Minutes of the Meeting of the Section of Stomatology and Oro-Maxillofacial Surgery

Held in Brussels, on the 16th of March 2003, 8.00 a.m.

President: Dr. Dr. W. Busch (Germany)
Secretary: Dr. B. Kovacs (Belgium)

Were attending:

Prof. Dr. B. Gattinger (A), Dr. B. Kovacs (B), Dr. Dr. M. Mommaerts (B), Prof. Dr. J. Schoenaers (B), Dr. Dr. W. Busch (D), Prof. Dr. J.-C. Bertrand (F), Dr. B. Prof. Dr. D. Karakasis (GR), Prof. Dr. G. Szabo (H), Witsenburg (NL), Dr. P. Coelho (P), Dr. J.P. Marcelino (P), Mr. B. Woodwards (UK)

1 Introduction of new representatives Mr. Bob Woodwards (UK – Section & Board), Dr. P. Coelho (Portugal – Board)
2 The minutes of the previous meeting, held 10th of March, 2002, were approved.
3 Correspondence.
   After writing to Ireland, no representative was indicated.
   Letter from Prof. Dr. Karakasis, mentioning his election as president of the Panhellenic Association of Oral and Maxillofacial Surgery.
   Letter from Prof. Dr. E.L. Vairaktasis, president of the medical Greek Association of OMFS. Prof. Dr. Karaktasis explains about the Greek situation.
   Himself, representative of a dental association, is observer.
4 Evolution of the specialty in the different countries.
   Belgium
   There is an entry examination for both medical and dental studies (numerus fixus). Per year 4 OMF residents can start training. The quota for periodontists is higher and it is expected that this group will gradually take over part of the treatment spectrum.
France
The speciality of maxillo-facial surgery is called now ‘maxillo-facial surgery and stomatology’ and includes 6 years of training, of which 1 year as “post-internat”. The candidates have to validate a study of general surgery, stomatology and maxillo-facial surgery. Stomatology exists as a separate speciality for which 4 years of training are required.

Norway
There was governmental pressure to stop training for OMFS. An agreement could be made for continuation on the premise that the dental studies are omitted in the curriculum (7 years of medicine, 4 years of specialty training). A letter from the Section is prepared for involved parties to encourage inclusion of dentistry.

Italy
“Stomatology” no longer exists in Italy. The specialty is named “Maxillofacial Surgery”. Training is 5 years after medical degree. There are 10 training centres and a similar number of trainees as in 2002.

Spain
The name of the specialty is now officially changed from “Maxillofacial Surgery” to “Oral and Maxillofacial Surgery”, in order to claim oral surgery. There are 35 trainees in total.

Portugal
There are 6 training departments, with 12 trainees. The training program has remained unchanged.
There are problems with single dental qualified colleagues, returning to Portugal with a “Master degree in OMFS”, obtained in the UK. The president of the section argues that these problems are to be solved by national regulations.

Greece
A decrease in trainees is noted, because double qualification is mandatory since 2001. The national associations merged. The specialty is recognised as a dental specialty, demanding registration of individuals in the dental chambers and dental associations. In 2002 a proposal has been done to the government to list OMFS as a dental and medical specialty, allowing individuals to register whether in the dental or in the medical registers. Dr. Karakasis stresses the mistake that the Greek specialty is listed in the Oral Surgery Section of the 2001/19 directive. The president applauds the fact that Greece joins the UEMS.

United Kingdom
Registration as OMFS includes the studies of dentistry (usually first), medicine, basic (general) and higher (OMF) surgical training, together amounting to 16-17 years duration.
Dentist Oral surgery is only present in Dental Teaching Hospitals for undergraduates. Oral Surgery is an academic specialty, not allowed in the National Health Service.
“Surgical dentists”, dental qualified colleagues (3 year training programme), working mainly in private practice. Only 5 new SD are allowed yearly. They may practice on the high street within or without the NHS system but have no access to independent hospital-based practice.
Students have to pay for their secondary (medical) degree. Still, there are enough candidates.
The Netherlands
There is no interest of the Dutch Medical Association to embody the specialty in the medical registers (OMFS is a dental specialty). All OMFS need double qualification. There is a wish to shorten training for all medical specialties. There is a shortage of OMFS surgeons, and working conditions worsen because of lack of OR and IC nurses. There are a sufficient number of trainees.

