



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES
EUROPEAN UNION OF MEDICAL SPECIALISTS

The UEMS Section of Oro-Maxillo-Facial Surgery

Minutes of the Meeting of the UEMS Section of Oro-Maxillo-Facial Surgery

Date: Saturday 13th March 2010
Time: 14.00 – 18.00 hrs
Location: Le Plaza Hotel, Brussels
Acting President: Bart Witsenburg
Secretary: Maurice Mommaerts, Chairman/Secretary
Minutes secretary: Jill McFarland
Treasurer: Blaise Kovacs, Treasurer

Representatives present (with voting right):

- Austria: Michael Rasse
- Belgium: Blaise Kovacs
- Czech Republic: Daniel Hrusak
- Finland: Risto Kontio
- France: Jean-Baptiste Kerbrat
- Germany: Michael Engel
- Hungary: Zolt Nemeth
- Italy: Giorgio Ianetti
- Netherlands: Bart Witsenburg
- Romania: Adrian Creanga
- Spain: Carlos Navarro Vila
- United Kingdom: Andrew Carton

Observers and/or representatives without voting right:

- Austria: A Lugstein (on behalf of B Gattinger)
- Belgium: Joseph Schoaeners
- Croatia: Ivica Luksic
- Denmark: Inger Bertram
- Romania: Adrian Creanga
- Spain: Dr Jose Ignacio Salmeron Escobar

PWG: Andre Santos Luis

Observers from EACMFS:

- Henri Thuau
- Julio Acero

Apologies:

- B Maillet
- G Pantelas, Cyprus
- C Lindqvist, Finland
- T Merckx, Netherlands
- P Stanko, Slovakia
- A Vesnaver, Slovenia
- K Graetz, Switzerland

1. Welcome, introductions and approval of the minutes of the meeting of March 14th 2009

- 1.1. **Bart Witsenburg** welcomed the members on behalf of the President, Klaus Grätz who was unable to attend the meeting. He thanked Maurice Mommaerts for his tiresome work for the Section.

Maurice Mommaerts welcomed the new members to Brussels and invited attendees to introduce themselves.

He reported that letters of appreciation with a certificate had been sent to several members last year, namely Dr W Busch, Mr B Woodwards, Prof R Koole and Prof G Szabo who had worked hard in the section over the previous years.

It was agreed that Dr B Gattinger and Mr I Martin would be sent letters of appreciation.

- 1.2. **Approval of Minutes – 14th March 2009 – unanimously approved despite comment from Jean-Baptiste Kerbrat** who felt there had been an error regarding the exclusion of 'mal-occlusion' from the reference to Chapter 6. Maurice Mommaerts pointed out that Chapter 6 had been extensively discussed at the Board meeting rather than the Section meeting last year. Any change to the Reference Book should therefore be submitted to the Board meeting in 2011 which would then be presented to the Section meeting for approval in the afternoon. Maurice Mommaerts also mentioned that during the meeting of EACMFS it had been suggested that *cranio-orbital, base of skull and head and neck surgery* should be included and that it was important to revise the document, perhaps every 5 years.

The Section agreed that the proposal should be on the Board agenda for 2011.

2. Correspondence:

2.1 The Accreditation of e-Learning Materials by the EACCME – UEMS 2008 / 20 rev

There had been a request from the Secretary General of UEMS to provide volunteers from each section to review e-Learning materials. Further information had been requested by the Section in relation to financial income. However, no additional information had been forthcoming so it was agreed to put on hold pending further accreditation of e-Learning materials.

3. Problems related to the speciality: Maurice Mommaerts requested only changes or problems.

Austria – Michael Rasse reported that it is now possible to start with medicine and to do dentistry following the start of the specialisation. It is not possible to work in the hospital at night without having completed medicine.

