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Training in surgery of the temporomandibular joint: the UK trainers' perspective

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Abstract

Surgery of the temporomandibular joint (TMJ) is increasingly recognised as a subspecialist area of interest within our specialty and many procedures such as arthroscopy, arthroplasty, and replacement of the TMJ are becoming increasingly centralised and restricted to certain regions. We previously made a national survey of trainees and have sought to augment this with a survey of trainers to find out the nature of practice and patterns of referral nationally. We have also examined the consultants' expectations of competent final-year trainees. To do this we made an electronic survey of Fellows of the British Association of Oral and Maxillofacial Surgeons (BAOMS) and received 82 responses (26%). Many just provided simple treatments within their clinical practice, only 16 did arthroscopy, and 14 alloplastic joint replacements. From those who answered the question, only 10 would allow a competent final-year trainee to do an alloplastic joint replacement under supervision. Referrals for TMJ subspecialist care were predominantly made to the West Midlands, East Midlands, and North West, with 24 respondents stating they would either refer open TMJ surgery centrally within or outside the region. Centralisation of services means that training opportunities in surgery of the TMJ are reduced, and restricted to only a few regions. Other models of training may need to be introduced such as simulation, "taster" sessions, and brief clinical attachments. For the budding subspecialist, however, a dedicated Fellowship may become essential to ensure adequate exposure before starting independent consultant practice.

Keywords: temporomandibular joint (TMJ) surgery; surgical training

Introduction

The recent commissioning guide released by the British Association of Oral and Maxillofacial Surgeons (BAOMS) and the Royal College of Surgeons of England (RCSEng) states that the most patients with conditions that affect the temporomandibular joint (TMJ) should be managed by local oral and maxillofacial surgeons (OMFS), and only a few should require referral to tertiary centres.[1] However, there is a move towards centralisation of subspecialist services of TMJ surgery to supraregional centres, as highlighted in the recent publication by Idle et al regarding alloplastic TMJ replacements.[2]

The nature of centralisation of services suggests that there is a developing geographical disparity in terms of the potential for exposure of OMFS trainees to the more complex aspects of treatment of TMJ disorders. This is borne out by a recent survey by Elledge et al,[3] which highlighted that 19/51 and 38/51 trainees had no exposure to alloplastic and autogenous TMJ replacements, respectively.

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Perhaps more worryingly, the numbers of trainees exposed to treatments that should be available regionally (such as arthroscopy and arthrocentesis) also varied considerably between regions and the nature of the exposure. As an example, nearly half of respondents to the previous survey had no exposure whatsoever to arthroscopy (including simply observing). Arthroscopy is done by a handful of surgeons in the United Kingdom, and only a small number of these do sufficient numbers to ensure adequate exposure for trainees as part of higher surgical training in OMFS.[4] In addition to this, Speculand et al have highlighted the relatively small numbers of alloplastic TMJ replacements that are done, and larger series tend to be restricted to particular units.[5]

We surveyed trainers in OMFS to look at the nature of practice across different geographical regions and the patterns of referral to tertiary centres. In addition, we sought to elicit expectations of consultancy from final year trainees to see how this fits in with our previous survey of trainees, looking for disparity between the expectations of trainer and trainee regarding this subspecialty interest within OMFS.

Methods

We made a prospective audit of all consultants identified as Fellows of BAOMS with the electronic survey tool SurveyMonkey®. This was sent by email to the BAOMS Fellows' mailing list and additionally posted on the BAOMS TMJ Sub-Specialty Interest Group (SSIG).

Consultants were asked which region they were currently working in, and what subspecialty interests (if any) they had. They were asked whether they routinely saw patients with disorders of the TMJ in their outpatient clinics and what treatments they were prepared to implement themselves. They were then asked how many of each of these they did (estimated) annually and what level of exposure they would allow a "competent final-year trainee" to have. They were asked further questions about their referral patterns (whether they referred in house or externally if applicable, and if outside their region, to which region they referred). Free text comments were invited at the end of the survey and all responses were optional.

Results

A total of 82 consultant OMFS surgeons responded from a possible total of 318 Fellows of BAOMS (a response rate of 26%). Most training regions were represented, with the largest response rate coming from 11 respondents in Yorkshire and the Humber (Fig. 1). Orthognathic surgery and trauma accounted for the largest proportion of subspecialty interests, accounting for 44 and 52 respondents, respectively (Fig. 2).

Most consultants had some involvement with TMJ disorders, with 75 saying they routinely saw patients with these conditions in their outpatient clinics. Many were happy to provide simpler treatments such as conservative management and advice (n = 80), provision of a bite-raising appliance (n = 53), prescription of tricyclic antidepressants (n = 65), and intramuscular injection of Botox® (n = 51). Only 16 respondents stated that they did arthroscopy,

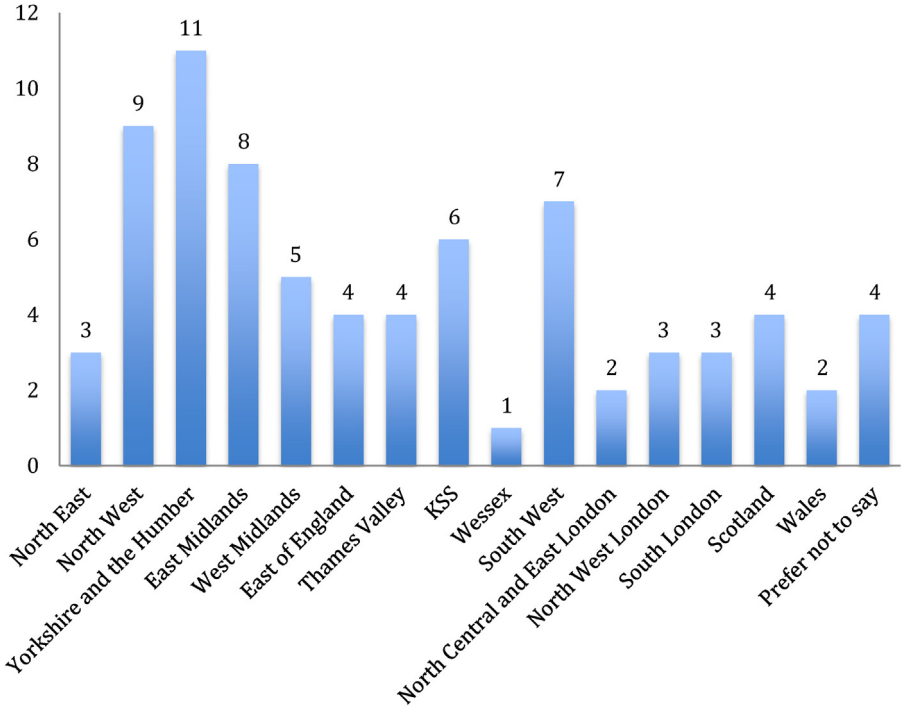

Fig. 1. Breakdown of respondents UK training regions.

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