

OMFS Reference Book 2011

Requirements for the speciality of Oro-Maxillo-Facial Surgery

Foreword

This document sets out training standards and guidelines for Oro-Maxillo-Facial Surgery (also named Maxillo-Facial Surgery / Cranio-Maxillo-Facial surgery) for approval of training programmes in the countries of the UEMS and associated member states. It is recognised that there are a number of national structural and operational differences in the healthcare systems, appointments and registration procedures, as well as training pathways in these different countries. This document provides the basis for the development of a harmonised, comprehensive, structured and balanced training programme in Oro-Maxillo-Facial (OMF) / Maxillo-Facial (MF) / Cranio-Maxillo-Facial (CMF) Surgery .

The future of European OMF/ MF/ CMF surgery (in this Reference Book/Charter "OMFS") will depend on the quality of training offered. Surgical apprenticeship which has been at the heart of traditional training is increasingly being threatened by regulation and legislation (Bologna agreement, Manpower analysis, European Working Time Directives).

Goal of training programme

The primary goal of a training programme is to provide the trainee with a broad knowledge base, the necessary generic surgical skills and experience as well as professional judgement for independent surgical practice; a further goal is to promote critical evaluation and assessment, the ability of self-directed learning aiming to achieve clinical expertise, professionalism, excellence in management and communication skills as well as the ability to interact with other specialties and to conduct research.

Definition of speciality

OMFS is an independent medical specialty concerned with congenital, acute and chronic acquired pathological conditions of the cranium, the face, the head and neck, the oral cavity and the jaws (including the dentition). Acquired conditions may result from disease, trauma, tumour, degeneration and ageing.

The scope includes but is not limited to (in alphabetical order):

- I advanced trauma life support;
- II aesthetic/ cosmetic/ cervico-facial plastic surgery;
- II. cleft lip, alveolus and palate surgery;
- IV coordination/ lead of multidisciplinary teams in charge of complex pathologies
- V craniofacial surgery, osteodistraktion;
- V dento-alveolar surgery;
- VII emergency airway management;
- VIII imaging in the oral and head and neck region including acquisition, planning and modelling techniques
- IX management of cranio-maxillo-facial trauma (bone, teeth and soft tissues), including acute injuries and treatment of sequelae;
- X management of pain;
- XI management of per-operative anxiety, sedation and vital support
- XII management of salivary gland diseases and tumours;
- XIII management of congenital abnormalities in the head and neck region;
- XIV management of temporo-mandibular joint diseases and disorders (surgical and non-surgical);
- XV management of head and neck/ oral infections;
- XVI oncological treatment and ablative surgery in head and neck/ oral regions, including regional lymph node management

XVII oral medicine;
XVIII oral pathology;
XIX oral surgery;
XX orthognathic/facial orthopaedic surgery;
XXI preprosthetic surgery including intraoral and extraoral implantology;
XXII regenerative medicine and surgery; tissue engineering (soft and bone tissue); stem cell therapy; tissue expansion and regeneration;
XXIII reconstructive surgery including harvesting of hard and soft tissue grafts and flaps (pedicled and free), vascular and neural repair; microsurgery
XXIV skin related treatment (abrasion, laser therapy, dermatography, alopecia)

Article 1: General rules on monitoring and accreditation

1.1 Monitoring authority at European level

Harmonisation of OMFS training throughout Europe will require setting up standards of training, monitoring, and a centralised registration of recognized OMFS training programmes in the EU and associated countries. The central monitoring bodies of OMFS are the European Specialist Section and it's Board of Oro-Maxillo-Facial Surgery (UEMS / EBOMFS). In order to achieve this goal, the European Board of Oro-Maxillo-Facial Surgery is composed of national delegates who represent academic and non-academic professional educational bodies. In this respect, these delegates are nominated by national professional and Scientific Oro-Maxillo-Facial Associations.

