

European OMFS in the time of Brexit – where did the UK fit and how might the future look?

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Abstract

The specialty of OMFS in the UK is a dual degree specialty which was recognised in Europe within Annex V of Directive 2005/36/EU. Currently UK law matches that of the EU. Brexit may change this. Defines two specialties within European nations, Dental, Oro-Maxillo-Facial Training (DOMFS) (Basic dental & medical training) and Maxillofacial Surgery (basic medical training). The UK sat within DOMFS and so specialists from DOMFS nations could travel and work in the UK. Specialists from all other nations were required to use the Certificate of Eligibility for Specialist Registration (CESR) route. This directive updated 2005/36/EU regarding Mutually Recognised Professional Qualifications (MRPQ) including creating an international alert system for doctors in difficult *Entry onto the UK OMFS Specialist List by CESR Route*. CESR application is a large and complex portfolio of evidence to demonstrate knowledge, skills and experience are equivalent to a Certificate of Completion of Training (CCT) holder. To date, no EU applicants have successfully completed a CESR application. Even after Brexit, the UK will remain a full member of UEMS. The OMFS Section of UEMS is a source of information and support for specialists wishing to work in other nations and for nations wishing to develop an OMFS specialty in their nation. Applicants meeting the person specifications for approved OMFS specialty training (ST) posts in the UK are welcome to apply to the national selection process for OMFS specialty training in the UK. Many have done so successfully. Fixed term appointments and Fellowships are advertised and represent a useful route to gain support for application for training or through the CESR Route. The UK remains part of the diverse OMFS community in Europe. There is support from within the UK and from UEMS for trainees and specialists interested in coming to the UK to train or to work.

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Introduction

Across the world the specialty of OMFS ranges from single degree specialty of medicine or dentistry to a dual degree specialty.¹ Within Europe the specialty includes all of these options and these are summarised in [Table 1](#).

The relationship of the UK specialty of OMFS to Europe and the rest of the world has been defined by European legislation since the Act,² which led to the creation of the OMFS specialist list in 1995. As the UK faces a future outside the EU, the way it links to other nations and especially to EU nations will change. The purpose of this paper is to review the current position of UK OMFS in the international sphere and highlight some key areas for the benefit of OMFS specialists and trainees at home and overseas.

Legal context of OMFS in Europe

Directive 2005/36/EU

Two of the core principles of the European Union are the right to freedom of movement and the mutual recognition of qualifications. For members of the European Union and European Economic Area (which includes Lichtenstein, Norway and Iceland) these are defined by Directive 2005/36/EU.^{3,4} The list of qualifications and nations which mutually recognise them is Annex V of this Directive. A summary of the two OMFS related specialties are summarised in [Table 1](#).

Dental, Oro-Maxillo-Facial Training (Basic dental & medical Training) - DOMFS

The 16 dual degree nations are Austria, Belgium, Bulgaria, Cyprus, Finland, Germany, Greece, Hungary, Ireland, Lichtenstein, Luxembourg, Malta, Norway, Romania, and Switzerland. Although Lichtenstein and Switzerland are not EU nations, they both have agreements to comply with Directive 2005/36. Only specialists from these nations have automatic recognition of their qualification in the UK.

Maxillofacial Surgery (basic medical training)

The fifteen nations which have single medical degree MF are Austria, Bulgaria, Croatia, Czech Republic, France, Hungary, Italy, Latvia, Lithuania, Luxembourg, Poland, Portugal, Slovenia, Slovakia, and Spain.

Nations Present in both DOMFS and MF parts of Annex V

Austria, Bulgaria, Hungary and Luxemburg have both OMFS and MF specialist lists. This is because these nations have recently transitioned from MF to dual degree OMFS training programmes.

Nations not in MF or DOMFS in Annex V

In Denmark, Estonia, Iceland and Sweden surgeons undertaking surgery which, in other nations, would be MF/OMFS

practice under their dental registration, even though many are dually qualified. An attempt in Sweden in 2019 to formally adopt dual degree training and create a new specialty of OMFS was successfully resisted through lobbying by Plastic Surgery and ENT.

Holland is unusual in that it does have mandated dual degree training but the specialty of OMFS is a dental rather than a medical specialty.

