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## Letter to the Editor

# "Centralisation and Sub-Specialisation": Is it cost-effective and sustainable for the state sector oral and maxillofacial surgery services in Sri Lanka?

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Ministry of Health, Sri Lanka

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## Dear Editor,

Oral and maxillofacial surgery (OMFS) has historically developed as a dental speciality in most countries. In Sri Lanka, India and Pakistan the OMFS speciality is a postgraduate qualification following a basic Bachelor of Dental Surgery degree. In Europe, including the United Kingdom, OMFS is considered as a medical speciality with the essential pre-requirement of a dental degree as first degree or second degree. In the United States trainees require a medical degree during the residency training, which usually follows dental qualification. There are only a handful of countries that have experts in OMFS with only a medical qualification, without a dental background [1)(2)(3).

In the last three to four decades, the Board of Study, Dental Surgery at the Post Graduate Institute of Medicine (PGIM), University of Colombo was considered the sole authority for training of dental specialists in Sri Lanka. Initially, the PGIM offered a specialist training towards a Master of Surgery in Dental Surgery (MS Dental Surgery) that later became the MS Oral Surgery and MD Oral Surgery. As per the newer curriculum ~~d~~ (Prospectus 2011), successful completion of the MD leads to board certification as a specialist in Oral and Maxillofacial Surgery (specialists board certified since 2016). The latest development is a separate board of study for Oral and Maxillofacial Surgery that has led to the development of a new curriculum which is currently at the review stage prior to implementation(4)(5).

The Ministry of Health of Sri Lanka has recognized the Oral and Maxillofacial Speciality as one of the specialist training pathways for dental surgeons for a considerable duration, offering them government consultant posts, and it is the most widespread dental speciality in the country at the moment. Currently, there are around 35 state sector OMFS units which are mostly confined to district general hospital level or above. Depending on the availability of postgraduate trainees who have completed their local training, a few base hospitals also have functioning OMFS units to enhance coverage. But most of them suffer from infrastructure and staffing issues (Table 01).

**Table 01: Currently available OMFS units in Sri Lanka (all practice General OMFS): Population Census from 2021, OMFS surgeon numbers in August 2024**

| Province | District | OMF Unit | Number of OMF Surgeons |
|---|---|---|---|
| **Western** (13 OMF Surgeons for 6.2 million population) | Colombo | National Dental Hospital (Unit A,B,C,D) | 4 |
| | | Colombo South Teaching Hospital-Kalubowila | 1 |
| | | University of Sri Jayewardenepura | 2 (University OMF Surgeons) |
| | | District General Hospital (DGH) Avissawella | 1 |
| | Gampaha | Colombo North Teaching Hospital-Ragama | 1 |
| | | District General Hospital Gampaha | 1 |
| | | District General Hospital Negombo | 1 |
| | Kalutara | Teaching Hospital Kalutara | 1 |
| | | Base Hospital (BH) Panadura | 1 |
| **Central** (8 OMF Surgeons for 2.8 million population) | Kandy | National Hospital Kandy | 2 |
| | | Dental Hospital Peradeniya | 4 (University OMF Surgeons) |
| | Matale | DGH Matale | 1 |
| | Nuwara-Eliya | DGH Nuwara-Eliya | 1 |
| **Southern** (5 OMF Surgeons for 2.7 million population) | Galle | Teaching Hospital Karapitiya | 2 |
| | Matara | DGH Matara | 1 |
| | Hambantota | DGH Hambantota | 1 |
| | | BH Tangalle | 1 |
| **Northern** (3 OMF Surgeons for 1.2 million population) | Jaffna | TH Jaffna | 1 |
| | Vavuniya | DGH Vavuniya | 1 |
| | Kilinochchi | DGH Kilinochchi | 1 |
| | Mannar | DGH Mannar | 0 |
| | Mullaitivu | DGH Mullaitivu | 0 |
| **Eastern** (3 OMF Surgeons for 1.8 million population) | Batticaloa | TH Batticaloa | 1 |
| | Ampara | DGH Ampara | 1 |
| | Trincomalee | DGH Trincomalee | 1 |
| **Northwestern** (3 OMF Surgeons for 2.6 million population) | Kurunegala | TH Kurunegala | 1 |
| | | TH Kuliyapitiya | 1 |
| | Puttalam | DGH Chilaw | 1 |
| **North Central** (2 OMF Surgeons for 1.4 million population) | Anuradhapura | Teaching Hospital Anuradhapura | 1 |
| | Polonnaruwa | DGH Polonnaruwa | 1 |
| **Uva** (1 OMF Surgeon for 1.4 million population) | Badulla | Provincial General Hospital Badulla | 1 |
| | Monaragala | DGH Monaragala | 0 |
| **Sabaragamuwa** (3 OMF Surgeons for 2.1 million population) | Ratnapura | Teaching Hospital Ratnapura | 1 |
| | | DGH Embilipitiya | 1 |
| | Kegalle | Teaching Hospital Kegalle | 1 |

