

Minutes of the 23. annual general meeting of the European Federation of Orthodontic Specialists Association

10 Richview Office Park, Clonskeagh, Dublin 14, on Saturday 7th October 1995.

Dr. Flood (Ireland) presided. Other delegates present were Drs. Ch. Bolender (France), W. Schmiedel (Germany), A. Ferrini (Italy), R. Bijlstra (the Netherlands). Also in attendance were Drs. Kettler (Britain), Picchioni (Italy), Faure (France) and Murray (Ireland).

Apologies for absence were received from the delegate Dr. R. Moerens-Duque (Belgium) and Drs Weiland (Austria) and Kurol (Sweden) who were invited at the meeting. Not present was Dr. Markostamos (Greece).

Dr. Bolender emphasized the importance of keeping in touch or getting in touch with representatives of Spain, Portugal and Luxembourg.

1. REPORTS FROM MEMBER DELEGATES

GERMANY

Dr. Schmiedel reported that 5-6% of the orthodontists had to close their office due to economic reasons.

Too many postgraduate students are now in training. There are plans to reduce the number of postgraduate students. There will be a new health law in 1996 and the expectations are that this law will cause a further 10-15% reduction of the fees.

The treatment of patients over 18 years is now excluded from national health services. Since 1988 the fees for treatment of private patients are frozen. The incomes of orthodontists are on the scale of specialists incomes one of the lowest.

There are plans to change the fee-system to a system with a flat fee for every orthodontic treatment, irrespective of the severity of the malocclusion and the appliances used. It is not sure if these plans will be executed.

ITALY

There was a written report from Italy, which was read by Dr. Picchioni and is added to this minutes. Dr. Bolender asked if it should be possible to produce some figures of the numbers of students and graduates of the Medical School and the School of Odontology, who will be working or are working as a dentist. He also asked which kind of education the postgraduate students in orthodontics have had (Medical School or School of Odontology). Dr. Picchioni promised to provide the information.

At some universities it is still possible to start a postgraduate orthodontic training coming from a Medical School, without having had any training in dentistry. The expectations are that this will not be possible any longer in the future.

It is still possible to practice more than one specialty.

The Medical Association impedes rapid changes in the complex situation of the different possibilities of education.

In the future the Odontologists will outnumber the medical doctors with a dental degree, but at this moment it is still the other way around.

Dr. Bolender advises Italy to find out how these things are organized in Spain and Portugal.

FRANCE

Dr. Bolender reports that there have not been major changes during the past year. At this moment the reimbursement given to patients by the private insurance companies, treated by specialists, is much higher than to patients treated by general practitioners. More and more G.P/s are practising now orthodontics and they formed an organization who is fighting against this private insurance scheme. The contract that the specialists have with the private insurance companies can be cancelled by the Government. The fear exists that the new Minister of Health will reorganize the complete Health System. The Government is now investigating if the "Syndicat" will be a representative organization. It is very important that this will happen. In that case the Government has to consult the "Syndicat" for all matters concerning the specialty.

On the question of Dr. Bijlstra about the training possibilities for foreigners in France and the kind of recognition that can be obtained, Dr. Bolender gave an explanation. To be recognized as a specialist the normal training must be followed concluded by a final examination in Paris leading to a "Diplome National d'Orthodontic" This training and the right to do the national examination is open to all dentists from E.C.C. countries. The "Diplome Universitaire d'Orthodontic" does not lead to recognition in any of the E.C.C. countries. At this moment these university diplomas are only provided by three universities.

THE NETHERLANDS

Dr. Bijlstra reported that there were important changes in Holland. From January 1st 1995 a great part of the dentistry was taken out the national health insurance scheme, in which \pm 65% of the population is insured.

This part consists of the general dentistry for adults and orthodontics for all ages except the orthodontics for cleft palate patients and similar cases.

The insurance companies, providing the national health insurance for the majority of the population now offer re-insurance possibilities for dentistry and orthodontics.

As the companies are autonomous nowadays their conditions differ greatly. In some areas of our country a dramatic fall of the intake of new patients can be noticed. It is too early to be sure if this is a temporary or a permanent trend.