1.2 Accreditation of training institutions

The standards for recognition of national training institutions and educational networks are matters for national authorities, in accordance with national rules and EU legislation. In order to harmonize the different training programmes of OMFS, the European Specialist Section and Board of Oro-Maxillo-Facial Surgery have to set guidelines, which should be met at national level. The visitation and evaluation of training institutions is an important feedback mechanism for maintaining standards and of quality control.

1.2.1 A training institution / educational network must have national recognition / accreditation, in agreement with UEMS / national standards. In order to be accredited, an educational programme must substantially comply with the special requirements for residency training in OMFS as set down by the UEMS Training Charter. Programmes must demonstrate their compliance with these requirements at the time of the site visit. It is recommended to carry put site visits in accordance with the Charter on Site Visits (www.uems.net/uploadedfiles/176.pdf) are recommended.

1.2.2 The training institution / educational network should possess an adequate infrastructure and offer qualitative and quantitative clinical exposure as defined in the scope of OMFS (European guidelines for specialty training of OMFS/ 2002, www.ebomfs.eu).

1.2.3 The nationally accredited training programmes which abide to the criteria set out by EBOMFS will obtain UEMS European programme approval delivered by the Board.

1.2.4 A training programme must be reviewed every 5 years, or within 12 months following the appointment of a new Training Programme Director.

1.3 Program for Quality Assurance of training

The National Authority is responsible for setting up at national level a programme for quality assurance of training and of teachers and training institutions in accordance with national rules and EC legislation as well as considering UEMS/ EBOMFS recommendations.

1.4 Accreditation of trainers

Trainers must be certified OMF surgeons. The Training Programme Director must be registered with the relevant national medical authority and possess the necessary administrative, teaching, clinical and surgical skills required to conduct the programme.

1.5

Manpower planning

The manpower committee of EBOMFS monitors the OMFS manpower by carrying out regular surveys in the EU. This committee provides data related to the existing manpower per region and per capita biannually. It positions the OMFS specialty in relation to the other medical and paramedical care providers in this field. Planners will have to take into consideration demographic changes in the population, the evolution of treatment modalities and resulting workload, and the possible effects of legislation on working hours and, in some centres, educational involvement of medical professionals. National professional bodies (responsible for the recognition of medical specialists in individual countries) should monitor and recognise OMFS training programmes using UEMS standards based on the Training Charter. The proposed ratio is 1 OMF surgeon / 70.000 to 125.000 of population depending upon the region considered.

Article 2: General aspects of training in the speciality

2.1 Selection for and access to the speciality training

2.1.1 Applicants must possess a medical degree recognised in one of the EU countries. The candidates should also have a professional education in dentistry. Alternatively, candidates with a dental degree recognised in the EU and associated countries may be trained as an OMF surgeon in a UEMS country provided they have obtained a medical degree recognized in a UEMS country at the time of admission to the OMFS training. In any case the medical degree must be obtained before certification in OMF surgery. The same applies for the obtention of a dental degree in countries where the specialty is based on a single medical degree. Training institutions or, if present responsible administrative bodies, should select and/or appoint trainees suitable for the speciality in accordance to an established and recognized selection procedure. This selection procedure should be transparent and fair, and should be open to candidates fulfilling the above criteria.

2.1.2 After the appointment, the Training Program Director and the trainee will sign a training agreement in the countries where this is required. This signed agreement should define – in terms of education and training – the respective duties and obligations.

2.2 Duration of training

2.2.1 Training must cover the full range of the speciality and end with the licence to practice OMF surgery.

2.2.2 OMFS training is of 5 years minimum duration, consisting of a minimum of 4 years' training in clinical OMFS in an accredited programme. Of these 4 years dedicated to OMFS, at least 3 years should be spent in a UEMS member state and not less than 3 years in the same recognised programme. Training must include adequate exposure to surgery in general. 6 years duration of OMFS training is recommended.

