

## **Minutes of the 12. EFOSA Meeting held at 159 avenue de Malakoff, Paris, on Saturday 50th June, 1984**

### **Attendance**

1. Prof. C. Bolender (France)
2. Dr. C. Gysel (Belgium)
3. Dr. J. C. Bailey (Britain)
4. Dr. A. Perrini (Italy)
5. Dr. P. Bertzbach (Germany)
6. Dr. N. Flood (Ireland)
7. Dr. R. J. Bijlstra (Netherlands)

### **Minutes of the 29th April, 1983**

These had been circulated to the delegates in May, 1983. They were now accepted by the Assembly.

### **Reports from member delegates.**

#### **BRITAIN**

There has been an attempt at orthodontic unity between consultants, orthodontists in the school service, and orthodontists in practice, with some convergence of the activities of the various societies, and mutual discussions on subjects such as training and postgraduate education.

There has been little progress towards a specialist register. The General Dental Council is not in favour, while both the Government and the British Dental Association wish general practitioners to continue doing orthodontics. The General Dental Council does issue orthodontic specialist Certificates, but these are only for use outside the country. Some Masters' degrees, which are awarded for research but involve no clinical content, also create difficulties in registration.

There is an annual intake of 940 students in the United Kingdom, while 70 postgraduates are taking a two year course in orthodontics. Some 30 oral surgeons are unemployed, and one dental school (Royal Dental) has been closed. The maximum fee for a fixed multiband is £250 in the National Health Service. In the South of England about 10% of patients are private; there are virtually none in the North. Except for hygienists, dental auxiliaries are prohibited.

#### **IRELAND**

A new Dentists Bill is passing through the Senate and the Dail (Parliament) and should be law by the end of the year. A new Council to replace the old Dental Board will consist of 19 members, of which 12 will be dentally qualified. They will have the power to establish classes of auxiliary workers, and determine their training, the nature of their work, and create a register. It is probable that such auxiliary workers will be confined to hygienists.

Despite opposition marshalled by a hostile campaign from within the Irish Dental Association, it is likely that the Council will have the power to establish a Dental Specialists Register with the consent of the Minister for Health. While such opposition is still being engendered, however, little can be done. Ireland will remain a country that recognises orthodontics as a speciality, but won't recognise those who practise it exclusively as orthodontists.

#### **NETHERLANDS**

An unemployment list of 450 practitioners means that newly qualified dentists will have to wait about six years before they get permission to treat patients under National Health Insurance. Further dental schools in Utrecht and Amsterdam are to close, and by 1987 there will be only three left. The three centres left for orthodontic training take about two graduates annually.

Paradoxically, there is a shortage of orthodontists and most have a waiting list of two years. Forty-one per cent employ hygienists, who, following a two year course, take impressions, apply bands and bonding brackets, and do Xray tracings.

## **BELGIUM**

There is no recognition of orthodontics as a speciality, and as a result, orthodontists cannot negotiate with the Government as a Group. Three Universities train postgraduates students on four year orthodontic courses.

The six dental schools are reducing the intake of undergraduate students, but the number is still too high.

Auxiliaries are not permitted.

## **GERMANY**

Three new Universities with orthodontic departments have been created, and there are now 19 in the country. Too many new orthodontists are being trained.

Fees have remained unchanged during the past year.

Auxiliaries are used solely at the responsibility of the orthodontist and are usually trained by him. They may perhaps take Xrays, instruct patients, clean teeth.

## **ITALY**

A school in Bari take students on a two year course for hygienists. However no auxiliaries are permitted by law. It is hoped that their existence will in time change the law .

Dental schools were started throughout the country from 4 years ago, and now have an annual intake of 400. The first dental graduates are due next summer.

Orthodontic schools must still take students with no dental qualification on their three year courses.

## **FRANCE**

Since the establishment of a specialists' register, 800 orthodontists have now been recognised. Since there were 1200 applicants in all, it must be assumed that some 400 who do not reach the required attainments have been practising orthodontics to some degree.

The orthodontic schools graduate a further 50 each year. The current three year course may become a four year one.

About 95% of the French population are in the Social Security system. However, for an orthodontic patient to qualify for social security, he must be examined by the orthodontist before the age of twelve.

The average fee for fixed appliances is Fr 4000 p.a. of which the Government pays half.

## **REGUALTIONS**

The discussion on the Regulations was confined to expenses incurred by member delegations in relation to their size. The matter is to be raised again at the next annual general meeting.

The last EFOSA DIRECTORY SHOWED THE MEMBERSHIP OF THE NATIONAL ORTHODONTIC ASSOCIATION WAS AS FOLLOWS:

GERMANY	969	equals	59.0 %
FRANCE	604	"	24.5 %
BRITAIN	295	"	12.0 %
ITALY	201	"	8.1 %
NETHERLANDS	166	"	6.7 %
DENMARK	150	"	6.5 %
BELGIUM	64	"	2.5 %
IRELAND	15	"	0.6 %
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TOTAL	2462		100.0%

#### RETURN AIR FARES:

Cost for each delegate to attend Paris meeting (Calculated in £ sterling for convenience. Times 4/7/84.)

orthodontist in each Assoc.	Currency	in £	Cost to individual
GERMANY	DM 964	255.70	£ 0.26
FRANCE	Fr 1100	95.16	0.16
BRITAIN	f. 120	120.00	0.41
ITALY	Lire 400,000	173.16	0.86
NETHERLANDS	G 800	188.24	1.13
BELGIUM	B.Fr 3580	46.70	0.75
IRELAND	Ir. £ 396	321.95	21.46

As can be seen, there is a wide variation in costs between the Irish and all others. A possible solution would be to create a Central Fund to which all member countries would contribute equally. This fund could be used towards other expenditures should they arise. The amount need not be large - say €25 or £30 sterling.

Any delegate who could show that the individual members of his association were having to contribute more than ten times the national individual average, would apply to the treasurer for a refund of, say, half his return air fare. All other expenses would be his own responsibility.

#### This suggested solution would have the following advantages:

1. It would be simple to understand and easy to calculate.
2. Does not conflict with the Constitution, so no alteration would be necessary.
3. Requires little extra work.
4. It could be flexible, ie. levels could be altered.
5. Meetings could be held more easily at other venues. (indeed, no refund would be required for meetings in Dublin.)
6. It would ease the obligations on small delegations.

A more complex system of assessing financial need - eg. 25% for 5 times average, 50% for ten times average etc. - could be adopted later, but at present, with only one member likely to be affected, the simplest system would probably be the best.

It has been requested that the next annual meeting should not be earlier than the end of June 1985.

Norman Flood. (Hon. Secretary.)