year point, and to date the move seems to have been financially efficient and effective.

The AGM in Liverpool ratified the Trustees decision to apply similar "due diligence" principles to the auditing process and your Council and Trustees will hold similar discussions

with potential auditor companies to achieve the best possible business and auditing position, instead of blindly re-appointing the same company each year by tradition. Due to a recent increase in the threshold of charitable organisations' audit limits (as regulated by the Charity Commission) the Association is no longer required to undertake a full formal audit of the annual accounts. This will result in yet further savings by cutting administrative costs related to the formal auditing process. It is important that members understand no criticism is levelled at UBS or Baker Tilly, (our previous wealth managers and auditors respectively in past years). Both companies are eligible and welcome to tender for our business at each review.

The mainstay of our financial status in recent years has been the business relationship with Elsevier, publishers of the British Journal of Oral & Maxillofacial Surgery (BJOMS). To date this has been extremely successful and brought in considerable income from downloads and institutional charges around the world. The Impact Factor has been a key token of the

Journals world wide reputation, this has been buoyant but variable, but it is clear that a wider world appeal engages readers and clinicians and their demand for downloading many of the popular published articles brings a large amount to our overall Association finances.

Any member of BAOMS can support the Association by prompt payment of their annual subscription (**NOTE: no increase now for several years...!**) and by submitting and publishing good quality scientific and clinical material in the BJOMS – a true “virtuous circle” if ever there was one.

Financial support for you...

BAOMS has a number of ways to support our members' efforts. The amount available in a six month period remains at £60,000 totalling £120,000 for the year, as potential funding for suitable BAOMS/OMFS research projects, travel funding and general support for specialty-specific initiatives.

Research Grants

The Endowments committee continues to aim to attract well founded and scientifically credible bids for grants to individuals or research groups.

Directly commissioned research

The developing interest from the BAOMS/ OMFS research collaborative held in recent months and the energy shown by junior potential researchers is gratifying. In addition, the initiatives set by Professor McCaul should lead to fruitful projects. Could I urge seniors and supervisors to encourage their Trainees to apply for research funding from BAOMS using good quality and appropriate applications.

“We want our Association funds to be put to work...!”

Therefore and following discussions with our Association Research Lead, Professor James McCaul, the next specific areas for priority in research funding, to follow on from the previous areas of antibiotic use and enhanced recovery principles are:

Specific areas for priority funding

1. **3D /Virtual Space applications in OMFS**
2. **Multi-centre or National Research / Audit projects**

Any research project within these categories will receive priority consideration, again subject to compliance with Good Clinical Practice principles for research, and / or appropriate audit / clinical effectiveness standards.

If you have a potential project or an idea within these frameworks, please contact either the relevant Sub-Specialty Interest Group (SSIG), seek advice from the Research Lead, or prepare a suitable bid according to the universal standards for credible grant applications. Application forms are available on the BAOMS website or from the BAOMS Office.

Successful applicants are required to submit their resulting material in the form of articles to the BJOMS.

Travel Funding

Good quality training is available around the UK, Europe and the World. BAOMS will support suitable and appropriate educationally valuable attachments/ travel for Trainees and seniors alike (application forms and website information for the new categories of Travel funding) and there are special concessions for cross-UK travel for individuals (£100) or groups (£1000 limit).

**Deadline for submission of BAOMS research/travel grants:
1 August and 14 January**

Small Project Initiatives

Up to £1000 per prime and kick start simple research projects. These are subject to well-founded bids prepared to high standards. These applications can be considered in a shortened time frame and often a decision can be made within 4 – 6 weeks, so you do not have to wait for the next Endowments committee (6 months) to have an answer and potential funding support.

Mini-Grants (£100)

For supporting BAOMS/OMFS related activities such as sponsoring recruitment meeting administration costs (refreshments and room hire. Again, subject to a meaningful and detailed application and once approved, paid on receipts submitted. This will be my last Treasurer's Report as I demit the post in December 2015, and I wish Ian Holland your incoming Honorary Treasurer and Trustee all success in taking on and promoting the key role of Hon Treasurer of your Association. I am certain he will do well and he deserves your support.

And finally...

A final comment of thanks to Sarah, Susan and Andrew in the Office at “HQ” for BAOMS in the Royal College of Surgeons in London. It is a simple fact this job would be untenable without their on-going and wholehearted support and they deserve all our thanks for their efforts and commitment.

