

## Letter to the Editor

### No change in the teaching of oral and maxillofacial surgery to medical students

Sir,

We read with interest the recent paper by Hamid et al.<sup>1</sup> We commend them for publishing an excellent paper that further highlights the lack of teaching about oral and maxillofacial surgery (OMFS) and lack of awareness of the specialty among medical students.<sup>2</sup> Their findings echo our own, as we showed that 72% (183/253) of English medical students and 85% (318/374) of Irish medical students<sup>3</sup> had no exposure to it. Several years on, it seems that this has remained a trend, with 89% (178/200) of students<sup>1</sup> having had no clinical exposure. Despite it being a medical specialty (along with its origins in dentistry) it is clear that the current curriculum includes little or no teaching in OMFS. We understand that this might be difficult to change given the packed timetables that medical schools have already. However, it was encouraging to see that 36% of students in the recent paper had attended lectures on OMFS, which is a considerable increase compared with our data.

It should be noted that this problem is not unique to OMFS. Other surgical specialties, such as ENT, have highlighted the fact that junior doctors do not feel prepared when they leave medical school, and cite reduced clinical rotation times and less “hands-on” teaching.<sup>4</sup> Clearly, we need to think “outside of the box” to deliver OMFS educational material to undergraduates (both medical and dental) and there is much we can learn from these other specialties. For example, the use of video podcasts in ENT has had a positive impact on undergraduate learning. In this respect, it is encouraging to see that BAOMS has now assigned a council member the task of raising the profile of the specialty in both medical and dental schools, for educational and recruitment purposes.

An additional point we noted from this paper was the seeming lack of awareness among medical undergraduates of oral malignancy, its risk factors, and the referral pathway. Recent BAOMS-led initiatives, which sought to educate general practitioners<sup>5</sup> about its urgency and appropriate

referral, resulted in positive feedback from the Royal College of General Practitioners, postgraduate medical deans, and the national press. A similar approach could be used for medical undergraduates, and the use of social media seems to be an obvious and cost-effective method.

We think that this paper will further increase the pressure on BAOMS and others to implement initiatives to raise awareness of OMFS in medical schools at a “grass roots” level. That is, however, not to say that nothing is being done at the moment. Committed individuals should continue to integrate themselves into medical school teaching and education. A coordinated and well-funded national strategy is required to combine the enthusiasm of OMF surgeons with innovative new technology to improve awareness and reverse the trend of these findings and that of previously published data.

### Conflict of interest

We have no conflicts of interest.

### Ethics statement/confirmation of patients' permission

Ethical approval not required. Patients' consent not required.

### References

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