

British Association of Oral and Maxillofacial Surgeons

Oral and Maxillofacial Surgery (OMFS)

Information for CT applicants 2021 Recruitment Round (for posts starting August 2021)

Patrick Magennis and Jennifer Graystone

COVID 19 Related Issues	2
Brexit Related Issues	2
Trainees without MRCS whose MRCS Part 1 was prior to 2 nd degree may be time expired!	2
OMFS has some Run-Through Training (RTT) posts. Watch for new rotations in 2020	2
Check whether the Core School to which you are applying allows 'sign-off' of CT training in les 24 months	
Proof of dental registration required at time of starting post	2
What do OMFS Surgeons do?	3
Working with others	4
Why do OMFS as part of Core Training?	5
I'm interested – what do I do next?	5
Steps in Training in OMFS	6
Dually Qualified Applicants to Core Training – some special advice for this group	8
Dentistry First Trainees	8
Medicine First Trainees	9
Chart of Pathways for Training in OMFS	11
References	12

Important Issues

COVID 19 Related Issues

We have not written anything about COVID's impact on recruitment processes or person specifications across surgery in general and OMFS in particular. Please look at the latest guidance/advice/documents.

Brexit Related Issues

Similar to COVID, at the time of writing there is no clarity about the impact of Brexit on dental/medical qualifications or training requirements. Trainees whose dental or medical qualifications are not from the UK should check the latest information on the GDC and GMC website and also "Register their Interest in OMFS" using the link at www.baoms.org.uk to received relevant updates.

Trainees without MRCS whose MRCS Part 1 was prior to 2nd degree may be time expired!

The regulations around the MRCS have changed (this includes the ENT MRCS/DOHNS exam) to limit the time between Part 1 and Part 2 to 7 years. The regulations changed in 2017. There is at least one OMFS trainee whose exam falls outside this time period and will have to undertake an appeal to sit the exam. If this may apply to you, please contact BAOMS as we are lobbying for the regulations to change for OMFS trainees.

OMFS has some Run-Through Training (RTT) posts. Watch for new rotations in 2020.

Trainees with medical and dental qualifications who have not completed core training can apply to ST1 OMFS posts. These posts combine core training with higher training in a run-through post. Watch out for new regions being added to the original pilot programmes in KSS, North East, North West, and Mersey. At the time this guide was written, we are not sure how many posts there will be in the 2020 round or where these will be.

The OMFS SAC recommends all trainees apply for CT posts through National Recruitment as well as these RTT posts.

Check whether the Core School to which you are applying allows 'sign-off' of CT training in less than 24 months

Dual degree trainees applying for CT to pursue an ST post in OMFS who only wish to do 12 months CT should check with the head of school before committing to train in any particular region. We have heard that the South Coast School have been reluctant to sign off OMFS trainees after 12 months. The GMC support 12 months of CT for OMFS trainees so this approach by Core Schools is idiosyncratic.

Proof of dental registration required at time of starting post.

Since 2014 the requirements for a registrable dental qualification (BDS or equivalent) on the ST1 and ST3 person specifications state that proof is required at the time of taking up the post (not on application or selection). This allows application to ST1 posts (run-through training) and ST3 from those who are at dental school during application/selection but who will have qualified by the time they take up their post.

Introduction

Oral and Maxillofacial Surgery (OMFS) is an exciting, challenging and emerging specialty¹. It is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck². OMFS, sometimes shortened to Maxfac, is the second youngest of the ten surgical specialties in the UK and is expanding at consultant level both in numbers and in scope of practice. It has one of the best applications to appointment ratios of any surgical specialty in the UK at ST and at consultant level (approaching 1:1). However it also has the longest training pathway, as entry to specialist training is only open to those who hold both medical and dental degrees and have completed core training in surgery.

