

Overview of changes to the new Oral and Maxillofacial Surgery Curriculum

Phases of training

Core/Initial and Intermediate and Final Stages of training have been replaced with 3 new Phases of training

Phase 1 is core surgical training CT1 +/- CT2 or ST1 +/- ST2 for run-through. Run-through training is for an indicative 6 years with progression from ST1 into ST3 where core competence has been achieved, including successful attainment of MRCS.

Phase 2 is ST3 to the point at which the trainee is considered by a group of supervisors to be eligible to sit the FRCS exam.

Phase 3 is from the end of Phase 2 to a point where the trainee is deemed competent professionally and technically to be recommended for award of a CCT

Rationalisation of the OMFS curriculum/syllabus

The syllabus is now arranged in 12 modules reflecting the management of particular conditions rather than the previous focus, at times, on surgical techniques. The knowledge and skills are more clearly defined to guide trainees and trainers alike. The previous syllabus was divided into the expected knowledge and skills for 'intermediate' and 'final' stages of training. They are now mapped to the phases of training and the level of knowledge required for the end of Phase 2 is that required of a day 1 consultant as this will be expected to be known for the sitting and passing of the FRCS examination. Many surgical skills will continue to be developed during Phase 3.

The previous syllabus was arranged into topic areas with a confusion between presenting conditions, areas of practice and surgical procedures

The modules describe the levels of knowledge and competence required for each phase of training but also allow trainees to use the curriculum to demonstrate they have the knowledge and skills to practice in a particular area of interest beyond that required for that of a day 1 consultant. They have been created by a module lead, usually the BAOMS SSIG lead and an SAC 'buddy'. To reflect changes in practice they include newer surgical procedures and a greater emphasis on the knowledge required for interdisciplinary working and non-surgical or adjuvant treatments.

Previous OMFS syllabus topic areas	Comments	New OMFS syllabus modules
Craniomaxillofacial Trauma	New subject areas to reflect change in practice and new advances	Craniomaxillofacial Trauma
Temporomandibular Joint	Considered to be part of the management of facial pain and now part of	Facial and Jaw Pain
Facial Pain	Considered to be part of the management of facial pain and now part of	Facial and Jaw Pain
Peri-operative Care	Content now implicit in knowledge and skills outlined	

	in each new module, CiPs and GPCs	
Salivary gland/neck swellings		Salivary gland
Head and Neck Cancer		Head and Neck Cancer
Facial Deformity	This topic focussed on the knowledge and clinical assessment of patients presenting with facial deformity rather than operative skills and will now be incorporated into the Jaw Deformity Module	Jaw Deformity
Orthognathic Surgery	This topic focussed on particular operations and will now be incorporated into the knowledge and clinical/operative skills required for the holistic management, in of patients presenting with jaw deformity	Jaw Deformity
Reconstructive Surgery	This topic outlined the knowledge, clinical and operative skills required for 3 surgical techniques. These are now incorporated into the relevant modules	Head and Neck Module Any module that includes harvesting of bone graft (non-free flap) or local flap
Insertion of Osseo-integrated Implants	Placement of intra-oral implants are incorporated in the Dento-alveolar and Conditions of the Jaw. Extra-oral implants are incorporated into the relevant modules	Dento-alveolar and Conditions of the Jaw Head and Neck Cancer Craniofacial Deformity
Patients Requiring Rhinoplasty	The knowledge, clinical and operative skills are now incorporated into modules addressing restoration or normal form and function	Craniofacial Deformity Aesthetic Restoration Form and Function
	Previously airway management appeared only in the Head and Neck Cancer topic. There is now a separate Airway module	Airway
	Knowledge and skills required for the management of conditions of the oral mucosa	Oral Mucosa

	has now been drawn together in a stand alone module	
	Management of the patient with cleft lip and palate has now been drawn together in a separate module rather than mixed up with the previous TiG syllabus	Cleft Lip and Palate
	Management of the patient with craniofacial deformity has now been more clearly defined in a new module rather than as part of the facial deformity topic	Craniofacial
	Skin cancer module has been created to reflect the management of this condition as a separate area of interest to Head and Neck Cancer	Skin Cancer

Critical Conditions are defined as those conditions that which are of significant importance for patient safety and demonstration of a safe breadth of practice. Across surgery, these are defined as any condition where a misdiagnosis could be associated with devastating consequences for life or limb. There is requirement for trainees to demonstrate that they have reached CCT competence in these conditions by means of formal WBAs

Index procedures are common but important operations central to the specialty, competence in which is essential to the delivery of safe patient care. These index procedures were decided following wide consultation with clinicians and trainers in the specialty.

Breadth of clinical experience is now more clearly defined. Certain elements of the curriculum can only be provided in certain units or areas. A recommended reasonable time frame for relevant exposure to facilitate the gaining of the required competence has been suggested by the SAC and experts in the field.

The aesthetic knowledge and skills of OMFS practice relate to the management of conditions and diseases of the face, jaws and neck which require restoration of normal form, function and psychosocial well-being.

Indicative numbers are now a formal part of the curriculum rather than a CCT guideline only. They remain a guide to indicate that the trainee has been exposed to a sufficient depth and breadth of the specialty to have developed the requisite knowledge and skills to practice as a day 1 consultant. The numbers have been extensively discussed with a wide range of trainers and trainees. Certain numbers have been reduced to reflect that which a body of trainers would consider is a reasonable number to develop the required level of competence in the majority of trainees. Other procedures require exposure to a relatively large number of cases to ensure experience of sufficient complexity.