Switzerland – has a bilateral agreement with EU

Switzerland is part of the European Free Trade Area (EFTA). The government of Switzerland aimed to join the EEA but this was rejected in a referendum. In place of EEA membership, the EU and Swiss administrations drafted an agreement⁵ which replicated Directive 2005/36 and gave doctors and dentists the same rights. Within this agreement OMFS is dual degree DOMFS.

Footnote to Annex V of Directive 2005/36

The footnote sits at the bottom of the part of Annex V where DOMFS is listed. It says:

Training leading to the award of evidence of formal qualification as a specialist in “Dental, Oral and Maxillo-Facial surgery” (basic medical and dental training) assumes completion and validation of basic medical studies (Article 24) and in addition, completion and validation of basic dental studies (Article 34).

Its relevance to the UK and all EU nations is how it is interpreted by the regulators of training. Within the UK the General Medical Council interprets this as requiring both degrees to be present before OMFS training can begin. In most of Germany (except Bavaria) it is interpreted as permitting the acquisition of a dental degree during specialty training.⁶ The footnote only applied to DOMFS. A change in the wording of the footnote to remove this ambiguity has been agreed by and is supported by UEMS but, in spite of lobbying by Union of European Medical Specialists (UEMS) and by the German specialty association, the wording has not changed. As almost all German states now interpret the footnote to be permissive rather than restrictive, it is unlikely that any change will be made in the future. Other EU nations who wish to incorporate a dental degree into specialty training can cite the German example.⁷

Directive 2013/55/EU amending Directive 2005/36/EC⁸

This update of Directive 2005/36 regarding Mutually Recognised Professional Qualifications (MRPQ) has been added to UK law.⁹ It does not have specific OMFS elements. It was designed to modernise the EU system of recognition of professional experience and promote automatic recognition across the EU. It included the European Professional Card, transparency and mutual evaluation of regulated professions and a database of regulated professions (the Internal Market Information System – IMIS) including the European

Table 1

UEMS OMFS Section table summarising the situation on Annex V is included updated 07/06/2019.

Country (English)	CountryName	OMFS Dental, oral and maxillo-facial surgery (basic medical and dental training) (EN)	MF Maxillo-facial surgery (basic medical training)	OS Only
Austria	Österreich	Y	Y	
Belgium	Belgique/België/Belgien	Y		
Bulgaria	България	Y	Y	+
Croatia	Hrvatska		Y	
Cyprus, Republic of	Κύπρος	Y		+
Czech Republic	Česká republika		Y	+
Denmark***	Denmark			Y
Estonia	Eesti			
Finland	Suomi/Finland	Y		+
France	France		Y	+
Germany	Deutschland	Y		+
Greece	Ελλάς	Y		+
Hungary	Magyarország	Y	Y	+
Iceland *	Ísland			
Ireland	Ireland	Y		+
Italy	Italia		Y	
Latvia	Latvija		Y	
Liechtenstein	Liechtenstein	Y		
Lithuania	Lietuva		Y	+
Luxembourg	Luxembourg	Y	Y	
Malta	Malta	Y		+
Netherlands**	Nederland	Y**	Y**	+
Norway *	Norge	Y		
Poland	Polska		Y	+
Portugal	Portugal		Y	+
Romania	România	Y		+
Slovenia	Slovenija		Y	+
Slovakia	Slovensko		Y	+
Spain	España		Y	+
Sweden***	Sverige			Y
Switzerland	Suisse	Y		
UK.	United Kingdom	Y		+

*Liechtenstein, Iceland, Norway are not in EU (they are in the EEA) but they are within Directive 2005/36 Annex V.

**Netherlands is a mandated dual degree OMFS speciality but recognised within the dental directives.

***Sweden and Denmark have some dual degree surgeons but no medical speciality of OMFS in Annex V.

Switzerland is not a member of the EEA but has a series of bilateral agreements.

+ Oral surgery speciality listed in Annex V.

Highlight in yellow – both DOMFS and MF in Annex V.

Alert Mechanism which sends alerts on doctors with restrictions or prohibitions on their practice. Loss of access to this information system may increase the bureaucracy even for those specialists who previously had automatic recognition and have some risk for UK patients.

Applying for Entry onto the UK OMFS List for specialists from EU nations listed in the same part of Annex V

To be appointed to a substantive, honorary or fixed term NHS consultant posts in the UK, it is a legal requirement that doctors must have their names entered on the General Medical Council's (GMC's) Specialist Register.