Overall there is still a shortage of orthodontists. The dental school in Groningen reopened recently providing an undergraduate training program. Within the coming years there will not be an orthodontic department that can organize a postgraduate orthodontic training. So there are still only two postgraduate training centres (Nijmegen and Amsterdam) Some questions about the insurance system were brought forward and some discussion about the Dutch situation followed

IRELAND

Dr. Flood mentioned two problems in his country. The first was the problem of a colleague who was trained in the U.S.A. in pedodontics and later took a two year course in orthodontics also in the U.S.A.. He now has a dual specialist office in pedodontics and orthodontics. He applied for the full membership of the Orthodontic Society of Ireland. The application was rejected.

Dr. Bolender brought forward that we in Europe have to be very careful in recognizing orthodontic training programs in the U.S.A.

The attempts to establish a specialist register in Ireland have been unsuccessful until now. Dr. Bolender points to the problem that the Irish and British orthodontists have no rights to be registered in the other E.C.C. countries because there is no specialist register in Ireland and Britain.

The second problem in Ireland is the fact that the percentage of patients, treated by qualified orthodontists is dropping. This is due to the dismissal of parttime specialist from the Dental Health Service. The number of patients, treated by general dentists under the supervision of a consultant is increasing. This is not a favourable situation. Dr Flood asked if an EFOSA statement on this subject might be appropriate but no decision was made for making such a statement.

BRITAIN

Dr. Kettler explained the situation in Britain after the foundation of the British Orthodontic Society. There were five national Orthodontic Societies, which are unified now in the B.O.S.

He gave a survey of the organization within the B.O.S. and furthermore of the treatment possibilities for orthodontic patients and the demands for specialist training. There is a realistic hope that a specialist register will be established in 1997. (Dr. Kettler was so kind to send a written report to the Secretary after the meeting, which will be sent together with the minutes).

After his report there was a vivid discussion about the membership of Britain in the EFOSA.

Since there is a group of general practitioners member of the B.O.S., this Society cannot be seen as a specialist's Association and membership of the EFOSA should be in defiance of the constitution.

The opinion of the meeting was that it is important for the EFOSA as well as for the British orthodontists that Britain stays represented in the EFOSA. After ample discussion the following solution was proposed.

1. The B.O.S. will be represented by a delegate, who must be a specialist.
2. The delegate will only represent the specialist groups within the B.O.S.
3. Only specialists will be mentioned in the EFOSA directory.

Dr. Kettler will bring this proposal to the council of the B.O.S.

All delegates are requested to present this proposal to the council of the Society they represent, in order to be able to make a decision on the British membership of EFOSA at the next annual meeting.

2. EURO-QUAL

In March 1995 there was a consensus meeting in Noordwijkerhout in the Netherlands. The president explained which statements were made there, but it is not yet known which statements are adopted by the different countries.

3. EUROPEAN BOARD OF ORTHODONTICS

At the E.O.S.-meeting in Bergen there is not made a definite decision to establish a E.B.O. The final decision is postponed to the 1996 E.O.S.-meeting in Brighton.

Dr. Schmiedel (Germany) explains that the B.D.K. is not in favour of a E.B.O. but that he is pretty sure that it will come. In Germany there are plans to establish a National Board.

In France there also will be a National Board, only accepting specialists, which can deliver a certificate of excellence. It is not sure if the European Board will be open to non-specialists.

4. DIRECTORY

The new EFOSA directory will be ready in a month. On the question of Dr. Kettler about EFOSA's finances, the president and treasurer explain that the income comes from the member associations, depending on the number of members they have. The payments are made when a new directory is published. The expenses apart from the directory are very low. The expenses of the delegates, visiting the annual EFOSA-meeting are paid by the national Societies.

5. OTHER BUSSINESS

The treasurer Dr. Schmiedel reported a surplus of DM. 16.366.51 The next annual meeting will be hold in Paris on Saturday 5th or 12th October 1996. Decided was that all delegates will present a written report about the situation in their country. They can send it in advance to the secretary or bring it with enough copies to the meeting (like Italy in 1995).