2.2.3 Due to future reduction in working hours there may be a need to extend training in clinical OMFS from 4 to 5 years. Subspecialty training leading to certification in an OMFS subspecialty (e.g. head and neck oncology, cosmetic surgery, cleft and craniofacial surgery) would require one or more years after completion of specialty training.

2.2.4 Up to a total of two years may be spent in related disciplines (surgical, medical, dental) and/or research related to the OMFS speciality.

2.3 Curriculum of general and specific training periods

2.3.1 In agreement with the European Guidelines, specialist training in Oro-Maxillo-Facial Surgery is based on a medical degree and a professional education in dentistry. In countries, where the double degree (registerable medical degree and registerable dental degree) is mandatory, to obtain the diploma in OMFS may include in their national programmes up to two years of either relevant surgical training or may include up to two years of the second degree requirements.

2.3.2 A written Training Curriculum must be designed to provide a diversified and balanced syllabus (theoretical and practical) of OMFS education detailing the content and aims of each year of training. This syllabus must be made available to all trainees and the faculty. Emphasis should be placed on an adequate amount of protected time allocated for study and teaching outside clinical duties. It may be necessary for some units to formally organise specific training rotations in associated OMFS units, if adequate experience

in certain fields cannot be provided internally.

2.3.3 There should be established Rotation Periods covering all main areas of the specialty. These rotations should be organised in such a way as to give trainees increasing responsibility as they progress during their training in the management of their patient and in operative practice. Surgical exposure should cover the complete scope of the specialty as described in the Definition of the Specialty. Optional rotations may include radiology, pathology, anaesthesiology and other medical/ surgical disciplines, depending on local requirements.

2.3.4 Some institutions may wish to use a structured Surgical Training Plan. The founding concept of such a plan is based on a continuous and systemic escalation of surgical responsibilities and competence through clinical training years 1 – 4.

2.3.5 Education Programme There should be a well documented Education Programme throughout the training, which should include regular conferences, meetings, etc. There must be protected time allocated for study and teaching.

This Education Programme should consist of

- I A programme of basic/ advanced lectures including visiting speakers;
- II Clinical presentations from related disciplines in joint meetings;
- III Pathology and radiology conferences;
- IV Journal club;
- V Mortality and morbidity meetings (with audited attendance);
- VI Research meetings;
- VII Teaching in ethics, administration, management and economics;

2.3.6 Exposure to research Trainees should be encouraged and would be expected to develop an understanding of research methodology. A trainer should supervise specific research projects. There should be protected periods of time where a trainee can participate in a research project. All trainees will be expected to be able to evaluate publications. In academic programmes opportunities for clinical and/or basic research must be made available to the trainee with appropriate faculty supervision.

2.3.7 Participation in meetings/courses It is recommended that trainees attend the meetings of the national OMFS/CMFS society at least once a year (or an equivalent meeting). If possible trainees should participate to the EACMFS Rolling Programmes or equivalent national/ international training courses. During their training, they should also attend a subspecialty course/meeting (cosmetic, cleft and craniofacial, head & neck oncology, maxillo-facial implantology, etc.) and if possible hands-on-courses in anatomy or surgical techniques.

2.3.8 Trainees should keep a Trainee Portfolio containing details of previous training posts, examinations, lists of publications and presentations at meetings, courses attended, cumulative operative totals, copies of assessment forms corresponding to the different training periods.

2.4 Implementation of a training programme, training logbook

2.4.1 The trainee should be sufficiently exposed to inpatient, day stay and outpatient management in accordance to EBOMFS Guidelines.

2.4.2 The Training Program Director should be in charge of the training programme in accordance to the available facilities in the institution or group of institutions. When some facilities are not locally available it is his/ her responsibility to find alternative solutions. There should be sufficient teaching staff in order to allow adequate supervision of each trainee.

