

So you want to be ... a maxillofacial surgeon

Maxillofacial surgery (or to give the speciality its full title oral and maxillofacial surgery) has long had a veil of mystery associated with it. Maxillofacial surgical trainees were seen as a rare breed of people who did a dental degree followed by a medical degree before embarking on their surgical training. However, changes have been afoot for several years and there are now increasing numbers of people in the speciality whose primary qualification is medicine with a secondary degree in dentistry.

What is involved?

Oral and maxillofacial surgery is a challenging specialty and the work is interesting, varied and deals with all age groups. The caseload includes a large proportion of trauma of the head and neck with management of fractures to the mandible, maxilla, zygoma and orbit being the staple (the speciality gained eminence from the horrific facial injuries suffered during the wars of the 20th century).

Diagnosis and treatment of salivary gland diseases caused by calculi, tumours and connective tissue diseases can be very challenging. Resection of head and neck cancers and sometimes the consequent microvascular reconstruction with free flaps involves intricate surgical technique. Facial deformity as a result of underlying bony malformation can be corrected with an osteotomy to reposition parts of the facial skeleton. This requires good hand skills for the intricate work involved, as well as an 'aesthetic eye' when reconstructing the soft tissues of the face.

The outpatient department exposes the practitioner to a wide variety of diseases that affect the head and neck including causes of facial pain, congenital deformi-

ties (e.g. cleft palate), facial disproportion, disorders of the temporomandibular joint and an assortment of intra-oral lesions and lumps.

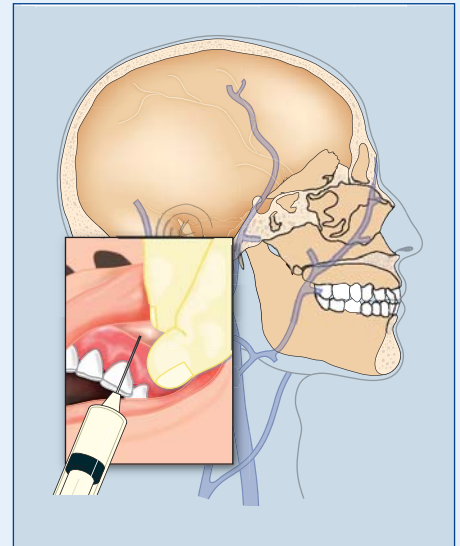
Good communication skills are essential, both for patients and also for the multidisciplinary nature of the speciality with interactions with orthodontists, otolaryngologists, neurosurgeons, oncologists, radiologists and pathologists. The maxillofacial surgeon must possess good listening skills and be aware of how potentially disfiguring surgery will affect the patient both physically and psychologically. An additional important quality is the appreciation of facial geometry and being able to relate this to new developments in radiology, using imaging techniques to calculate angles and distances that various bones need to be moved in reconstructive facial surgery as well as treatment planning using stereolithographic models.

Training

As alluded to above maxillofacial surgeons require a dual qualification – a dental degree and a medical degree. Because there is overlap in the two degree courses most medical schools offer a shortened 3-year medical course to people who have a dental degree. Similarly dental schools are now recognizing the need for a shortened dental course for medical graduates wishing to pursue the speciality, and Guys, Kings and Thomas' medical school in London recently started such a course for medical graduates.

Changes in medical training have led to a streamlining in career progression in all specialities and this will also apply to maxillofacial surgery.

Once dually qualified the trainee will embark on a course of basic surgical training and attain the MRCS (Membership of the Royal College of Surgeons). There is then a period of 5 years of training as a specialist trainee. At the end of the basic training there is an exit exam where the trainee will have a series of multiple choice questions and vivas in order to obtain the FRCS (Fellowship of the Royal College of



Surgeons) in maxillofacial surgery and once this exam is passed the trainee will be eligible for the Certificate of Completion of Training. The choice at this stage would be to apply for a consultant post or pursue an area of interest in which to subspecialize. Subspecialization will often involve undertaking a fellowship, for instance in craniofacial surgery. The age at which a maxillofacial consultant is appointed is now not drastically different to the age of consultant appointments in other surgical specialities.

And finally...

The future prospects for a maxillofacial surgeon are very good. There is a varied, interesting and challenging caseload with plenty of work. Anyone wishing to obtain more information about the specialty should visit the oral and maxillofacial surgery website (www.baoms.org.uk). **BJHM**

Conflict of interest: none.

KEY POINTS

- Oral and maxillofacial surgery is a speciality which deals with trauma and disease of the whole face and related structures.
- Commitment to this speciality as well as requiring good hand and eye coordination also requires stamina and a good aesthetic eye.
- The training pathway is long but rewarding.

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