BAOS
BRITISH ASSOCIATION OF ORAL SURGEONS
Promoting excellence in Oral Surgery through education, training and research for better patient care

BAOS Newsletter
Issue 4 – 2024

BAOS Feature

Promoting the Specialty

Oral surgery as a specialty is expanding and future predictions show that a greater number of oral surgeons will be required to cater for an increasingly elderly population.

There are regions in the UK where additional numbers of oral surgeons will be required (East Midlands, South-West and North-West England and North Wales). In these areas there are insufficient training opportunities and although there will always be limited resources, we are engaging with stakeholders to create training opportunities to plan for future demands on oral surgery services.

BAOS Council members play a pivotal role in informing groups such as HEE's 'Distribution of Oral Surgery training post task and finish group'. There have been a number of meetings where issues have been discussed and stakeholders (e.g. NHS England, RCS Specialist Advisory Committee) have been given insight into some of our training issues.

To provide oral surgeons in areas of increased need, we need to have sufficient trainers and trainees, in the hope that some trainees will remain in their training region on qualification. These are the trainers of the future.

To continue to develop oral surgery, I would also like to highlight the importance of oral surgery research and academic oral surgery training.

BAOS have a joint pump priming grant in conjunction with the Royal College of Surgeons of England where funds up to £10,000 are allocated to be used to develop research ideas. These grants are designed for early stages of research (FDS Pump-Priming Grants Scheme — Royal College of Surgeons (rcseng.ac.uk).

Currently, academic oral surgery training is limited but these are also not as popular as NHS training opportunities and they attract fewer applications. The National Institute for Health and Care Research (NIHR; 2024 NIHR Academic Clinical Fellowships in Dentistry | NIHR) provide academic oral surgery training posts (NIHR ACF) throughout England. These are centrally funded by NIHR and NHS England in a joint project. They offer 75% clinical training and 25% research training and for surgery it is a minimum of 3 years full time (or equivalent part-time) training and provide the opportunity to develop research in addition to clinical skills.

A trainee is expected to have masters level research training and develop an idea for a PhD research project so that after 3 years and success in the Membership examination, they can take up an Academic Clinical Lecturer position and complete a PhD.

NIHR are the main providers of academic research training in England and these centrally funded posts are advertised via Oriel and national recruitment. There are some academic training posts in Scotland and Wales that are funded by local providers not centrally so look out for those as well as they will be advertised locally.

Personally, I have found an academic oral surgery career very rewarding due to the variety and opportunities that have been provided and I would encourage future oral surgeons to consider this career.

Kate Taylor
BAOS Council Member

Spotlight

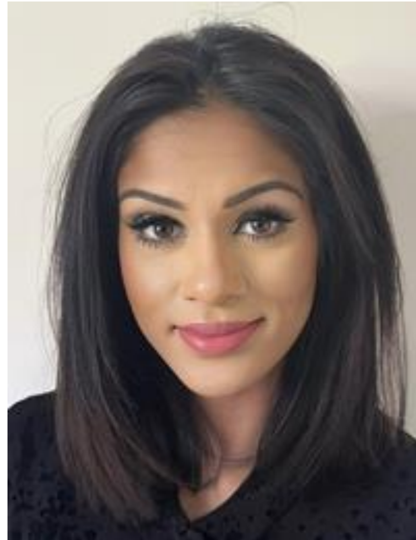
Shaping the future: BAOS innovations and milestones in 2024

The British Association of Oral Surgeons (BAOS) remains a leading force in promoting excellence within oral surgery through ongoing education, advocacy, and innovative practices. They take particular pride in their significant role in developing clinical guidelines and offering resources that empower both practitioners and patients to achieve the best outcomes in oral healthcare.

Recently, BAOS successfully hosted the 2024 Annual Scientific Conference in March, held in Newcastle-upon-Tyne. This event brought together hundreds of oral surgeons from across the country to engage with a diverse array of speakers and topics, reflecting the latest advancements in the field.

In addition to their conferences, BAOS continues to deliver regular webinars on various topics as part of their dedication to continuous professional development. These webinars, which cover surgical techniques, patient management, and cutting-edge research, have been met with enthusiastic feedback, with growing attendance at each session.

Moreover, BAOS is committed to enhancing member benefits, most recently through their rewards scheme, which offers exclusive perks for healthcare and leisure activities. As one of the newest members of the BAOS council, I am excited to contribute to a team that is consistently pushing forward the boundaries of our specialty for the benefit of both professionals and patients alike!