Belgium – Blaise Kovacs reported two 2 major changes. The first being that from 2011 medical training will be reduced from 7 years to 6 years which is a positive move to shorten the training period but there may well be an effect on the common trunk pathway. Secondly, the Minister of Health and Commissioning Bodies decided to review the training criteria of the speciality and the major outcome is to leave out Stomatology from the definition of the speciality leaving only maxillofacial surgery. It has not been finally approved by the Ministry but had been approved by the profession. This will therefore result in a master in medicine and master in dentistry followed by 4 years specialty training.

Bulgaria – absent

Croatia – Ivica Luksic – no change, medically based

Cyprus – absent

Czech – Daniel Hrusak - no changes.

Denmark – Inger Bertram reported that finally in November 2009 the educational guidelines were accepted by the Board of Health although still only a few residents are going through due to economic reasons

Estonia – absent

Finland – Risto Kontio – no major changes but in the near future changes will occur since OMFS training has been the same for 10-15 years. Oral Surgeons are singly qualified and OMFS are doubly qualified. The Minister of Education has considered reverting back to separate training for singly qualified dental oral surgeons and doubly qualified OMFS.

Andrew Carton questioned the remit of the oral surgery training. **Risto Kontio** replied that the main difference related to hospital work. A singly qualified oral surgery cannot be appointed as Head of Department and mainly works alongside the ENT Department whereas the doubly qualified OMFS will work in a separate designated department of OMFS.

France – **Jean-Baptiste Kerbrat** – reported the new speciality of Oral Surgery is the same speciality for a medical qualification or a dental qualification requiring 4 years for both. Stomatology has been dropped. Maurice Mommaerts questioned whether OS would have access to hospital facilities but Jean-Baptiste Kerbrat replied that it is unknown as yet. Maurice Mommaerts reported that the European Dental Directives for Oral Surgery mention the scope of orthognathic surgery/salivary gland surgery/TMJ. The same situation occurs in Finland with OS with no trauma or tumour work. In Denmark/Sweden again OS covers orthognathic/TMJ, working with plastic surgeons for microvascular. In the Netherlands it is the Dental Directive but obligatory medical qualification for registration. Bart Witsenburg asked who took the initiative in France and Jean-Baptiste Kerbrat reported that it had been a joint decision to make the new speciality. **Andrew Carton** reported the outcome of the review in the UK by PMETB unequivocally concluded that both medicine and dentistry were necessary to conduct oral and maxillofacial surgery. Dentally based Oral Surgery had been established but the curriculum has yet to be agreed by the General Dental Council who have the remit to supervise the speciality. However, the Oral Surgeons are very keen to undertake TMJ, salivary glands, trauma and orthognathic surgery. A disagreement exists between OMFS and OS with the argument being very much of clinical governance and concern that someone without a medical qualification is not in a position to manage a patient as a whole. **Maurice Mommaerts** offered to help with the provision of a position paper but it was agreed that currently no action was required in France.

Germany – Michael Engel expressed the greetings of Dr Wolfgang Bush. He also reiterated that the extensively long training for doubly qualified OMFS is resulting in the decrease in trainees due to economic reasons. National law in German normally prevents just dentally qualified surgeons in OMFS departments from working on night duty in hospitals. Special arrangements however might be possible. Under favourable circumstances the second degree can be completed during residency.

A request had been received from Germany to the President of the Section to consider changing from 2005/36/EC back to the directive 2001/19/EC which would help in the reduction of the training pathway. **Risto Kontio** confirmed that this request had been received also by the Board Working Committee, who had agreed to support the recommendation to revert back to the 2001 directive. In Finland maxillofacial surgeons can train based on the 2001 directive. **Andrew Carton** pointed that in the UK traditionally OMFS come from dentists wishing to undertake a second medical degree although there is now a movement towards medically qualified to obtain a dental degree. Currently the UK has no difficulty in

