

## **Minutes of the 11. EFOSA Meeting**

5 Rue de la Source Paris, on Friday 29th April, 1983 at 14:00 hours.

### **Attendance**

1. Professor C. Bolender (in the chair)
2. Dr. N. Flood
3. Dr. C. Gysel
4. Dr. R. J. Bijlstra
5. Dr. H. Qvist-Jensen
6. Dr. J. C. Bailey
7. Dr. P. Bertzbach

### **1. Minutes of the Previous Meeting (16th January, 1982.)**

These had been circulated, necessary corrections were agreed, and the corrected copies would be sent to members. Representatives requested that Minutes should be made available three weeks after the Meeting.

### **2. Meeting with M. Beuve Mery, Chef de division Brussels Commission.**

Professor Bolender and Dr. Gysel had met M. Beuve Mery who was the Civil Servant responsible for all the papers produced from the Health part of the E.E.C. The purpose of EFOSA was explained thoroughly. There could be no official pathway directly to the Commission, but only through official representatives. It was suggested that members might be able to brief their own representatives if only to prevent misunderstandings about the practice of orthodontics, such as a U.K. representative stating that the normal length of training for orthodontic specialists in the U.K. was 10 years. The latest directive on part-time specialist training was circulated.

### **3. Reports on the present situation of orthodontics in members countries.**

**U.K. - report circulated.**

#### **Netherlands.**

There is a four year postgraduate training period for orthodontics. Some prefer to study in U.S.A. or Switzerland, where courses tend to be shorter. The Netherlands has been producing too many dentists, and 200 dentists are now unemployed. To meet the situation, two of the five dental schools are to close. The annual output of orthodontists is to be reduced from ten to six. There are currently 170 orthodontists for the fourteen million population.

The fees for private patients are regulated by the Government. This year they have been cut by 7%. Another innovation is that, anyone treating more than 270 patients has his fees reduced progressively. Fixed appliances count as three, so that here the limitation is 90.

### **Germany.**

The main problems in Germany are:

1. The falling birthrate means fewer patients for their 1200 orthodontist. They need 15 new orthodontists annually and graduate 60.
2. Educational and training requirements vary from state to state. Although 3 years full time training is necessary, Two of these may be spent in an authorised private practice.
3. There are four different titles for orthodontists. The German Orthodontic Association (BDK) would prefer:
  1. Exclusive practice mandatory for those registering as specialists.
  2. Three years full time in university for Trainees.
  3. Designation of specialists by one title.

### **Ireland.**

Both medical and dental graduates enjoy reciprocity with the United Kingdom. There are currently 20 orthodontists for the population of three million. About half the orthodontic patients are private: the other half receive free treatment paid for by the State. The present rate for publicly funded patients is IR£ 112 per annum plus the cost of appliances. (IRC112 = approximately £90 sterling)

All main water supplies are fluoridated and the caries rate has halved in the last fifteen years. This also means that paedodontists and others may be tempted to do the simpler orthodontic cases.

### **Denmark.**

Over the years private practice has been slowly eliminated, and virtually all patients are now treated in the State system. Due to the recession and severe financial problems, the Government is cutting back on all services. Perhaps 500 dentists are threatened with unemployment. The outlook for orthodontists is similarly depressing.

### **Belgium.**

The complex political situation makes progress difficult. With Flemings, Walloons, Catholics and non-Catholics each requiring separate Universities, there is no unanimity among them as to what the curriculum should be.

Fees are limited to a maximum and patients receive a refund from the State, but there is disagreement about what percentage of the fee this should be.

### **France.**

Out of 1200 applicants for registration, some 600 will be registered as orthodontic specialists. The Universities are combining to produce seven centres of postgraduate orthodontic training although no full-time courses or salaried posts are available. About 50 orthodontists are to graduate annually.

Having failed to agree terms with the Government, a grant-in-aid scheme has been introduced as a temporary measure. The State pays 2000 francs per annum towards the cost of treatment, though fees of four or five thousand may be charged. The maximum treatment period is three years.

### **4. EFOSA Directory**

To be published January 1984. All members to provide lists by 1st September 1983. The same arrangements as previously. Professor Bolender arranging the printing and member countries to pay the printers.

### **5. Offices 1983/1984**

1. President - Professor C. Bolender
2. Vice-President - Dr. J. C. Bailey
3. Secretary/Treasurer - Dr. N. Flood

### **6. Next Meeting**

May 1984 in Paris.

### **7. Any other Business**

Internal Regulations were discussed, and it was agreed to circulate the amended draft to be put on the Agenda for the next Meeting.