In spite of the long training pathway, studies have shown that trainees in OMFS become consultants at a similar age to other specialties ³. You require to hold a degree in dentistry and medicine to pursue this career although OMFS trainees often have access to shortened courses for their second degree, are given recognition of overlap of foundation training in medicine and dentistry, and complete shorter higher training compared to other specialties (5 years rather than 6). It is a recognised international specialty which, within Europe, is defined under the medical directives⁴.

This unusual training pathway was the first to be reviewed by the Postgraduate Medical Education and Training Board (PMETB) in 2007 ⁵ who found that it was fit for purpose because the nature of work undertaken by the specialty bridges dentistry and medicine. It its first review of training in a small specialty ⁶ the GMC said "The team were pleased with what they saw across the training programme in the UK, and found that the training programme was fit for purpose. Doctors in training and trainers were committed to the specialty".

Further information about careers in OMFS can be found on the Health Careers Website⁷ (https://www.healthcareers.nhs.uk/explore-roles/doctors/roles-doctors/surgery/oral-and-maxillofacial-surgery).

If you already hold both medical and dental qualifications, there is a special section for you at the end of this document. You should also have read the GMC position statement on OMFS published in 2011⁸.

What do OMFS Surgeons do?

Often seen as the bridge between medicine and dentistry, OMFS is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth (oral), jaws (maxillo), face (facial) and neck.

The core of the specialty is management of conditions of the facial skin and bones, oral mucosa and teeth. About half of referrals to OMFS come from dentists and half from doctors. The scope of the specialty is extensive and includes the diagnosis and management of facial injuries, head and neck cancers, salivary gland diseases, facial disproportion and congenital deformity, facial pain, impacted teeth, cysts and tumours of the jaws as well as problems affecting the oral mucosa such as mouth ulcers and infections. Unlike many specialities, it involves both soft and hard tissue surgery.

OMFS higher training covers the whole depth and breadth of the specialty. All trainees cover all areas to the level of competency, but trainees are increasingly choosing to develop an interest in one or more specialised fields of OMFS.

Core OMFS

For most consultants the core of their practice is the management of conditions of the face, teeth and jaws including facial trauma, serious facial infections, facial skin lesions, problematic teeth and cysts of the jaws and the diagnosis and management of problems of the face and jaws including facial pain and jaw joint problems.

Facial deformity and aesthetic surgery

To correct facial deformity and enhance facial aesthetics with the associated improvement in quality of life is an large part of OMFS. This includes cosmetic surgery and correction of congenital and acquired facial deformity. This includes surgery to move the jaw bones (orthognathic surgery), to change the shape of the nose, facial skin, and muscles. Training Interface Group (TIG) Fellowships in Aesthetic Facial Surgery are available for OMFS trainees as well as trainees from other surgical specialties.

Head and neck cancer

Removal of the tumours and subsequent reconstruction, including microvascular free tissue transfer. Trainees with this interest often complete extra training in the form of a training interface group (Head and Neck TIG) fellowship before they finish their training.

Craniofacial Surgery

Correction of congenital or acquired facial deformity primarily to improve oro-facial function, but also often to overcome facial disfigurement and restore quality of life.

Salivary Gland Surgery

Surgery for inflammatory, neoplastic (benign and malignant), and obstructive diseases of the salivary glands including removal of the glands and minimally invasive surgery removing stones from ducts.

Jaw Joint Surgery

Conservative and surgical management of conditions of the temporo-mandibular joint including total jaw joint replacement and arthroscopic treatments.

Cleft lip and palate surgery

Primary surgery on babies and also later surgery to manage the problems with growth of the jaws. Trainees with this interest always complete an interface fellowship before they finish their training.

Facial trauma

Treatment of facial soft and hard tissue injuries of the face including craniofacial structures. Facial trauma surgeons often work closely with neurosurgeons, ophthalmic and oculoplastic surgeons as they rebuild severely injured patients.