2.4.3 Each trainee must keep an official national Logbook that meets the standards of the UEMS-EBOMFS logbook . The trainee will have to demonstrate that he/she has been sufficiently exposed to a wide range of cases as an assistant or a supervised operator. Logbooks must be monitored regularly, scrutinized and undersigned by the appropriate trainer and the Training Program Director. Action will be taken whenever a deficiency is identified. The logbook must be available at Board examination.

2.4.4 The trainee should have sufficient linguistic ability to communicate with patients and colleagues.

2.5 Periodic progress assessment

2.5.1 The National Authority (or National Board) of each member country together with trainers and training institutions should implement a system of training quality assurance. This could be achieved by inspections of training institutions, training assessments and monitoring of logbooks. The European Board of Oro-Maxillo-Facial Surgery may cooperate in this respect with the national associations and professional organisations and will carry out onsite inspections on a voluntary basis. One of the means of quality assurance of training is the European Assessment of Oro-Maxillo-Facial Surgery organised by the European Board of Oro-Maxillo-Facial Surgery.

2.5.2 The purpose of periodic assessment is to ensure continuing progress in the trainee's knowledge and general skills as well as professional conduct and ethics.

2.5.3 Trainees have to meet the agreed standards and requirements of the planned programme. Assessment must be performed on a yearly basis or at the end of each rotation and at the end of the training by the appropriate trainer (in writing) using a dedicated evaluation sheet. The logbook will be used as supporting documentation. The result of the evaluation must be discussed with each trainee. Failure to meet the agreed targets must be brought to the attention of the Training Programme Director.

2.5.4 It is the responsibility of the Training Programme Director to identify any failure in a trainee's progress, to conduct and to provide appropriate advice, and to take remedial action. In the event of trainees not progressing as required, there are three stages of remedial action.

- Targeted training: closer monitoring and supervision to address particular needs;
- Intensified supervision and, if necessary, repetition of the appropriate part of the programme;
- Finally to withdraw a trainee from the training programme, if he/ she is considered unsuitable. It is of greatest importance that accurate record of the trainee's progress is kept. In future a parallel European Trainee Assessment may be introduced to evaluate and monitor the quality of the training programme.

2.6 Facilitation of training periods abroad.

2.6.1 Exchanging of trainees between recognised training centres within the member states of the EU and other countries is encouraged. At least three quarters of the overall training should remain within the training institution/ network.

Article 3: Requirement for training institutions

3.1 Process for recognition as a training institution

3.1.1 Training institutions for the specialty of OMFS are recognised by the National Authority and / or National Board of the member country. The UEMS European Board (EBOMFS) will keep a register of approved institutions.

3.1.2 In order to obtain recognition, the training institution must comply with the national requirements for Residency Training in OMFS/CMFS and the General Requirements in Graduate Medical Education of the UEMS Training Charter. The training institution/ network must be able to demonstrate its compliance with these requirements (under the responsibility of the national administrative body with the assistance of EBOMFS whenever requested).

3.1.3 The Application The Training Programme Director must submit a Programme Application Form to the National authorities describing the levels of staffing, space allocation, technical facilities, and in particular the Residency Training Programme. An application form template may be provided by EBOMFS via the website (www.ebomfs.eu).

3.1.4 The Site Visit The site visit will be performed by the national authority in accordance with the guidelines of the UEMS Charter on Visitation of Training Centres (www.uems.net/uploadedfiles/176.pdf). The site visiting committee may be assisted by a representative of EBOMFS. The site visit aims to explore in detail the training programme, the educational and scientific environment by holding discussions with the Training Program Director, the trainers, the trainees, and the administration of the institution/ network. A

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report will be prepared by the site visitors and will be part of the final decision regarding the accreditation status of the programme. All information obtained during the interviews with trainers and trainees will remain confidential. The accreditation status as decided by the national authority will be reported to the Training Programme Director and to EBOMFS by a formal letter of notification. Together with the site visit report, additional advice and recommendations – if necessary – will be given for the benefit of the Training Programme.

