The Future of Maxillofacial Surgery as a Specialty of Dentistry

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Received: 19 December 2016 / Accepted: 30 December 2016 / Published online: 16 January 2017
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Keywords Oral and Maxillofacial Surgery (OMFS) · Manpower resources · Statutory privileges in India · Training · Public perception about OMFS

Introduction

Predicting the future is always a tricky business. However it is important to make an attempt to scientifically mine for information that can indicate trends in a profession. This is particularly true of maxillofacial surgery which is in constant overlap with other surgical specialties. More importantly, Oral and Maxillofacial Surgery (OMFS) sits on the cusp between dentistry and medicine, throwing up numerous challenges in learning and adapting. The future of OMFS is inexorably linked to several factors which includes but is not limited to:

1. Manpower and training
2. Statutory provisions/privileges in practicing OMFS
3. Public perception about OMFS vis a vis other specialists

Manpower and Training

In the absence of a specialist register we can only guesstimate the number of qualified OMFS in the country. One can safely assume that there are about 6500 qualified Maxillofacial surgeons in India, based on the number of

graduating specialists (350) every year and the membership of the AOMSI, after allowing for about 30% of OMFS who are not affiliated to the association (Rai Manjunath, Report of the Hon. Secretary of AOMSI for the Year 2016, Ahmedabad, 2016). In the 1990s, almost all the OMFS were affiliated to teaching institutions. By 2020, <20% of the workforce will be tenured teachers, leaving the large bulk of professionals to pursue a career in private or corporate practice (Paul G, The Future of OMFS—are we on a slippery slope, delivered as part of the Dr MSN Ginwalla Oration of AOMSI, November 2012). This is a positive shift to enhanced clinical commitment despite the possibility of crowding and competition in practice. The relatively increased visibility of OMFS in health care also brings greater responsibility to the profession. As mentioned earlier, there have been significant overlaps and turf conflicts between OMFS and several other surgical specialties like plastic surgery, surgical oncology and otolaryngology. OMFS is a relatively new specialty that has taken ownership of several procedures that were traditionally with other surgical specialties. Examples include cleft and craniofacial surgery, oral oncology and hair transplant. It is therefore not surprising that many surgical specialists may perceive this as an encroachment. In a recent editorial in the Journal of plastic and reconstructive surgery, Jeganathan [1] has questioned the scope of Dental trained maxillofacial surgeons by scrutinising the credibility of the surgical and medical training in the dental curriculum. The answer to this lies in the uniqueness of OMFS being a surgical specialty of dentistry. While it is obvious that a comprehensive knowledge of dentistry and the gnathic system is a pre requisite to master many areas of maxillofacial surgical practice, it must be remembered that an extended medical and surgical training is also imperative. The privilege to operate in a complex area must

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therefore come from a convincing training structure that incorporates both medical and dental skills. For those with dental backgrounds this can only come about through an enhanced qualitative and quantitative training pathway that does not necessarily include additional qualification. This is crucial to the survival of the specialty.

Daniel Laskin, in a published speech in 2007, reviews the different existing training pathways in the world. He says there are 4 basic systems of education and training in oral and maxillofacial surgery: (1) that requiring only a dental degree, (2) that requiring both a dental and medical degree, (3) that requiring a medical degree and no or minimal dental training, and (4) that requiring a combination of dental and medical education, but not degree based (stomatology) [2]. Most countries including USA, South America, Asia and at least some countries in Europe require only a Dental degree combined with a rigorous residency leading up to a maxillofacial qualification. In several European countries and even USA there are opportunities to obtain a combined medical and OMFS degree in a reasonable period of time for those aspiring to be dually qualified [3]. In the absence of such a provision, countries like India, are left with the option of qualitatively extending the OMFS training to 4 or 5 years.

Statutory Provisions/Privileges for OMFS in India

The dental qualified persons are governed by the statutes of the Dental Council of India. Currently the Dental Council of India provides for a comprehensive 3 year programme that includes a syllabus and curriculum that exposes them to standard procedures covering the full spectrum of oral and maxillofacial surgery [4]. This provides a legal framework for the OMFS to function in. However, the qualification itself is only a licence to practice. Competence and eventual ownership of key surgical domains can only come from structured post qualification training. Today, several options are available through the AOMSI as well as through University and Institutional support. Most of these are not formally recognized by the DCI but they are credible training records to certify a higher level of proficiency. The survival of OMFS is therefore strongly linked to both statutory approval and training records.

Public Perception About OMFS

OMFS is a better known specialty today than it was a decade ago. Unfortunately, OMFS does not have the same public profile as the other surgical fields. This is largely

because OMFS is a recent specialty and the public perception about dentistry does not traditionally involve surgery. A number of published papers seem to suggest that the public as well as the medical community are not very aware about OMFS [5]. While this lack of knowledge is significant in India, it is a prevailing concern in several parts of the world. The AOMSI has in the last 2 years successfully focussed on creating awareness amongst the public by launching a series of campaigns in the media to coincide with OMFS day which is observed on February 13th every year.

Conclusion

Oral and Maxillofacial Surgery is, today, an established surgical specialty of both dentistry and medicine. The privileges accorded to maxillofacial surgery is the result of painstaking work by several eminent surgeons in India. It has fortunately obtained support from the statutory bodies like the DCI and the Clinical Establishment Act. An increase in the duration of formal post graduate training needs to be in accordance with International standards. The proposed 4 year MDS course is still to be fulfilled. The informal post qualification training programmes, currently available in several centres as certification and fellowship programmes, is also inadequate to meet demands. I would urge the new generation to heed the words of Abraham Lincoln who said “the best way to predict the future is to create it!” [6]

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