Implants and Pre-prosthetic Surgery

OMFS surgeons place osseo-integrated implants in the mouth and face to retain dentures/crowns and to hold facial prostheses for the rehabilitation of cancer and trauma patients. They also perform surgery to prepare the mouth for dentures.

Research

OMFS has a vigorous and growing research group ⁹. There are research fellowships specifically aimed at OMFS trainees ¹⁰ and Academic Clinical Lectureships (ACL) and Fellowships (ACF) available at some times.

Working with others

Due to the nature of OMFS, surgeons often work alongside a variety of specialists in other fields. Multidisciplinary practice shared with accident and emergency, ENT surgeons, clinical oncologists, plastic surgeons, dermatologists, ophthalmologists, psychiatrists, oral physicians, orthodontists, restorative dentists, radiologists and neurosurgeons are the rule rather than the exception. They also work closely with professions allied to both medicine and dentistry, who would be too numerous to list but include maxillofacial technicians, speech and language therapists, dieticians, and specialist nurses (including cancer and cleft).

Why do OMFS as part of Core Training?

Choosing a rotation in core training that includes OMFS will expose you to a specialty that might not have been part of your undergraduate medical course. There are not many CT posts that rotate to OMFS, but if you are interested in OMFS, there is great value in applying for one to get a taste of the specialty.

a) Help you choose a career in OMFS

Considering how few CT posts have OMFS, a disproportionate number of those who get a taste for the specialty are so enthused by the nature of the work, that they go on to apply to study for a second degree in dentistry and enter higher training. Medicine first trainees are very successful in national recruitment rounds to OMFS.

b) Improve your portfolio if you want to train in Plastic Surgery, ENT, Neurosurgery, Ophthalmic Surgery, or Dermatology

If you know (or think you know) that OMFS is not for you, but are aiming for one of the specialties which also practice in the head and neck region, CT in OMFS will give you a valuable background to practice in this complex area that is unique and will be valuable in your future specialist training.

c) Generalist Surgical Skills

For core surgical trainees who have ambitions for non-head & neck specialties such as general surgery or orthopaedics, OMFS rotations offer enthusiastic training in core surgery. Because many OMFS consultants have undertaken core training as 'mature trainees', they have a unique attitude to training. They want their trainees to get training in surgery, not training as administrators or clerks. Hands-on surgery in clinics and theatre is what makes those who get a taste for OMFS want to go and get a second degree and stay on in the specialty.

Remember however, one of the current requirements is to pass MRCS and you may need to consider CT rotations which expose you to general surgery/orthopaedics/A&E/Critical Care to allow you to pass this.

I'm interested - what do I do next?

The British Association of Oral and Maxillofacial Surgeons provides information to anyone who is interested in the specialty. Just click the link from the home page of the association's website www.baoms.org.uk and add your information using the 'Register your Interest in OMFS' link.

Steps in Training in OMFS

Details of the OMFS curriculum and assessment is available on the General Medical Council website at http://www.gmc-uk.org/education/oral and maxillofacial surgery.asp

E-Logbook – the only logbook approved for OMFS trainees

If you are aiming for OMFS, we recommend all core trainees record their operative experience on the eLogbook rather than the ISCP logbook www.elogbook.org. Information from the eLogbook can be imported into the ISCP.

Junior Trainee Programme in OMFS (JTP OMFS).

Anyone aiming for a career in OMFS should consider joining the JTP OMFS run by the British Association of Oral & Maxillofacial Surgery (BAOMS). This is an educational and mentoring scheme which runs parallel to any other training (including during second degree studies) prior to entering higher training. An application requires the support of a Training Programme Director in OMFS. Contact BAOMS for more information or register your interest in OMFS using the link on the front page of the BAOMS website www.baoms.org.uk

One benefit of membership of the JTP OMFS is that members have their Intercollegiate Surgical Curriculum Programme (ISCP) fees supported by BAOMS (if they do not have to pay them anyway as part of their job). This is also available during the second degree.

