**BAOMS RSPA EVENT DECEMBER 5**

**The seven ages of a surgeon – the career of an OMFS!**

Inspiring undergraduates to start a career in oral and maxillofacial surgery (OMFS), and stay in the speciality, was compared to the seven ages of man by speakers who loosely based their presentations on Shakespeare’s play As You Like It for the recent BAOMS Regional Specialty Professional Advisors (RSPAs) study day.

Alastair Smyth, consultant OMFS and cleft surgeon at Leeds General Infirmary, set out to capture the imagination of the infantOMFS, but commented that recruitment and retention was “proving quite difficult throughout the NHS” and that it was a similar story of decline in the number of applications to OMFS.

**Turning the tap up**

Burn-out and bullying played a part in deterring students, he added, together with the further challenges of the second degree, the extra costs and length of training. Alastair Smyth said that the specialty needed to “turn the tap up” to recruit and retain OMFS students, and that BAOMS was helping to support this - and the RSPAs were a key part of the answer.

**Keeping OMFS students keen**

Kathy Fan, consultant OMFS at King’s College Hospital in London, explored how to support students through their second degrees, and asked: “How do we entice them to take a second degree and how do we keep them keen? We need to know what ‘good’ looks like – so let’s ask the students.”

She pointed to the scope of surgery and making a difference as the key to the “pull factors” for students, but added that the specialty needed to consolidate the student experience of OMFS and combine teaching and social events as a “sort of OMFS outreach”.

“So, what does good look like?” A regular income, mentoring, daytime working, interaction with OMFS, holidays, and a strong social network, she concluded.

**Work/life balance – it’s about working together**

The contribution that work/life balance makes to recruiting and retaining OMFS students was addressed by consultant orthopaedic surgeon at Eastbourne District Hospital Scarlett McNally. She said it was essential to prevent burn-out. After all, she added “we’re all part of the same team – it’s about working together”.

Get your students emails and thank them when they leave for their next rotation, she suggested.

**What price justice?**

Peter McDonald, a consultant general surgeon at Northwick Park and St Mark’s hospitals, probed into the increasing levels of litigation and what this means for surgeons today.

Solicitors, he said, often encourage patients to complain, adding that legal teams can get 40% of the pay-out if the patient wins: “Today any doctor may be challenged, and 5% of hospital doctors are sued and 5% are subject to regulatory proceedings,” Peter McDonald explained.

Medical defence is a huge burden, he said, where a surgeon in private practice can pay as such as £15,000 a year, adding that medical defence insurance had become a billion-pound business.

He feared that there is a move among surgeons to practice what he termed as “defence medicine” out of fear of prosecution. Litigation, he said, is in a state of flux and that there will be a huge shake-up in medical defence over the next two years.

**What happens to surgeons when things go wrong?**

Prof Siné McDougall, from Bournemouth University’s Department of Psychology, said when individuals deal with the impact if something goes wrong, we should not assume there is a fixed amount of resilience in any one person to cope: “It’s not something you either have or not.”

She highlighted findings from a national survey across different surgical specialties that found many people blamed themselves for errors – 55% said it was a lapse of concentration, and half of the surgeons questioned also admitted that they had not sought support from colleges when something went wrong. The survey uncovered high levels of burnout, which she said would reduce a person’s level of resilience.

**The biggest challenge of all?**

The final instalment, and perhaps the biggest challenge - when should surgeons retire? Not such an easy question to answer when there is no official retirement age in the UK. Professor Paul Ridgway from Trinity College Dublin commented that surgeons are not good at “judging ourselves”, but ageing and the brain means a decline in memory, dexterity, eyesight and cognitive ability.

“At the ages of 60 to 64 we have the same performance levels as juniors. What does this mean in terms of transitioning out of practice?” he asked, suggesting that surgeons need to consider a career change or semi-retirement or “perhaps we need an MOT every year like older drivers?” Professor Ridgway concluded.