Dear Colleagues and Friends,

After the splendid congress held in the beautiful city of Prague, and the great hospitality of Daniel Hrusak and his team, we are back at home in the Autumn facing our “day jobs”. Hopefully we all learned something new to take back and improve the quality of care for our patients. One of the great things about our association is meeting colleagues, exchanging ideas, and learning about how care is delivered throughout the many European States and beyond.

As a specialty and as a profession, we face the challenges of economic austerity, an increasingly elderly and frail population, with ever increasing expectations for the enhanced quality of life that modern medicine has to offer. Those challenges vary depending upon your locality and sub-specialty, however those responsible for commissioning care, be that State financed, independent or insurance based, increasingly demand evidence demonstrating the health care benefit of interventions. In some areas, the case is easy. For example, the management of significant acquired or congenital craniofacial deformity, affecting appearance or function is relatively easy to justify. However the case for more subtle orthognathic interventions may be more challenging. It may be difficult to quantify benefits, in terms of psychological gain, or employment advantage.

It is in these areas which we need more information. Complex random controlled clinical trials (RCTs) are expensive and time consuming, however similar evidence can be acquired by pooling large volumes of outcome data, which simply by power of numbers can overcome unwanted bias. The establishment of large multi-centre national audits, in orthopaedics, cancer and bariatric surgery, has enabled UK clinicians to rapidly identify health benefits of interventions, and indeed in some instances detect prostheses or techniques of less value.

For most of the sub-speciality areas of practice which we undertake under the umbrella of craniofacial surgery, no one country undertakes sufficient volumes of practice to negate the need for matching and case-mix adjustment, thereby overcoming bias in assessing outcomes. The Association has a golden opportunity to take the lead across Europe, and provide a framework where standardised data can be deposited, and analysed, so that we all benefit from learning about outcomes. This information is vital to inform health care commissioners or purchasers, to help patients exercise choice and informed consent, and to enable individual surgeons to benchmark their own practice and adapt and adopt best practice.

RCTs will always be needed to answer some questions, and again we need to collaborate. I urge you to make contact with Professor Testelin to assist her in establishing our pan-European research capacity.

The other major challenge which we face is to ensure that all States within Europe rise to the training standards of the best. EACMFS has a long tradition of education and training across Europe. However we constantly face financial pressures from policy makers to reduce training to the lowest common denominator. EACMFS has made important changes to its constitution, re-enforcing the need for medical and dental qualifications, but recognising the desirability of shortened second degree courses which eliminate unnecessary duplication of prior learning.

A small task and finish group drawn from EACMFS and UEMS has been drawn together to try and tackle these and other challenges. Finally I wish you a happy festive season and a successful 2015.

Ian C Martin
Dear Colleagues and Friends,

I feel very honoured to have been appointed as the new Education & Training Officer of the European Association for Cranio-Maxillofacial Surgery. I should like to extend my personal gratitude to all the members of the Executive Committee for their support over recent years.

It will be difficult to follow in the steps of my immediate predecessor, Julio Azero who took over the legacy of Jacques Levignac and Bernard Devauchelle. Julio Azero started his activity as Education & Training Officer of the Association in 2002 and now, after 12 years, he may be considered the very essence of the “European Spirit” of knowledge exchange throughout Europe. As a leader he has shown passion, vision and devotion to the specialty, constantly striving to do what is best for the Association. His mission has been to work alongside the Trainees with the aim to elevate networks. I should point out that I have every intention of continuing in the direction laid down by him.

Maxillo-Facial Surgery is rapidly moving towards its 50th Anniversary Celebration, and today it acts as a global leader in Europe in the promotion and advancement of knowledge, training and innovation within the scope of Cranio-Maxillo-Facial Surgery.

The recent years have seen the need for innovative technology and communication since today we have access to much more information than in the past and the social media landscape has become part of our daily life.

A new Website is now a reality inside the Association with development at an advanced stage and it should be up and running with the capacity to hear your feedback and we aim for continually enhancing the user interface of your website.

