

BRITISH SOCIETY FOR ORAL MEDICINE

STRATEGIC DIRECTION

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Strategic Direction: Summary Points

Service and Training

The small number of Oral Medicine Units, some of which are staffed by single Consultants, currently limits uniform Oral Medicine service delivery throughout the United Kingdom.

The Society will seek to expand the Specialty of Oral Medicine, particularly in the NHS sector, to deliver high quality patient care throughout the country. To achieve this, the Society will actively lobby the appropriate agencies to effect a coordinated national plan of Specialty expansion and improved patient care via:

- *An increase in specialist training posts leading to a greater number of Consultants in post;*
- *An increase in career and training opportunities for other clinical staff including expansion of the number of Associate Specialist, Staff Grade and SHO posts together with additional roles for Professionals Complementary to Dentistry;*
- *Support of clinicians who return to University to complete a second undergraduate clinical degree with the intention of pursuing a career within the Specialty;*
- *Development of outreach clinics, multidisciplinary clinics and rapid access clinics for the early diagnosis of oral malignancy; and*
- *Development of patient management protocols.*

Academic Activities

The Society recognizes the fundamental contribution that academic activities have made to development of the Society and the Specialty.

- *The Society will support and help disseminate high quality research that aims to enhance patient care and inform undergraduate and postgraduate education.*
- *The Society will support and help disseminate excellence in educational standards at all levels.*
- *The Society will oppose erosion of academic posts.*

Publicity and Communications

The Society recognizes the importance of raising the profile of the Society and the Specialty.

- *The Society will promote the Specialty of Oral Medicine at every opportunity to professional colleagues, those responsible for the planning and delivery of health care, and the public.*

Implementation of Strategy

Strategy implementation will be a rolling item on the agenda of future Society Council Meetings.

A formal review and reappraisal of the Strategic Direction of the Society will be undertaken by June 2006.



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STRATEGIC DIRECTION

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1. GENERAL

1.1 Mission statement

The British Society for Oral Medicine seeks to improve the quality of life of patients with acute or chronic and medically-related disorders of the orofacial region. It encourages research to identify the pathogenesis of these disorders and thereby improve patient care.

1.2 Definition of Oral Medicine

Oral Medicine is the specialty of dentistry concerned with the health care of patients with acute or chronic, recurrent and medically-related disorders of the orofacial region, and with their diagnosis and medical management. It is also engaged in the investigation of the pathogenesis of these disorders leading to understanding which may be translated into clinical practice.

1.3 Scope

Oral Medicine is a clinical and academic specialty that is dedicated to investigation, diagnosis, management and research into medically-related oral diseases and the oral and facial manifestations of systemic disease. These include diseases of the gastrointestinal, dermatological, rheumatological and haematological systems, autoimmune and immunodeficiency disorders and the orofacial manifestations of neurological or psychiatric disease.

2. SERVICE PROVISION

2.1 Current Service Demands

The current demand for Oral Medicine services is high, as evidenced by records of recent clinical activity and waiting lists, with concomitant difficulties in meeting Patient Charter standards.

2.2. Future Organisation and Need for Service Expansion

The Society believes that, even if there was no increase in patient numbers, current levels of Oral Medicine staffing will be unable to meet future service demands and expectations. Data from Oral Medicine units indicate that between 1997 and 2001 there was an increase in demand for Oral Medicine services, with units on average experiencing a 34% increase in new patient referrals during this period. There are good reasons to believe that this upwards trend in demand will continue.

- At present the majority of Oral Medicine clinics are lead by clinical academics and are based within teaching Dental Hospitals/Dental Schools. A lack of stipendiary NHS consultants (5 FTEs at present) significantly impinges upon service capacity. This situation is expected to be exacerbated as the University sector places increasing demands on academic staff.
- The removal of formal Oral Medicine training from the Oral and Maxillofacial Surgery training pathway is expected to further increase demand for Oral Medicine services, particularly as the



two specialties continue to diverge in their areas of clinical expertise. Over time, this will be exacerbated by the restricted geographical spread of Oral Medicine Units around the United Kingdom and will potentially disadvantage many patients with Oral Medicine complaints. In addition, as the numbers of Oral and Maxillofacial Surgeons on the Oral Medicine Specialist List decline, provision of specialist Oral Medicine services will be further compromised particularly in the district general hospital setting.

- A greater proportion of the population will live into old age. As such, there will be an increased number of patients with oral complaints due to co-morbid diseases and related medication.
- The NHS Plan sets out more stringent requirements for outpatient consultations, particularly with regard to waiting times.
- The more rigorous and structured application of quality assurance measures to raise standards of patient care will be extremely difficult, if not impossible, to implement in small Oral Medicine units.
- Expectations of healthcare are rising with time.

2.2.1 Service Expansion

Expansion of Oral Medicine services, particularly via the NHS is regarded as the core component of the 10-year strategy. The Society will use the workforce review data to evidence the need for NHS consultant expansion and lobby the Department of Health accordingly.

