



Perspective article

Discrepancies in oral and maxillofacial surgery training pathways: A conciliatory perspective from a medical resident



Íñigo Aragón Niño

Oral and Maxillofacial Surgery Department, La Paz University Hospital, Pº Castellana 261, 28046, Madrid, Spain

Received 10 March 2024; Final revision received 11 March 2024

Becoming a specialist in oral and maxillofacial surgery has always been a formidable challenge. This unique surgical discipline encompasses a broad spectrum of procedures, ranging from dental extractions and orthognathic surgeries to complex craniofacial reconstructions. Yet, the journey to becoming a proficient practitioner in this field is fraught with complexities, primarily due to the divergent training pathways observed across different countries.¹

Indeed, the training trajectory for oral and maxillofacial surgery exhibits remarkable variations worldwide, encompassing diverse routes of access, development, and outcomes. Moreover, the scope of practice often intersects with other medical and dental specialties, further complicating the landscape of training programs and professional identities.

In recognition of these disparities, the International Association of Oral and Maxillofacial Surgeons (IAOMS) took a pioneering step by publishing the International Guidelines for Specialty Training in Oral and Maxillofacial Surgery in 1992, subsequently revised in 2001.² These seminal guidelines aimed to standardize training protocols by establishing criteria for specialty access and delineating essential characteristics of training programs. However, they also acknowledged the inherent challenges in achieving uniformity across global contexts and emphasized the need for

adaptation to local healthcare systems and educational frameworks.

Following the publication of the IAOMS guidelines, a comprehensive global survey was conducted to assess the prevailing training paradigms in different countries.³ The findings revealed a stark divide: in 77% of countries, oral and maxillofacial surgery was predominantly perceived as a dental specialty, while in the remaining 23%, it was primarily recognized as a medical discipline. This dichotomy underscores the multifaceted nature of oral and maxillofacial surgery and highlights the diverse perspectives shaping its professional identity.

One of the perennially contentious issues within the field revolves around the educational prerequisites for entering specialty training programs. Traditionally, countries are categorized into single-degree systems, where only a degree in dentistry suffices, and dual-degree systems, which mandate both medical and dental qualifications. While these distinctions may seem straightforward, notable exceptions exist, such as China, where entry is contingent upon a background in stomatology within medical studies, and the European Union, where single-degree countries exclusively admit medical doctors, excluding dentists.¹

While discussions often revolve around the logistical intricacies of training pathways, the underlying issue transcends mere procedural differences. The purpose of this article is not to delve into the specifics of these differing programs or exceptions but rather to address a significant consequence of such disparities: the persistent perception

E-mail address: inigo.aragon@salud.madrid.org.

of a dichotomy between dual-degree and single-degree specialists. At its core, the divergence in training paradigms engenders a pervasive sense of division within the specialty, perpetuating a narrative of "us versus them" between dual-degree and single-degree practitioners.^{4,5}

This issue is paramount because our focus on internal disputes often overshadows our commitment to advancing and advocating for the specialty's best interests.⁶ In truth, oral and maxillofacial surgery is a distinguished field with vast potential for benefiting patients. A recent milestone in this regard was the 2021 approval of the Training Requirements for the Specialty of Oral & Maxillofacial Surgery by the UEMS Advisory Board and UEMS Council. This initiative aims to ensure that regardless of their training location, practitioners attain uniform competencies.

However, while standardization is essential for ensuring quality and consistency in training, it is not without its challenges. One of the most significant impediments is the temporal and financial burden borne by aspiring oral and maxillofacial surgeons. In countries like the United Kingdom, the arduous path to specialization can span upwards of 17 years for dental graduates and 19 years for medical graduates, imposing significant financial constraints and personal sacrifices.

Indeed, the prolonged duration of training, coupled with the associated economic hardships, poses a formidable barrier to entry and exacerbates attrition rates within residency programs. Personal and professional imbalances, compounded by financial strains, often culminate in disillusionment and abandonment of the specialty, perpetuating a cycle of talent loss and stagnation.

In confronting these challenges, we must tread a delicate balance between comprehensive training and pragmatic considerations. While there is merit in advocating for specialized training in specific areas, such an approach must not compromise the integrity and breadth of our specialty.⁷ As residents, it behooves us to advocate for programs that strike a harmonious equilibrium between depth of expertise and practical feasibility, ensuring that future practitioners are equipped with the requisite skills to navigate the complexities of oral and maxillofacial surgery.

From my vantage point as a resident in my final year of training, I am acutely aware of the intricacies and nuances inherent in our specialty's training landscape. As we navigate these complexities, it is imperative that we transcend

the confines of our individual backgrounds and embrace a collective ethos of collaboration and mutual respect. Whether hailing from single-degree or dual-degree systems, we share a common dedication to advancing the frontiers of oral and maxillofacial surgery and delivering unparalleled care to our patients.

In conclusion, while the disparities in oral and maxillofacial surgery training pathways may seem insurmountable, they also present an opportunity for collective introspection and growth. By fostering a culture of inclusivity, collaboration, and excellence, we can transcend the confines of geographic and educational boundaries and chart a course towards a more cohesive and resilient specialty. As we embark on this journey, let us heed the call for unity and solidarity, ensuring that our shared vision of advancing the art and science of oral and maxillofacial surgery remains unwavering.

Declaration of competing interest

The author has no conflicts of interest relevant to this article.

Acknowledgments

This work was not supported by any organizations.

References

1. Kumar S. Training pathways in oral and maxillofacial surgery across the globe-a mini review. *J Maxillofac Oral Surg* 2017;16: 269–76.
2. International guidelines for specialty training in oral and maxillofacial surgery. *Int J Oral Maxillofac Surg* 1992;21:130–2.
3. Goss AN, Helfrick JR, Szuster FSP, et al. The international survey 1994. *Int J Oral Maxillofac Surg* 1996;25:74–80.
4. Nayak K. Oral and maxillofacial surgery: it's future as a specialty. *J Maxillofac Oral Surg* 2011;10:281–2.
5. Al-Muharraqi MA. Dental and medical dual qualification in oral and maxillofacial surgery: a global identity. *Br J Oral Maxillofac Surg* 2020;58:1235–9.
6. Rane T, Taha S, Nasser F. A look at current oral and maxillofacial surgery (OMS) training requirements in comparison to 1994. *J Oral Maxillofac Surg Med Pathol* 2015;27:328–31.
7. Laskin DM. The past, present, and future of oral and maxillofacial surgery. *J Oral Maxillofac Surg* 2008;66:1037–40.