Oral Oncology and Reconstructive Surgery Fellowship Training Programs in India—A Trainee Perspective

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In our perception, maxillofacial surgeons are perfect fit for oral oncology and reconstruction surgeries. Oral and maxillofacial surgeons (OMFS) from early on in a dental student's life, is dedicated to only head and neck anatomy, physiology, microbiology, pathology, and so on. While on the other hand, medical school curriculum is broad and of limited depth. Moreover, major difference between oral and maxillofacial surgery residency and their medical counterparts is that they already have education focused on the region of the body that they will now learn to manage surgically. OMFS are comfortable performing bone plating, facial bone osteotomies, and managing the soft tissues of the oral cavity and face. Besides, level of competence in occlusion and orofacial function allows OMFS to better design approaches to cancer resection, as well as to best plan and execute reconstruction in a manner that brings the patient closer to a state of normalcy in appearance and function.[1]

There are various fellowships and training opportunities available for the maxillofacial surgeons in oral oncology/head and neck surgical oncology and reconstruction in India. From last one decade, many tertiary cancer centers are conducting institutional-based training/fellowship programs varying from 6 months to 2 years and most of these programs had no association or university affiliation. Recently, the Association of Oral and Maxillofacial Surgeons of India (AOMSI), collaborated some centers in India and started a 2-year structured fellowship program in oral and maxillofacial oncology and reconstructive surgery to overcome the need for a separate training program in oral oncology. Similarly, Foundation of Head and Neck Oncology (FHNO), a cornerstone foundation to oversee the standards of care, education, and research for head and neck oncology in India, has collaborated with almost 25 renowned cancer centers of the country to start a dedicated 2-year FHNO fellowship in oral/head and neck oncology in 2019 to provide structured and didactic training in all aspects relevant to research, prevention, diagnosis, treatment, and rehabilitation of head and neck cancers, with specific emphasis on hands-on surgical training. Maxillofacial surgeons, ear, nose, and throat surgeons, and general surgeons are eligible for the FHNO fellowship.

This applaudable effort of two national associations have created a changing scenario for training of young and budding maxillofacial surgeons in oral oncology and reconstructive surgery.

Authors have realized that there are several practical, clinical, educational, and research obstacles for OMFS to be the primary oncologic surgeons managing oral cancer in India. These obstacles can be overcome by efforts to educate dental and medical professionals about the primary role of maxillofacial surgeons in the management of oral cancer. There is a need to hold quality conferences and symposiums dedicated to oral oncology and reconstruction, and find ways to educate the public, dental and medical professionals, and government policymakers. Lack of accrediting body is another major obstacle. As in the United States, American Association of Oral and Maxillofacial Surgeons approached the Commission on Dental Accreditation (CODA), an approved accrediting body by the U.S. Department of Education, to assume responsibility for accrediting and later CODA proposed Accreditation Standards for Clinical Fellowship Training in Oral Oncology and Reconstructive surgery from January 2000.[1] In such a way to assure fellows, specialty boards, and the public that the training program adheres to published standards. AOMSI should take a forward step for accreditation of oral oncology fellowship programs.

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Authors have also realized the need to establish the Oral Cancer Task Force with purpose of developing and accreditation of additional oral oncology and reconstructive surgery training programs, to identify areas of clinical and translational research including formulation of treatment guidelines, to develop educational material, to train OMFS postgraduates, as well as general dentists to enhance the detection at an early stage.

We predict that the further maturation of head and neck fellowship training for OMFS and a continued interest of young maxillofacial surgeons will fuel increased management of patients with oral cancer by OMFS in the future. The future looks extremely bright; however, pursuance of a collaborative, concerted, and determined approach is needed, while always being mindful that the needs of the patient come first.

Conflict of Interest
None declared.

References

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