Continuing Recording of Training – Intercollegiate Surgical Curriculum Programme (ISCP)

Higher Training in OMFS is assessed throughout the five years in a similar way to other Higher Training in surgery. The Intercollegiate Surgical Curriculum Programme is an on-line system used to record this progress. For members of JTP it is also used to record experience during pre-ST posts of whatever type.

Second Degree

Trainees require both medical and dental degrees. In the past, most OMFS trainees have come from dentistry before training in medicine, but this is changing. The majority of second degree students work in local OMFS departments during their second degree, gaining experience and earning some money. The Junior Trainees Group of the OMFS Specialty association the British Association of Oral and Maxillofacial Surgeons collects up-to-date information about which universities run shortened courses and their entry requirements.

Membership of the Faculty of Dental Surgery (MFDS¹¹, MFD¹², MJDF¹³)

The MFDS and its cousins are the dental equivalent of the Membership of the Royal College of Surgeons (MRCS). It is a little complicated but well explained ¹⁴ on the website www.maxfaxsho.co.uk. The majority of those with dentistry as their first degree will obtain an MJDS before or during their medical training. However, an MFDS is not a requirement for entry into specialist training.

Membership of the Royal College of Surgeons (MRCS)

The requirement for entry into specialist training is the MRCS examination. The route to this point will vary with the primary degree taken but will require a minimum of 1-year medical foundation training and 1-year in core surgical training.

Higher training in OMFS

From 2014 OMFS has had a 'mixed economy' for higher training with some posts being 'run through training - RTT' from ST1 and others having entry at ST3. This means that in some posts trainees apply from the second year of foundation training and their core surgical training will be part of their higher training i.e. one will 'run-through' into the other. In other posts, trainees will apply from Core Training.

In some specialties, such as neurosurgery, there are only 'run-through' posts. In others, such as general surgery, trainees can only apply from Core Training Posts. Because of the many and complex routes by which trainees can come to OMFS, the specialty has decided to maintain both routes into higher training.

ST1 Post in OMFS in some regions

All higher training posts in OMFS are appointed through a national process co-ordinated by the Severn Deanery ¹⁵. This process happens once per year in spring. The person specification for ST1 run-through training posts mandates two degrees but, unlike ST3, the MRCS is not a requirement. Trainees apply from Foundation Year 2 or from the final year of their dental degree studies. The appointment process takes place in the Severn Deanery in Bristol. All those who reach the standard required during selection are offered posts based on their ranking and their preferences. If there are more successful applicants than posts, the successful applicants will be offered any posts that become available between recruitment rounds (for up to 3 months after the selection process). The person specification is on the specialty training website. http://specialtytraining.hee.nhs.uk/specialty-recruitment/

ST3 Post in OMFS

All higher training posts in OMFS are appointed through a national process co-ordinated by the Severn Deanery ¹⁶. The person specification ¹⁷ mandates two degrees and the MRCS as is on the Modernising Medical Careers website http://www.mmc.nhs.uk/. There are two recruitment rounds per year, a major round in Spring, and a minor round in autumn. Deaneries with vacant posts will enter them into the process, and then the appointment process takes place in the Severn Deanery in Bristol. All those who reach the standard required are offered posts based on their ranking in the selection process and their preferences. If there are more successful applicants than posts, the successful applicants will be offered any posts that become available between recruitment rounds (for up to 3 months after the selection process).

Intercollegiate Fellowship of the Royal College of Surgeons (Oral and Maxillofacial Surgery)
Specialist training is a continuum lasting five years with an exit FRCS examination taken towards the completion of specialist training. The format of this exam is similar to that of the other surgical specialties.

