Oral and maxillofacial surgery

Consultants in oral and maxillofacial Surgery (OMFS) deal with the diagnosis and treatment of patients with diseases affecting the mouth, jaws, face and neck.

This page provides useful information on the nature of the work, the common procedures/interventions, sub-specialties and other roles that may interest you.

Nature of the work

To enter higher training you need to be qualified in both medicine and dentistry since many of the conditions treated require expertise from both fields. This requirement for dual qualification is recognised by the EU and makes OMFS unique amongst the 10 surgical specialties in the UK.

Most OMFS specialists are dentists first, but an increasing number of surgeons are coming from a medical background and taking advantage of shortened dental courses.
The scope of the specialty is large and includes the surgical and non-surgical management of conditions of the hard and soft tissues of the face, jaws and neck.

Oral and maxillofacial surgeons work with patients of all ages from newborn babies to elderly people. They treat children who are born with or develop deformities of their skull or face including cleft lip/palate. Much of their work with young adults involves surgery following an injury or accident. In the older population they often treat oral cancer and skin tumours of the face and head.

In addition to performing surgery, oral and maxillofacial surgeons also deal with the non-surgical management of conditions such as facial pain, oral mucosal disease and infections.

“Surgery also uses a combination of practical and intellectual skills, which I enjoy”. Mr Alex Goodson, specialist registrar in oral and maxillofacial surgery, Morriston Hospital, Wales.

Read Alex’s story [1]

Common procedures/interventions

Common to all surgical specialties, OMFS procedures range from the relatively minor through to complex major surgery.

The more straight-forward procedures include dento-alveolar surgery which is the surgical treatment of disorders of the teeth and their supporting hard and soft tissues. For example, a dentist [2] may refer a patient with impacted wisdom teeth to an OMFS consultant.

Alternatively a general medical practitioner [3] might refer a patient with a basal cell carcinoma on their nose. These conditions may be treated via the outpatient clinic without the need for general anaesthesia. Instead a local anaesthetic perhaps with conscious sedation is used.

If the condition cannot be treated under local anaesthetic, the patient will be admitted for elective [4] surgery or as an emergency when a general anaesthetic is necessary.

Major complex surgery in OMFS is exciting, and often collaborative. It includes:

- craniofacial surgery for congenital problems
- cancer and injuries involving the skull base (working with neurosurgeons [5])
- facial surgery for cancer (working with oncologists [6], ENT surgeons [7], and dental specialists [2])
- skin cancer surgery (working with dermatologists [8])

Procedures undertaken by oral and maxillofacial surgeons include:

- surgical treatment of facial injuries – complex craniofacial fractures, fractures of the lower jaw, upper jaw, cheekbone, nose, and orbit (sometimes all of these together) and soft tissue injuries of the mouth, face and neck
- removal of head and neck benign and malignant tumours
- reconstructive surgery – including micro-vascular free tissue transfer
• removal of impacted teeth and complex buried dental roots
• removal of jaw tumours and cysts
• cosmetic surgery such as face lifts, eyelid and brow surgery and correction and reconstruction of the nose (rhinoplasty)
• temporomandibular (jaw) joint surgery
• salivary gland surgery – for benign and malignant lesions
• surgical treatment of cleft lip and palate and other congenital facial deformities
• surgery of skin lesions of the head and neck

Oral and maxillofacial surgeons use the latest surgical techniques to assist them in their work. For example CT and MRI scans are used to enable surgeons to view head and neck anatomy in three dimensions. The images can then be manipulated in order to produce virtual 3D models which help the surgeon to plan surgery. Based on these models templates and custom implants are made, which are specific to each patient.

The same 3D technology allows surgeons to view the complex structures of the face and skull base on a screen during surgery and use surgical navigation apparatus to guide the surgeon showing them exactly where their instruments are in relation to the scanned images – useful when so many vital structures are so close together.

