

UEMS 2005 / 57

Minutes of the Meeting of the UEMS Section of Oro-Maxillo-Facial Surgery/Stomatology 2005

Date: Sunday March 13th 2005
Time: 08.00 a.m.
Location: Hilton Hotel, Waterloo Boulevard Brussels

Chairman: Wolfgang Busch, president
Secretary: Maurice Mommaerts, secretary
Minutes secretary: Bart Witsenburg, vice-president
Treasurer: Blaise Kovacs, treasurer

Representatives present:

With voting right:

Austria: Bernd Gattinger
Belgium: Joseph Schoenaers (no voting by Blaise Kovacs & Maurice Mommaerts)
Cyprus: George Pantelas
Finland: Risto Kontio
France: Jacques-Charles Bertrand (no voting Jean-Baptiste Kerbrat)
Germany: Hans-Peter Ulrich (no voting by Wolfgang Busch)
Greece: Christos Martis (no voting Elefhterios Varaiktasis)
Hungary: Gyorgy Szabo
Italy: Giorgio Ianetti
Norway: Björn Hansen
The Netherlands: Bart Witsenburg
Portugal: João Pedro Marcelino (no voting by Paulo Coelho)
Spain: Carlos Navarro Vila
United Kingdom: Bob Woodward
Switzerland: Klaus Grätz

Excused: Dr Tim McCaul (PWG of European Junior Doctors), Daniel Hrusak (Czech Republic), Edvitar Leibur (Estonia), Cliff Beirne (Ireland), Eglis Kornevs (Latvia), Ron Koole (the Netherlands), Tomas Tomaszewski (Poland), Andrej Kinsky (Slovenia), Peter Stanko (Slovakia), Sten Isakson (Sweden)

Without voting right:

Denmark: Ingram Bertram
EACMFS: John Lowry, Julio Acero

1. Welcome, introductions and approval of the minutes of the meeting of March 16, 2004

- 1.1. Chairman Wolfgang **Busch** welcomes all present, starting with Inger **Bertram**, being the only lady present and next the masculine colleagues. Wolfgang **Busch** apologizes for the early start of the meeting directly adding that the pleasant companionship present smoothens this pain. Maurice **Mommaerts** is complimented on the perfect organisation of the Section and Board Meetings and on the excellent and cosy dinner on Saturday March 12th.
- 1.2. Wolfgang Busch than introduces the new delegates: Christos **Martis** (Greece), George **Pantelas** (Cyprus) and (entering later) Eleftherios **Vairaktaris** (Greece),
- 1.3. Wolfgang **Busch** finally welcomes both observers of the EACMFS John **Lowry** and Julio **Acero**.
- 1.4. It is determined who is officially representing his or her National Medical Organisation and therefore is allowed to vote. Fifteen delegates appear to have voting right. The remaining delegates are observers (three) or are have a colleague voting for their nation (six).
- 1.5. Wolfgang **Busch** mentions the names of the delegates who apologised for today.
- 1.6. The minutes of the meeting of March 14th 2004 are approved after embodying additions of
 - 1.6.1. Giorgio **Ianetti** to point 4.1.10. indicating that in Italy both OMF surgeons (medically qualified) and oral surgeons (dentally qualified) perform oral surgery,
 - 1.6.2. Jacques-Charles **Bertrand** to point 4.1.6 revealing that the surgical scope in France has been expanded and OMF surgeons are involved in cervical as well as aesthetic facial surgery,

2. Correspondence

Wolfgang **Busch** mentioned that he has had correspondence regarding the new directive Com (2002) 119 with the secretary general of the UEMS, the minister of health of Austria, the minister of health of Greece, with Dr. Bart Witsenburg and the secretary of the Centraal College of The Netherlands. Details he would like to discuss under point 4 of the agenda

3. Present situation of OMF surgery in the EU

In his well-illustrated ppt presentation Chairman Wolfgang **Busch** elucidates on the present situation of OMF surgery within the EU. He starts with a little topographic history of the EU, sums up the different specialties working in the same field as OMF surgeons: ENT surgeons, Plastic and Reconstructive surgeons, Oral surgeons and Stomatologists and the countries in which these specialties are recognised. Next Wolfgang shows the list of countries in which OMF surgery is medically based (Austria, Czech Republic, France, Hungary, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovakia, Slovenia and Spain), and medically and dentally based (Belgium, Cyprus, Finland,

