MINISTERIO DE SANIDAD Y CONSUMO

16892 *ORDEN SCO/2753/2007, de 4 de septiembre, por la que se aprueba y publica el programa formativo de la especialidad de Cirugía Oral y Maxilofacial.*

El artículo 21 de la Ley 44/2003, de 21 de noviembre, de ordenación de las profesiones sanitarias, establece el procedimiento para aprobar los programas formativos de las especialidades sanitarias en ciencias de la salud, previendo su publicación en el Boletín Oficial del Estado para general conocimiento.

La Comisión Nacional de la Especialidad de Cirugía Oral y Maxilofacial ha elaborado el programa formativo de dicha especialidad que ha sido verificado por el Consejo Nacional de Especialidades Médicas, órgano asesor en materia de formación sanitaria especializada al que, de conformidad con lo previsto en la disposición transitoria sexta de la Ley 44/2003 antes citada, le ha correspondido ejercer las competencias del Consejo Nacional de Especialidades en Ciencias de la Salud hasta la definitiva constitución del mismo.

Asimismo, dicho programa formativo ha sido estudiado, analizado e informado por la Comisión de Recursos Humanos del Sistema Nacional de Salud al que se refiere el Real Decreto 182/2004, de 30 de enero, por el que se creó dicho órgano colegiado del que forman parte, entre otros, los consejeros de sanidad de las diversas comunidades autónomas y el Director General de Universidades del Ministerio de Educación y Ciencia.

En su virtud, de conformidad con lo previsto en el artículo 21 de la Ley 44/2003, previos informes favorables de la Comisión de Recursos Humanos del Sistema Nacional de Salud y del Ministerio de Educación y Ciencia, dispongo:

Primero.–Aprobar el programa formativo de la Especialidad de Cirugía Oral y Maxilofacial, cuyo contenido se publica como anexo a esta Orden.

Segundo.–Dicho programa formativo será de aplicación a los residentes de la Especialidad de Cirugía Oral y Maxilofacial que obtengan plaza en formación en Unidades Docentes de dicha especialidad, a partir de la Orden del Ministerio de Sanidad y Consumo por la que se apruebe la convocatoria nacional de pruebas selectivas 2007 para el acceso en el año 2008 a plazas de formación sanitaria especializada.

Disposición transitoria única.

A los residentes que hubieran iniciado su formación en la Especialidad de Cirugía Oral y Maxilofacial por haber obtenido plaza en formación en convocatorias anteriores a la que se cita en el apartado segundo de esta Orden les será de aplicación el programa anterior de dicha especialidad, aprobado por Resolución de 25 de abril de 1996, de la Secretaría de Estado de Universidades e Investigación del Ministerio de Educación y Ciencia.

No obstante lo anterior, la Comisión de Docencia de la Unidad Docente en la que se haya obtenido plaza podrá adaptar, a propuesta del responsable de la Unidad y con la conformidad del residente, los planes individuales de formación previstos en el Apartado segundo 2.c de la Orden de 22 de junio de 1995, al nuevo programa formativo en la medida en que, a juicio de dicha Comisión, sea compatible con la organización general de la Unidad y con la situación especifica de cada residente.

Disposición final.

Esta Orden entrará en vigor el día siguiente al de su publicación en el «Boletín Oficial del Estado».

Madrid, 4 de septiembre de 2007, El Ministro de Sanidad y Consumo, Bernat Soria Escoms.

ANEXO

Programa Oficial de la Especialidad de Cirugía Oral y Maxilofacial

1. *Denominación oficial de la especialidad y requisitos de titulación*

Cirugía Oral y Maxilofacial.
Duración 5 años.
Licenciatura previa: Medicina.

2. *Introducción*

Es la especialidad Médico-quirúrgica que se ocupa de la prevención, estudio, diagnóstico, tratamiento y rehabilitación de la patología de la boca, cara y territorio craneofacial, así como de los órganos y estructuras cervicales relacionadas directa o indirectamente con las mismas.

El campo de acción parte de la concepción integral de este conjunto orgánico interrelacionado, sustentado sobre rigurosos criterios embriológicos y anatomofuncionales, por lo que debe entenderse que la actuación y responsabilidad profesional es absoluta, tanto con respecto a terapéuticas médicas específicas como en relación al empleo de técnicas quirúrgicas

De acuerdo con la diversa patológia que puede encontrarse a este nivel regional, el espectro de la especialidad, de acuerdo con las guías europeas, incluye, fundamentalmente, los siguientes ámbitos:

a) Tratamiento del dolor y de la ansiedad.
b) Cirugía dentoalveolar y periodontología.
c) Tratamiento de las infecciones que involucran los huesos y tejidos blandos de la cabeza y el cuello.
d) Traumatismos cráneo-maxilofaciales (partes óseas y tejidos blandos), tanto agudos como secuelas.
e) Patología oral-Medicina oral.
f) Cirugía preprotésica e implantología.
g) Tratamiento quirúrgico y no quirúrgico de las afecciones de la articulación temporo-mandibular.
h) Cirugía oncológica de cabeza y cuello, incluyendo cirugía cervical.
i) Tratamiento de los tumores benignos y malignos de las glándulas salivales.
j) Cirugía reconstructiva de cabeza y cuello, incluyendo disección de colgajos de tejidos blandos y óseos.
j) Técnicas microquirúrgicas.
k) Cirugía ortognática-ortopédica facial.
l) Cirugía Plástica, Estética y Reparadora cervico-facial.
m) Tratamiento de las malformaciones congénitas faciales que incluyen a su vez las fisuras labio-palatinas.
ñ) Cirugía craneofacial.