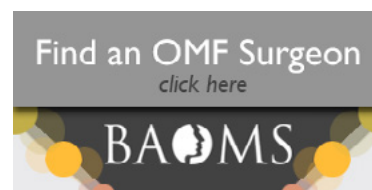
Annual subscriptions 2016/2017: There will be no increase to annual Membership subscriptions

Find an OMF Surgeon

All BAOMS Fellows are encouraged to visit the Find a Surgeon link (which has been emailed to all Fellows of BAOMS) and update their areas of surgical specialism. A new recently added feature is that you can add your own photo to the link.

We are hoping this will be a useful tool for patients as well as commissioners looking for OMFS surgeons with a particular specialism. Fellows can also list their private rooms together with any additional NHS hospitals and units where they practice.

Many thanks to those of you who have added your details and the link is now available on the open part of the website (in Patient Info) so that patients can search by name or postcode for surgeons in their area. Please do participate in this important initiative.



New system of certification for surgeons practising cosmetic surgery

The Royal College of Surgeons of England (RCS Eng) is introducing a new system of certification for surgeons designed to make the cosmetic industry safer for patients and enhance the reputation of the profession.

The certification system is supported by BAOMS and will be launched in 2016. BAOMS members who specialise in cosmetic surgery are encouraged to apply for certification. Certification, which will be awarded to eligible surgeons who meet strict criteria, will allow members to demonstrate the quality of care they offer and help guide patients to choose the right surgeon and hospital for their needs.

Mike Davidson, Chairman of BAOMS, said:

“ BAOMS welcomes this new system of certification which will benefit both surgeons and patients. The criteria has been developed over two years by the Royal College of Surgeons of England and the Cosmetic Surgery Interspecialty Committee. By achieving certification, surgeons will be able to demonstrate to patients that they meet the highest professional standards of training and a commitment to patient safety. A database of certified surgeons will help guide patients as they choose the right surgeon for their chosen cosmetic procedure. Our recommendation to our members is that they consider certification at the earliest opportunity. ”

To find out more about the certification system, as well as a range of new tools and services that will improve the quality of care for cosmetic patients, visit www.rcseng.ac.uk/surgeons/surgical-standards/working-practices/cosmetic-surgery/cosmetic-surgery

Prizes awarded at the Liverpool 2015 Annual Scientific Meeting

I would like to offer my congratulations to the following prize winners at the meeting in Liverpool this year. Full details of the prizes and eligibility for each are available on the BAOMS website.

President's Prize 2015

Neurovascular salvage techniques by vascular bypass - new technical developments and potential application in H&N microvascular reconstructive surgery.

Austen Smith, Sheffield Teaching Hospitals / Barnsley Hospital NHS Foundation Trust

Norman Rowe Clinical Prize 2015

Paediatric Temporomandibular Joint Ankylosis – Experience and Difficulties in Management.

Christopher Fowell, University Hospitals Birmingham NHS Foundation Trust

Paul Toller Research Prize 2015

Fibular osteotomy cuts - How close is too close?

Alastair Fry, Sheffield Teaching Hospitals NHS Trust

Members' Prize 2015

Functional vs anatomical buttresses of the skull base.

Jonny Stephens, University of Southampton

Clinical Poster Prize 2015

Dental Registration of UK OMFS Consultants and Trainees in 2015 – A significant change? Not 'ARF'.

Patrick Magennis, Aintree University Hospitals NHS Foundation Trust

Research Poster Prize 2015

Telemonitoring of free-flaps with handheld portable devices.

Alexander Goodson, Wales Deanery

SHO Poster Prize/Junior Trainee Prize 2015

Can screw-wire traction (SWT) be used as a sole method of orbital complex (OMC) fracture reduction? A prospective study of 70 consecutive patients (2009-2015).

Jonathan Bowman, NHS Fife

Pop-up Poster Prizes 2015

In addition at the Liverpool meeting we had two poster pop up prizes:

Quality of life (QoL) and patient reported outcome measures (PROMS) in radiologically NO (rNO) necks treated by Sentinel Node Biopsy (SNB) or Elective Neck Dissection (END)

Clare Schilling, Guys Hospital, London

Evolution in the management of Ranulas- A single surgeons change in practice between 2001-2014.

