

SuperSpecialty-Level Training in Head and Neck Surgical Oncology

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This letter concerns the article in *South Asian Journal of Cancer* by Mohan et al.¹ Although the argument for oral and maxillofacial surgery (OMFS) as a possible forerunner for head and neck surgical oncology training is largely acceptable, there are several riders to it, which I wish to point out. The deficiencies of a master's degree (MDS) in OMFS for cancer care include the following practical issues. A medical degree, comprising 4.5 years of coursework and 1 year of internship, is required at a basic level, even to be *naturally* eligible to sign on a death certificate. Didactic training in oncology, even up to the molecular level of at least 2 years, is necessary. Curriculum and syllabus for head and neck surgical oncology training are available at all training institutes and universities recognized by the Medical Council of India (MCI)/National Medical Commission (NMC).

At present, at least three surgical superspecialties are stakeholders in performing high-quality head and neck surgical oncology work requiring specific skill sets,² i.e., MCh in surgical oncology, plastic and reconstructive surgery, and neurosurgery. MCI/NMC, the apex body of medical and surgical accreditation, had recognized head and neck surgery as a distinct newer superspecialty in 2012 with feeder specialties for minimum training as MS (ENT/general surgery) besides the superspecialty courses already mentioned. Recently, as the feeder criteria for MCh in head and neck surgery got more specified, the now redundant superspecialty MCh criterion was removed, and depending on work experience and demonstrable supplementary training, these concerned broad and superspecialists qualify as consultants and teachers at entry level. By and large, for this newly evolved superspecialty, there are two major supporting pillars, i.e., plastic/reconstructive surgery and surgical oncology, besides inputs from neurosurgery and OMFS. For example, in the state of Kerala in India, we have a renowned head and neck unit that has emerged as an offshoot of plastic and reconstructive services at Amrita Institute of Medical

Sciences (AIMS), Cochin, and at the Regional Cancer Center (RCC), Thiruvananthapuram, it is an offshoot of a well-established surgical oncology service. At RCC, we collaborate with the neurosurgery department of Sree Chitra Tirunal Institute for Medical Science and Technology (SCTIMST) and the OMFS department of the Government Dental College Thiruvananthapuram for skull base and reconstructive microsurgery work.

In the United Kingdom and other developed nations, maxillofacial surgeons need to be dually qualified, i.e., they need a medical degree and, to operate on cancer, they do fellowships in dedicated oncology centers. Dental surgeons qualify for oral surgery alone without cancer. They work in allied departments attached to head and neck surgical oncology and participate in multidisciplinary team management for head and neck cancers (MDT). Therefore, for an oncology fellowship after OMFS, cumulative 2 years' rotation in ENT, surgical oncology, plastic/ reconstructive, and neurosurgery is mandatory. In line with the prescribed norms of the MCI/NMC for the lead consultant's position, at least 7 years of training (to cover basic general medicine and surgery and oncology) and experience with these rotations are required. In all other situations, an MDS in OMFS can be accommodated either in training posts or as an MDT member in their capacity as allied specialists.

Conflict of Interest

None declared.

References

- 1 Mohan S, Popli G, Aggarwal K. Oral oncology and reconstructive surgery fellowship training programs in India—a trainee perspective. *South Asian J Cancer* 2021;10(04):267–268
- 2 Varghese BT. Head and neck surgical oncology training in the current era of molecular oncology. *Oral Oncol* 2022; 124:105474

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