3. *Objetivos de formación*

Los conocimientos básicos de la cirugía general.
Los conocimientos necesarios de la odontología.
La formación completa en Patología Médica, Oral y Maxilofacial.
La formación completa en Patología Quirúrgica, Oral y Maxilofacial.

4. *Investigación*

Entre los objetivos de su formación, el residente de Cirugía oral y Maxilofacial debe adquirir el conocimiento de los principios del método científico y su aplicación en la investigación básica y clínica dentro de la especialidad.

El especialista en formación debe participar en los proyectos de investigación que se desarrollen en la Unidad Docente, de acuerdo con la siguiente metodología de investigación, considerando las siguientes áreas temáticas:

El conocimiento científico. Tipos de investigación.
Clasificación de estudios clásicos.
Causalidad.
Aspectos generales de la medición.
Casos y series de casos. Estudios ecológicos y transversales.
Estudios de casos y controles.
Estudios de Cohorte y diseños híbridos.
Ensayos clínicos.
Medidas de frecuencia de la enfermedad. Medidas de impacto/efecto.
Conceptos avanzados sobre sesgo, confusión e interacción.
Evaluación de las técnicas y procedimientos diagnósticos.
Revisiones sistemáticas y metanálisis.
Desarrollo de un protocolo de investigación (incluyendo tesis doctoral).
Presentación de resultados.
Aspectos básicos de estadística inferencial (presentado de manera intuitiva, no matemática).
Aspectos básicos de estadística descriptiva.
Conceptos básicos sobre evaluación económica.
Conceptos básicos sobre investigación sobre el sistema de salud.
Los métodos cualitativos en la investigación biomédica.

5. *Contenidos específicos: conocimientos*

5.1 Concepto de la especialidad, objetivos y plan docente. Relación con otras especialidades de Ciencias de la Salud. Planificación y Gestión asistencial: indicadores.
5.2 Historia, evolución y desarrollo en la U.E. y en el mundo: situación actual. La doble titulación: perspectivas.
5.3 Embriología bucal, cervical, facial y del órgano dentario.
5.4 Anatomía: cráneo y huesos faciales. Músculos, vasos arteriales, venosos y linfáticos, nervios y glándulas buco-cérvico-faciales. Anatomía de la articulación temporomandibular.
5.5 Esplacnología, fisiología e histología de los tejidos que comprenden las regiones labial, palatina, lingual, dentoalveolar, yugal, nasal, mentoniana, maseterina, cigomática,orbitaria, frontal, infratemporal, ptérigomaxilar y del recubrimiento cervicofacial.
5.6 Esplacnología, fisiología e histología de los tejidos que comprenden las regiones sublingual, suprahioidea, submaxilar, infrahioidea, parotidea y laterocervical.
5.7 Semiología y propedeutica clínicas. Historia clínica. Examen bucal, facial y cervical.
5.8 Semiología y propedéutica clínicas. Exámenes complemenatrios. Miocrobiología aplicada. Citología. Biopsia.
5.9 Exploración con técnicas de imagen.
5.10 Anestesia Loco-regional.
5.11 Anestesia General en Cirugía oral y Maxilofacial. Sedación.
5.12 El acto quirúrgico: preoperatorio, intraoperatorio y postoperatorio. Control y complicaciones.
5.13 Incisiones y suturas.
5.14 Exodoncia.
5.15 Inclusiones dentarias.
5.16 Infecciones odontógenas: etiopatogenia, clínica y tratamiento.
5.17 Infecciones maxilares no odontógenas: Radionecrosis.
5.18 Traumatismos de partes blandas cervicofaciales. Cicatrices y otras secuelas.
5.19 Traumatismos dentoalveolares y heridas de la cavidad bucal.
5.20 Traumatismos del esqueleto craneofacial.
5.21 Secuelas de los traumatismos craneofaciales.
5.22 Patología infecciosa de la cavidad oral y de la cara.
5.24 Repercusión de las enfermedades generales en la mucosa bucal y en la cara.
5.25 Tumores benignos de la mucosa bucal y de la cara.
5.26 Lesiones precancerosas buco-cérvico-faciales.
5.27 Tumores malignos de la mucosa bucal y orofaringe.
5.28 Tumores malignos de partes blandas de la cara y del cuello.
5.29 Tumores vasculares y nerviosos de cabeza y cuello.
5.30 Patología ganglionar cérvico-facial.
5.31 Quistes de partes blandas de la encrucijada buco-cérvico-facial.
5.33 Quistes odontogénicos y no odontogenicos de los maxilares.
5.34 Tumores odontogenicos benignos y malignos de los maxilares.
5.35 Tumores no odontogenicos benignos y malignos de los maxilares.
5.36 Afecciones pseudotumorales de los maxilares y cavidad oral.
5.37 Tumores benignos y malignos de la cavidad nasal.
5.38 Tumores malignos y benignos de los senos paranasales.
5.39 Tumores malignos y benignos de la base del cráneo.
5.40 Patología inflamatoria de la cavidad orbitaria.
5.41 Patología traumatológica de la órbita. Secuelas.
5.42 Patología malformativa de la órbita.
5.43 Patología tumoral de la órbita.
5.44 Patología infecciosa e inmunológica de las glándulas salivales.
5.45 Tumores benignos de las glándulas salivales.
5.46 Tumores malignos de las glándulas salivales.
5.47 Patología de la articulación temporomandibular.
5.48 Patología nerviosa facial.
5.49 Vaciamientos ganglionares cervicales.
5.50 Cirugía reconstructiva cervicomaxilofacial; injertos; Colgajos pediculados; Colgajos microquirúrgicos.
5.51 Implantes aloplasticos y biomateriales.
5.52 Radioterapia y quimioterapia en Oncología maxilo-cérvico-facial.
5.53 Craneofacioestenosis y cirugía craneofacial.
5.54 Malformaciones craneofaciales: fisuras faciales.
5.55 Fisura labio-palatina.
5.56 Maloclusiones máxilofaciales: cirugía ortognática, generalidades.
5.57 Diagnóstico y planificación de las malformaciones dentofaciales.
5.58 Cirugía ortognática de las malformaciones del tercio medio facial.
5.59 Cirugía ortognática de las malformaciones del tercio inferior.
5.60 Cirugía ortognática de las malformaciones combinadas.
5.61 Perfiloplastia.
5.62 Cirugía Estética de la cara.
5.63 Apnea del sueño. Estudio y tratamiento.
5.64 Prótesis y epitesis buco-faciales.
5.65 Instrumental, materiales y equipamiento.
5.66 Fotografía e informática aplicada.
5.67 Medicina legal y Forense en Cirugía Oral y Maxilofacial.
5.68 Implantes dentales aloplásticos.
5.69 Cirugía mucogingival y osteoplastica de los maxilares.
5.70 Conceptos sobre oclusión dentaria. Función masticatoria.
5.71 Patología dental.
5.72 Trasplantes y reimplantes dentarios.
5.73 Conocimientos relativos a terapéutica dental, periodoncia, prótesis odontológica, odontopediatría y ortodoncia, desde la perspectiva de la Cirugía Oral y Maxilofacial.
5.74 Conocimientos sobre odontología preventiva, comunitaria y legal y forense.
5.75 Conocimiento sobre materiales, equipamiento y ergonomía.