filling the posts and indeed there are more applicants than posts available with a central application system now in place. **Joseph Schoenaers** reported in Belgium both diplomas are required from the beginning. **Maurice Mommaerts** pointed out that the European Guidelines are now 5 years old. It is important to shorten the length of training especially in Germany and Spain. In the UK, typically medicine is 5 years, dentistry 4 years, (2 years working as a dentist) 2 years as a basic doctor, 2 years in surgery, 5 years specialty training. **Giorgio Iannetti** felt that harmonisation for trainees was essential with a sustainable length of training with reduced time for double degrees. **Michael Engel** pointed out that Germany whole heartedly supports the double qualification but it is essential to compress the training time. A request for a letter to support the motion of Germany to change the European Directive was agreed. **Maurice Mommaerts** proposed to draft a letter to Bernard Maillet requesting his support for the Section to write to the European Union regarding the directive change. **This received the unanimous agreement of the members of the Section (12 voting members).**

Greece – absent

Hungary – Zolt Nemeth – no change.

Ireland – absent

Italy – Giorgio Iannetti – no change

Kosovo – absent

Latvia – absent

Netherlands – Bart Witsenburg reported that the medical and dental training system had been modernised according to the CanMeds Framework. This framework starts from the principle that daily medical practice is related to seven relevant items:

1. Medical acting as such
2. Professional acting
3. Communication
4. Knowledge and Science
5. Cooperation
6. Social acting
7. Organisation

Each speciality has refined learning. The competence of the trainees is assessed by an ongoing evaluation and specifically technical skills. The quality of all maxillofacial practice has changed and the visitations are more orientated towards outcome of care.

Norway – absent

Poland – absent

Portugal - absent

Romania – At this point Maurice Mommaerts welcomed Romania as a voting member having fulfilled the criteria and received the 2010 certificate. Blaise Kovacs noted that payment would now be due.

Adrian Creanga – no changes, double qualification since 2005. The second degree is completed during residential training.

Slovakia – absent

Slovenia - absent.

Spain – Carlos Navarro-Vila – no changes

Sweden – absent.

Switzerland - absent

UK – **Andrew Carton** – medical and dental degrees are mandatory and predate the specialist training. Registration has been with both the Medical and Dental Council at the same time with the resulting double indemnity. However it has recently been agreed that it is only necessary to register with the Medical Council with contains the specialist register for oral and maxillofacial surgery. It is necessary to have the registerable dental qualification but it is optional for those wishing to register. He also reported there is increased focus towards accreditation and continuing medical education in the UK.

4. **Report of workgroup EBOMFS:**

Risto Kontio reported a fruitful and beneficial meeting. There were 11 members plus 1 observer.

The Board had considered the organisation of the Assessment in Bruges covering the rules, requirements and timetable. The following changes were proposed:

- Increase MCQ from 30 to 50 (OMFS currently has less than other assessments)
- CV - Log Book – 50 (changed from 60)
MCQ increased from 10 to 20
- Oral – 30

All changes were agreed by common consent.

The Board considered the creation of a European Assessment in Head & Neck Oncology. ENT had previously proposed the establishment for Head & Neck Oncology. Last year it had been suggested to establish a Division for Head & Neck Oncology but had been rejected by Council of UEMS.

It was therefore proposed that the Scientific Committee and the Board should consider the development, the requirements plus the rules for a Head & Neck Oncology Assessment.

This was agreed was agreed by common consent.

As far as the German situation is concerned, the Board had come to the same conclusion as the Section.

The Scientific Committee proposed the following names for the Manpower Committee:

Dr A Creanga
Dr D Hrusak
Prof L Stassen
Prof G Iannetti

Agreed by common consent.

At the same time the Board had discussed the future and focus of the Manpower Committee. It was decided that the Manpower Committee should develop a qualified questionnaire for use by the Section and Board.

This was agreed by common consent.

CESMA – no agreements were required.

Website – this was reviewed and all the information for the assessment is up to date and downloadable.

