Oral and maxillofacial surgery, oral surgery and surgical dentistry: better together

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Until the recent past, 'oral surgery' was a generic term which described a very wide spectrum of clinical practice. At one end of the spectrum, oral and maxillofacial surgery included the management of head and neck cancer and complex craniofacial anomalies. At the other end, a substantial amount of oral surgery was carried out in the general dental services: a range of practice central to dental undergraduate courses and described in such best selling textbooks as Howe's 'Minor Oral Surgery'. The long history of the expansion of medical knowledge and clinical expertise shows that progress is marked by the emergence and recognition of new bodies of expertise. History also teaches that the management of training and clinical practice must react to these changes. This process is evident in the development of Oral and Maxillofacial Surgery, Oral Surgery and Surgical Dentistry. The General Dental Council, building on the proposals of the former Chief Dental Officer for England Brian Mouatt, has set out a new framework around which clinical services are being developed.

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The principles which underpin any new configuration of clinical disciplines should be that effectiveness and efficiency of care and training are improved. Furthermore, reconfiguration must recognise core training and the anatomical region and physiological functions which are common to the component disciplines. In a European context, it must also take account of domestic arrangements, which include the introduction of surgical dentistry as a dental specialty in the UK. With this is mind and the obvious complementary roles of oral and maxillofacial surgeons and surgical dentists to deliver services in both hospital and community settings, there seems nothing to be gained by introducing oral surgery as a further speciality outside dental schools.

From the outset, the development of the major surgical component of oral surgery has been based on the application of dental knowledge to the management of patients with head and neck disease. This first occurred in the management of jaw trauma and, time and time again, this knowledge has helped improve standards of care for patients with neoplastic disease, facial deformity, orofacial infections and degenerative diseases of the jaws. This led to joint management of specialist training of oral and maxillofacial surgeons by the Joint Committees for Higher Training in Dentistry (now JCSTD) and Surgery (JCHST). In contrast, some practitioners have specialised, informally, in minor procedures, often in practices able to offer services under sedation and general anaesthesia. Importantly, practitioners at both ends of the spectrum have not abandoned their more traditional roles: most oral and maxillofacial surgeons carry out a great deal of minor surgery and family practitioners with an interest in oral surgery maintain their skills in general dental practice.

As long as degree courses in dentistry remain the foundation common to all three areas of clinical practice, dental schools have a central part to play. It is here, however, that the tensions of speciality development have particularly been felt. There have been many temptations, for example for oral and maxillofacial surgeons in university dental hospitals to cast themselves adrift from dentistry in an effort to be recognised only as surgeons. At the other end of the spectrum, it is a temptation to focus on the narrow problems of surgical dentistry and to abandon the research and teaching necessary to deal with those diseases of the head and neck where dental knowledge has fundamental importance. Clinical services and education would be the poorer if polarisation occurred. This, and the almost irreconcilable demands of training as a consultant oral and maxillofacial surgeon and as a clinical academic, explains why there is an essential place in dental schools for honorary consultant oral surgeons who are committed to excellence in teaching and research and who are major contributors of the evidence of clinical effectiveness which must underpin practice.

An example from my own hospital department in Cardiff, where the surgical specialists have particular clinical and research interests in head and neck oncology, implantology, facial trauma and pain control, serves to illustrate the need for teamwork. Undergraduate education includes attendance at ward rounds, the operating theatre and out-patient sessions where these are carried out. Therefore, dental students are able to learn at first hand from dental graduates about the management of patients with

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REFEREED PAPER
Received 04.11.98; accepted 26.01.99
 186: 366-367

advanced oral cancer. A narrow approach to education would limit the students' understanding of high quality care in cases such as these, from diagnosis in the clinic and pathology laboratory, through assessment jointly with radiotherapists, to major surgery, rehabilitation and palliative care. This seamless approach is what we would expect for our relations and dental undergraduate education is enriched by including it. Such teamwork teaches undergraduates how dentistry interfaces with hospital services and also encourages integration of dental specialists into the wider community of consultants in any hospital environment.

This article advocates a broad church approach to this reconfiguration of clinical services and training. In whichever circumstances they work, oral and maxillofacial surgeons, oral surgeons and surgical dentists have a great deal in common: much more than that which could, potentially, divide them. There is of course progress to be made in terms of facilitating collaboration. Potential but avoidable problems include the proposal to levy fees for specialist registration in dentistry: there are none in oral and maxillofacial surgery or any specialty recognised by the GMC, lofty isolationism either by surgical dentists in primary care or by oral and maxillofacial surgeons in the hospital service and turf wars in private practice. Based on the constitution of the Speciality Assessment Panel which is making recommendations to the GDC about specialist registration in this area, the efforts of the British Association of Oral and Maxillofacial Surgeons to support and enfranchise future specialists in surgical dentistry are very welcome, as is its advice to GMC registered oral and maxillofacial surgeons to register as surgical specialists with the GDC.

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Of greatest importance, perhaps, is the unique place of this new configuration of specialities, with one foot firmly planted in dentistry and the other in medicine. This is to the mutual advantage of patients, students and practitioners in both primary and secondary care. Dentistry and medicine would both lose in any separation and it would therefore be far better to strengthen links rather than weaken them.

BDA WEB SITE

Over the last few months the BDA's web site (http://www.bda-dentistry.org.uk) has undergone extensive redevelopment and will be launched at the BDA annual conference in Torquay. The site has many new features for both the dentist and the patient, as well as old favourites such as news releases and BDA fact files. Every page will have a link to the BDJ's web site.

On the homepage, you can enter the site via 5 different routes:

1. **Dentists - useful information for all dentists, plus some areas that will be password protected for BDA members. The free access areas will include links to other dentally useful sites, details of BDA conferences and seminars, information about new advances in oral and dental research, BDA policy statements, as well as an introduction to the many services provided by the BDA.**
2. **Media and Parliamentary - searchable archived database of news releases, fact files and briefings, as well as BDA policy statements**
3. **Public - frequently asked questions about dental services and oral health, dental facts and figures, details of the BDA accreditation scheme, information about careers in dentistry and illustrated explanation of 9 common dental treatments**
4. **News - current news items, contents page and summary of some articles from the latest issue of BDA News and explanation of what is new on the web site**
5. **BDA directory - what the BDA is and what it does**

Discuss any comments or suggestions you might have about the new BDA web site with Victoria Wilson at the BDA conference, or e-mail webmaster@bda-dentistry.org.uk.