6. *Contenidos específicos: habilidades*

Los objetivos prácticos son:

6.1 Cirugía dentoalveolar: 275 intervenciones.

Exodoncia (diente erupcionado): 120.
Exodoncia (diente no erupcionado): 120
Apicectomia, pequeños quistes: 30.
Trasplantes y reimplantes dentarios: 5

6.2 Cirugía séptica: 90 intervenciones.

Drenajes de abscesos: 70.
Legrados de osteitis: 20.

6.3 Traumatología: 240 intervenciones.

Sutura de heridas bucales: 20.
Sutura de heridas faciales y cervicales: 30.
Tratamiento incruento de fracturas maxilares: 20.
Tratamiento cruento de fracturas maxilares: 20.
Tratamiento incruento de fracturas mandibulares: 25.
Tratamiento cruento de fracturas mandibulares: 25.
Tratamiento de fracturas nasales: 30.
Tratamiento cruento e incruento de fracturas de malar, órbita y arco cigomático: 50.
Tratamiento de los traumatismos nasoetmoido orbitarios: 10.
Traumatismos del tercio superior facial: 10.

6.4 Malformaciones congénitas: 26 intervenciones.

Craneosinostosis y craneofaciosinostosis: 4.
Fisuras faciales: 2.
Labio leporino unilateral: 3.
Labio leporino bilateral: 3.
Fisura palatina simple: 3.
Fisura labio-palatina: 3.
Injertos óseos en fisura alveolar: 4.
Otras malformaciones congenitas de partes blandas cervicofaciales: 4.

6.5 Cirugía mucogingival y osteoplastica de los maxilares: 73 intervenciones.

Vestibuloplastia: 5.
Aumento de cresta alveolar: 5.
Frenillectomias: 10.
Alveoloplastias y alveolectomias: 5.
Extirpación de torus: 5.
Implantes dentales: 20.
Cirugía periodontal: 20.
Distracción alveolar: 3.

6.6 Cirugía ortognática: 38 intervenciones.

Planificación ortodoncica de las deformidades dentofaciales: 10.
Osteotomias segmentarias de los maxilares: 5.
Osteotomías de maxilar superior: 5.
Osteotomias de mandibula: 5.
Osteotomias combinadas: 5.
Mentoplastia: 5.
Distracción osteogénica del esqueleto craneofacial: 3.

