Working life (OMFS)

This page provides useful information on the working week as well as any on call [1] and other commitments, along with information on who you will work with. The attractions and challenges of the job are also in this section.

“All OMFS consultants are enthusiasts. This is what I love about my specialty.

The dual degree nature of the specialty selects for optimism, application, and a touch of evangelism. Dental and medical students, foundation doctors and surgical trainees who are lucky enough to visit OMFS clinics and theatres, are very likely to catch this enthusiasm. If you have never heard of OMFS, or have heard of it and never experienced it, contact your local unit (there is a list on the British Association of Oral and Maxillofacial Surgeons [2] website).

Whilst I enjoy my work, with its range and its depth, it is spreading the word, training students, young doctors and dentists, which give me the greatest joy.

My spouse is an OMFS consultant too, so we are a household overflowing with enthusiasm for the specialty. We managed to combine training with a family and have a great work-life balance.” P Magennis – Consultant OMFS Aintree University Hospital Liverpool.

As with any surgical specialty your working day can be long – with early starts and late finishes. However the nature of current consultant job plans means that long working days mean time off somewhere else in the working week. Most OMFS consultants feel they have a good work-life balance. It is possible to combine training with family life, and increasing numbers of female surgeons are choosing this specialty.

You may work in a general hospital for routine surgery, or a specialist unit for more complex surgery.

Although surgery is your main responsibility, you will also be evaluating patients in outpatients’ clinics and emergency departments and attending ward rounds. Monitoring patients post-operatively is also a vital part of your job.

As a consultant you will still have your share of on call [1] duties during evenings, nights and weekends. There’s a certain amount of emergency work in oral and maxillofacial surgery:

- managing serious dental infections
- performing surgery after road traffic accidents or violent assaults
- airway issues
- management of major haemorrhage of the head and neck.

Many OMFS units work on a hub and spoke basis, with a central hub hospital dealing with major surgery and management of trauma, and spoke hospitals delivering outpatient and day-case care closer to patients' homes. This configuration of services means that on-call commitment is often spread across more consultants than in other surgical specialties.

The nature of OMFS on call [1] means that consultants are very rarely called in at night, but when they are it is usually to perform life saving surgery. The on call [1] demand is less than other surgical specialties.

Surgery is often long and complex and you may be working into the night on occasions, particularly for emergency cases. Elective [3] surgery is also part of the work, which can range from the straightforward to much more complex work. There is generally more elective [3] surgery than emergency work in oral and maxillofacial surgery unless your sub-specialty is facial trauma.

Oral and maxillofacial surgeons work closely with other surgical, medical and dental specialists (eg orthodontists/oral and maxillofacial pathologists) as part of multi-disciplinary teams both inside and outside the operating theatre.

Patients can span all ages, but young people aged 15-25 and older people aged 65 plus often predominate.

As with any area of surgery you'll have lots of administrative work to complete. This includes writing letters to referring medical GPs/dentists and patients, other paperwork, attending departmental and multi-disciplinary meetings and undertaking research and teaching undergraduate and postgraduate medical and dental students.

In the UK there are about 180,000 serious facial injuries every year. Around 25% of these injuries are the result of physical assault. Excessive alcohol consumption also accounts for 25% of facial injuries. A high proportion of injuries are suffered by young people in the 15-25 age group. Fewer facial injuries are now caused by road traffic accidents, due to increased car safety, but this is balanced by the increase in accidents caused by interpersonal violence. There is therefore a steady demand for the skills of oral and maxillofacial surgeons.

Oral and maxillofacial surgeons work as part of a team.

Within the operating theatre you will work with:

- other surgeons [8]
- anaesthetists [6]
- theatre nurses [7]
- medical students
- dental students
- doctors in training
- dentists in training
- operating department practitioners [8]

Outside theatre you will also work with a wide range of people including:

- patients and their families
- radiotherapy staff [9]
- nurses [10]
- administrative staff [11] and medical secretaries [12]
- orthodontists [13]
- speech and language therapists [14]
- dietitians [15]
- audiologists [16]
- other doctors and surgeons including neurologists [17], oncologists [18], and radiologists [19]

Once you are a consultant surgeon you will be leading and managing your team.

Attractions and challenges of the role

Expand / collapse

Although the job is demanding, oral and maxillofacial surgeons find their work very rewarding. The appearance of the face and neck are closely linked to our body image and self-esteem. Oral and maxillofacial surgeons often find that their patients are very appreciative – when they look in the mirror and see changes for the better.

Disorders of the face and jaw can affect so many areas of life, including not only appearance but also speech, social interactions and the ability to eat. Surgery really can be life-changing. Minimising scarring to the face and neck is extremely important within this specialty.

Oral and maxillofacial surgery embraces many aspects including other specialist areas
of medicine and dentistry for example performing cancer treatment and managing the complications of treatment. So you’ll need to be multi-skilled, and this makes your job even more interesting.

The lengthy training in oral and maxillofacial surgery is sometimes seen as a challenge but research has shown that consultants in OMFS are no older than consultants in other surgical specialties. The combined undergraduate training for medicine and dentistry is at least eight years. You will have to complete two years foundation medical training (but the GMC is considering changing this to one year for OMFS trainees who already have dental training).


Links
[1] https://www.healthcareers.nhs.uk/glossary#On_call
[3] https://www.healthcareers.nhs.uk/glossary#Elective
[12] https://www.healthcareers.nhs.uk/explore-roles/administration/medical-secretary-personal-assistant
[17] https://www.healthcareers.nhs.uk/explore-roles/medicine/neurology
[18] https://www.healthcareers.nhs.uk/explore-roles/radiology/clinical-oncology