

Appendix 4a: Index Procedures

OMFS requires technical skills to be achieved across a wide range of operative procedures as described in the syllabus. Assessment of a trainee's ability to carry out this full range of procedures is covered by the supervision level decisions made when assessing the shared CiPs via the MCR. These assess not only the necessary technical skills but the totality of capabilities required to carry them out. The index procedures are of significant importance for patient safety and to demonstrate a safe breadth of practice. They will be assessed individually by means of the Procedure Based Assessment (PBA), which will both provide formative feedback to the trainee and feed into the summative assessments of the AES Report and ARCP.

By certification (the end of phase 3) There should be documented evidence that an indicative two or more operations in each group have been assessed and recorded with a PBA at level 3a/b and one operation in each group at level 4a/b.

- Level 3 a: Procedure performed with minimal guidance or intervention (needed occasional help)
b: Procedure performed competently without guidance or intervention but lacked fluency
- Level 4 a: Procedure performed fluently without guidance or intervention
b: As 4a and was able to anticipate, avoid and/or deal with common problems/complications

Index procedures OMFS:

- Surgical removal of impacted and buried teeth
- Drainage of tissue space infection
- Surgical access to airway (tracheostomy/cricothyroidotomy)
- Repair of facial lacerations
- Reduction and fixation of fractures of the mandible (including open reduction of condyle)
- Reduction and fixation of fractures of the midface including nose
- Repair and grafting of fractures of the orbital floor
- Excision & reconstruction of facial skin defects
- TMJ arthrocentesis
- Bone graft
- Ramus osteotomy of the mandible
- Le Fort 1 maxillary osteotomy
- Removal of a parotid lump
- Neck dissection
- Raising and in-setting of free flap
- Oral resection of malignant tumour (Level 3)
- Microvascular anastomosis (Level 3)

Appendix 4b: Indicative numbers

Indicative operative numbers for trainees in Oral and Maxillofacial Surgery

Indicative numbers are to be used as a guide and are taken as one piece of evidence alongside WBAs and trainers' reports.

It is important for trainees and trainers to consider the whole breadth of the curriculum and not only the trainees' area of special interest. In consideration for support for an application for certification, the SAC must satisfy itself that the trainee has been trained in the whole curriculum. WBAs, trainers' reports and the logbook evidence this. The indicative numbers are a guide and not an absolute requirement in this process.

The penultimate year figures are a guide only and previous experience and future planned rotations must be taken into consideration.

Section 1 – Performed

Performed means that the trainee has completed the procedure with supervision (supervisor scrubbed or unscrubbed), or independently. In common with other surgical specialties, for a procedure to be attributed to a trainee, they should have completed 75% or more of that procedure. Where there is a variance from this, for example mandibular ramus osteotomies where a trainee can record performed if they complete one side (but not two procedures if they complete both sides) it is noted in the table. Detailed advice about the use of the logbook in OMFS is regularly distributed to trainees by the logbook lead for the specialty and can be requested from the SAC in OMFS. If the trainee's contribution was less than the required involvement, the trainee should record the procedure as 'assisted'. This percentage participation is somewhat arbitrary, and so we rely on the supervisor who validates the procedure record within the logbook to judge this and validate the logbook record in the context of the level of supervision recorded. Advice on how to validate records is available from the eLogbook website.

At Certification

Oral Surgery	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Wisdom teeth				80		100
Other extractions				75		100
Cyst enucleation				15		20
Exposure of teeth				10		15
Apicectomies				5		5
Extra oral I and D abscess				25		30

Salivary gland	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Submandibular				3		5
ECD parotid tumour				8		10
Partial parotidectomy				3		5

Trauma	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
# mandible				60		70
# maxilla (I – III)				4		5
# NOE, frontal				3		5
# zygoma				32		40
# nose				8		10
Open condyle				8		10
Orbital floor / wall				10		15
Coronal flaps				4		6
Facial lacerations				30		30

Cutaneous	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Biopsy or excision				50		50
Primary closure				30		30
Skin graft (FT, SSG)				20		20
Local flap closure				35		40

Airway	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Tracheostomy				15		20

Orthognathic	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Mandibular ramus >75% one side incl re-positioning and fixation				30		32

Maxilla >75% one side incl re- positioning and fixation				20		30
Segmental osteotomy jaw				1		2
Genioplasty				4		5

Oncology	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Oro-facial resection				3		10
Mandibulectomy				2		5
Maxillectomy				2		5
Neck dissection				25		35

Reconstruction	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Non vascularised bone or cartilage				2		5
Local skin/muscle flap				3		5
Micro (artery)				2		10
Micro (vein)				2		10
Raise free flap				2		10
Raise pedicled flap				1		2

TM Joint	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Performed						
Arthrocentesis				8		10

Section 2 - where experience of, rather than competence in, is required

Whilst trainees are encouraged to perform procedures in this section, it is recognised by the SAC that opportunities to observe or undertake these as part of formal courses is of value. Experience can also be gained from exposure to clinical work in the private healthcare sector that meets the JCST requirements ([JCST Principles for Training in the Private Sector Nov2018](#)). The indicative numbers include where trainees observe and assist these procedures, as well as performing them.

At Certification

Salivary gland	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Endoscopic mmt salivary gland				1		4

Cleft	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Lip surgery				3		5
Palate pharynx surgery				3		5
Alveolar bone graft				3		5

Aesthetic	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Blepharoplasty				3		4
Otoplasty				2		3
Rhinoplasty				2		5
Facelift				1		2
Neurotoxin				3		4
Filler/fat transfer				2		4

Craniofacial	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Fronto-orbital advancement Le Fort II / III / Monobloc Posterior distraction				1		2
Cranioplasty				1		1

TM Joint	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Replacement				1		2
Arthroscopy				2		3
Open procedure				2		3

Orthognathic	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Zygoma / orbital				2		2
Distraction				1		2

Implants / Preprosthetic	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Observed / Assisted / Performed						
Preprosthetic surgery				3		5
Osseo-integrated implant placement				3		5
2 nd stage or revision surgery				3		5