Germany, Hungary, Ireland, Malta, Luxembourg and the United Kingdom). It appears that there are two draft Medical Directives (COM {2002} 119 and COM {2004} 853) being discussed within the EU Parliament that are expected to become official Medical Directives in June 2005, than officially called the "Professional Recognition Directive". The consequence will be automatic mutual recognition of diplomas between countries and hence free movement of medical doctors, dentists, lawyers etc. throughout the EU without the condition for professional examinations in the host country, for all those specialties with common education. At last a diagram is presented in which the relations between OMF Surgery/UEMS (Section and Board), RQ Assessment, European Guidelines, the EACMFS and its Journal of Cranio-Maxillo-Facial Surgery are interrelated.

4. Report of D 0426 / COM (2002) 119

Wolfgang **Busch** adds that after acceptance of the draft Medical Directive by the European Commission, existence of a particular specialty within two fifth of all EU countries is a precondition for automatic recognition of this specialty within the EU. In other words: 10 out of present 25 EU countries are needed for this automatic recognition of a specialty on the European level. For medically based OMF Surgery 13 countries will be eligible and for the medically and dentally based OMF Surgery, so far, only 9 are appropriate. Efforts are undertaken to let Austria, Greece and the Netherlands join the group of 9 countries in order to attain 10 or more in this group and consequently automatic recognition for this specialty. The problems are an important (but still missing) signature of the Minister of Health in Austria, minor bureaucratic barriers in Greece and the fact that OMF surgeons within the Netherlands want (for political reasons) their specialty to stay a dental one (although double qualification is a condition to be recognised as a OMF surgeon in the Netherlands) and the sole medically based OMF surgeon does not exist in this country. At present it is still possible to set up a specialty on the European level after only two countries requested so! Within the UEMS the majority of colleagues favour the "two country principle" but acceptance of the "two fifth principle" is expected to occur. Nevertheless Wolfgang Busch requests all delegates to urge their national representatives to the EU to vote against the "two fifth principle".

5. Opportunities of BaMa structure

Maurice **Mommaerts** starts his ppt presentation showing the 10 new member states to the EU, now consisting of 25 countries. Next the object of UEMS Specialist Sections is highlighted being "*professional defence of their specialty and harmonisation of the profession at the European level*". Maurice Mommaerts further quotes: "*Sections may be assisted by experts from the scientific world, for the creation or their own working group, their European Board. This Board is in charge of the medical specialist training. This aim will be achieved by the working out of optimal training standards and of continuing medical education, in opposition with the minimal definitions contained in the Doctor's Directives. The true aim of the creation of the European Boards is thus the defence and maintenance of the patients interest and high quality of*

care.” The objectives of the Section OMF Surgery are therefore: *“Harmonisation: Oro-Maxillo-Facial Surgery as independent recognised medical specialty in EU.”* Of the medical and/or dental profile of the specialty within the countries newly added to the EU, Maurice Mommaerts has made a tentative inventory. A bit of data is still missing.

In relation to the BaMa framework two opportunities for adaptation of the total training for OMF Surgery may exist. First for nations in which the double degree is obligatory, but dental education is experienced too long and second for nations with only the single medical degree wishing the dental diploma to be part of the total education to become an OMS surgeon. In order to get an idea, an inquiry is executed during the meeting as to who of the delegates are already dealing with implementation of the BaMa framework for academic studies and who has only heard recently of this development to be introduced on all EU universities. The majority was unaware of the Bologna agreement. The Portuguese colleagues had only heard of it a couple of months ago, but know that implementation is required in a few months time. In Switzerland, the Ba cycles has nearly been worked out.

In contrast to opportunities for OMS surgery training when introducing the BaMa structure, threads also exist to the education of OMF surgeons. According to the EU decisions made in Bologna the Bachelor degree represents a higher education qualification yielding 180 – 240 credit points and the Master degree yields 120 – 300 points. Fitting the contemporary medical specialist training curriculum into the proposed BaMa framework does not seem easy. One Bachelor and two Master degrees have therefore been proposed to solve this problem. However the dental curriculum is than still totally missing in the picture.