Sarah Jadun

BAOS Council Member

A modified consent process for looked after children

I have recently had the pleasure of providing care for several children and young adults who are officially referred to as "looked after children" (LAC). You may be more familiar with the phrase "children in care" which is often a term that has been used interchangeably in the past. [1]

It is more common for these patients to be seen in my role in secondary care following a referral for treatment which often requires a general anaesthetic.

This group of patients have often not always had the best start to life and it's important that we do everything within our ability to ensure that their care is provided in a way to reduce their anxiety and to avoid unnecessary stress.

Unfortunately, it has been my experience that these patients often have their surgery postponed or in the worst-case scenario cancelled on the day due to poor communication and lack of securing valid consent in advance of their surgery.

In the hospitals where I have worked it has been "the norm" for children and young adults to attend their initial consultation with their carer, often a foster parent/ parents. A consent form will be written out at that time after an agreement of a plan and discussion of the various options, including the option of no treatment at all. There has then been an expectation that their allocated social worker would attend on the day of surgery to sign the consent form. Where the Local Authority oversees the care of the child, it is the Social Care Service Manager who has Parental responsibility for most (but not all) "looked after children" [1]. Formerly there has been an arrangement for the responsibility to be delegated to the social worker to be allowed to sign a consent form.

In the last 12 months I have experienced a lack of willingness or ability for the named social worker to attend on the day of surgery. This can be for several reasons, which are entirely understandable. Sometimes it is because these patients are often admitted very early in the morning to the surgical day case unit. I am also aware that some social workers can be geographically based far away from the hospital where I work and also from the child/ young adult's residence. More commonly I am finding that the social worker is not willing to take on the legal responsibility for signing the consent form.

So, the process for gaining consent for this group of looked after children had to change in our department.

After taking the advice of a consultant colleague in Child Dental Health the following plan was made.

At the new patient appointment

Ask the child who they have come with

Confirmed this with their escort/carer

Confirm who has parental responsibility

Record details of Social Worker and Service Manager

Full assessment/investigations/treatment plan confirmed

Following new patient appointment

A MS Teams meeting is arranged between the Service Manager, Social Worker and Senior Clinician to discuss treatment plan

MS Teams Meeting

Treatment options are discussed and agreed plan is made and documented

The consent form/photographic images/radiographs are made available to be seen via screen sharing

If in agreement, Clinician signs the consent form and Service Manager is shown where they must sign

After MS Teams Meeting

Consent form (*signed by Clinician*) is scanned and emailed to Service Manager to sign and returned via secure email

Admission date for surgery is arranged

Communication is made with all involved in the care of the *'looked after'* child to ensure everyone is aware of the treatment plan and date of surgery

On paper it may seem a little arduous, however in practice my experience has been hugely positive, and it also allows the principles for valid consent to be followed. We no longer insist upon the presence of a representative from the local authority to be present on the day of surgery, but we ensure that they can be contacted on the day.

It is worth remembering that each UK nation varies in regard to the definition of a looked after child so it's important to follow the correct legislation, I have found the references listed here very helpful.

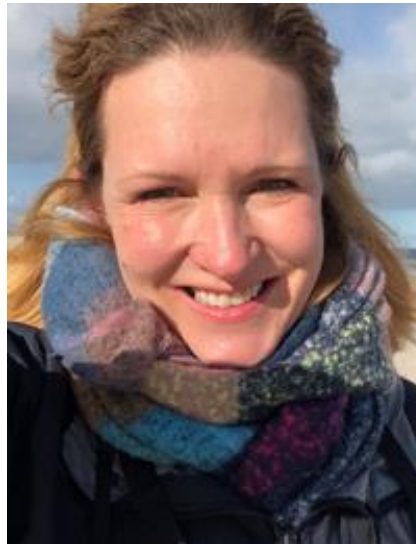
References

1. Ridsdale, L., Johnston, L., James, N. *et al.* Looked after children: an overview for the dental team. *Br Dent J* **234**, 34–38 (2023)

2. https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children (accessed August 2024)

Acknowledgement

Thanks to Michelle Moffat, Consultant in Child Dental Health at Newcastle Dental Hospital for her advice and guidance on this matter.



Lee Mercer

BAOS Council Member