Andrew Carton noted that in the UK, as far as Head & Neck Oncology is concerned, no single speciality owns the area and certainly plastic surgery, OMFS and ENT were all making claims. There are Head & Neck fellowships which are part of training for one to two years and can be applied for but are not post training. OMFS had declared an interest but did not wish to separate out as a subspecialty.

Risto Kontio reported that information is being gathered from all the countries. Currently in Denmark, Finland and UK Head and Neck Oncology specialty training is in existence.

Andrew Carton stated that OMFS has a clear curriculum approved by the training authority and has a sub-section which is the same as in the ENT and Plastic Surgery version for Head and Neck surgical oncology.

Risto Kontio stated that in Finland the training for ENT surgeons is much shorter than OMFS.

Maurice Mommaerts informed the Section that EACMFS would propose a format for the white book which is shared with UEMS to avoid duplication of work.

Carlos Navarro-Vila felt that Head and Neck Oncology is an important field. Maurice Mommaerts pointed out that Bernard Maillet had stated that exclusive rights could not be given and it had to be multidisciplinary.

The existence of the JRAAC was discussed.

Henri Thuau, on behalf of EACMFS, felt that work was being duplicated and therefore sharing of information was clearly important between the Board and EACMFS in order to be effective since OMFS is a small specialty under threat.

Joseph Schoenaers presented the history to the JRAAC being responsible for supervising training pathways, the accreditation process and developing standards of the training centres plus guidelines.

Carlos Navarro-Vila felt there was no real advantage for a JRAAC as the bodies are already in close collaboration.

Risto Kontio stated that the Board and Scientific Committee welcome the exchange of issues related to harmonisation and training. However, they were cautious about the benefit of a further committee and that continuing liaison was probably sufficient.

Maurice Mommaerts pointed out that the purpose of JRAAC was purely to assist the streamlining for registration and certification.

Risto Kontio once again reiterated that the Board was not against the idea of the JRAAC but more in favour of liaison rather than a new committee.

The Report of the Board was approved by the Section.

JRAAC would, however, be considered on the agenda in future.

5. **Problems related to Stomatology:**

Maurice Mommaerts reminded the Section that Dr Ivo Furtado was present at the meeting in 2009 and discussion centred round the attendance and voting rights for one country with two specialties within the Section. Maurice Mommaerts had informed Dr Furtado that the Section had not issued an invitation to the 2010 Section Meeting. This provoked a process of communication between MFS and Stomatology in Portugal. Both Presidents met with the President of the Medical Association.

Maurice Mommaerts confirmed that Bernard Maillet had re-confirmed his statement of 2009 regarding Stomatology. However, there is a clause in the constitution that allows any specialty to request a connection with Bernard Maillet as a host section.

Jean-Baptiste Kerbrat stated that all MFS have Stomatology within the training which is equal to dentistry.

Maurice Mommaerts pointed out that the title of the association had changed unofficially to Oro-Maxillo-Facial Surgery and Bernard Maillet informed the Section that the UEMS Council had to approve the change.

Jean-Baptiste Kerbrat asked whether it was possible to keep Stomatology within the title if it did not present a problem.

Maurice Mommaerts felt that it would only cause confusion if it was retained and if it was approved by Council it would most probably be immediate.

Carlos Navarro-Vila felt there was nothing to be gained from retaining the title.

It was agreed to officially propose the removal Stomatology from the title.

The Treasurer explained the situation with regard to payment of the contribution for France which is based on the agreed contribution key.

6. Treasury:

Blaise Kovacs presented the accounts of the Section.

He stated that contributions were still awaited from 10 countries (out of 18) for 2009. For 2010, 15 countries are still to send payment. Total entries 8,648.72€ Total expenditure 3,656.81€

Situation on 13.3.10 – 10,620.79€

The approximate expenditure for the 2010 meeting will be 8-9,000€

The accounts were unanimously approved.