Oral Medicine units should include honorary and stipendiary consultant staff working alongside each other, at least one of whom should be both medically and dentally qualified. This would provide the following benefits to help raise the standards of clinical care:

- Meet service demands within the context of clinical governance expectations. The Society strongly believes that units with a single consultant in Oral Medicine are neither sustainable nor acceptable;
- Provision of enhanced training opportunities for the entire Oral Medicine team and for undergraduate and graduate students; and
- Provision of enhanced opportunities for translational research.

Two whole-time equivalent (WTE) consultants per UK Dental School would essentially equate to 28 WTE consultant staff, each serving a population of 2 million. However this should only be considered as an interim arrangement during phased expansion towards a target of one consultant in Oral Medicine serving no more than 1 million people.

Consultant expansion in Oral Medicine will only be effective if it is supported by an appropriate reorganization, expansion and support of other staff integral to the practice of Oral Medicine [see section 3].



2.2.2 Future Methods of Working

To ensure that the specialty can meet the ever-increasing demands in the future, we must consider new methods of working:

- Oral Medicine Clinics need to be undertaken over a much broader geographical base and not restricted to Dental Hospitals. Outreach clinics are already undertaken from some centres and appear to work well. This approach needs to be expanded. There is a case for establishing new Oral Medicine units in parts of the UK that are distant from established centres.
- Other models may warrant consideration in the future, including supra-regional centres if local and outreach facilities cannot be adequately supported.
- The Society supports exploration of additional novel working practices, including initiatives that involve expanded roles of nursing staff and dental therapists.

2.2.3 Specialist Services

The Society strongly encourages the establishment of specialist clinical services to focus expertise and maximise the quality of patient care via:

- Multidisciplinary clinics for the care of patients with complex multisystem disease.
- Rapid access clinics for the diagnosis of oral malignancy and premalignancy.

3. TRAINING AND CAREER DEVELOPMENT

All Oral Medicine Units should aspire to promote training and career development of all involved members of staff to the highest levels.

3.1 General Professional Training in relation to Oral Medicine

The Society believes that Oral Medicine should be formally included in SHO rotations to ensure appropriate exposure to the discipline during general professional training in dentistry. Dedicated SHO posts exist in some Oral Medicine units, and the expansion of such posts in other units should be strongly encouraged.

The UK Departments of Health have recently announced proposals to modernise the Senior House Officer grade following the consultation exercise on Unfinished Business (DoH, 2002 & 2003). The announcement from the Departments of Health makes no reference to dentistry although work is ongoing to resolve this issue and develop an appropriate strategy. However one of the principal reforms is the development of a two-year foundation programme to be undertaken by all medical graduates. This will clearly present some challenges for the specialty.



3.2 Graduate Medical or Dental Students and Junior Doctors Interested in Oral Medicine

The Society should seek to encourage and support individuals who are members undertaking either a medical or dental degree as a second qualification, or who are dual-graduate junior doctors who plan to pursue a career in Oral Medicine. An active Juniors Group will play a pivotal role in facilitating communication between these individuals especially for those without direct links to an Oral Medicine unit. Introduction of a Society-supported mentor scheme for this group would enhance such support. Other supportive measures could include financial incentives such as reduced fees for the Society annual conference and possible expansion of the existing bursary scheme.

3.3 Careers in Oral Medicine for Dentists

- Experienced Staff and Associate Specialist Grade (SASG) dentists, who have not pursued the training necessary to achieve consultant status, have very important roles to play in Oral Medicine units. The Society recognizes this contribution and strongly supports development of this group who already carry a significant proportion of the service and teaching load in some units. Further expansion of this grade must be associated with appropriate arrangements for continuing professional development and the Society awaits the outcome of the current review of this grade.
- There has been recent significant expansion in SASG's across various specialties, although Oral Medicine has failed to enjoy a major benefit from such expansion. The Society will support future expansion of this group.
- Encouraging expansion and development of SASG's in Oral Medicine is consistent with the government's desire for skill mix in the clinical specialties, particularly if some posts are split between Oral Medicine and other specialties.
- The Society also recognizes the important contribution of experienced clinical assistants in the delivery of Oral Medicine services.

3.4 Specialist Training in Oral Medicine

- Undergraduate dental and medical qualifications, together with MFDS/MFD or equivalent, are the entry requirement for those wishing to enter specialist training.
- The RITA (record of in-training assessment) should be used effectively and transparently to identify strengths and weaknesses of both the trainee and the training environment.
- Specialist Registrars (SpRs) should enjoy an environment where their training is not compromised by an undue burden of clinical service demands.
- SpRs should take advantage of the opportunities to undertake some of their training at centres with recognized clinical expertise unavailable at their main training site.
- As an interim measure to permit expansion of specialist training positions, Oral Medicine units with single-handed consultants should link together and provide practical and attractive rotations for trainees. These should allow for appropriate follow up of challenging patients over an extended time period.
- Meaningful appraisal and mentoring schemes should be adopted in all centres.