While the UK was in the EU, specialists from nations whose specialty was in the same part of Annex V under DOMFS could join the OMFS specialist list automatically by providing evidence of their specialist qualification to the

UK medical regulator, the General Medical Council (GMC). After Brexit, this route will only remain open if there is a UK/EU agreement along the lines of the current agreement between Switzerland and the EU.⁵ As a prerequisite for this type of agreement is freedom of travel, it seems likely that even specialists from DOMFS nations will be required to apply through the Certificate of Eligibility for Specialist Registration (CESR) process.

The majority of overseas specialists joining the UK OMFS list did so on the basis of automatic recognition of their training i.e. their training was in nations listed under Dental, Oro-Maxillo-Facial Training (Basic dental & medical training) - DOMFS. Comments from specialists who had completed this process highlighted that it was not a simple matter of sending a copy of their Certificate of Completion of Training (CCT). Considerable additional documentation was requested by the General Medical Council. Nonetheless, the process was considerably simpler than the CESR process.

Gaining Entry onto the UK OMFS Specialist List via the Certificate of Eligibility for Specialist Registration (CESR) Route

The CESR process with the General Medical Council (GMC), sometimes called an Article 14 application because of the part of UK law which defines it,¹⁰ allows a doctor who does not have Certificate of Completion Of Training (CCT) to join that list by demonstrating that their knowledge, skills and experience^{11–13} are equivalent to CCT holder. UK specialty training requires considerable evidence^{14,15} and so it is not surprising that a CESR application requires a similar bureaucratic effort.

The CESR process has been the only route for specialists from EU MF nations and those from non-EU nations to join the OMFS specialist list in the UK.

Demonstrating Skills and Experience

The GMC allocates a CESR applicant a named supervisor for the process and provides a portfolio template and the current UK OMFS Curriculum¹⁶ including the ‘indicative numbers’. Indicative numbers are a list of the experience expected at the end of training for UK trainees. ‘Indicative’ allows some flexibility so that if a specialist’s surgical experience of a procedure is fewer than the indicative numbers, they can prove competence using other evidence such as Workplace Based Assessments (WBAs) such as Procedure Based Assessments (PBAs) and Directly Observed Procedures (DOPs).^{11–13}

Demonstrating Equivalence of Knowledge for CESR applications (exams)

FRCS (OMFS) – passing this exam is a requirement to complete OMFS training in the UK. It is only open to doctors. It consists of two parts, a single best answer online MCQ paper and a series of clinic and oral examinations over two days. It is run by the Joint Committee on Intercollegiate Examinations (JCIE) based in the Royal College of Surgeons in Edinburgh. The success rate for each part is approximately 60%. Exam reports are published on the JCIE website.¹⁷ The exam is accessible to any dually qualified trainee or specialist with 3 supporting references from 3 doctors who are on the UK Medical Register who have at least 3 month experience of the applicants practice. Detailed requirements for the exam are on the JCIE website. In practical terms, to obtain references, a surgeon would have to work for at least 3 months in the UK as a Fellow or a locum.

European Board Examination in OMFS and Head & Neck Surgery (UEMS)¹⁸ – This exam is run by the OMFS Board of UEMS every two years during the Congress of the European Association of Cranio-Maxillofacial Surgeons. Only EEA specialists from nations in which OMFS is a medical specialty (DOMS and MF in Annex V) can enter. Although this exam is highly thought of in many European nations especially in Spain, it is not recognised as equivalent

to the FRCS (OMFS) for those wishing to apply for CESR entry to the UK specialist list.

International Board Examination in OMFS¹⁹ – this is a relatively new examination which is open to OMFS specialists who are dentists, doctors or doubly qualified. It is not recognised as the equivalent of FRCS (OMFS).

To demonstrate equivalence of knowledge, specialists are recommended to apply for and pass the FRCS (OMFS) exam. It may be possible to demonstrate knowledge with other types of evidence – publications, presentations, but the FRCS (OMFS) remains the gold standard.

Assessment of the CESR Portfolio

When a completed CESR portfolio is submitted to the GMC, it is then assessed by a minimum of two experienced OMFS trainers from the UK’s national training body, the OMFS Specialty Advisory Committee (SAC). The OMFS SAC is a subcommittee of the body which provides external supervision of surgical training in the UK, the Joint Committee for Surgical Training (JCST). JCST is an intercollegiate body which means all four Royal Colleges of Surgeons (Ireland, Edinburgh, Glasgow and England) are represented.