7. ANY OTHER BUSINESS:

7.1 **Appeal by Danish Society to support their request to the Ministry and University to allow OMFS trainees to take up medical studies.**

Inger Bertram reported that there had been no result following the letter of support which had been sent to the National Board of Health via to Dr M Schiodt and Prof S Hillerup. This is mainly due to economic issues but the trainees still need support.

Maurice Mommaerts agreed to send a further letter to another Authority on receipt of the details from Dr Bertram.

Maurice Mommaerts requested that the Section members consider the European Guidelines which had been in circulation since 2002 and need revision as there had been changes to the Reference Book plus Constitutional changes. It had also been discussed with EACMFS and it was agreed that it could be endorsed with some minor changes related to the scope previously mentioned under 1.2. Since it is used by many Boards and countries it is important to regularly update the document.

Maurice Mommaerts welcomed feedback for the meeting in 2011.

Georgio Iannetti felt it would be helpful to compare our Guidelines with that of ophthalmology, plastic, neurosurgery and ENT.

Maurice Mommaerts agreed to circulate these guidelines to the Section members for comparison.

Joseph Schoenaers queried the situation for cleft and **Maurice Mommaerts** confirmed that in many countries in Europe there are exclusive rights for cleft work in paediatric surgery.

7.2 **EACCME – Dr B Maillet. Evolution 2009. No new information.**

7.3 **International Certification in Facial Plastic Surgery. Meeting with EAFPS board in Porto and letter to Dr Cobo regarding assessment in USA.**

Maurice Mommaerts reported that he had attended a meeting in Porto in September 2009 to discuss the question of the EAFPS assessment being denied to medically qualified maxillofacial surgeons in Europe. He established that all the assessments are carried out in the USA and the European Academy selects the candidates. He wrote a letter as Secretary of the Section of OMFS to Dr R Cobo, President of the American Academy of Facial Plastic and Reconstructive Surgery in conjunction with EACMFS stating that it is important that access to the International Certification is granted to all anatomically based medical specialists. The reply recently received was indecisive.

Bart Witsenburg felt that there was no intention to flight with the plastic specialty and indeed there are colleagues in the Netherlands who wish to obtain certification.

Michael Engel mentioned that there are masterclasses in Germany and certainly there is interest in Germany for European certification.

Andrew Carton mentioned that in the UK Facial Plastic Surgery is of increased interested to MFS. It is now accepted, being part of maxillofacial training, and Fellowships are also now available.

In Austria Facial Plastic Surgery is also now available. In Italy there would also be interest in certification.

It was agreed by the Section that as a matter of principle it was important to continue to follow this issue with a further letter to Dr R Cobo to see if EAFPS make a proposal.

7.4 **Surgical Head and Neck Oncology. Limited response with no clear view to proceed with request establishment of a MJC.**

Maurice Mommaerts had conducted a survey to determine the direction to proceed. There were two options, namely wait to see if other specialties make moves and ask us to join the MJC or initiate discussions ourselves and develop the criteria for training. There was a 50:50 limited response.

Joseph Schoenaers felt there was a cost issue for Juniors for a certificate at European level.

In the UK there is a specialist certificate of training in head and neck surgical oncology which can be awarded pre completion of specialist training.

In Germany Surgical ENT requires certification, whereas Head and Neck Surgery is routine for OMFS.

In Spain, head and neck is core training and **Carlos Navarro-Vila** felt that due to the different training pathways it would be difficult to draw up the criteria for a MJC and that it was probably premature.

Andrew Carton also felt it was too premature to make firm decisions but it would be wise to consider a model.

Andrew Carton agreed to take this forward and start the process to be reported to the meeting next year.

7.5 Report of UEMS meeting with Belgian Sections (VBS)

This is a summary of what has been discussed in March 2009.

Bart Witsenburg and Maurice Mommaerts thanked the members for their attendance and fruitful discussions.

The meeting closed at 17.45 hrs.

Date of next meeting: 12th March 2011, Brussels