- There must be opportunities for flexibility in training to:
 - Accommodate periods of training in research or learning and teaching;
 - Allow attachments with other clinical specialties of relevance to Oral Medicine; and
 - Accommodate social circumstances (e.g. less than full-time training and motherhood).

3.5 Careers in Oral Medicine for Other Staff

The Society supports the career development of all other staff where this would lead to enhanced patient care and Oral Medicine Unit efficiency.

4. TREATMENT PROTOCOLS

The establishment of treatment protocols and outcome measures should be a priority. It is proposed that the BSOM have an annual session dedicated to discussion of such protocols and outcome measures.

5. PUBLICITY AND COMMUNICATIONS

The Society must vigorously address the issue of continuing and enhanced publicity for the specialty of Oral Medicine. The Society seeks to raise its profile in the following ways:

5.1 Communications with health providers

The Society has a responsibility to promote the Specialty and ensure that the management of patients with Oral Medicine problems is undertaken by appropriately qualified and experienced personnel. This necessitates raising the profile of the Specialty at the Department of Health and within individual Trusts.

5.2 Communications with membership

BSOM strives to improve its communication and transparency and seeks to encourage an inclusive approach and a sense of ownership of the Society, empowering individuals to effect appropriate change.

5.3 Communications and relationships with other organisations and clinical groups

The Society should actively inform other professional organisations of our existence and expertise. Furthermore the Society should initiate active engagement with other professional associations and clinical groups. This could involve joint (or satellite) meetings, and attendance at the meetings of other professional organisations to promote BSOM and Oral Medicine. Appropriate links to and from the BSOM website would encourage such interaction.



5.4 Communication with overseas Oral Medicine organisations

BSOM seeks to ensure that the interests of Oral Medicine practised in the UK and Ireland are represented in European debate and decision-making. To encourage communication between BSOM and EAOM, the UK representative on EAOM Council will be appraised of developments within BSOM and will be invited to reciprocate.

5.5 Website

An accessible, easily usable, well maintained website is a most important tool in achieving many of the above objectives. In addition this would potentially raise the profile of Oral Medicine amongst the public.

6. ACADEMIC ACTIVITIES

The considerable challenges faced by those who wish to pursue a career as a clinical academic have been clearly documented (Richards Report, 1997; Savill Report, 2000). The Society is committed to supporting effective academic posts and will oppose erosion of existing posts. Furthermore, the Society will contribute to local and national debates and lobbying when clinical academia is being discussed to ensure that a national viewpoint of academic Oral Medicine is being represented.

Academic activities are not the exclusive preserve of those with a University contract. The Society maintains that all members should aspire to contribute to raising the academic profile of the specialty.

6.1 Research

- Society members already undertake a broad range of inter-disciplinary research relevant to enhancing patient care. The Society is committed to preventing erosion of existing skills and opportunities.
- There is considerable scope for high quality, evidence-based clinical or laboratory-based research in Oral Medicine.
- The Society strongly supports development of research interests that aim to address important clinical questions or elucidate the underlying pathogenesis of oral diseases, especially where the findings can be translated to improve patient care.
- The Society will continue to promote dissemination of research findings, not only within its own meetings but also via the national and international meetings of other scientific and professional groups.
- The Society is committed to making its members aware of Clinical Training Fellowships that are available for those who are seeking support for a higher research degree.

6.2 Learning and Teaching

The Society will continue to strive to raise educational standards with emphasis on areas that are of direct relevance to enhancing patient care.



6.2.1 Undergraduate Education

- The importance of Oral Medicine and Human Disease to the undergraduate dental curriculum is explicitly stated in the current edition of 'The First Five Years' (GDC, 2002). Both subjects fall naturally within the clinical expertise of Society members, many of whom already have significant educational commitments to these areas. Increasingly, the coordination and delivery of Human Disease teaching is falling within the responsibilities of Consultants in Oral Medicine. This significant additional workload can only be realistically supported by expansion of the Specialty.
- The Society supports in principle, the harmonization of common learning opportunities and outcomes between different institutions with respect to these subject areas.

6.2.2 Postgraduate Education

- The Society strongly supports 'Lifelong Learning' as defined by the General Dental Council, both with respect to personal development of Society Members and of professional colleagues outwith the Specialty.
- Society members are already heavily committed to the delivery and future development of effective learning opportunities and related assessment across a range of different postgraduate fora.

6.2.3 Interprofessional Education

- The Society remains committed to provision of relevant learning opportunities for other staff involved in the Oral Medicine team, including Professionals Complementary to Dentistry, as well as patient support groups.

REFERENCES:

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The tenure-track clinician scientist: a new pathway to promote the recruitment into clinical academic medicine (Savill Report) 2000, The Academy of Medical Scientists.

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End.

