



Training and education

A revision of the training curriculum has now been completed and reviewed by the specialist society and all TPDs and has been submitted to the General Dental Council for approval. This aligns training with Histopathology in generic skills, molecular pathology and several minor areas and updates the administrative framework. This is likely to be an interim measure

A consultation by the GDC has revealed that the quality assurance framework for postgraduate education in the specialty is not very stringent and that there is a lack of clarity between the College and GDC on roles and responsibilities in terms of training and the FRCPath examination. We await the outcome of the consultation to determine what additional measures may be required.

The College review of LEPT continues and our trainees, currently not on LEPT, need to consider whether a module should be adapted for them. This discussion is about to start

The specialty is supporting national recruitment and central ARCP process and discussion has just started with COPDEND and the lead Dean for the specialty.

Examination numbers reflect the workforce situation. There were no Part II candidates in Oral Pathology between Autumn 2013 and Autumn 2014, inclusive. Of the Part I candidates, results were as follows:

	No. of candidates	No. of passes	No. of fails
Autumn 2013	0	n/a	n/a
Spring 2014	2	1	1
Autumn 2014	5	TBC	TBC

Research and clinical trials

The specialty has two ACF and two ACL posts with two further trainees in 8 year academic training outside the IAT system.

The main clinical trial issue for Head and Neck remains lack of trials and trials with very small numbers or narrow entry criteria, together with lack of realistic funding for pathology input. The specialty is represented nationally in the NCIN, NCRI head and neck clinical studies group, other NCRI committees, DAHNO national audit, BAHNO council and on a NICE guideline development group for upper aerodigestive cancers. The specialty has no major clinical trial ownership.

We are concerned about the future of the national audit DAHNO. This has been put out to tender and the HSCIC has decided not to bid. The only bid we know of is somewhat reinventing the wheel with a new clinician led dataset and software, just as the old system has become reliable, mandated and complete. We are awaiting the outcome and continuing to support RCPATH dataset as the reference standard, but wanting to see automated data extraction.

New developments and issues affecting service delivery

No change from last year.



Overview of College Documents

No change from last year. Specialty members are authors of datasets for oral cavity, pharynx, neck dissections, larynx, nasal cavity and sinuses and salivary gland (Dr J Woolgar with Dr T Helliwell) and the tissue pathway for head and neck (Prof Speight, Drs Jones and Napier with Dr T Helliwell). As these are shared between ENT and OMFP, it is unclear who has 'ownership'. None are in need of review in the near future.

Workforce planning

The workforce situation remains stable since last year but at a shortage level and this continues to give cause for concern. The specialty considers that the ideal national complement of specialists is that each Head and Neck MDM should have access to a pathologist who is a member of the national EQA, who could be either an Oral and Maxillofacial Pathologist or a medically qualified head and neck pathologist, plus at least one academic appointment associated with each dental school to provide undergraduate and postgraduate education. Currently the trainees indicate that they are mostly likely to seek academic appointments. There are unlikely to be sufficient trainees to replace a coming round of retirements and some post-retirement working is likely to fill the gap, and is already in place in one centre.

There is still no Centre for Workforce Intelligence information for our specialty. A workforce survey for all dental specialties has been initiated by COPDEND/JCPTD and data has been submitted.

We now have 27 active specialists from a total of 31 specialists on the register. We hope the move towards national recruitment will trigger a national workforce plan.

Educational events and opportunities

Members have run the Sheffield Oral and Maxillofacial Pathology course in July 2014 and the BSOMP held a successful joint international meeting with the International specialist society in Istanbul during the year. There will be a mucosal disease session at ECP 2015 by OMPF speakers. We hope that the national ARCP process will allow a specialty training event for a half or whole day.

EQA

The National External Quality Assurance Scheme in Head and Neck Pathology is managed by the British Society for Oral and Maxillofacial Pathology and has doubled its membership in the last year, now with 260 UK, 16 trainee and 17 overseas participants. The increasing membership has necessitated an on-line submission and virtual slide circulation though a limited number of glass slide sets are available for larger centres or to share. Compulsory on-line submission is in its second round, completing this week.

Changes in representation

In view of the coming changes in training, Joanne Brinklow has suggested that I might attend the training committee for a period to help align training with Cellular Pathology and this possibility is being investigated. Currently the specialty is not represented on that forum.

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