6.7 Patología de la articulación temporomandibular: 40 intervenciones.

Tratamiento de la luxación: 5.
Artroscopia: 5.
Meniscopexia: 5.
Intervenciones sobre el cóndilo: 3.
Artroplastias y protesis articulares: 2.
Tratamiento conservador del síndrome dolor-disfunción de la articulación temporomandibular: 20.

6.8 Cirugía oncológica: 131 intervenciones.

Biopsia: 20.
Extirpaciones de piel y/o mucosa: 15.
Quistectomias maxilares: 15.
Extirpaciones de tumores de los tejidos blandos de la cavidad oral y la región cervicofacial: 15.
Resección parcial de maxilar o mandibula: 10.
Resección total de maxilar, mandíbula y/o otros huesos faciales: 10.
Linfadenectomia cervical: 15.
Extirpación de tumores cervicales: 15.
Abordajes y extirpación de tumores orbitarios y/o de la base craneal: 10.
Tratamiento de la patología vascular orocervicofacial: 3
Extirpación de los tumores se los senos paranasales: 3.

6.9 Cirugía de las glándulas salivales: 35 intervenciones.

Parotidectomia: 10.
Submaxilectomia: 10.
Extirpación de cálculos salivares: 15.

6.10 Cirugía de los nervios faciales: 20 intervenciones.

Neurolisis química: 5.
Sección nerviosa: 5.
Sutura nerviosa: 5.
Injerto nervioso: 5.

6.11 Cirugía reconstructiva: 50 intervenciones.

Injertos de piel y/o mucosa: 10.
Colgajos pediculados cutáneos, miocutáneos y/o osteomiocutá-neos: 20.
Colgajos libres microquirúrgicos: 5.
Reconstrucciones con injerto de hueso, cartílago y/o implantes loplásticos: 5.

6.12 Cirugía estetica facial: 50 intervenciones.

Cirugía de cicatrices y lesiones cutáneas: 10.
Cirugía de ritidosis: 10.
Blefaroplastia: 10.
Rinoplastia: 10.
Otoplastia: 10.

6.13 Miscelánea: 37 intervenciones.

Traqueostomia: 15.
Extirpación de cuerpos extraños: 5.
Tratamiento urgente de las hemorragias cervicofaciales: 3.
Cirugía no oncológica de senos paranasales: 5.
Cirugía de la hipertrofia maseterina: 3.
Cirugía de la apófisis estiloides: 1.
Laserterapia: 5

Total de intervenciones: 1.105.

6.14 Patología de tratamiento exclusivamente médico: 50 pacientes.
6.15 Patología de tratamiento rehabilitador: 25 pacientes.

Prótesis dental y maxilofacial.
Epítesis.
Rehabilitación dental y oclusal.

El sistema de formación será siempre tutorizado, basado en el autoaprendizaje.

Nota: Los residentes deben adquirir respecto a los conocimientos y habilidades odontológicos previstos en el apartado 5 (sub-apartados 5.73 a 5.75) y en el apartado 6.1, una formación básica ya sea en una unidad docente de Cirugía Oral y Maxilofacial donde dichas prácticas sean habituales o a través de una rotación por facultades de odontología con las que se haya suscrito el correspondiente convenio de colaboración docente.

7. *Actitudes*

7.1 Genéricas:

Disponibilidad para el aprendizaje y la formación permanente.
Capacidad para asumir compromisos y responsabilidades.
Aproximación a los problemas asistenciales con mente crítica y espíritu resolutivo.
Respeto y valoración positiva del trabajo de los demás.
Apertura y flexibilidad en relación con los pacientes, miembros de su grupo de trabajo, colegas de otras especialidades y autoridades sanitarias y educativas en general.

7.2 Profesionales y científicas:

Cooperación y abordaje multidisciplinar en el tratamiento de las diversas patologías que originan el tratamiento quirúrgico.
Conformidad con la misión de servicio hacia los pacientes y la sociedad a que obliga el ejercicio de la medicina.
Percepción de la multiplicidad de funciones que los médicos especialistas han de ejercer en el ámbito del sistema nacional de salud.
Reconocimiento del derecho de los pacientes a una asistencia pronta y digna en condiciones de equidad.
Atención preferente hacia las necesidades de los pacientes y de sus familias con especial referencia al derecho de información.
Conciencia de la repercusión económica de las decisiones.
Preocupación por los aspectos deontológicos y éticos de la medicina en general y de la cirugía oral y maxilofacial en particular.
Colaboración con los poderes públicos, sociedades científicas y organizaciones nacionales e internacionales.
Asumir la práctica clínica basada en la evidencia científica.
Conciencia de la importancia de una formación científica y clínica lo más sólida posible.
Participación personal en el desarrollo de las funciones asistencial, docente y científica de la especialidad.

8. *Rotaciones y atención continuada/guardias*

8.1 Objetivos generales de las rotaciones:

El cumplimiento total del programa teórico-práctico especificado en los puntos anteriores así como la obtención de la formación quirúrgica complementaria necesaria y de la formación odontológica imprescindible.