Completion of training and Award of Certificate of Completion of Training (CCT)

After successful ARCP outcomes and passing the FRCS (OMFS), the Surgical Trainee (ST) will be awarded a Certificate of Completion of Training (CCT) in Oral & Maxillofacial Surgery and register with the GMC on the specialist list in Oral & Maxillofacial Surgery, thereby becoming eligible for appointment as a Consultant in Oral & Maxillofacial Surgery within the NHS. Trainees whose dental degree was obtained outwith the European Union will have to pass the Overseas Registration Exam (ORE) before they can be awarded their CCT as a UK registrable dental qualification is required. From 2014 they must have a registrable dental qualification to enter training. The situation of trainees from the EU may change following Brexit, but this is currently unknown.

Interface Fellowships and OMFS

Interface groups in cleft lip and palate, head and neck, and aesthetic surgery have developed competitive entry fellowships in these sub-speciality interests. Trainees who wish to practice within these sub-specialty areas apply toward the end of their specialist training for a small number of interface training posts, which provide advanced training in these areas. OMFS trainees are very well represented in the successful applicants for these fellowships.

Dually Qualified Applicants to Core Training – some special advice for this group

GMC Position Statement on OMFS published in 2011

All those with dual qualifications should have read GMC position statement on OMFS published in 2011⁸. It explains the GMCs view on Foundation duration and timing, and duration of Core Training. Most trainees who qualify in medicine first and enter dentistry without completing Core Training will have a longer delay between Foundation and Core than the CT Person specification allows. The GMC has agreed that dental training and OMFS posts can count as foundation refresher for the purposes of CT application. They recommend trainees document this and discuss with their Postgraduate Dean.

Proof of registrable dental qualification required at time of starting post.

For applications to ST1 and ST3 the requirements for a registrable dental qualification (BDS or equivalent) have changed: Dental registration (or proof of a registrable dental degree) is required at the time of starting a post (not on application or assessment). The opens application to ST1 posts (runthrough training) to those who are currently at dental school.

All Applications to CT with Dental and Medical degrees may be reviewed by the OMFS SAC

All applicants who have medical and dental qualifications used to have their applications reviewed by OMFS SAC members. The purpose of this review is to avoid the accidental exclusion from the CT application process of applicants whose training pathway differs so much from their singly qualified colleagues. If you have any problems during the application process, please get in touch with BAOMS Chair, Mr Magennis.

Be sure to place both degrees on your application form!

Clearly your application cannot be directed to the OMFS team if you do not put both degrees on your application form.

The other advantage of putting your dental degree on your application form is most surgeons realise that those with dual qualification are better than average.

Applying for CT/FTSTA or other locums outside the National Process – OMFS SHO posts = DF2 or DCT posts

If you apply for CT posts outside the national process, I would advise you NOT to call your SHO posts in OMFS, SHO posts and do not specifically mention OMFS (a medical specialty). Instead call them Dental Foundation posts or dental career development posts or Dental Core Training posts. Calling SHO posts by that name i.e. SHO has resulted in some people being long-listed out in the past. Avoiding the title SHO will avoid your being long-listed out by accident because the person spec for CT excludes people who have worked for more than 1 year as an SHO.

Dentistry First Trainees

'Dentistry first' trainees with dual qualification can no longer apply to CT from FY1

The General Medical Council reviewed this practice and decided it was illegal. However they recognise that some individuals may have left FY1 to take up another post without completing two years Foundation Training. Any individuals in this position will have their case reviewed if they apply for CT.

'Dentistry first' trainees with dual qualification applying for CT from FY2 with MRCS

Some dually qualified trainees pass their MRCS during FY2. This will not exclude you from applying for CT.

The other option for this group would be to apply for entry to run-through training at ST1 in the deaneries that offer this.

Medicine First Trainees

GMC Position Statement on OMFS published in 2011

All those with dual qualifications should have read the GMC position statement on OMFS published in 2011⁸. It explains the GMC's view on Foundation duration and timing, and duration of Core Training. Most trainees who qualify in medicine first and enter dentistry without completing Core Training will have a longer delay between Foundation and Core than the CT Person specification allows. The GMC has agreed that dental training and OMFS posts can count as foundation refresher for the purposes of CT application. They recommend trainees document this and discuss with their Postgraduate Dean.

