

## **Oral and Maxillofacial Surgery (OMFS) Syllabus Review 2025**

Please find attached the edited oral and maxillofacial surgery (OMFS) syllabus. Each edit has been referenced as numbered points and explanation given in the accompanying OMFS syllabus proforma. Please use both documents together.

The changes have all gone through rigorous scrutiny and are summarised below. From October 2023 to June 2024, they were examined by the sub-specialist SAC LM leads with involvement from doctors in training. In July 2024 they were presented to the JCST ISCP lead and discussed again at the SAC meetings on 6<sup>th</sup> September 2024 and on 17<sup>th</sup> January 2025, before being signed off on 2<sup>nd</sup> June 2025. The editing process has included collaboration and consultation with a broad group of trainers and trainees to be assured of equality, diversity and good geographical representation.

### **Summary:**

1. Virtual planning, which in recent years has become mainstream, has been added under Craniofacial Trauma.
2. In the jaw deformity section, the number of ramus osteotomies required has been corrected from 30 to 40, which was previously a misprint. Zygomatic osteotomy has been added, which was previously an inadvertent omission. Levels of requirement for Le Fort 3 osteotomies have been increased reflecting that this is now established practice and readily available to trainees in their own regions or when they do craniofacial placements out of region. Chin and malar alloplastic implants which have always been done have been added and were previously an inadvertent omission from the curriculum. The levels of requirement for interpretation of imaging have been increased to correct a previous typographical error in the curriculum. Non-surgical approaches have been added as they have become accepted practice.
3. Level 1 arthroscopy and TMJ replacement have been added under Facial Pain and TMJ reflecting evolution of practice and easier access to these operations.
4. Under Head and Neck, higher competence levels are expected in molecular pathology of cancer and in diagnostic processes, reflecting advances in pathological techniques. Medicine related osteonecrosis of the jaw (MRONJ) is increasingly seen in OMFS outpatient clinics as a complication of dentoalveolar surgery in patients on anti-resorptive and anti-angiogenic drugs, and its classification has been added which was an inadvertent omission from the previous curriculum. Dental implants and zygomatic implants are integral to prosthetic rehabilitation and were inadvertently omitted in the last curriculum.
5. Sentinel lymph node biopsy has become established practice and reflecting this, the levels of competence have been raised. The competence level for therapeutic lymphadenectomy for Phase 3 of training has been raised marginally and is more appropriate
6. Competence levels for correction of nasal deformity, septal surgery, secondary rhinoplasty techniques and harvest of cartilage graft have been raised reflecting the ease of availability and access of these surgical techniques to trainees in their own

training programmes, at aesthetic placements in other regions or when trainees assist in private practice.

7. Lowering of competence levels for peri-radicular surgery and removal of indicative numbers reflects an evolution in practice with less peri-radicular surgery being performed on teeth by OMFS and proportionately more done by specialists in endodontics. Additionally with advent of osseointegrated dental implants peri-radicular surgery is not a favoured treatment option.
8. Feedback from the trainee representative highlighted that Caldwell Luc antrostomy has been an inadvertent omission from the curriculum, which has now been included in the latest revision.
9. Following feedback from the trainee representative sinus lift crestal approach and sinus lift lateral approach have now both been added as these surgical techniques have been incorporated into mainstream OMFS practice.

For OMFS trainees this curriculum is a comprehensive narrative enabling them to become safe and competent consultants in the generality of the specialty.

Yours sincerely,

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