3.1.5 The Accreditation The following decisions may be taken by the national authorities with regard to the accreditation status of a Training Institution and Programme:

I. Full accreditation may be granted by the national authorities if the programme has demonstrated its full compliance with the European Training Charter. The Department will receive a certificate indicating that the Department and the Training Programme fulfil the European Standards for Education in OMFS. The accreditation should be reassessed regularly by the national authorities;

II. Partial accreditation may be granted by the national authorities if the programme has demonstrated compliance with the European Training Charter for only a partial scope of the specialty or has training limitations. The Department will receive a certificate indicating that the Department and the Training Programme fulfils the European Standards for Education in OMFS for a specific spectrum of accreditation and/or for a limited period of training within the training institution/ network. The accreditation should be reassessed regularly by the national authorities;

III. Accreditation may be withdrawn if the programme does not substantially comply with the European Training Charter. The National authority will cite those areas in which the reviewed programme does not comply with the standards. A new application will be submitted when the areas indicated are brought into compliance.

Trainees will be reallocated in another recognised national or another training institution/ network, in a UEMS country. The certificate of completion of specialty training will be delivered by the national authority where the training was initiated.

3.2 Requirements on equipment and educational facilities

3.2.1 The training programme Training institutions/ networks must offer high standards of training.

The training programme should include the following requirements:

I A large referral base providing an adequate case mix to support the training programme;

II The Training Program Director should have a minimum of 5 years clinical experience after specialist accreditation. This exposure can be provided by one or more training institutions/ networks under the authority of the Training Program Director;

III At least one designated fully staffed and appropriately equipped operating theatre available at all times;

IV Anaesthetic cover available at all times;

V Designated and fully staffed surgical intensive care beds;

VI Accident and emergency unit with 24 hrs admission;

VII Hospitalization ward with experience in airway management;

VIII Inpatient and outpatient clinics where non-emergency patients are seen before and after surgical procedures;

IX Access to paediatric OMFS as a mandatory component of a training programme. Where this is not possible, a six-month rotation in an appropriate paediatric unit will be arranged. It must be recognised that in some European states paediatric surgery requires specific training in a protected environment;

X Ongoing participation of OMF surgeons in multidisciplinary care such as trauma and oncology;

XI. Highly specialised centres not covering the whole OMFS field may be included in rotational systems but cannot be training centres in their own right.

3.2.2 Associations and access to other relevant specialities Allied specialities should be sufficiently present in order to provide the trainee with the opportunity of developing his/her skills, in a team approach, to patient care. The training programme should be closely associated with the following departments or units officially certified for training:

I anaesthesiology, intensive care;

II dental/ maxillofacial technical laboratory;

III dentistry;

ENT;

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general surgery and traumatology;
VI internal medicine;
VII neurosurgery;
VIII oncology, radiotherapy and palliative care;
ophthalmology;
paediatrics;
XI pathology;
XII plastic and reconstructive surgery;
XIII radiology;
XIV vascular surgery

3.2.3 Educational Facilities

- I. A minimum of four hours (according to Bologna agreement) per week within the regular working hours must be made available for educational and scientific activities which are not directly related to patient care.
- II. A library with adequate selection of books and journals on OMFS
- III Facilities for online literature searches
- IV Office space for both faculty and trainees
- V Space and opportunity for practical and theoretical studies
- VI Space and equipment for experimental operative techniques
- VII Space, equipment and supporting personnel for practical skills training, clinical and/or basic research in academic programmes
- VIII It is recommended to facilitate financially and time wise the participation to national, European and international meetings, courses and congresses for at least five working days a year.
- IX It is recommended to facilitate practical training in the use of new techniques like 3D imaging, planning and design applications and manufacturing of solid models.

3.3 Institutional quality management provisions

3.3.1 A training institution must have an internal system of medical audit and quality assurance. Quality assurance must be an integral part of the training programme of all training institutions/ networks. A national register of approved hospital institutions/ networks should be available.

