Why?

- To gain as much information about current OMFS SAS grades in the UK
- To use information from survey to improve SAS training and job opportunities
- BAOMS has not had SAS grade representation in the last few years
Period of one month (May to June 2017)

Survey sent to all BAOMS Associate Fellows and to various OMFS units in the UK

54 respondents, 51 fully completed surveys

Results

Groups (n=54)

Primary qualification (n=54)

Other qualifications (n=53)

Other postgraduate qualifications listed:
European Specialist in OMFS
MSc in Primary Dental Care
MSc in Dental Implantology
MSc in Oral Surgery
MSc in OMFS
MSc in Dental Radiology
Membership in Surgical Dentistry (2)
FFD Oral Surgery
MFD or DDS
LLM
BSc
-31.5% have on call commitments
-46.3% involved in ward care of OMFS patients

Royal College membership (n=54)

Association membership (n=54)

Types of procedures carried out (n=54)
Do you have an up to date job plan with personal learning needs identified in your appraisal? (n=54)

- Do you have a regular annual appraisal? 77.49%
- Do you have a personal development plan? 72.22%
- Do you have an assigned clinical or educational mentor? 70.33%
- Do you have a personal development plan with personal objectives? 64.81%
- Do you have an up to date job plan with personal objectives? 57.41%
- Do your agreed personal objectives reflect your learning needs identified in your appraisal? 59.26%

What areas learning needs are related to (n=39)

- Clinical development: 81.58%
- Medical education development: 11.32%
- Leadership and management development: 7.74%
- Other: 5.13%

Types of training that would help to achieve learning needs in PDP (n=54)

- Training course: 67.32%
- Supervised training: 37.74%
- Formal accredited training/qualification: 16.98%
- Temporary secondment in another role/hospital: 11.52%
- Other: 4.00%

Study leave taken (n=54)

- Time away from work: 42.99%
- Study leave approval: 29.63%
- Budget: 25.93%
- Other: 1.85%

Reasons for not taking full study leave allowance (n=44)

- I am able to use all my study leave: 18.18%
- I am likely to be used all my study leave: 12.91%
- I am likely to use all my study leave: 34.09%
- I was unable to use all my study leave: 34.09%
- Other: 11.38%

Obstacles to personal development (n=53)

- Lack of funding: 38.3%
- Lack of support from service: 49.28%
- Difficulty obtaining services from other services: 18.87%
- I am fully supported: 26.42%
- Other: 5.66%

Other:
- "I have never been offered external courses unlike other members of staff"
- "Personal development not supported due to lack of support from consultant colleagues to deliver training in extended OS competencies"
- "Limitations in procedures you can perform"
Only 30% of respondents have a leadership role within the department/hospital.

Other roles: rota co-ordinator, SHO education

Only 30% of SAS grades are on the Oral Surgery Specialist List

Some comments regarding getting on to the list:

- “Very competitive to gain a training place”
- “I have no desire to work in general practice so do not see the need to be on the specialist register”
- “Formal training”
- “Lack of posts available”
- “Time and opportunity for developing a portfolio showing supervised training that the GDC would approve!!”
- “Publications”
- “Lack of support within the department”
- “Getting and acknowledged as a specialist. There is no clear pathway unless one goes back into formal oral surgery training, which is less than what I am currently involved with – at present the cases are more complex and more varied when compared to typical oral surgery”
“CESR route for oral surgery is not available”
“At present being a specialty doctor in OMFS you are left on your own, there is no support from the Oral and OMFS surgeons”
“The committee approving specialty registration not treating each application appropriately”
“Not recognising my Romanian specialist status- they ask for a large amount of documents for certification. I have tried twice each time more and more paperwork is required”
“Limited training jobs in the country”
“No structured route to enable entry onto specialist register. Narrow and dogged view of the Oral Surgery SAC over progress on CESR like routes for those with immense experience in Oral Surgery to the great detriment of the specialty, especially since there are not enough training posts to keep the specialty viable”
“I’m older with commitments of family. The system of national recruitment for specialist training is not an option for me!”
“Lack of direction and lack of support”

“Competition”
“Limited spaces for training and a poorly defined alternative pathway”
“Difficult to do 3 year full time specialty training course. I wish we could get the old method back to get onto the oral surgery specialist list”
“Time to organise and lack of directed help/advice”
“The lack of training opportunities to gain accreditation to the specialist list”
“Lack of training opportunities”
“No formally approved pathway in order to achieve this goal”
“It is impossible unless you do the training and at the moment I am overqualified to go through training!”
“No recognition for experience”
“No access to examination unless on training scheme”
“No available route at present”
“Lack of access to article 14 route”
“Lack of support mechanism by GDC”
“Lack of support from colleagues”
“Need to return to specialist training”
“Ineligible to sit Royal College exams due to lack of time spent in dedicated specialist training despite number of years experience”
“No ‘grandfathering’ onto list as previous colleagues benefited from”
“Difficulty in getting onto training programme, and difficulty in getting onto specialist register via CESR route, despite having adequate experience”
“Our own BAOS lobbied against most of its members from being eligible to sit the MOral Surg exam, and would be opposed to grandfathering also. So we are held back by our own professional organisations, where economic arguments would favour allowing us to be specialists and having the ability to work out in primary care”
“Recognition of training”
“Lack of proper route for equivalency (GDC option 7 is too vague and not intended for this route). Completing training is totally inappropriate after 17 years of essentially autonomous practice (if you could even get the job). A route similar to article 13 should be available”
“Access to StR training roles”

SAS Charter and funding opportunities (n=83)

- 43% have been on CPD courses specific to OMFS SAS grades
- 94% would be interested in attending a course specific to OMFS SAS grades

Out of 12 respondents who applied for funding, 11 were successful
Future plans

Career aspirations over the next 5-10 years (n=52)

<table>
<thead>
<tr>
<th>Option</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remain in current role</td>
<td>55.77</td>
</tr>
<tr>
<td>Join a specialty training programme</td>
<td>11.54</td>
</tr>
<tr>
<td>Return to dental practice</td>
<td>7.69</td>
</tr>
<tr>
<td>Join medical school</td>
<td>5.85</td>
</tr>
<tr>
<td>Leave the NHS</td>
<td>11.54</td>
</tr>
<tr>
<td>Retire from the NHS</td>
<td>7.69</td>
</tr>
<tr>
<td>Other</td>
<td>11.54</td>
</tr>
</tbody>
</table>

Summary

- majority (90%) dentally qualified
- most common procedures carried out by SAS grades: 3rd molars, biopsies, apicectomies, cyst management, management of impacted teeth
- only 33% of respondents are members of BAOMS
- many unaware of SAS charter, who their local SAS tutor is and majority have not applied for funding from SAS development fund
- not all SAS grades have a regular appraisal, PDP or up to date job plan which is vital as all clinicians must have this
- we aim to promote awareness of SAS doctor contracts and the SAS charter to enable more OMFS SAS grades to have a more tailored and defined job plan and PDP.
- this will enable SAS grades to have more freedom to decide what they want from their job and promote autonomous practice.
- using the survey results, we have started working on the AF section of the BAOMS website and also a proposal for a potential AF sub committee
Planning for the Future?

- Guidance for the development of autonomous practice for SAS doctors in OMFS
- Should apply to all new appointments
- Introducing quality markers to job plans and appraisals
- As per Schedule 4, para 9 of the 2008 SAS contract T&Cs of service, individual accountability and need for supervision arrangements must be agreed according to individual's competency as part of job plan
- National Study days aimed at development of SAS doctors in OMFS

Thank you