# Introduction

The British Association of Oral and Maxillofacial Surgeons initiated in 2018 its quality improvement and clinical effectiveness programme, the Quality and Outcomes in Oral and Maxillofacial Surgery (QOMS).

The QOMS projects aim to assess the quality of care received by patients against existing recommendations or by developing benchmarking tools and build capacity and expertise in quality improvement and clinical effectiveness across OMFS departments in the UK and the Republic of Ireland (initially).

The QOMS programme has developed in concert with sub-specialty interest group leads, deputy leads and BAOMS members. A series of six audits for the following subjects: oral and dentoalveolar, oncology, orthognathic, reconstruction, non-melanoma skin cancer and trauma, has been developed. A series of registries e.g. salivary gland malignancies and patient-specific implants is also being developed for the subsequent phase of this initiative.

In the second phase of QOMS, BAOMS and Saving Faces will be proposing to fund 10 OMFS units to employ a data coordinator to support the project in collaboration with the clinical team to ensure high quality data collection for the QOMS audits (the job description for the data coordinator position will be made available later).

This application will ensure that the BAOMS QOMS team has all the information and commitment from interested units necessary to ensure that the project will be successfully implemented.

This form should be completed and submitted electronically to [office@baoms.org.uk](mailto:office@baoms.org.uk) by the 15th December 2020.

# Trust and hospital details

## Trust details

|  |  |
| --- | --- |
| Trust name: |  |
| Address: |  |

OMFS activities taking place within the Trust:

Oral and dentoalveolar (ODA)  HN Oncology  Orthognathic

HN Reconstruction  HN Skin cancer  OMFS Trauma

Other, give details:

Other, give details:

Other, give details:

## Hospital details

Provide the name and addresses of all hospitals within the Trust where OMFS activities are taking place (add as many lines to the table as necessary):

|  |  |  |
| --- | --- | --- |
| Hospital name | Hospital postcode | OMFS activity |
| *Hospital 1* | *AA1 4ZZ* | *Dentoalveolar, oncology…* |
|  |  |  |
|  |  |  |
|  |  |  |

Provide the approximate local population served by the unit(s):

## Surgical workload

Provide the number of the below procedures carried out between April 1st, 2018 and March 31st, 2019 (if not applicable, N/A):

|  |  |
| --- | --- |
| **Procedure type** | **Number** |
| HN Tumour resection |  |
| Salivary gland cancer resection |  |
| Neck dissection |  |
| Sentinel lymph node biopsy |  |
| HN Reconstruction (all) |  |
| Free flap reconstruction (head and neck) |  |
| HN skin cancer excision (all) |  |
| OMFS Trauma (all) |  |
| Mandible |  |
| Orbital wall/floor |  |
| Third molar extraction |  |

# Clinical team details

## Consultants

How many OMFS consultants are currently employed in the unit?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Names | Which OMFS activities are they providing? | | | | | | | Year appointed to unit | BAOMS | |
|  | ODA | Oncology | Orthognathic | Reconstruction | Skin | Trauma | Other  (give details) | Membership status | Joining year specialist |
| *e.g. John Smith* |  |  |  |  |  |  |  |  |  |  |
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## Trainee Numbers

The number of Foundation level and Core level trainees:

The number of Specialty Registrars (StRs) with NTNs:

The number of Trust Grades/LAS/LAT/Other Fellows:

The number of ACF/ACL and Less than full time trainees:

The ratio of Consultants to Middle Grades:

# Unit outputs

## Involvement in previous quality improvement initiatives

Is your OMFS department currently involved or has in the past taken part in **national** audits or QI initiatives? Yes  No

If yes, which ones? *(If project not listed, use the empty rows)*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | When? | Number of cases submitted  (dk = don’t know) |
| BAOMS QOMS pilot |  |  |  |
| BAOMS COVID-19 service evaluations (OMFS Trauma and Dental Infection) |  |  |  |
| COVIDTrach |  |  |  |
| Perioperative Quality Improvement Programme (PQIP) |  |  |  |
| British Association of Dermatologists (BAD) NMSC audit |  |  |  |
| UK National Flap Registry |  |  |  |
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## Publications / Presentation at national or international conferences

**List of submitted or accepted publications (original articles, reviews, book, book chapters) form the unit in 2019**

(add rows as necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of 1st author | Article title | Journal | Pubmed ID |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List of abstracts and conference details attended by members of the unit in 2019**

(add rows as necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of 1st author | Abstract title | Poster / Presentation | Conference details |
|  |  |  |  |
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## Involvement in BAOMS activities

Over the past year, has any consultants or trainees undertaken any roles to support BAOMS?

Yes  No

If yes, give details below

# Details of DEPARTMENTAL Clinical Lead and QOMS Local Clinical Lead

|  |  |  |
| --- | --- | --- |
|  | Departmental Clinical Lead | Local QOMS Clinical Lead (name of proposed clinician to take up this role for at least 3 years ideally) |
| Name: |  |  |
| Address: |  |  |
| Telephone |  |  |
| Email: |  |  |

**I *[Departmental Clinical lead]* confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.**

Signature: …………………………………………………………….

Date: …………………………………………………………….

Email: …………………………………………………………….

**I *[Local QOMS Clinical Lead]* confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below.**

Signature: …………………………………………………………….

Date: …………………………………………………………….

Email: …………………………………………………………….

Hospital/Trust Medical Director or Chief Executive

*Please complete a separate form for each applying Hospital/Trust. This page must be printed and signed and either scanned and emailed or posted along with the electronic form submission.*

**I confirm that to the best of my knowledge, the information provided in this application is correct and up to date as of the date given below. I confirm that this unit is prepared to be exposed to scrutiny as part of the application process and to provide the top up salary in accordance with Government Health Departments.**

Name of Hospital/Trust:

Print name of Medical Director / Chief Executive:

Signature: …………………………………………………………….

Date: …………………………………………………………….

Email: …………………………………………………………….

Select: Medical Director / Chief Executive