3.3.2 Internal regulations: There should be written general guidelines within the training institution concerning patient care and patient information (patient's informed consent), referrals, medical records, documentation, on-call and back-up schedules, days off, residents' working schedules, attendance to conferences and to educational activities. These should be available to staff and trainees.

3.3.3 Internal medical quality assurance: There must be an internal system of medical audit, such as mortality and morbidity meetings, together with a clearly defined procedure for reporting of incidents.

3.3.4 The hospital should have taken measures (committees or regulations) in relation to quality control.

3.3.5 A programme and training in risk management should be implemented.

3.3.6 The hospital or the training institution should publish an internal annual activities report.

Article 4: Requirements to become training programme director / trainer

4.1 Training programme director

4.1.1 Training Programme Director organises, supervises and coordinates the training activities.

4.1.2 The Training Programme Director is not necessarily the head of the training institution/ network.

4.1.3 The Training Program Director must be a certified specialist for a minimum of 5 years. His/her substantial working contract must be within the training institution/ network.

4.1.4 The CV of the Training Program Director should provide evidence of his/ her continuing professional development (CPD).

4.1.5 The Training Program Director must have full secretarial and administrative support and there must be sufficient protected time for him/ her to carry out his/her responsibilities.

4.2 Responsibilities of the Training Programme Director

4.2.1 To establish a transparent and fair selection and appointment process for trainees

4.2.2 To arrange a balanced training programme with established rotations ensuring that the trainee will have complete exposure to all aspects of OMFS/CMFS. The programme must be clearly defined and available to trainers and trainees

4.2.3 To ensure that there is dedicated time allocated for training and that the trainers are fulfilling their responsibilities to oversee, support and assess the trainees

4.2.4 To ensure that the individual trainees' documentation (training portfolios) are up to date

4.2.5 To advise trainees and ensure that they attend appropriate and approved courses

4.2.6 To provide valid documentation as to the satisfactory completion of training

4.2.7 To ensure the annual collection and compilation of the number and types of operative procedures performed in the department and also in participating units connected with the training programme

4.2.8 To provide opportunity for research, audit and other educationally valid activities such as attending courses and scientific meetings

4.2.9 To provide a yearly and the final report on each trainee

4.3 Criteria for trainer status

4.3.1 Trainers should be certified OMF/CMF surgeons who can demonstrate that they are in compliance with the requirements of continuing professional development

4.3.2 Trainers must be recognised by the responsible national authority. Preferably the trainer is a Fellow of the European Board of OMFS.

4.3.3 Trainers should possess the necessary administrative, communicative, teaching and clinical skills, and commitment to conduct the programme.

4.3.4 Trainers should have received instruction for training (assessment of needs and teaching objectives) and evaluation of trainees. They should be able to assess learning needs, advise on teaching objectives.

4.3.5 Trainers should provide evidence of academic activities (clinical and/or basic research, publications in peer reviewed journals and participation in OMFS scientific meetings).

4.3.6 Trainers will require secretarial and administrative support.

4.3.7 There should be a sufficient number of trainers. The ratio between the number of qualified specialists (teaching faculty) and the number of trainees should provide a close personal monitoring and provide versatile exposure to different schools of thoughts.

4.3.8 Trainers will require secretarial and administrative support.

4.3.9 In countries developing the speciality transitional arrangements may exist.

4.4 Responsibilities of trainers

4.4.1 To set realistic aims and objectives for a rotation or training period

4.4.2 To supervise the day to day work of the trainee in the ward, clinic, the operating theatre and during on-call commitments

4.4.3 To support and assess the trainees' progress at the end of each rotation or training period.

4.4.4 To encourage the trainee to carry out research

4.4.5 To ensure that there is appropriate balance between service commitment and training.

4.4.6 To ensure that the regular assessments and reports are completed and agreed upon both by the trainer and the trainee (under the supervision of Training Program Director)

4.4.7 To keep the Training Program Director informed of any problems at an early stage

4.4.8 To manage with the other trainers under the guidance of the Training Program Director any inadequacies/ deficiencies demonstrated by a trainee (see 2.5.3). The institution/ network and if necessary the relevant national authority should become involved if the local conflict between the Training Program Director and the trainee cannot be resolved.