OMFS in 2° nations (problematic scenario viewing the length of studies/training)

- Bachelor in Medicine: 3 years
- Master in Medicine: 3 years
- Bachelor in Dentistry: 1-3 years
- Master in Dentistry: 2 (+1) years
- Master after Master (after Master) in OMFS/CMFS: 4 years
- 13-15 years
 - 2-3 years more than the other surgical specialties

OMFS in 1° & 2° nations (preferred scenario)

- Bachelor in Medicine: 3 years
- Master in Medicine: 3 years
- Master in Dentistry 2 years
- or 1-2 years “Master in Odontology” (comprising credits obtained from BaMa in Dentistry)
- Master after Master (after Master) in OMFS/CMFS: 4 (including 1 year of general surgery). For the Master the general and common trunk credits for the surgical specialties are obtained.
- 12 years = economically and ethically wise
- More effective employment of the EB assessment as an exit exam.
- Option of postgraduate certificate (or master): 1 or 2 years extra
- in Oncology & Reconstructive surgery

- in Cosmetic Facial and Congenital Craniofacial Surgery

This has been proposed as a position paper.

Several ways of implementing the different parts of the total OMF surgery training are discussed. There appears to be consensus on the total training duration of 12 years (“economically and ethically wise” and the duration of training for the specialty keeps competitive to that of neighbouring specialties = competitively wise). A plea is held for more effective employment of the Board Assessment. After an informative discussion it is decided to raise a BaMa committee in which the following delegates are appointed: dr. Klaus **Grätz**, as chairman and Jos **Schoenaers**, Bob **Woodwards**, Joao Pedro **Marcelino** and Wolfgang **Busch** as members. The assignment of the commission is to set up one or more proposals to fit the total training of OMF Surgery in the BaMa structure.

6. Evolution of the specialty in the different countries

6.1. Austria

Bernd **Gattinger** reports no changes in relation to training. The “double degree” is about to be officially recognised by the government.

6.2. Belgium

Joseph **Schoenaers** reports. Basically little has been changed during the past year. Relatively much interest exists for OMF surgery training. The number of training positions for OMF surgery has been reduced. Only four candidates a year are allowed to start training: two within Flanders and two in Wallonia. Authorities aim at a relation of one OMF surgeon to 100.000 inhabitants.

6.3. Cyprus

Dr. George **Pantelas** reports. Starting from 2004 the “double degree” is compulsory. OMF Surgery is a medical specialty. Cyprus has about 700.000 inhabitants. There is no university. OMF surgery is linked to both the dental and the medical chamber.

6.4. Czech Republic

No Czech delegate is present. Maurice **Mommaerts** reports that in the Czech republic two different specialties exist next to each other: a medical based and a dental based OMF surgical specialty. The medical based OMF Surgeons are not allowed to perform oral surgery.

6.5. Estonia

No Estonian delegate is present. Maurice **Mommaerts** reports that in OMF surgery in Estonia can be trained along the medical as well as along the dental route. Dental training is possible after medical training.

6.6. Denmark

Inger **Bertram** reports (written report). At present there are 12 training posts divided among 5 university hospitals. 39 OMF surgeons are working in 12 different hospitals. There are some Problems with senior doctors because

soon after receiving their diploma senior doctors are leaving the hospital. After dental training two years working in general dental practice is compulsory. Efforts are undertaken to reduce these two years to one year for those to be admitted to one of the dental specialist training programs. Only one OMF surgeon has a double degree (Inger Bertram)

The curriculum in OMF surgery in Denmark is set up as follows:

- | | |
|--|-----------|
| 1. Introduction | 6 months |
| 2. Basic education | |
| a. General surgery | 3 months |
| b. Internal medicine | 3 months |
| 3. Special OMF surgery training | 3 years |
| a. Oral surgery | |
| b. Oral medicine | |
| c. Dysfunction of the masticatory app. | |
| d. Prosthodontics | |
| e. Teaching | |
| f. Science | |
| 4. Supplementary education | 1 year |
| Obligatory (6 months): | |
| 4.2 Anaesthesiology | 3 months |
| 4.2 ENT | 3 months |
| Voluntary (6 months): | |
| 4.3 Acute orthopaedics | 3 months |
| 4.4 Dermatology – Venerology | 3 months |
| 4.5 Neurosurgery – Neurology | 3 months |
| 4.6 Oncology | 3 months |
| 4.7 Plastic surgery | 3 months |
| 4.8 Other | 3 months |
| 5. Theoretical courses | 347 hours |
| 6. Physiology – Medical education | |

The superior goals of OMF surgery training in Denmark are:

1. Training not beyond 5 years
2. After training an OMF surgeon can
 - i. Take care of 90% of the diversity of pathology in patients
 - ii. Be accepted to a hospital environment
3. High professional standards
4. Forthcoming education and science
5. Evaluation beyond the specialty
6. Leadership
7. Lifelong learning and competence.