Experience of the CESR Process for OMFS 2011 to date

The General Medical Council were contacted and asked for information about OMFS CESR applications. Since 2011, they received 8 CESR applications from 7 doctors. Of these, 4 applications were granted, 3 applications were rejected and 1 was withdrawn. One rejected application was successful on re-submission after the additional evidence requested was provided. Of these 7 doctors 3 were non-EEA, 3 EEA and 1 a UK primary medical qualification.

Four specialists from Greece working successfully as locum consultants in the UK were unsuccessful when they made a CESR application but were subsequently allowed onto the OMFS list when, in 2016, Greece was added to the DOMFS part of Annex 5. Before 2016 Greece did not have OMFS in either the dental or medical parts of Directive 2005/36 so, although their training is dual degree, it was not recognised as such within Europe. After 2016 Greek DOMFS Certificates of Completion of Training (CCTs) are automatically recognised in the UK allowing them to be added to the UK OMFS list.

Since 2011 only one surgeon has successfully negotiated the CESR route onto the OMFS specialist list after completing training in Australia and working in the UK as a locum consultant. Even with the support of their employer and the local OMFS training programme, after addressing the gaps their portfolio to meet all the UK requirements and passing the FRCS (OMFS) exam, their application was rejected at the first attempt. When the two missing elements were addressed, their application was successful.⁶

Table 2
UEMS OMFS Section – Summary Table of OMFS Training In Europe.

Country	Dual/Single Degree	Written Curriculum	Quality Indicators	Minimum 1 st operator numbers (OMFS, OS)	Exit Exam	Min. Training OMFS Yrs
Austria	Dual	Yes	No	Yes (350 OMFS, 200 OS)	Yes	4
Belgium	Dual	Yes	Yes	Yes	Yes	4
Bulgaria	Dual					4
Croatia	Single					
Cyprus	Dual					
Czech Rep	Dual	Yes	Yes	‘Lower than UK’	Yes	5
Denmark	Single	Yes	Yes	Yes	No	5
Estonia	Single (2)	Yes	No	Yes (350 OMFS, 200 OS)	Yes	5
Finland	Single	Yes	No	Yes (350 OS)	Yes	6
France	Single	Yes	No	Yes, but not applied	Yes	6
Germany	Dual	Yes	No	Yes (335 OMFS, 200 OS)	Yes	5
Greece	Dual	No	Yes	Yes (205 OMFS, 280 OS)	Yes	5
Hungary	Dual	Yes	No	Yes (250 OMFS, 200 OS)	Yes	6
Ireland	Dual	Yes	No	Yes (550 OMFS, 500 OS)	Yes	5
Italy	Single	No	No	Yes (130 OMFS, 0 OS)	Yes	5
Latvia	Single					
Lithuania	Single	Yes	Yes	“Similar to UK”	Yes	5
Luxembourg	Dual					
Malta	Dual					
Netherlands	Dual (D)	Yes	Yes	Yes (280 OMFS, 500 OS)	No	4
Poland	Single/Dual	Yes	Yes	Yes (170 OMFS, 80 OS)	Yes	6
Portugal	Single	Yes	No	Yes (400 OMFS)	Yes	4
Romania	Dual	Yes	No	Yes	Yes	5
Slovakia	Single					
Slovenia	Single	No	No	Yes (138 OMFS, 310 OS)	Yes	7
Spain	Single	No	No	None	No	5
Sweden	Single/Dual	Yes	Yes	300 OMFS	Yes	4
UK	Dual	Yes	Yes	Yes (550 OMFS, 500 OS)	Yes	5
Norway	Dual	Yes	Yes	Yes (300 OMFS, 110 OS)	No	4
Switzerland	Dual	Yes	Yes	Yes (365 OMFS)	Yes	5

Where **single** is in **bold** it means that the regulations say it is a single degree country but the specialty is moving towards dual degree OMFS.

Union of European Medical Specialists (UEMS)

The UEMS is a non-governmental organisation based in Brussels. It plays an important role in Europe approving Continuing Medical Education, setting standards for training, and improving patient care. In a forward-looking approach, UEMS has agreed that the status of the UK within UEMS will be unchanged after Brexit. The UK will remain a full member.

Within UEMS the Section of OMFS contains representatives from all EU nations where doctors provide patient care. The Section shares problems and solutions. It has provided support for clinicians working in nations where the specialty of OMFS does not yet exist, such as Sweden, to help them move towards recognition within that nation and within Europe. Surgeons in Greece benefited from this support when, in 2016, the dual degree specialty of OMFS was created and Greece appeared for the first time in Annex V of Directive 2005/36.