Alexander Hills, King's College Hospital, London

Intercollegiate Prize

BAOMS has also been notified by the Intercollegiate Specialty Board in Oral and Maxillofacial Surgery that the Intercollegiate Prize for Oral and Maxillofacial Surgery has been awarded to **Mr Alex Bobinskas** for his outstanding performance in the Intercollegiate Specialty Examination

Senior Prizes

In addition to the above prizes, I am pleased to announce that following the recommendation of the Endowments Sub-Committee Council has approved the award of the Down Surgical Prize 2015 to **Professor Velupillai Ilankovan** and the BAOMS Surgery Prize 2015 to **Mr Bhavin Visavadia**. Following our usual practice the awards will be presented at the awards ceremony in Brighton next June.

Winner BAOMS Trainer of the Year 2015

The winner of the BAOMS Trainer of the year 2015 was **Michael Nugent** with **Pinaki Sen** as runner up.

The winner of the BAOMS Trainer's Trainer of the Year 2015 was **Helen Witherow** with **Ceri Hughes** runner-up.

BAOMS

ANNUAL SCIENTIFIC MEETING

8 – 10 JUNE 2016 ■ BRIGHTON



As we head in to winter, the long warm summer days seem a long way off, but 2016 will be upon us very soon. So with great pleasure and honour I invite you to the South Coast for the Annual BAOMS meeting (8-10 June 2016), to be held at the recently refurbished Brighton Conference Centre, located right on the seafront.

The theme of the conference is Training and Innovation. I have tried to think 'outside the box' inviting speakers from various backgrounds outside of the specialty. The Presidents Lecture will be given by Miss Clare Marx, President of the Royal College of Surgeons of England. Professor Henning Schliephake will deliver the Norman Rowe Lecture entitled 'Is there a place for personalised therapy in OMF surgery?'

Niall Dickson, CEO of the General Medical Council will talk about revalidation and GMC issues, a leading barrister will discuss employment contract problems with trainees, Lord Ribeiro will tell us about current NHS issues and there are several other interesting keynote lectures. Four symposia are planned: current issues around surgical training, performance at work (to include an Olympic gold medallist), coping at the extremes of our specialty and the latest in radiology.

Rather than early morning master classes, there will be eight 'update' lectures open to all and covering the latest developments across whole remit of the specialty. Two breakout sessions will allow as many oral presentations as possible, plus we have a huge trade exhibition hall for posters!

The call for abstracts is already open, so please get writing and submit your work before the deadline of 12 noon GMT 19 January 2016.

I hope the educational programme, location and with luck some fine weather will make for a pleasant few days by the sea, and I very much look forward to seeing you there.

Peter Brennan
Vice President

Registration and submission of abstract

Online registration will be available via the BAOMS website in February 2016. There will be special rates for BAOMS members who are medical students, Fellows in Training, OMFS SHOs, OMFS Nurses and Foundation trainees. Contact office@baoms.org.uk to join BAOMS.

Poster and free paper abstract forms are available online.

Deadline for receipt of all abstracts:
12 noon, Tuesday 19 January 2016

General information

Social events

Wednesday 8 June 2016

President's Reception to include the Awards Ceremony: 1830-2030 (in the exhibition) at Brighton Conference Centre. All registered delegates and exhibitors welcome.

Thursday 9 June 2016

Annual Black Tie Dinner at the Brighton Centre – 1930 for 2000 to include pre-dinner drink, three course meal with wine/drinks. Tickets: £70 per person.

Medical Exhibition

The medical exhibition will run alongside the scientific programme. All coffee breaks and daytime catering and will take place in the exhibition area and also the poster displays. (Please contact the BAOMS office for further details about the medical exhibition and sponsorship opportunities).

Accommodation

Booking instructions for the various hotels will be available on the BAOMS conference website.

Fresh Reservations are the official accommodation agency and they have negotiated some very competitive rates in the local hotels.

The conference hotel will be The Waterfront Hotel which is a short walk along the seafront to the Brighton Conference centre.

BAOMS
BRIGHTON 8-10 JUNE 2016
www.baoms.org.uk

CALL FOR ABSTRACTS
SUBMISSION DEADLINE
12 NOON GMT TUESDAY 19 JANUARY

British Association of Oral and Maxillofacial Surgeons at The Royal College of Surgeons of England,
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