8.2 Rotaciones por otras especialidades:

Durante el año 1.º rotación obligatoria, para obtener formación básica en Cirugía: Angiología Cirugía Vascular, Cirugía General y del Aparato Digestivo (especialmente Cirugía Endocrinológica) y Neurocirugía.
Durante los años 2.º y 5.º, rotación obligatoria en Cirugía Plástica Estética y Reparadora (1-2 meses), Otorrinolaringología (1-2 meses) y Cuidados Intensivos-U.C.I (1-2 meses).
Durante los años 3.º, 4.º y 5.º rotación optativa en Oftalmología, Cirugía Pediátrica, Cirugía Ortopédica y Traumatología y otros servicios de Cirugía Oral y Maxilofacial.

8.3 Rotación en protección radiológica:

Los residentes deberán adquirir de conformidad con lo establecido en la legislación vigente conocimientos básicos en protección radiológica ajustados a lo previsto en la Guía Europea «Protección Radiológica 116», en las siguientes materias.

a) Estructura atómica, producción e interacción de la radiación.
b) Estructura nuclear y radiactividad.
c) Magnitudes y unidades radiológicas
d) Características físicas de los equipos de Rayos X o fuentes radiactivas.
e) Fundamentos de la detección de la radiación.
f) Fundamentos de la radiobiología. Efectos biológicos de la radiación.
g) Protección radiológica. Principios generales.
h) Control de calidad y garantía de calidad.
i) Legislación nacional y normativa europea aplicable al uso de las radiaciones ionizantes.
j) Protección radiológica operacional.
k) Aspectos de protección radiológica específicos de los pacientes.
l) Aspectos de protección radiológica específicos de los trabajadores expuestos.

La enseñanza de los epígrafes anteriores se enfocará teniendo en cuenta los riesgos reales de la exposición a las radiaciones ionizantes y sus efectos biológicos y clínicos.

Duración de la rotación: Los contenidos formativos de las anteriores letras a), b), c), d), e), f), g), h), i), se impartirán durante el primer año de especialización. Su duración será, entre seis y diez horas, fraccionables en módulos, que se impartirán según el plan formativo que se determine.

Los contenidos formativos de las letras j), k) y l): se impartirán progresivamente en cada uno de los sucesivos años de formación y su duración será entre una y dos horas destacando los aspectos prácticos.

Lugar de realización: Los contenidos formativos de las letras a), b), c), d), e), f) g), h), i), se impartirán por lo integrantes de un Servicio de Radiofísica Hospitalaria/ Protección Radiológica/Física Médica. Los contenidos formativos de las letras j), k) y l): se impartirán en una Institución Sanitaria con Servicio de Radiofísica Hospitalaria/Protección Radiológica/Física Medica, en coordinación con las unidades asistenciales de dicha institución específicamente relacionadas con las radiaciones ionizantes.

Efectos de la formación: La formación en Protección Radiológica en el periodo de Residencia antes referida, se adecua a lo requerido en la legislación aplicable durante la formación de especialistas en ciencias de la salud, sin que en ningún caso, dicha formación implique la adquisición del segundo nivel adicional en Protección Radiológica, al que se refiere el artículo 6.2 del Real Decreto 1976/1999, de 23 de diciembre, por el que se establecen los criterios de calidad en radiodiagnóstico, para procedimientos intervencionistas guiados por fluoroscopia.

Organización de la formación: Cuando así lo aconseje el número de residentes, especialidades y Servicios de Radiofísica/Protección Radiológica/Física Médica implicados, los órganos competentes en materia de formación sanitaria especializada de las diversas comunidades autónomas podrán adoptar, en conexión con las Comisiones de Docencia afectadas, las medidas necesarias para coordinar su realización con vistas al aprovechamiento racional de los recursos formativos.

8.4 Atención continuada:

El residente participará en las guardias de la especialidad durante los cinco años de su formación, según las características propias de cada unidad docente acreditada, salvo en el primer año que podrá realizar guardias de cirugía (las guardias de puertas en esta última especialidad no deberán ser superiores a 1 mes). Se recomienda que el número de guardias sea entre cuatro y seis mensuales.

9. *Objetivos específicos-operativos. Otras actividades*

9.1 Planificación de objetivos operativos:

El tutor correspondientes en coordinación con el jefe de de la unidad asistencial estructurará a lo largo del periodo de formación el programa antes descrito, teniendo en cuenta las peculiaridades de cada unidad y del residente. A estos efectos se distinguirán los siguientes niveles de responsabilidad.

Nivel de responsabilidad 1: son actividades realizadas directamente por el residente sin necesidad de una tutorización directa. El residente ejecuta y posteriormente informa.

Nivel de responsabilidad 2: son actividades realizadas directamente por el residente bajo supervisión del tutor.

Nivel de responsabilidad 3: son actividades realizadas por el personal sanitario del centro y observadas y/o asistidas en su ejecución por el residente.

9.2 Otras actividades:

Los residentes deberán participar en:

Seminarios o Cursos sobre: Gestión clínica; Bioética; Metodología de la Investigación.

Actividades asistenciales clínicas y quirúrgicas de acuerdo con el programa.