Currently, the Ministry of Health delivers curative services and preventive services through existing OMFS units. Scope of practice remains in the following 10 areas which encompass the scope of speciality of oral medicine (OM), since there is no special training pathway for specialisation of OM in Sri Lanka.

1. Head and neck malignancies
2. Reconstructive oral and maxillofacial surgery
3. Orthognathic surgery
4. Maxillofacial trauma
5. Developmental anomalies of head and neck
6. Oro-facial pain
7. Diseases of salivary glands
8. Dento-alveolar surgery
9. Oral mucosal diseases
10. Oro-facial infections

According to the Ministry of Health requirement, trainees undergo ~~a~~ training in the full scope of OMF surgery as a generalist. There are no allocations for sub-specialisation. Globally, sub-speciality training for OMFS is considered a must. ~~In~~ The United Kingdom, where most trainees from Sri Lanka complete~~s~~ their compulsory foreign training, has 5 main special interests/ sub-specialities, namely Head and Neck Oncology, Cleft, Deformity, Trama and Craniofacial surgery (6)(7).

According to the author's opinion, it is time to initiate and develop sub-speciality training in OMFS in the country to ensure quality patient care. When considering the highly specialised, ever developing speciality of OMFS the quote "Jack of all trades, master of none" describes the current Sri Lankan system. It is prudent to develop highly skilled individuals in certain aspects of the speciality to achieve the best outcomes and propagate skill transfer to future generations in a sustainable manner. Centralised treatment units with sub-specialists in OMFS is a must to be par with the international community.

At the moment, in delivering OMFS services to a 22 million population each district has 1 or more OMFS units. But in a centralised care model, sophisticated centres with cutting edge infrastructure can be distributed as 1-3 for a province with ample staff allocations according to the population density of the province (Figure 01). Above proposed centres could conduct satellite clinics in district general hospitals utilizing the outpatient service departments (Dental OPDs). These satellite clinics may be once a week or once in two weeks depending on the requirement(8).

