

the extended bone under local anaesthesia. Histopathological examination confirmed benign overgrowth of the dense cortical bone with a low content of trabecular bone. No recurrence of the lesion was observed two years after surgery.

Exostoses are protuberances of calcified bone which are designated according to typical anatomic location. Exostoses of the lingual side of the mandible and buccal side of the maxilla occur relatively often. Buccal mandibular exostoses occur very rarely, may have large dimensions and change the feature of the face. For that reason they might constitute a diagnostic challenge. They can, however, be surgically treated with no recurrence in long-term follow-up. Exostoses should always be differentiated from benign and malignant neoplastic processes by means of histopathological examination.

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OMFS

Only for the rich and privileged?

Sir, for many years focus has been placed on enabling access to higher education for those from lower socioeconomic backgrounds. Oral and maxillofacial surgery (OMFS) is a tough pathway regardless of one's financial stability; many other factors such as gender and ethnic background also appear to play a pivotal role.

A profession so highly respected has a questionable future since the increase in tuition fees and the potential implementation of the junior doctors' contract. It is making many junior trainees think over and over as to why we want to pursue a career in surgery. OMFS is unique, requiring one to be dual qualified.

As with any other surgical fields, in order to address learning needs, candidates are expected to undertake countless courses at their own

expense, rising into thousands of pounds with only a fraction of that amount being available through HEE funding. The Student Loans Company contract to provide a tuition fee loan for second degrees has elapsed.

An OMFS trainee will have around £90,000 of tuition fee debt before considering accommodation, travel and living costs plus dual registration and courses must be attended to progress, whilst there is no guarantee on pay protection.

It appears clear: there is a funnel system in place. Having a passion for the profession, being talented or wanting to make a difference through surgery is no longer enough. Where is the cut off? When does a trainee stop sacrificing sleep, money and family to make a dream come true? Is there a place for widening participation within surgery or has it become a profession for the rich and privileged? It may always have been.

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Hira Nazir is featured in this issue's A dentist's life (page 54)

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