Actividades Científicas: los residentes tendrán participación activa en las Sesiones Clínicas, Monográficas y bibliográficas del Servicio así como en las generales del Hospital.

Los residentes participarán en las actividades de formación de la especialidad: Seminarios, Cursos, Congresos, Publicaciones.

El tutor de Residentes supervisará que los mismos incrementen su nivel de inglés y si es posible, de otras lenguas extranjeras.

10. *Evaluación*

La evaluación del proceso docente: Cumplimiento de las actividades señaladas en el programa de formación, tanto en calidad como en cantidad, serán evaluadas en los términos que determine la legislación vigente en la materia.

Existirá un libro del residente específico para la especialidad.

16893 *ORDEN SCO/2754/2007, de 4 de septiembre, por la que se aprueba y publica el programa formativo de la especialidad de Dermatología Médico-Quirúrgica y Venereología.*

El artículo 21 de la Ley 44/2003, de 21 de noviembre, de ordenación de las profesiones sanitarias, establece el procedimiento para aprobar los programas formativos de las especialidades sanitarias en ciencias de la salud, previendo su publicación en el Boletín Oficial del Estado para general conocimiento.

La Comisión Nacional de la Especialidad de Dermatología Médico-Quirúrgica y Venereología ha elaborado el programa formativo de dicha especialidad que ha sido verificado por el Consejo Nacional de Especialidades Medicas, órgano asesor en materia de formación sanitaria especializada al que, de conformidad con lo previsto en la disposición transitoria sexta de la Ley 44/2003 antes citada, le ha correspondido ejercer las competencias del Consejo Nacional de Especialidades en Ciencias de la Salud hasta la definitiva constitución del mismo.

Asimismo, dicho programa formativo ha sido estudiado, analizado e informado por la Comisión de Recursos Humanos del Sistema Nacional de Salud al que se refiere el Real Decreto 182/2004, de 30 de enero, por el que se creó dicho órgano colegiado del que forman parte, entre otros, los consejeros de sanidad de las diversas comunidades autónomas y el Director General de Universidades del Ministerio de Educación y Ciencia.

En su virtud, de conformidad con lo previsto en el artículo 21 de la Ley 44/2003, previos informes favorables de la Comisión de Recursos Humanos del Sistema Nacional de Salud y del Ministerio de Educación y Ciencia, dispongo:

Primero.–Aprobar el programa formativo de la Especialidad de Dermatología Médico-Quirúrgica y Venereología, cuyo contenido se publica como anexo a esta Orden.

Segundo.–Dicho programa formativo será de aplicación a los residentes de la Especialidad de Dermatología Médico-Quirúrgica y Venereología que obtengan plaza en formación en Unidades Docentes de dicha especialidad, a partir de la Orden del Ministerio de Sanidad y Consumo por la que se apruebe la convocatoria nacional de pruebas selectivas 2007 para el acceso en el año 2008 a plazas de formación sanitaria especializada.

Disposición transitoria única.

A los residentes que hubieran iniciado su formación en la Especialidad de Dermatología Médico-Quirúrgica y Venereología por haber obtenido plaza en formación en convocatorias anteriores a la que se cita en el apartado segundo de esta Orden les será de aplicación el programa anterior de dicha especialidad, aprobado por Resolución de 25 de abril de 1996, de la Secretaria de Estado de Universidades e Investigación del Ministerio de Educación y Ciencia.

No obstante lo anterior, la Comisión de Docencia de la Unidad Docente en la que se haya obtenido plaza podrá adaptar, a propuesta del responsable de la Unidad y con la conformidad del residente, los planes individuales de formación previstos en el Apartado segundo 2.c de la Orden de 22 de junio de 1995, al nuevo programa formativo en la medida en que, a juicio de dicha Comisión, sea compatible con la organización general de la Unidad y con la situación especifica de cada residente.

Disposición final.

Esta Orden entrará en vigor el día siguiente al de su publicación en el «Boletín Oficial del Estado».

Madrid, 4 de septiembre de 2007.–El Ministro de Sanidad y Consumo, Bernat Soria Escoms.

ANEXO

Programa oficial de la especialidad de Dermatología Médico-Quirúrgica y Venereología

1. *Denominación oficial de la especialidad y requisitos de la titulación*

Dermatología Médico-Quirúrgica y Venereología.
Duración: 4 años.
Licenciatura previa: Medicina.

2. *Definición de la especialidad y sus competencias*

La Dermatología Médico-Quirúrgica y Venereología (en adelante Dermatología MQV) es una especialidad completa que incluye el estudio, diagnóstico, tratamiento (tanto médico como quirúrgico) y prevención de las enfermedades de la piel, tejido celular subcutáneo, mucosas, anejos

Anexo II **Charter on training of medical specialists in the EU**

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, osteodistraction;
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 sequellae;
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 an 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 specialty.

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

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;

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

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.

Anexo III

EACMFS RECOMMENDATIONS FOR EDUCATION AND TRAINING

European Guidelines for Specialty Training in Oral & Maxillo–Facial Surgery

1.INTRODUCTION

Oral & Maxillo-Facial Surgery is a medical specialty which has developed by different means and with different results in the various countries of Europe.

