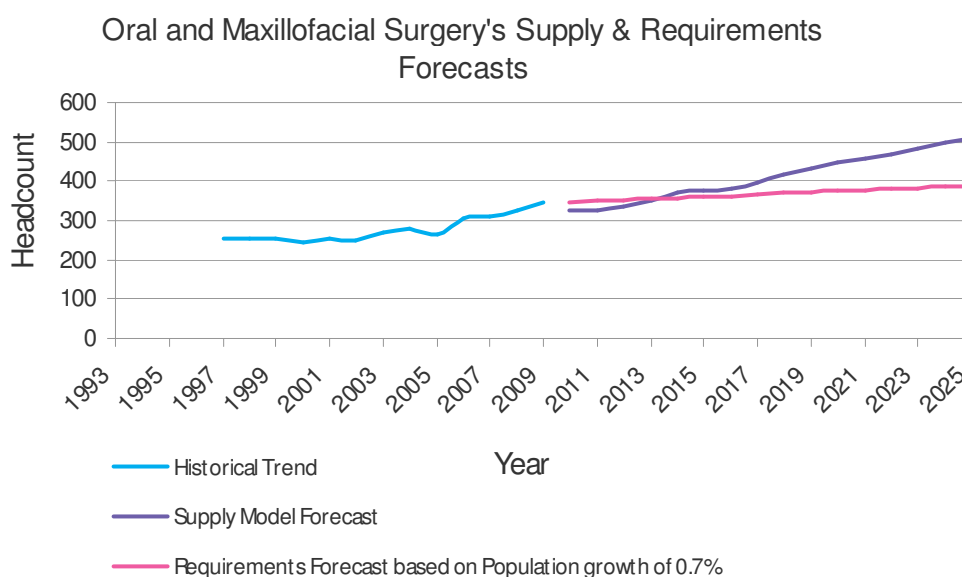


Specialty Group: Surgical
Specialty: Oral and Maxillofacial Surgery (OMFS)

Supply Forecast

An analysis of the expected requirements based on changing demographics alone reveals a required growth of approximately 0.7% per year.

Figure 1 – Supply and Requirements forecast (HC) for Oral and Maxillofacial Surgery

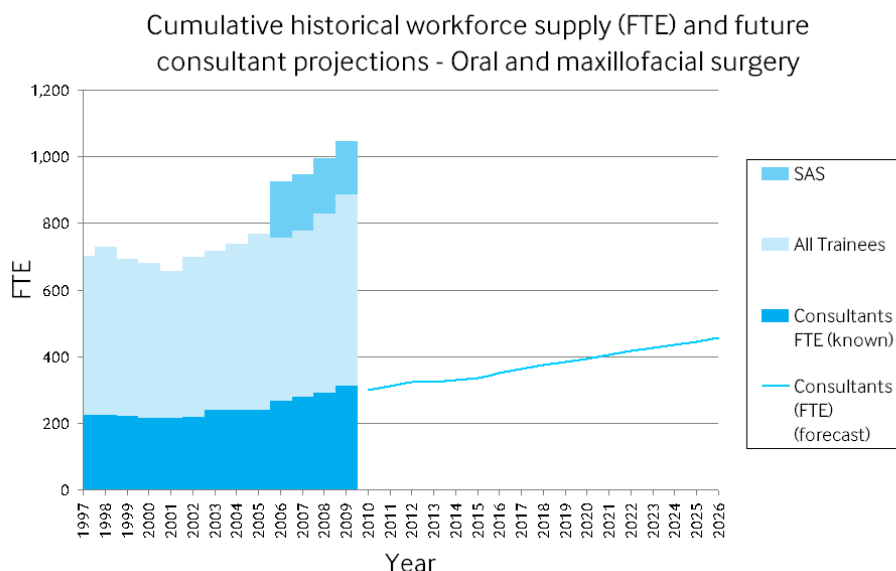


This supply and requirements forecast indicates the level at which Oral and Maxillofacial requirements will be due to population growth (pink line) and further shows the historical supply up to 2009 (blue line) followed by the forecast supply (purple line). This figure suggests that Oral and Maxillofacial surgery is moving towards meeting forecast population requirements.

A weighted capitation analysis suggests that based on a delivery of service based on the second highest capitated SHA, the specialty requires a total growth of 6.9%. However, if based on a delivery of service based on the second lowest capitated SHA, the specialty requires a reduction of 17.4%.

Estimated requirements

Figure 2 – Historical Supply (FTE) for Oral and Maxillofacial Surgery



The supply forecast model suggests that the supply of consultants over the next ten years is forecast to increase to 374FTE in 2018 (445 headcount) an average increase of 3.7% annually.

Table 1 – Geographic (by SHA) workforce distribution by weighted capitation

SHA	Weighted Capitation	Junior Doctors	Staff Grade	Specialty Doctor	Associate Specialist	Consultant
North East	5.9%	1	-1	-1	1	-3
North West	15.2%	2	1	-3	0	-12
Yorkshire & The Humber	10.8%	10	-1	5	-4	1
East Midlands	8.6%	-10	3	-2	-1	-5
West Midlands	11.2%	1	-7	-1	-4	-4
East of England	10.2%	-7	-1	2	3	3
London	14.1%	7	3	-4	-1	5
South East Coast	7.6%	-3	-2	1	3	10
South Central	6.6%	2	-3	3	2	0
South West	9.8%	-2	8	-1	1	4

The above table indicates that London and Yorkshire and the Humber SHAs are over-capitated in terms of both Junior Doctors and Consultants.

Analysis

- There is an existing consultant workforce of 310 FTE
- The training pathway is usually 5 years after completion of dental, medical and Foundation training
- OMFS is closely linked with the dental specialty of Oral Surgery
- Deanery monitoring suggests recruitment to trainee posts difficulties in 2009
- There is some geographical inequality across the country

Recommendation

It is recommended that this specialty needs to remain static as equilibrium will be attained by 2018.

The redistribution of existing posts from over-capitated to under-capitated areas could be considered subject to training capacity in those regions as well as an understanding of the difficulties in achieving this, such as the usual trainee age of 30 years and older.

Requirements for OMFS should be reviewed after the publication of the report of the Oral Surgery work stream of the Dental Programme Board of Medical Education England (MEE). This is expected in September 2010.

Each of our recommendations is exclusive of any MPET reduction. Assuming the MPET budget will be reduced, SHAs and Deans will want to modify these recommendations. (See section 4.3 of this report for more detail).