'Medicine first' trainees with dual qualification who left Foundation training in FY1

In 2011 the General Medical Council reviewed the practice of allowing OMFS trainees to 'skip' FY2 and decided it was illegal. However they recognise that some individuals may have left FY1 to take up another post or to start dental studies without completing two years Foundation Training. Any individuals in this position will have their case reviewed if they apply for CT after completing their dental degree. This is mentioned in the GMC 2011 position statement mentioned above.

'Medicine first' trainees without MRCS who did not work in or complete CT before their dental degree.

If you have passed Part A before your dental degree, you may have to apply for your Part 2 using an appeal process as your Part A may be time expired. A trainee is going through an appeal at present, when news is available we will share it with everyone who has joined the 'register your interest in OMFS' website via www.baoms.org.uk

If you have worked part-time in training or locum posts during your dental degree, it will not count against you when applying for CT.

The timing of your CT in relation to post-graduate experience in dentistry (Dental Foundation) is a matter of judgement and opportunity. The MRCS is a key requirement for entry into ST3 and you cannot progress without this.

The new option for this group would be to apply for entry to run-through training at ST1 (if you are not still studying dentistry).

'Medicine first' trainees with MRCS who did not work in CT before their dental degree.

If you passed your MRCS during your dental degree, but have not worked in CT, then the advice of the SAC in OMFS is to work in CT to consolidate your surgical experience. The only exception would be if you have documentary evidence of completion of all aspects of CT whilst you were studying dentistry.

The other option for this group would be to apply for entry to run-through training at ST1 which can now be done from final year of your dental degree.

'Medicine first' trainees with MRCS who worked for at least 12 months in but did not complete CT before their dental degree.

You do not need to apply for CT unless you lack CT competencies that can only be achieved in a CT rotation. The OMFS SAC recognises the MRCS as proof of acquisition of CT and it is THE requirement (in addition to both degrees) to apply for ST3 in OMFS.

Your time might be better spent in a postgraduate dentistry post such as an OMFS career development/Dental Foundation 2/OMFS SHO post with a view to passing your MFDS (Membership of the Faculty of Dental Surgery – dentistry's MRCS).

'Medicine first' trainees without MRCS who completed CT / BST before their dental degree.

Your CT experience will exclude you from entering CT again. The OMFS SAC recognises the MRCS as proof of acquisition of CT and it is THE requirement (in addition to both degrees) to apply for ST3 in OMFS.

You should apply for a postgraduate dentistry post such as an OMFS career development/Dental Core Training/OMFS fellow post and aim to pass your MRCS ASAP. Look for posts in hospitals with access to surgical firms useful to pass the MRCS and seek support from your surgical colleagues. If you are successful in passing the MRCS, you should aim to pass the MFDS (Membership of the Faculty of Dental Surgery – dentistry's MRCS).

'Medicine first' trainees with MRCS who completed CT/BST before their dental degree

There are 3 main options here:

- 1) You can apply to ST1/3 to start immediately after dental school. You need to have a BDS at the time of starting the post, rather than the time of application
- 2) You can do VT to gain some practical dental experience and an NHS performer number
- 3) You can take a year out as a Trust fellow in OMFS

The main thing to think about is whether you feel more OMFS experience would be useful prior to starting your Higher Surgical Training

For those entering run through ST1 they can have a more specific OMFS/dental training in ST2 OMFS than might be provided by a Dental Core Training post (if the training programme feel this is additional training is necessary).

For those who meet the person specification for entry to ST3, they may not have the opportunity to consolidate their dental experience and may have a less strong portfolio for OMFS experience than they would have if they spend 6-12 months working in an OMFS Career Development post before applying to ST3. This may be important if you are aiming for a particular post.

Chart of Pathways for Training in OMFS

OMFS training pathway with dental primary degree

When training is described as optional, minimum or essential, this is in relation to the current person specifications for entry into higher training in OMFS.