In order to adjust the objectives on training of OMFS it will be to the advantage of all European countries to rely on guidelines which guarantee quality assurance of training and provide optimum patient care.

The UEMS-section of Stomatology and Oro-Maxillo-Facial Surgery and the European Association of Cranio Maxillofacial Surgery in their capacity of representing the specialty of Oral & Maxillo-Facial-Surgery on scientific and professional level in Europe feel obliged to serve as advisor regarding education and training of OMFS and to assist all European countries in their work to record the fundamental requirements for specialty training in Oral & Maxillo-Facial-Surgery.

EU legislation, national rules and the International Guidelines of Oral & Maxillo-Facial Surgery are important components which must be taken in consideration when setting up training programmes and standards for the specialty.

2. DEFINITION and SCOPE of the SPECIALTY

Oral & Maxillo-Facial Surgery is that Specialty concerned with the history – taking, prevention, examination, treatment and rehabilitation of the congenital and acquired pathologic conditions of the cranium, the face, the mouth, the jaws and the neck. Acquired conditions can result from disease, malformation, tumour, trauma, degeneration and ageing.

The scope includes but is not limited to :

• management of pain and anxiety.
• dento-alveolar surgery including periodontology.
• treatment of infections involving bone soft tissues in the head and neck área.
• management of the cranio-maxillo-facial trauma (bone, teeth, and soft tissues), both acute injuries and sequellae.
• oral pathology / oral medicine.
• preprosthetic surgery including implantology.
• surgical and non surgical management of the temporomandibular joint disease and disorders.
• oncological surgery and treatment in the head and neck area, including benign and malignant salivary gland tumours, and management of regional lymph node stations.
• regional reconstructive surgery including harvesting of hard and soft tissue grafts and free tissue transfer including microsurgery.
• orthognathic/facial orthopaedic surgery and treatment.
• aesthetic/cosmetic/plastic facial surgery.
• surgery and treatment of congenital abnormalities including clefts of the lips and palate.
• craniofacial surgery.

3. Standards of Training

In order to practice the full scope of the specialty oral and maxillo-facial surgeons are unique in

that they require education and training in both medicine, dentistry and a training in surgery in general and in the relevant surgery of the specialty which should be formally recognised based on national requirements.

The specialty training in oral & maxillo-facial surgery may be accomplished in a number of ways. The entry point may be either a medical degree or a dental degree.

The duration of core training for Oral and Maxillo-Facial Surgery should be 6 years.

National programmes may include up to 2 years of either relevant surgical training or may include up to 2 years of the relevant 2nd degree. (medicine, dentistry or stomatology as they are recognised in the Directives of the EU).

4. Faculty

The advanced training programme in oral and maxillofacial surgery must be directed by an oral and maxillofacial surgeon. The head of training should have been practicing the specialty of Oral and Maxillo-Facial Surgery for at least 5 years after qualification. There should be additional teaching staff in a sufficient number to ensure that all trainees receive sufficient teaching and close personal monitoring during the training. Both teacher and staff should be practicing the full range of Oral and Maxillo-Facial Surgery. All faculty members should have undergone training in education techniques and are requested to show evidence of CME/CPD. The teacher must provide a training programme for the trainee in accordance with the trainee's own qualities and facilities of the institution which also comply with national rules and EU - legislation.

It is the director's responsibility to assure that individuals completing training meet the performance standards for the programme and for the practice of the specialty. All training programmes should be directed by a single responsible individual. The programme director should devote adequate time to the training program to ensure:
• the development and implementation of a planned curriculum.
• ongoing evaluation of the programme content, faculty teaching and resident performance.
• proper administration of the programme.
• maintenance of records related to the educational programme

The size and time commitment of the teaching staff should be sufficient to ensure:
• continuity of instruction.
• exposure of trainees to a broad range of diagnostic and treatment modalities.
• faculty participation in teaching activities, including conferences and seminars.
• quality assurance and audit through the evaluation of complications and outcomes of all relevant cases.

Faculty should be available for supervision and consultation for procedures completed in the operating room and outpatient departments.

5. Requirements for Training Institutions. Facilities and Resources.
Training institutions for the specialty of Oral and Maxillo-Facial Surgery must be recognised by the national authority of the country. The size and diversity of the training institutions and programmes have to consider both quality and quantity of training activities. Specialty training in oral and maxillo-facial surgery requires both outpatient clinic and operating room experience. Clinical facilities should be properlyn equipped for performance of all ambulatory and inpatient oral and maxillo – facial surgery procedures. In addition to patient care facilities and resources should be adequate to provide the educational experience and opportunities for research required to fulfil the needs of an programme which will lead to the registrable qualification of an Oral and Maxillo-Facial Surgeon.

Quality assurance must be an integral part of the training programme of all training institutions. A national register of approved hospital institutions should be available.

6. Regulations of Access to Training

Regulations of access to training in the specialty should be implemented by the National Authority in accordance with national manpower planning projections in each EU member state. Teachers and training institutions or other responsible bodies select and appoint in accordance with national rules trainees who are suitable for oral and maxillofacial surgery. The selection should be transparent and application should be open to all persons who preferably hold both medical and dental qualifications at the time the training is completed.