6.7. Finland

Risto **Kontio** reports. Little has changed compared to the last report. After medicine and dentistry one and a half year have to be spent on basic health care. Half a year of this period may be spent in OMF surgery training. OMF surgery training lasts 6 years. Both mono- and double degree OMF surgeons have training programs. Acquiring enough trainees appears to be a problem.

6.8. France

Jacques-Charles **Bertrand** reports. The situation in France continues as before. There is hardly anything interesting new for the Section. The specialty's name in France (translated) is Maxillo-Facial Surgery and Stomatology. Between 20 and 25 OMF surgeons emerge yearly from the training institutions. The first steps on the road of BaMa have been made.

6.9. Germany

Wolfgang **Busch** reports (written report). Because the education and training period for OMF surgery is very long in Germany (see below), it is the intention to shorten it by recognizing parts of the education of dentistry and medicine which are congruent. The relation to bordering specialties is normal. In comparison to last years report no important changes have taken place.

Education: 6 years medicine plus 5 years dentistry.

Training: 5 years OMF surgery in which can be included 12 months surgery or ENT or neurosurgery or anaesthesiology.

Competence: 2 years regional plastic surgery.

At present 1300 OMF surgeons are recognized in Germany.

6.10. Greece

Christos **Martis** reports. Starting from December 2004 the double degree is a prerequisite to be recognized as an OMF surgeon in Greece. The OMF surgery training lasts 6 years, in which one year general surgery is included. There is a relatively close relationship between Greece and Cyprus

6.11. Hungary

Gyorgy **Szabo** reports. In Hungary the specialty is a medical one. The OMF surgery training comes to 6 years in which two years studying dentistry is included. Endeavors are executed to increase the total OMF surgery training period in order to be able to implement three years studying dentistry within the OMF surgery training and hence be able to register OMF surgeons officially as both dentists and medical doctors.

6.12. Iceland

No Icelandic delegate is present.

6.13. Ireland

No Irish delegate is present.

6.14. Italy

Giorgio **Ianetti** reports. Changes did not happen within the OMF surgery field in Italy. The medical education come to 6 years and the specialty training lasts 5 years. The total number of trainees reduced in 2004 from 32 to 26.

6.15. Latvia

No Latvian delegate is present.

6.16. Lithuania

No Lithuanian delegate is present.

6.17. Luxembourg

No Luxembourg delegate is present.

6.18. The Netherlands

Bart **Witsenburg** reports. OMF surgery remains a dental specialty within the Netherlands. Both dental and medical qualifications are obligatory in order to be registered as an OMF surgeon. During the last years the total training capacity for OMF surgeons has been increased with about 50% and therefore the shortage of OMF surgeons will slowly decrease in the years to come. At present there are 43 training positions in 7 university hospitals. About 185 registered OMF surgeons are working in the academic setting or in private practice. The country has about 16 million inhabitants. Suspension or withdrawal of plans to raise a European OMF surgery specialty for doubly qualified OMF surgeons on a dental basis is under consideration. Within the Ministry of Health new opinions seem to evolve with regard to the double degree for OMF surgeons. The views are based on decreasing the length of university studies in general and redistribution of professional tasks (to physician assistants and nurse practitioners). A recently raised working group (MOBG) is to make proposals on clear and efficient training- and professional structures in the Dutch health care system. Orthodontists had to take a considerable decrease of their scale of charges and for OMF surgeons comparable measures are impending. The number of visitations has lowered considerably.

6.19. Poland

No Polish delegate is present.

6.20. Portugal

João Pedro **Marcelino** reports. A reduction of 2 years in the total training time has been envisaged. In Portugal 5 training centers exist. Introduction of the double qualification is difficult. It is hoped that the BaMa structure will be helpful to get the double qualification up and running.

6.21. Slovakia

No Slovakian delegate is present.

6.22. Slovenia

No Slovenian delegate is present.