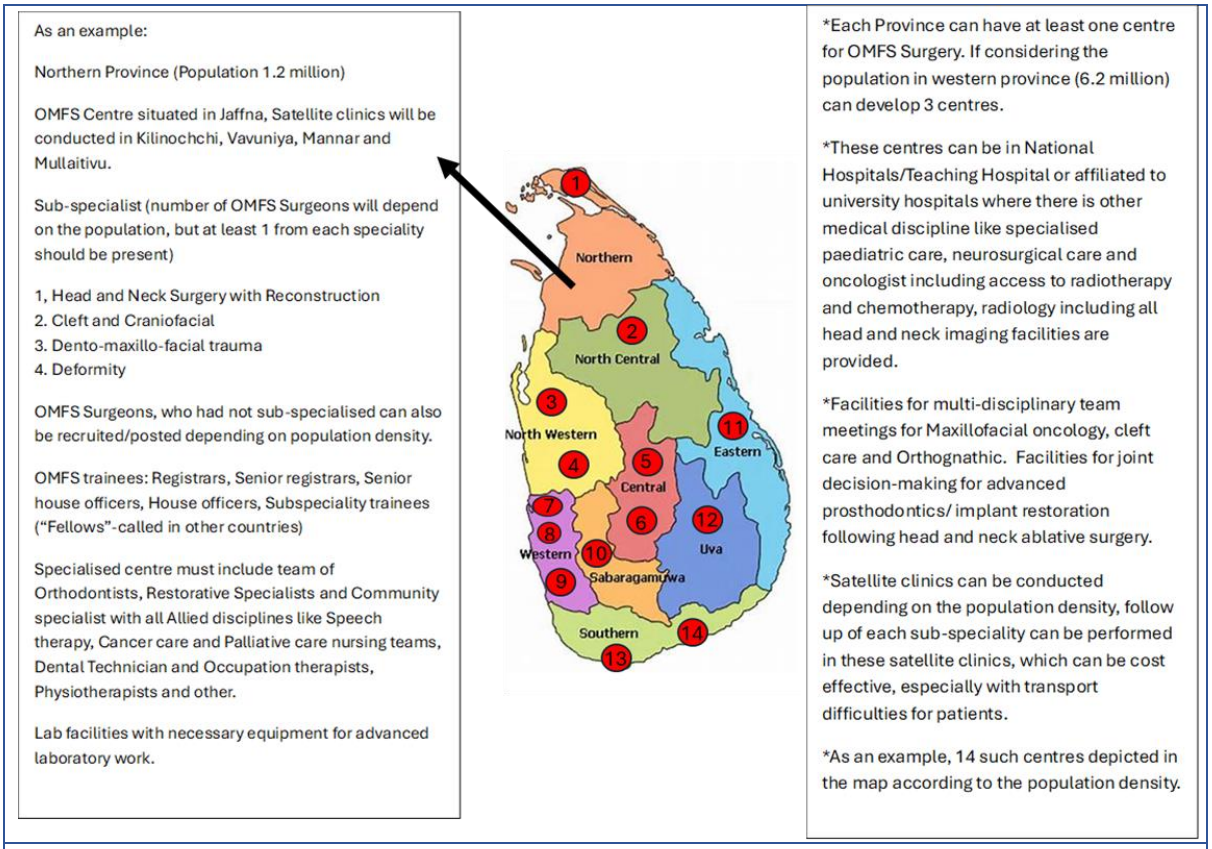


Figure 01: Proposed Centralised System (Northern Province is considered as an example)

The proposed centralised care will provide concentrated expert dental, medical and surgical care. Currently, in the majority of the hospitals, full scope OMFS is impractical due to unavailability of specialists like consultant orthodontists, restorative specialists and many more. Next highly significant issue is that OMFS units lack adequate number of doctors such as house officers and senior house officers. Complex trauma management, craniofacial surgery and onco-surgical procedures are hindered due to the unavailability of neurosurgeons, radiologists and oncologists. Centralised care will also pave the way to expert oral and maxillofacial histopathology services, which can be considered as non-existent at the moment, except for Colombo and Kandy. Performing OMFS deformity surgeries without expert technicians and lab facilities is unimaginable. Expanding the number of OMFS units in the traditional way will not provide technical support. This is only feasible with centralised care (9).

These proposed centres should be geared up for long surgeries, with intensive care facilities and the paediatric care facilities. OMFS MD trainees should be given enough opportunities during their general training to rotate among these sub-specialties and a transparent, fair opportunity to select their sub-specialty. Patient referral can be done through satellite clinics in district general hospitals or directly to the specialised centres. With the latest technical enhancement in the world, the future of OMFS deformity, trauma and reconstruction surgery will inevitably requires surgical navigation, 3D printing and virtual surgical planning, which can only be achieved within the proposed centralised system.

When considering the proposed new system, government transfers might affect the continuity of the services of the sub-speciality surgeons. There should be non-transferable posts (can be called as end posts) together with transferable posts to counteract this shortcoming. Postgraduate training curricula must be revised and modernised to groom the specialised surgeons.

In a broader sense, the proposed centralised system will encourage more research, produce accurate statistics, lead to quicker operations (with multiple teams operating together), better health outcomes, better resource utilization and better patient satisfaction. The main disadvantage for some patients might be long distance travel to get to a specialised centre. But even now, due to the scarcity of resources in small stations, patients directly travel to main cities like Colombo, Kandy, Galle and Jaffna expecting to get their surgeries done quickly. This over-burdens OMFS units in cities, hindering quality of care(10)(11).

In conclusion, adopting the proposed centralised system will be the way forwards in the OMFS speciality in Sri Lanka. Sub-specialisation will improve the quality of surgeries and improve patient outcomes. Training in OMFS must develop in par with the international community, giving opportunities to learn and enhance in sub-specialities.

This letter is open for discussion with the OMF community, other relevant specialties and policy makers of the Ministry of Health and is a call to self-reflect on the public sector OMFS system with the aim of improving and modernising it.

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