Hungary
OMFS has become a medical specialty in 2001, with 2 year of training in a dental school. The minimum training is 6 years, of which 2 years are paid by the government. There are 9 to 10 trainee posts per year.

Austria
There is a wish to shorten training. The dental profession tries to create an oral surgery specialty. OMFS anticipates.

Finland
An increase in double qualified colleagues, working only in university hospitals. The number of medical and dental graduates is to small to position all trainee posts, for all specialties. The total number of trainees is 12 a year. In 2 centres, oral surgeons are still trained, but they agreed that double qualification is necessary in the future.

Germany
Health care is in general quite expensive. The government is considering the plan to restrict specialist medicine to intramural activities. First line medicine will be granted a more important role. The Dutch system of filtering is considered. The GP will become doorkeepers. OMFS and Oral Surgeons are negotiating.

5 Report on the meetings of the management council of the UEMS.
The Management Council has decided that colleagues from non-EU members are entitled to participate in the EBOMFS assessment. However, the FEBOMS certificate may not facilitate specialist registration in an EU country. Not all 32 Sections are represented in the Council. The structure of elections is such that each speciality can be represented in the Council once in 22 years.

6 Approval of EBOMFS decisions
The decisions of the European Board of Oro-Maxillo-Facial Surgery are approved.
Prof. Dr. Schoenaers has been elected as president, Dr. Kontyo as secretary. The method of assessment as in Münster will continue to exist (including English as only language), with the exception that the MCQ examination will be changed to just one right answer possible. The jury will be more flexible about the points. A maximum of 10 points goes to the MCQ. All member countries should publish the FEOBMS announcements in springtime. Prof. Dr. Devauchelle will be requested to give the exact dates of the assessment. Prof. Szabo chairs the manpower committee. Every country should send a list of higher university degrees by the end of 2003. A trainee member of the EACMFS should be invited for the Board committee meetings.
7 Approval of the name of the Section
The name of the Section will be Oro-Maxillo-Facial Surgery and Stomatology. Stomatology, still a speciality in 4 southern EU countries will likely disappear.

8 Treasury
The accounts of the treasury are presented and approved. There is a backlog for a number of countries. 5000 Euro is missing because of bill sent. The Section will pay for the dinner. Bank charges are high: 40 Euro was charged for a history of the account.

9 Election for Secretary
Dr. Mommaerts has been unanimously elected as new secretary to the Section. The mandate lasts 4 years. The present secretary is successor to Dr. R. Pfeiffer.

10 Miscellaneous
The EC has planned new Directives, as explained in a 115 page document. The Sectoral system of recognitions will change into a General system in 2005:

- Group 1 (Sectoral System).
  - 17 specialities and GP’s, all recognised in the EU. Individuals are recognised without further formalities.
- Group 2 (General System).
  - About 10 medical specialities not recognised by all EU countries. The guest country will scrutinise the diploma of the immigrant, and additional education and examination required. This is expected to lead to more paperwork, less flexibility and a decrease in quality.
  - The UEMS and all national medical associations have protested, without success. The president of the Section argues that harmonisation of our speciality is of top priority, to include it in the Sectoral System. If this proves unsuccessful, “Rules and Regulations for migrating Doctors” should be developed. This is facilitated by the fact that our Section has “Guidelines for Training”, of which the Section members reached consensus.

It is expected that FEBOMS becomes a European requirement and that other rules are less important.

9 Closure and agenda
The next meeting will be in the weekend of 12-14 March 2004.
Friday afternoon: Board of Stomatology
Saturday morning: Section of Stomatology, afternoon: Board of OMFS
Sunday morning: Section of OMFS, at 8.00 am.