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Editorial

Cleft and craniofacial surgery – how do we inspire and recruit the next generation of oral and maxillofacial surgeons?

The specialty of oral and maxillofacial surgery (OMFS) has changed enormously over the last 50 years. The progress has been hard-fought sometimes, and required drive, determination, and vision. The OMFS involvement in the management of patients with cleft lip and palate, or both[1,2] or craniofacial abnormalities,[3–5] have historically been contested areas of practice. However, dedicated surgeons have built our clinical presence in these sub-speciality areas both in the UK[6] and across the world.[7]

When Training Interface Group (TIG) Fellowships were created, OMF surgeons were there to be involved and included in all the TIG where they participate. Surgery for head and neck cancer, for cleft lip and palate, aesthetic surgery, and laser surgery were all open to OMFS trainees. As the administration of the TIG develops, sometimes with perceived changes in the balance of power within the process, OMF surgeons remain key stake-holders to avoid conditions or rules that unfairly prejudice the process against our trainees.

Recently, our representatives in these TIG have noted a reduction in the number of trainees from our specialty who are applying. There are also still reported difficulties from trainees in obtaining the appropriate experience to make them competitive applicants for TIG fellowship posts. As OMF surgeons we need to look for active ways to engage, inspire, and improve interaction with future generations of consultants. Trainees who express interest and show aptitude in these areas should be fully supported by clinical and educational supervisors and directors of training programmes. In regions where OMFS involvement in cleft and craniofacial surgery is less, trainers may need to go the extra mile to support their trainees in seeking this experience outside their immediate training region.

In 2017, as part of his role on the Council of the BAOMS, Alistair Smyth organised a workshop for all specialty trainees in OMFS to help them understand the process involved in applications to TIG and to improve their applications with a hands-on portfolio workshop. This has now become an annual event sponsored by the BAOMS. Feedback from trainees that have attended this workshop has been excellent. A message delivered by all faculty members at this workshop, time and time again, is to start preparing applications for TIG fellowships as early as possible. We now actively encourage junior speciality trainees to attend this workshop.

The role of OMFS in managing patients with cancer of the head and neck has been highlighted in television programmes, newspaper articles, books, and scientific papers. In the UK, OMFS provides most of the reconstruction for these patients, including for our colleagues in ENT. This is well known in the family of surgery, and many doctors decide to apply for dental school and aim for a career in OMFS to be reconstructive cancer surgeons. This should be supported fully but we should also raise awareness of other sub-speciality careers.

Cleft and craniofacial surgery has fewer patients, therefore fewer centres, fewer surgeons, and a lower profile in surgery and beyond. Within cleft and craniofacial surgery, our sister specialty of plastic and reconstructive surgery has traditionally been numerically stronger than OMFS. So what should we do to ensure that OMFS trainees continue to be the best candidates for these sub-speciality posts?

We need to look after our own house first. OMFS trainees should get exposure early in their training in the hope that they will be enthused. In the North West of England, Chris Sweet and Ben Robertson have created workbooks[8,9] to be used during these short "taster" visits to give them focus and purpose. When trainees show interest, they should be guided throughout their training to maximise the breadth and depth of their cleft or craniofacial training. There is support from BAOMS available for this. Later in training, a longer element (of six weeks) is needed to reach the level required by the curriculum and the FRCS (OMFS) examination. It must be noted that undertaking a prolonged placement in cleft or craniofacial

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surgery can only complement senior trainees' skills. Expertise in palatal surgery can be used to correct hyponasal speech, for reconstruction after excision of a palatal tumour, or to manage palatal fistulas. Craniofacial surgery helps a surgeon to be comfortable operating around the brain, provides confidence when dealing with complex facial trauma, and also helps us when operating with our neurosurgical colleagues.

BAOMS has asked Ian Sharpe as his portfolio on Council to develop what is known as our "youth" policy for the specialty, which includes teaching medical and dental students, targeting postgraduate dentists and doctors, and aiming to raise awareness in general, but increase recruitment in particular. Cleft and craniofacial surgery must be included in these events. Patients with a strong story to tell can be inspiring in person. Images from the care of children are visually stunning and emotionally moving. So how are we going to do this?

This is where "we," becomes "you". We need to be enthusiastic about our speciality. If we can't be, who will? Some suggestions for how to raise awareness include talking to students at local sixth form colleges or at your old school. Students may be inspired to apply to medical or dental school. Units could also consider having an annual invitational event or lecture for local medical or dental students. Events like these would educate and promote the specialty. Dental foundation and medical foundation schools run careers events, so find out when and where your local events happen and make sure OMFS is represented. Junior surgical conferences are a good place to spread the word too. Volunteer to speak at one of these events. Make sure people understand about cancer surgery, or any other part of OMFS. We all know that we don't all do the same jobs, but other people don't. Finally, we need everyone to take the opportunities that media activity creates. High profile patients, scientific success, and individual surgical brilliance: don't hide lights under bushels, but expose them to the photo-intensifiers of our public relations team.

If we inspire our trainees and our future trainees to consider a career in cleft lip and palate surgery or craniofacial surgery, our specialty's future will be strong.

Conflict of interest

We have no conflicts of interest.

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Marnie Fullarton
Specialty Trainee in Oral & Maxillofacial Surgery, HEENW
Chris Sweet
Ben Robertson
Alder Hey Childrens' NHS Foundation Trust
Anne Begley
Patrick Magennis*
Aintree University Hospitals NHS Foundation Trust
* Corresponding author.
E-mail addresses: anne.begley@aintree.nhs.uk (B. Anne), maxfac@doctors.org.uk, patrick.magennis@aintree.nhs.uk (M. Patrick)