The EACMFS Education Programme continues to be recognized as a landmark not only in Europe but also worldwide. The Rolling Programme of Courses and the EACMFS Accredited Courses are regularly updated and the relative information is published in the Journal, in the website and periodically emailed to the Members. The Association has continued to work closely with the European Board for Oro-Maxillo-Facial Surgery (EBOMFS) by continuing to assist colleagues preparing for the EBOMFS RQ. The EACMFS contribution to scientific events has been relevant during 2014 and I personally participated and contributed to many events on behalf of the Association. Among these Meetings I would like to underline my participation in NH14 Ferrara, 4th PANAFCOMS in Nairobi, Belarusian Congress in Minsk and the 3rd Balkan Congress in Ohrid. The EACMFS contributed with a Session at the AFCF Congress in Paris, and I have been invited to coordinate an EACMFS Session on Head and Neck Oncology at the next IAOMS 2015 in Melbourne.

I fully believe that cooperation between Scientific Association around the world is of paramount importance in developing a common sense of teaching and dissemination of knowledge and education in our discipline.

The applications electronically which replaces the slightly cumbersome older process. I hope this will encourage more colleagues and especially trainees to avail themselves of the benefits of EACMFS membership.

The online membership management system will enhance the administration of your subscription and dues. You will also be able to contact fellow members whilst respecting privacy. Social media integration will also feature.

Friends and colleagues, this is an exciting period in the media development at EACMFS. The media development team are keen to hear your feedback and we aim for continually enhancing the user interface of your website.

Aakshay Gulati

The Scholarship and Fellowship offers are valid for a maximum of three Scholarships per year (one per subspecialty).

Criteria for an EACMFS Scholarship/ EACMFS Fellowship:

1. The applicant should be a member of EACMFS.
2. The applicant should be in an official training post or being a qualified specialist in maxillofacial surgery according to the regulations to be applicable in his/her home country – or the country in which he/she has acquired specialty training.
3. The Scholarship/Fellowship Centre should be accredited by EACMFS. The host Centre shall enable the applicant for Fellowship to examine patients pre- and postoperatively and offer participation as a surgeon/co-surgeon/assisting surgeon.
4. Temporary leave from the home centre should have been made possible by the chairperson and the bureau of administration of that centre.
5. Indemnity insurance must be taken care of by the Scholar/Fellow.
6. Interest in the chosen surgical subspeciality has to be clearly demonstrated, ideally by defining a research project to be initiated or pursued by the Fellow in the chosen Centre. This may also contribute to help financially to enable the stay away from home.
7. The Fellow shall maintain a surgical logbook for the time spent in the host Centre.
8. Financial resources should be made available for covering the one-year’s stay (or more) of a Fellow at the host Centre, either by a remunerated position funded by either the home centre or the host Centre, or by a grant that will enable the applicant to perform a study whilst staying at the host Centre. In any case, the Fellow is to prepare a scientific study at the host Centre focusing on a topic concerning the maxillofacial subspecialty in question and which has to be submitted for publication to the Journal of Cranio-Maxillo-Facial Surgery.
9. Reports are to be sent to the EACMFS Secretariat at the conclusion of the Scholarship
Many thanks to Daniel Hrusak who led a splendidly modern event in Prague that will represent a milestone for the further development of the EACMFS.

After 12 years the Eastern Europe Educational Programme, started in Iasi in 2003 with the significant contribution of Julio Acero and John Lowry, has come to an end, but it represents a landmark for the history of the Specialty and for the Association.

At the last EACMFS Congress in Prague Vladimir Popovski received a Special EACMFS Recognition Award for his tremendous effort and contribution in promoting this Educational Programme in Eastern Europe.

Now a new model of cooperation with different National Associations of Eastern Europe will start through EACMFS support to National activities.

Among these new projects the Albanian programme is now getting started with the support of the EACMFS in “The Conference of Oral and Maxillofacial Surgery Pan-albanian” to be held in Tirana on December 12-13, 2014.

Manlio Galiè

**EDITORIAL NEWS – JCMFS**

**Prof J Wiltfang, Editor in Chief**

Dear Readers,

Taking a look back to our last year’s activities, we are happy to announce that the number of articles submitted to the European Journal has further increased to more than 800 per year. Furthermore, the impact factor has also increased and is now 2.597.

To further improve the performance of our Journal this year we started campaigns using online marketing, email and social media. At the same time we improved the quality and availability of support to authors and reviewers, providing quick links to quality resources on our homepage and apps for mobile devices. Alongside these technical improvements, however, people remain our most important and valuable resource.

We would like to thank all authors who submitted articles; their hard work in research and writing enables us to improve our future clinical work. To all our reviewers we would like to express our respect and appreciation for the time and energy that they give to this work. They really help us to maintain our commitment to the quality of published articles. In particular, their work is responsible for the ranking of our Journal.