7. Curriculum

Medicine

The trainee must have the medical degree which will provide the ability to evaluate the total patient and to assess the patient for surgical and anaesthetic risks. The trainee must be familiar with patient evaluation, including additional experience in the art of history taking and comprehensive physical examination and further more with therapeutics including sufficient knowledge of all the relevant accepted therapeutic agents e.g. : chemotherapy, radiotherapy. Fundamental to the training of an oral and maxillo-facial surgeon is extensive experience in the areas of critical care of the seriously ill surgical patient and the team management of the severely injured patient.

Dentistry

The trainee must have also extensive training in dentistry which is not only an integral part of the specialty but also differentiates oral and maxillofacial surgery from other medical specialties. The trainee must be familiar with the full scope of dentistry including prosthetics, orthodontics, dental surgery and dental restoration.

Specialty

The oral and maxillo-facial trainee must be exposed to the full scope of the specialty. Clinical training in oral and maxillofacial surgery should provide a complete, progressively graduated sequence of outpatient, inpatient and emergency room experience. The trainee's exposure to major and minor surgical procedures must be integrated throughout the duration of the training programme. The trainee should receive a broad surgical experience by being primary surgeon in procedures involving the full scope of oral and maxillofacial surgery (see table with recommendations of operation numbers which are to be performed by the trainee during his / her training period as minimum requirements).

The trainee should receive extensive experience throughout the programme in all aspects of pain and anxiety control. The trainee should be exposed to sufficient numbers of patients with a wide variety of problems to develop competence in the full scope of oral and maxillofacial surgery as it is recorded in section 2, page 2. Regularly scheduled seminars and conferences should be conducted to augment the clinical programme. The trainee should have the opportunity of discussing treatment plans with members of other specialties. Faculty and trainees should be encouraged to attend national, regional and international scientific meetings.

The trainee should be encouraged to participate in research and to publish. Fellowships , following specialty training are one method of providing surgeons with additional surgical experience and for expansion of their scope of practice. The central monitoring authority for careful review of the curriculum and of quality assurance shall be the National Board of Oral and maxillofacial surgery in accordance with national rules and EU legislation as well as considering recommendations of UEMS and EACMFS.

8. Trainee Evaluation

There should be documentation of ongoing evaluation of the progress of each trainee . The trainee should receive formal periodic evaluation and should only be advanced to a position of higher responsibility on the basis of this evaluation and readiness for advancement. Performance should be formally evaluated and documented in all the components of training. The trainee must keep his / her personal inventory of performance (log book) up to date.

9. European and International Training Opportunities

Exchanging of trainees between National, European and International recognised training centres is recommended and is to be encouraged. National and International training opportunities for oral and maxillofacial surgeons and trainees expands educational options and improves international understanding within the specialty and is an important aspect of professional education in oral and maxillofacial surgery.

10. Quality Assurance in Oral and Maxillofacial Surgery

Quality assurance must be an integral part of the programme of all training institutions. The National Medical Authority or National Board of each EU member country together with teachers and training institutions should implement a system of quality assurance of training. to assure that the goals and objectives of the training are met and recognised by the national authorities. This could be done by visitations or inspections of training institutions, assessment of training and monitoring logbooks. A national register of approved training institutions should be available.

Recommendation

Recommendation of operation numbers which a trainee should perform during his / her training period as minimum requirement.

Dento alveolar Operations 200

e.g. : wisdom teeth, root resection, periodontal surgery, removal of minor odontogenic cysts etc....

Septic surgery 80

e.g. : extraoral and intraoral incisions of abscesses in the oro-maxillo-facial region.

Trauma 80

e.g.: Repair of head and facial injuries, fractures of the under and upper jaw, orbits, nose, Le Fort I,II,III, and other.

Congenital abnormalities 10

e.g.: Primary and secondary repair of cleft lips and palates, cranio- facial surgery, congenital soft tissue and vascular lesions, Pharyngoplasty

Orthognathic / TMJ Surgery 20

e.g.:total and segment. mandibular and maxillary osteotomies, genioplasty, TMJ operations and arthroskopy.

Pre-Prosthetik Surgery 30

e.g.:Vestibuloplasty & sulcoplasty, bone augmentation, visor osteotomy. Intraoral & extraoral osseous integrated implants.

Neoplasia 50

e.g.:Excision of benign & malignant hard and soft tissue lesions, biopsy of cervical and facial lymph nodes, supra-hyoid and block neck dissection, parotidectomy, submandibulary gland excision, odontogenic cyst and tumor excison.

Plastic & reconstr. Surgery and Surgery for facial nerves 50

e.g.: harvest of all soft tissue and bone grafts, reconstruction with autogenous bone and costochondral graft or alloplastic implants. Reposition of mental nerve, free nerve adhesions, surgical nerve repair / graft.

Miscellaneous surgical procedures 30

e.g.: tracheostomy, excision of lymphangioma hygroma, thyroglossal cyst./duct. Removal of foreign bodies from face, head & neck.

W.K.Busch, Brussels, 10.03.02