

## Oral & Maxillofacial Surgery- The Double Qualification Dilemma

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Today, the education to become an Oral & Maxillofacial Surgeon (OMFS) in many parts of the Western world requires a degree in both Stomatology (DDS) and Medicine (MD) [1-3]. This requirement has been more prominent over the years [4]. In the beginning, all OMFS were dentists, but with the development of the OMFS speciality, the requirement for an additional MD degree was needed. However, in many countries these “extra” years to study medicine are expensive and also socially demanding for the individual surgeon. In most European countries, studying Stomatology is five years and medicine six years. With some exemption, it generally takes around 10 years of undergraduate studies to qualify for specialist training in OMFS. In the United States and in United Kingdom there are programs to shorten the undergraduate medical studies, which of course is very cost effective for both the individual and the society.

However, in many medical schools, no or very little exemption is offered, which means unnecessary time and expenses for the future OMFS. It is important for the OMFS specialty that the dental as well as the medical qualification remains. The dental education is crucial for the understanding of the complex situation of the jaws and face and the medical training is crucial for the general understanding of the human body. The double qualified OMFS have more privileges and a broader scope of training. The training in basic sciences in dental school holds a high standard, which the representatives from the medical faculties sometimes are not aware of. It is therefore reasonable to allow the OMFS prospect to start their medical studies from the 3<sup>rd</sup> year, and

complete the clinical part of medical school. In the UK, an accelerated three year DDS program is now provided for medical graduates [5], and in a few centres, the whole OMFS training is not longer than for other surgical specialties [6].

All unnecessary and bureaucratic obstacles should be removed to allow the OMFS prospect to complete the OMFS training within reasonable time. This would be a win-win situation for the surgeon, the society and, most important, for the patients.

### References

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