	Primary Degr	ree	Fo	oundation 1	Core training	; 1	Second Degree		Foundation 2		Core training 2	
Details	Dental Degree (eg	g BDS)	Den	tal Foundation	Dental (OMFS) Core Training (DCT)		Medical Degree(eg MBChB)		Medical Foundation Training		ing Core Surgical Training	
Duration (years)	5			1	0-2		3-5		2		1-2	
Milestones	Registration with at end of degr		attending	n dental practice and formal education 1 ay per week.	MFDS exam OMFS Core Dental Competencies		Provisional Registration with GMC at end of degree		Full Registration with GMC after first year Completion of Foundation competencies		Acquire Core Surgical	
Notes			Required t	sential for OMFS to join NHS dentistry rformers List"	needed for most she	CT and MFDS optional but eeded for most shortened medical courses		MFS trainees work in S units during their second degree	In past, successful OMFS trainees have progressed after 1 year of foundation		12 months minimum (prior training allowed to shorten time in CT)	
+												
	ST1	s	ST2	ST3	ST4	ST	75	ST6	ST7	Inte	erface Fellow	Award
Details	Core surgical training		nd OMFS emed							Pre-C	CCT fellowships	Of CCT
Milestones	Core training competency Pass MRCS							ARCP 1 for ST6, apply for FRCS (OMFS)	Pass FRCS (OMFS)			In
Notes		mileston in ST1 trainee meet O	Needed if nes not met or if the needs to MFS core etencies	Trainees who have completed MRCS and 12 months of core training and achieved core training competency enter here					OMFS is different from other surgical specialties having 5 years rather than 6 of higher training	Cleft ma 12 i con Traum	and Neck is 12 months. ay extend beyond months (until isultant post). a and Aesthetic owships are <4 months	OMFS

Notes

- 1. Shortest total training time is 18 years (or 13 years after completion of first degree)
- 2. OMFS trainees will do <u>either</u> Core Training (CT1 CT2) <u>or</u> the first year(s) of Specialty Training (ST1). Medicine first may do two years of CT, but dual degree CT/ST is usually one year if the trainee can pass their MRCS and acquire all CT competencies in 12 months. This reduction is in recognition of surgical training acquired working in OMFS during previous 7-10 years of work and studies.
- 3. A minimum of 12 months of core training, completion of OMFS core dental competencies and a pass in the MRCS examination is required for progress to ST3 from Core Training (CT1-2) or to move from Specialty Training (ST1-2) to ST3.
- 4. Trainees may apply from Foundation 2 (medical foundation training) to ST1 run-through posts. (Red arrow ←)

OMFS training pathway with medical primary degree

When training is described as optional or essential, this is in relation to the current person specifications for entry into higher training in OMFS.

	Primary Degree Found		lation 1	Core training 1		Second	Degree	Foundation 2			Core training 2			
Details	Medical Degree(eg MB BCh) Medical Four		undation Training C		e Surgical Training	Dental Degre	ee (eg BDS)	Dental Foundation			Dental (OMFS) Core Training Or Re-enter CT if CT not completed before dental degree		ted	
Duration (years)	5			2		1-2	3-	5	1			6/12 – 2 years		
Milestones	Provisional Registration with GMC at end of degree Comp			ation with GMC first year n of Foundation petencies Ac		Pass MRCS quire Core Surgical competencies	Registration at end of				Pass MRCS if not already Acquire Core OMFS com		J 1	
Notes					Some trainees apply for to second degree after medi foundation or during con They must complete core their dental degree		Most OMFS trainees work in OMFS units during their second degree			Most OMFS trainees do not do this. Required to join NHS dentistry "Performers List"		core experience. Trainees can apply		oly
→														
	ST1		ST2	ST3		ST4	ST5	ST6		ST7	Interface Fellow		Award	
Details	Core surgical training		and OMFS Themed								Pre	e-CCT fellowship	Of CCT	
Milestones	Core Training Competency pass MRCS							ARCP 1 for ST6, apply for FRCS (OMFS)		Pass FRCS (OMFS)			In	
Notes		milestor ST1 or needs to	Needed if nes not met in if the trainee o meet OMFS ompetencies	Trainees who completed MRC months of core and achieved training compo- enter here	S and 12 training core etency					OMFS is different from other surgical specialties having 5 years rather than 6 of higher training	Cleft 1 c Tra	ad and Neck is 12 months. may extend beyond 2 months (until consultant post). uma and Aesthetic ellowships are <4	OMFS	

