Report relating to recruitment and retention of Maxillofacial Prosthetists / Reconstructive Scientists in Scotland.

Many thanks for the opportunity to place before you this report in relation to the recruitment and retention of Maxillofacial Prosthetists and Reconstructive Scientists in Scotland. I shall take each of the questions posed in your e-mail in turn and as listed. It may be worth giving you a very short background to our specialty. The range of work we are responsible can be seen on the website of our educational institute, The Institute of Maxillofacial Prosthetists and Technologists and can be found at WWW.IMPT.ORG.

In Scotland the workforce in our specialty is as follows.

Inverness 1, Aberdeen 1 + 1 student, Dundee 2, Glasgow 7, Lanarkshire 2, East Lothian 1, Ayrshire 3, Borders 1. This totals 19 prosthetists and 1 student within this number 5 are very senior people and will be set to retire within the next 5 to 10 years. This might seem to be a bleak picture but is mirrored south of the border.

Not all the units listed undertake all aspects of Maxillofacial Prosthetics in relation to 3D planning or body and facial prosthetics with some limiting their practice to surgery planning and surgical plates however all hold professional qualifications.

With the loss of the Diploma in Maxillofacial Prosthetics at Manchester Metropolitan University which ended in 2011 our specialty moved into the STP training programme. This created a significant problem for prospective Scottish students. The entry requirement to apply for the STP programme is a 2.1 BSc in Dental technology. As no degree qualification of this type is offered in Scotland by default we have been excluded from training without any prospect of rectifying this situation in time to address the shortfall due to retirement and present staff moving to promoted positions.

Difficulties in recruitment and retention.

My personal experience regarding recruitment is a particular area of worry within my unit. This is caused largely due to AFC bandings. Although I am aware this is an “old chestnut” it is nonetheless the single biggest factor to my recruitment and retention problem.

As a result of yet another member of my senior staff leaving for a promoted position I recently advertised nationally for a Principal Prosthetist and had no suitable applicants. This post was subsequently filled with a base level prosthetist which was the best we could do under the circumstances. This in reality has replaced a senior member of my team with a newly qualified junior with the loss of many years of experience.

I believe there was a similar situation at Aberdeen Royal Infirmary where the offered grade failed to attract a suitable candidate and a student was employed in place of an experienced prosthetist. I would suggest contacting Mrs Karen Boyd Consultant Maxillofacial Prosthetist for the exact details of her situation.
I should mention in fairness Mr Michael Matheson in his capacity as public health minister looked into this situation at a local level however the problem is really the grades offered UK wide. If comparisons were made with other similar units within the UK the problem would become apparent.

There are in the region of 150 Maxillofacial Prosthetist posts in England and Wales with very much better prospects for promotion, this coupled to our AFC bandings and lack of training understandably makes our specialty a rather unattractive proposition north of the border.

**Barriers to recruitment.**

As previously mentioned career progression as a result of juniors and seniors on the same bandings is not possible within this unit. There is no structure for junior staff to progress if and when a position becomes available.

I believe the other questions posed in the call for written views are basically covered in the preceding paragraphs. Our issues are centred round our lack of appropriate training north of the border and the AFC bandings.

**Conclusion.**

Although many of the observations in this report seem to be negative I firmly believe the UK leads the way in the training of this particular profession. I believe we in Scotland need to find a way to engage with the UK programme and offer the exciting opportunity it affords our colleagues in England and Wales here in Scotland.

The NHS continues to offer the optimum level of care to patients requiring the services of a Maxillofacial Prosthetist. This exciting and ever changing profession has the potential to offer excellent career prospects to anyone wishing to enter this specialty. I am therefore keen that we in Scotland address the situation.

I hope these observations prove to be useful and I would happy to be of further assistance should it be of help.

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