Workforce Data on OMFS and Maxillofacial Specialists Provided by OMFS Section of UEMS

This information is updated every year by the OMFS Section of UEMS. It summarises the number of specialists in

the EEA nations where OMFS includes medical qualification (essential as UEMS is a group of medical specialists). The document is available from the UEMS website.

Data on training from OMFS Section of UEMS

Training in Europe is variable in both content and assessment – summarised in Table 2. This data was collected from the delegates of the OMFS Section of UEMS, and their contribution is gratefully acknowledged.

UK specialty training requires more documentation and assessment than other nations. For OMFS there is a formal written/clinical summative assessment at the end of training, the FRCS (OMFS). The majority of EU end of training assessments are informal. UK trainees have specific targets for ‘minimum’ experience with defined numbers of procedures (of specific types and at specific levels) called indicative numbers. Experience requirements in other EU nations range from specific detail list in Germany,²⁰ through total numbers of OMFS or Oral Surgery procedures, to ‘no defined requirements’. UK trainees complete regular Workplace Based Assessments (WBAs), usually a minimum of 40 per year, using an online portfolio called the Inter-Collegiate Surgical Curriculum Programme (ISCP).^{12,13} Every 6 months the

trainees progress is formally assessed by a panel in meetings called ‘Interim’ and ‘Final’ Annual Review of Competency Progression (ARCP). Non-UK OMFS specialists are unlikely to have an easy task in proving equivalence of training even those from nations who previously had automatic recognition of their specialist certificate.

Access to UK training for non-UK trainees

National Training Number (NTN) Training posts

Formal training posts in the UK have ‘National Training Numbers’ (NTNs) and are strictly limited in number – presently 150.²¹ Trainees are appointed using a national selection process which happens twice each year, in February and September (for August and February starts, respectively). Applicants must hold UK registerable medical and dental qualifications at the time of starting their posts. There are two levels of entry ST1²² ‘run-through’ which includes Core Surgical Training in a 6-7 year programme, and ST3 which is open to those who have completed Core Surgical Training and have passed the Membership of the Royal College of Surgeons (MRCS)^{23–25} exam. Trainees from the EU and further afield have successfully applied for and completed UK training.⁶ Applicants are advised to review information carefully prior to applying.

Fellowships and locum post

These posts are locally advertised and appointed by hospitals rather than by training programmes. The requirements vary considerably. Most posts require a medical degree and OMFS experience, some require dual qualification. Only a very few positions would accept an applicant whose qualification was solely dental. Information about fellowships is available on the BAOMS website. Direct contact with the advertising hospital is recommended. Posts may be advertised on NHS Jobs or by other routes.

As applicants for the FRCS (OMFS) exam need 3 referees who are GMC registered and have at least 3 months experience of the applicant’s surgical practice this usually means working in the UK.

Conclusions

Looking at OMFS training and practice in Europe and beyond, there are considerable differences. Past experience has shown that even specialists successfully working in the UK from EU nations with dual degree training (which was subsequently recognised in Annex V) have struggled to complete the CESR process successfully.

We would recommend that specialists and trainees with ambitions to work in the UK should prospectively collect evidence about their training and professional life. Con-

temporaneous evidence is both higher quality and easier to assemble. Even with evidence collected in their home nation, a period of at least 3 months working in the UK would be needed to apply for the FRCS (OMFS) exam – the expected ‘proof of knowledge’ for a successful CESR application.

Without an understanding of the process, support from colleagues within the UK and a specific plan to generate the evidence needed, it will be difficult to successfully complete the CESR route to becoming a UK OMFS specialist. The OMFS Section of UEMS is a valuable source of information and support for individual surgeons wishing to work in another nation, including the UK, and also for nations wishing to create a specialty of OMFS within their country.

As the UK’s transition period is expected to end in December 2020, there is very little time to prepare for any changes. Without the EU level or multiple bilateral national agreements needed for the mutual recognition and free travel of doctors, dentists and OMFS specialists, access for these professionals to the UK from the EU will stop. This may have serious implications for UK patient care in the short, medium and long term.

Conflict of interest

The authors are members of BAOMS Council and members of the OMFS Section of UEMS

Ethics statement/confirmation of patient permission

None needed.

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