More recently, further advances have allowed radiological imaging to be combined with 3D photography to further improve patient assessment and preoperative planning.

For some years oral and maxillofacial surgeons have successfully used micro-vascular surgical techniques to help transfer tissue from one part of the body to another. The tissue including bone can be transferred from the forearm, thigh, lower leg, pelvis or abdomen to the face or neck. The small blood vessels of the tissue are then connected to the recipient vessels in the neck.

Face transplantation combines an understanding of facial surgery and anatomy with micro-surgical skills. The first face transplant in the world was performed by an oral & maxillofacial surgeon in France.

**Associated sub-specialties**

Oral and maxillofacial surgeons are trained in all areas of the specialty and may remain generalists, but they often choose to specialise in one or more areas.

The main sub-specialties within oral and maxillofacial surgery are:

• head and neck cancer – removal of tumours and reconstruction
• craniofacial deformity and orthognathic surgery – the correction of jaw disproportion
• salivary gland surgery including using minimally invasive techniques to remove stones from ducts
• cleft lip and palate surgery
• oral medicine – diagnosis and treatment of conditions in and around the cervico-facial structures
• dentoalveolar surgery – treatment of teeth (including implants)
• trauma – treatment of facial soft and hard tissue injuries of the craniofacial structures
• aesthetic facial surgery
• jaw joint problems and facial pain
• facial skin surgery including removing facial cancers and tumours
• academic surgery – increasing numbers of OMFS consultants work in universities as senior lecturers, readers and professors. They often also have a surgical sub-specialty interest

Want to learn more?

Find out more about:

• the working life [10] of someone in oral and maxillofacial surgery
• the entry requirements [11] and training and development [12]
• two first-hand accounts of life:
  ○ as a specialist registrar in oral and maxillofacial surgery [1]
  ○ as a consultant in oral and maxillofacial surgery (OMFS) [13]

Pay and conditions Expand / Collapse
This section provides useful information about the pay for junior doctors (doctors in training), SAS doctors (specialty doctors and associate specialists) and consultants.

Find out more about the current pay scales for doctors [14], and there's more information on the BMA website [15].

NHS Employers [16] provides useful advice and guidance on all NHS pay, contracts terms and conditions.

Medical staff working in private sector hospitals, the armed services or abroad will be paid on different scales.

For OMFS trainees who work during their second degree, the exact nature of this work will have an important impact on their salary progression and their pension. Understanding this before starting second degree studies is vital, as something as simple as the wrong job title on a payslip can have a massive impact on future pay and pension. OMFS trainees are advised to contact the Junior Trainee Group of BAOMS (British Association of Oral and Maxillofacial Surgeons [17]) for up-to-date information as soon as they get a place to study for their second degree.

Where the role can lead Expand / Collapse
Read about consultant and non-consultant roles in oral and maxillofacial surgery, flexible working and about wider opportunities.

Consultant roles

You can apply for consultant roles six months prior to achieving your Certificate of Completion of Training [18] (CCT [19]). You will receive your CCT [19] at the end of your oral and maxillofacial surgery training.

Managerial opportunities for consultants include:

○ clinical lead - lead NHS consultant for the team
○ clinical director - lead NHS consultant for the department
○ medical director - lead NHS consultant for the Trust

Most NHS consultants will be involved with clinical and educational supervision of junior doctors.
Here are some examples of education and training opportunities:

○ director of medical education - the NHS consultant appointed to the hospital board who is responsible for the postgraduate medical training in a hospital. They work with the postgraduate dean to make sure training meets GMC standards.
○ training programme director - the NHS consultant overseeing the education of the local cohort of trainee doctors eg foundation training programme director. This role will be working within the LETB/deanery
○ associate dean - the NHS consultant responsible for management of the entirety of a training programme. This role will be also be working within the LETB/deanery

SAS doctor roles

There are also opportunities to work at non-consultant level, for example as a SAS (Specialist and Associate Specialist) doctor. SAS doctors are non-training roles where the doctor has at least four years of postgraduate training, two of those being in a relevant specialty. Find out more about SAS doctors roles. Within OMFS, most SAS grade surgeons are dentally qualified, a few are medically qualified, and a very few have both degrees.