Notes

- 1. Shortest total training time is 18 years (or 13 years after completion of first degree)
- 2. OMFS trainees will do <u>either</u> Core Training (CT1 CT2) <u>or</u> the first year(s) of Specialty Training (ST1). Medicine first may do two years of CT, but dual degree CT/ST is usually one year if the trainee can pass their MRCS and acquire all CT competencies in 12 months. This reduction is in recognition of surgical training acquired working in OMFS during the previous 7-10 years of work and studies.
- 3. A minimum of 12 months of core training, completion of OMFS core dental competencies and a pass in the MRCS examination is required for progress to ST3 from Core Training (CT1-2) or from runthrough Specialty Training (ST1-2) to ST3.

References

¹ Oral and Maxillofacial Surgery (article from Student BMJ) http://archive.student.bmj.com/issues/01/12/careers/464.php

² Careers in Oral and Maxillofacial Surgery on NHS Careers http://www.nhscareers.nhs.uk/specialtytraining/oral-and-maxillofacial-surgery.shtml

³ Maxillofacial training is no longer than other surgical specialties. Cameron M, Westcott L. Ann R Coll Surg Engl. 2008 Mar;90(2):146-9.

⁴ DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 7 September 2005 on the recognition of professional qualifications http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF

⁵ PMETB report on training in Oral and Maxillofacial Surgery (OMFS) http://www.gmc-uk.org/OFMS Report.pdf 30377405.pdf

⁶ Review of training in OMFS http://www.gmc-uk.org/Review of training in Oral and Maxillofacial Surgery.pdf 57894516.pdf

⁷ Explore roles of Oral and Maxillofacial Surgeons on Health Careers https://www.healthcareers.nhs.uk/explore-roles/surgery/oral-and-maxillofacial-surgery

⁸ GMC Position Statement on OMFS 2011 http://www.gmc-uk.org/OMFS Position statement Dec 11.pdf 46365958.pdf

⁹ Research Group at British Association of Oral and Maxillofacial Surgeons http://www.baoms.org.uk/page.asp?id=450

¹⁰ BAOMS / Saving Faces Research Fellowship http://www.savingfaces.co.uk/research-mainmenu-52/212-the-british-association-of-oral-and-maxillofacial-surgeons-saving-faces-facial-surgery-research-foundation-research-fellowship.html

Membership of the Faculty of Dental Surgery in Edinburgh http://www.rcpsg.ac.uk/Examinations/Dental/Pages/mem_spexamsMFDS12.aspx

¹² Membership of the Faculty of Dentistry Royal College of Surgeons in Ireland http://dentistry.rcsi.ie/wp/?page_id=24

¹³ Diploma of Membership of the Joint Dental Faculties http://www.mjdf.org.uk/mjdf-examination

¹⁴ Membership of the Faculty of Dental Surgery rules explained http://www.maxfaxsho.co.uk/~maxfaxsh/index.php?title=The_MFDS

¹⁵ Severn Deanery Website http://www.severndeanery.nhs.uk/

¹⁶ Severn Deanery Website http://www.severndeanery.nhs.uk/

¹⁷ Person Specification for ST3 in OMFS in 2011 http://www.mmc.nhs.uk/pdf/PS%202011%20ST3%20OMFS.pdf