Article 5: Requirements for trainees

5.1 Commitment to the training programme

5.1.1 Trainees must be fit to practice medicine and surgery

5.1.2 Trainees must demonstrate their commitment in an ethical and professional manner. They should be dedicated to patient care at the highest standard and participate to all recommended activities.

5.1.3 They will abide to the rules and regulations of the training programmes.

5.2 Communication abilities

5.2.1 The trainees must have sufficient linguistic skills to communicate and study international literature.

5.2.2 The trainees must demonstrate the ability to record and convey the patients' medical information and findings as well as discuss these with trainers and staff

5.2.3 The trainees must obtain informed consent from patients having explained in detail the operative procedure(s), its benefits and risks involved.

5.2.4 The trainees must communicate with patients and relatives in a sensitive and caring manner

5.3 Log-book and assessment

5.3.1 The trainee must keep a personal inventory of performance (logbook) up to date according to national rules and EU Directives as well as considering UEMS / European Board of Oro-Maxillo-Facial Surgery recommendations and guidelines.

5.3.2 The trainee should keep a training portfolio, which should include an up-to-date curriculum vitae incorporating:

I. details of previous training posts, dates, duration and trainers

II details of examinations passed

III list of publications with copies of published first page (abstract)

IV list of research presentations at local, national and international meetings

V list of courses attended

VI cumulative operative totals

VII copies of assessment forms for each training period, completed and signed by trainers for that period

5.4 Competence levels and certification for individual procedures

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5.4.1 The OMFS European Training Guidelines (Ref. European Training Guidelines; 2002, (www.ebomfs.eu) list the minimum operative totals to be obtained/ exceeded by a trainee at the end of the training programme. These Guidelines document the “Competence Level” of the trainee for each procedure at the end of five years’ training.

5.4.2 On completion of training the trainee tabulates his/her cumulative operative totals and indicates his/her level of competence. The training programme may require completion of this form at the end of each year of training.

5.4.3 At the end of training, the Training Program Director certifies the attainment of:

- I. satisfactory operative totals (see Appendix 1 and 2)
- II. adequate competency level for each procedure (Appendix 2)
- III. satisfactory assessment forms for each year of training

5.5 Specifications of training

5.5.1 The formal basis is the Training Curriculum of the department with training periods covering all main areas of OMF/CMF surgery. During his/her training, a trainee may wish to emphasise academic or research exposure or a particular area of subspecialisation. This can be organised with the Training Program Director if the trainee’s progress and performance allows for this, and the rotation may be adapted accordingly. If trainees wish to acquire higher competence in a subspecialty area after finishing their formal 5 years training, accredited fellowship programmes may be set up by the National Authorities

5.5.2 Encourage membership of the trainees in national, European and international Scientific and professional organisations.

Article 6: Certification of completion of training and Subspecialisation

6.1. Certification

6.1.1. The National Authority is the responsible body for recognition/certification of medical specialties in each member state of the UEMS member states. The majority of these countries now have a compulsory Board Examination consisting of an oral examination, a written examination or both, to assess knowledge, clinical judgement and the candidates’ thought processes.

6.1.2. National bodies should be made aware of the existence of the European Board of Oro-Maxillo-Facial Surgery (EBOMFS) Recognition of Qualification (RQ) - Assessment (CV & logbook, written and oral) with biannual sessions, which leads to European certification. European certification is not recognised as being equivalent to national certification.

6.2. Subspecialisation

6.2.1. Training is a continuing process. Competence in complex fields and specialist procedures exceeding the required operative totals and competence levels of appendices 1 and 2 should be acquired after completion of training within the frame of a subspecialisation fellowship (of one or more years) leading to a certified additive competence.