Other non-training grade roles

These roles include:

○ trust grade
○ clinical fellows

Academic pathways

If you have trained on an academic OMFS pathway or are interested in research there are opportunities in academic medicine.

For those with a particular interest in research, you may wish to consider an academic career in OMFS. Whilst not essential, some doctors start their career with an Academic Foundation post. This enables them to develop skills in research and teaching alongside the basic competences in the foundation curriculum.

Entry into an academic career would usually start with an Academic Clinical Fellowship (ACF) and may progress to a Clinical Lectureship (CL). Alternatively some trainees that begin with an ACF post then continue as an ST trainee on the clinical programme post-ST4.
The Maxillofacial Trainee Research Collaborative provides another opportunity to become involved with and even lead national and international multi-centre trials, providing another stepping-stone into a career in academic oral and maxillofacial surgery.

Entry into Academic Clinical Fellow posts are by coordinated via the National Institute for Health Research Trainees Coordinating Centre (NIHRTCC). [21]

There are also many opportunities for trainees to undertake research outside of the ACF/CL route, as part of planned time out of their training programme. Find out more about academic medicine [22].

The Clinical Research Network [23] (CRN) actively encourages all doctors to take part in clinical research.

Other opportunities

There may also be opportunities to work in the private sector and overseas.

- Job market and vacancies Expand / Collapse
  This section provides useful information about the availability of jobs, how to find vacancies and sources of further information.

Job market information

There are around 338 consultants and 189 medical registrars in England (NHS Digital, 2016 [24])

In 2016, the competition ratio [25] for OMFS was 6.33 (NHS Specialty Training, 2016 [26]) OMFS trainees also apply through national recruitment for Core Surgical Training programmes where they have a good success rate. (The Core Surgical Training CR was 2.53 in 2016).

About 11% of oral and maxillofacial surgeons are women.

On this page we have information for England only. For information regarding Scotland, Wales and Northern Ireland please click on the links below.

- NHS Scotland workforce information [27]
- NHS Wales workforce information [28]
- Northern Ireland workforce information [29]

Where to look for vacancies

Applications for core surgery training are made via the Core Surgery National Recruitment Office. Further details including closing dates can be found on the Surgery Recruitment [30] website.

London and South East (LaSE) nationally coordinates the recruitment into Core Surgery Training round one (CT1) on behalf of England, Wales and Scotland. This training programme is open to those who may want to train flexibly on a less than full-time [31]
basis (LTFT). You can request and apply for this after you have been offered the job. Restrictions apply.

Health Education South West (Severn) Deanery coordinates national recruitment for oral and maxillofacial surgery training at ST1 [32] and ST3 [33] levels.

Registration and application for core surgery and specialist training is online via Oriel. Further details person specifications and application deadlines are also available on the Oriel [34] site.

Northern Ireland has its own recruitment process. For further details please visit the Northern Ireland Medical and Dental Training Agency [35] website.

- Further information Expand / Collapse

Organisations

British Association of Oral and Maxillofacial Surgeons [17]
British Medical Association [36]
General Medical Council [37]
Joint Committee on Intercollegiate Examinations [38]
Royal College of Physicians and Surgeons of Glasgow [39]
Royal College of Surgeons [40]
Royal College of Surgeons of Edinburgh [41]

Real-life stories

Maxillofacial surgery (BMJ) [42]
How to become an oral and maxillofacial surgeon (BMJ) [43]

Other roles that may interest you

- Plastic surgery [44]
- Neurology [45]
- Emergency medicine [46]
- Otorhinolaryngology (ear, nose and throat surgery, ENT) [47]


Links