6.23. Spain

Carlos **Navarro Vila** reports. The number of years for OMF surgery training remained the same. Two important changes are worth mentioning. First: the name of the Specialty is now officially: Oral and Maxillofacial Surgery. Second: only OMF surgeons can perform oral surgery. Oral surgery is not taught anymore to practitioners with a dental background. As to the double degree, in Spain only a medical degree is necessary to be eligible for OMF surgery training. Nevertheless in Madrid a 4 year dental program has been set up for OMF surgery trainees to be taken during the weekends. This appears to be somewhat troublesome.

6.24. Sweden

No Swedish delegate is present, but Risto **Kontio** reports on behalf of the Swedish OMF surgeons. There appear to be very little changes on the Swedish OMF surgery front. Training consists of 5 years dentistry, 2 years general dentistry and 4.5 years OMF surgery training.

6.25. United Kingdom

Bob **Woodwards** reports. Changes in legislation are under way in order to reduce the total education and training period. It appears that trainees usually emerge from the dental schools and hence proceed with their medical education and OMF surgery training. Two higher surgery-training possibilities exist: oncology and cleft lip, alveolus and palate. Supported by a clear PowerPoint presentation Bob elucidates on the current and expected OMF surgery situation in the UK (unfortunately not every delegate is familiar with the typical UK abbreviations such as CCST, SAS, SpR, SHO, BDS, GPT, MFDS/MFD, MB BS, BST, MRSC, HST FRCS etc.). Apart from the “normal” 250 OMF surgeons, 17 in university hospitals working oral surgeons also cover the full scope of OMF surgery service. The target ratio 1 – 150.000 inhabitants has not been realized yet. In order to reach this, another 90 OMF surgeons are needed by 2010. The current training program is shown but with modernizing Medical careers, this is hard to continue. The Way Forward is proposed. Integrated OMF surgical teams, new ways of working such as the primary – secondary care interface are mentioned. Ability to respond to change/evolution, like health economy / demography, patterns of disease and technical advance is pleaded for.

6.26. Romania

No Romanian delegate is present.

6.27. Norway

Björn **Hansen** reports. The total training period comes to 17 years. Efforts to reduce the number of years of dental education seem to become successful. The specialty is medically based.

6.28. Switzerland

Klaus **Grätz** reports. No relevant changes are to be pointed out. The specialty is medically based and registered in both the dental and medical chamber. New accreditation is needed because of professional diplomas will be registered by the government in stead of the chambers.

Joseph **Schoenaers** suggests making an inventory of a number of training centres and an inquiry to become informed about the interest for training of potential candidates.

Carlos **Navarro Vila** expresses his worries about the long total duration of the dental and medical education and the specialty training. The specialty consequently becomes non-competitive to other specialties. A plea is held to reduce the total training time.

7. Approval of EBOMFS decisions

It is repeated with pleasure that Wolfgang **Busch** has been nominated and appointed to **Honorary Member of the Board of Oro-Maxillo-Facial Surgery**. Wolfgang has been member of the section since 1985 and “founder member” of the EBOMFS as he was witness of the birth of both Boards (1992).

Much correspondence crossed the desk and the computer of the Executive Committee of the Board. Relevant e-mails will be forwarded to members of Board.

Information about the EBOMFS assessment is given.

Information about the results of the meeting of the members of the Scientific Committee (in Malta) is given.

All decisions of the Board of Oro-Maxillo-Facial Surgery are approved.

8. Treasury

Blaise **Kovacs** reports. A cheque from the UK has been lost for unknown reasons so far. Nine countries failed to pay their financial contributions, some of them payments of 2002, 2003 and 2004 are still due. A new bank account is to be opened starting to be active from 2005. A new repartition key for the contributions of all 25 countries will be discussed by the UEMS council, taking into consideration items like population, number of specialists, gross domestic product per inhabitant etc.

9. Election of the President of the UEMS Section OMF Surgery

Wolfgang **Busch** is requested to continue the presidency of the Section. All delegates support the nomination wholeheartedly. Wolfgang agrees to this request and Maurice **Mommaerts** expresses his gratitude to Wolfgang and stresses that in fact the Section would be broken-winged without the support of Wolfgang with his vast knowledge and experience, especially within the UEMS, and the proven diplomacy Wolfgang possesses.

In his response Wolfgang expresses his gratitude to all delegates and stresses the pleasant atmosphere in which the meetings take place.

10. Any other business

There is no other business.

11. Date for meetings next year and closure

During the weekend of March 25th and 26th 2006, the next meetings of Boards and Section are scheduled.

The chairman expresses his appreciation for all who contributed to the success of the meeting and wishes everyone a safe journey home.