Last but not least, we would very much like to thank Peter Ramsay-Baggs for his excellent work as language editor for many years.
Finally, we would like to welcome Ash Allan, our new executive publisher who took over in 2013, and Jane May and Kathleen Savage our new language editors who joined the Journal in 2014. We are very happy to have them on board.

With best regards and wishes for the upcoming challenges in 2015.

Jörg Wiltfang

MESSAGE FROM TRAINEE REPRESENTATIVE Dr Majeed Rana

At this year’s EACMFS Conference in Prague, a beautiful cultural historical city, we were able to share our knowledge regarding the latest developments in our specialty. It was a good opportunity for the trainees to reconnect with all their fellow trainee members across Europe and the world. One major target was the election of the trainee representative for the EACMFS. As the trainee representative of Germany I contested for the position of trainee representative because with my experience and success in Germany I could serve European trainees well and defend their interests.

I would like to thank you for your confidence to choose me as your representative. In my previous duty I have learnt that I can only fulfil my duties in a team and with an organised structure. On that note, I would like to introduce my deputy, Dr Michel Bila, from Antwerp.

My target is to establish a platform for the exchange of experiences between trainees across Europe. With the aim of increasing support for the trainees a cooperation with colleagues will be established which will include informative events and fellowships. In addition, an exchange program with national and international university clinics and practices will be implemented for trainees.

Furthermore I want to increase membership in the EACMFS, organise working groups for trainee related issues, collaborate with non-CMF specialties within Europe and to work internationally with other Maxillofacial Societies.

In European countries which do not have trainee representatives, I will give special attention to include them in our activities and endeavour to help them develop their own trainee programs.

There is still a lot of work to be done in order to support the trainee community optimally. Basic facilities that allow for long-term and effective promotion of young academics are still lacking. I will be happy to keep you informed of our progress in the future.

Majeed Rana

WEBSITE NEWS
Dr Aakshay Gulati Media Officer

I would like to take this opportunity to welcome you all to the new EACMFS website. This follows on from the successful first version of the ‘eurofaces.com’ website that was launched in 2003.

The new website has been developed with user-friendliness in mind, ease of navigation and incorporating feedback from users. The key pages and popular sections of the website are now accessible with minimal navigation.

One of the key features of the new website is education. I am pleased to announce that selected lectures from EACMFS Congresses will now be available to view online for members and should act as a valuable resource. A pilot project was carried out in the recently concluded Congress in Prague. We hope to develop this further, with educational/technical videos and web lectures. If you would like to contribute towards this please contact me at Secretariat (secretariat@eacmfs.org) and I will be delighted to discuss this further with you.

We have developed a new online membership application system that will be much easier and quicker for potential new members. The respective National Councillors are now able to ratify
Maxillo-Facial Surgery is rapidly moving towards its 50th Anniversary Celebration, and today it acts as a global leader in Europe in the promotion and advancement of knowledge, training and innovation within the scope of Cranio-Maxillo-Facial Surgery.

The recent years have seen the need for innovative technology and communication since today we have access to much more information than in the past and the social media landscape has become part of our daily life.

A new Website is now a reality inside the Association with development at an advanced stage and it should be up and running with e-learning and a social media interface very soon. This first but substantial step will help us to face changes in training approaches and to smooth out our generational differences. The success of conventional and new e-learning education relies, however, on a delicate equilibrium and I feel that social interaction and face to face interaction and contact will continue to play a vital role in the life of the Association.

The EACMFS Education Programme continues to be recognized as a landmark not only in Europe but also worldwide. The Rolling Programme of Courses and the EACMFS Accredited Courses are regularly updated and the relative information is published in the Journal, in the website and periodically emailed to the Members. The Association has continued to work closely with the European Board for Oro-Maxillo-Facial Surgery (EOBOMFS) by continuing to assist colleagues preparing for the EOBOMFS RQ. The EACMFS contribution to scientific events has been relevant during 2014 and I personally participated and contributed to many events on behalf of the Association. Among these Meetings I would like to underline my participation in NH14 Ferrara, 4th PANACOMS in Nairobi, Belarusian Congress in Minsk and the 3rd Balkan Congress in Ohrid. The EACMFS contributed with a Session at the AFCF Congress in Paris, and I have been invited to coordinate an EACMFS Session on Head and Neck Oncology at the next IAOMS 2015 in Melbourne.

I fully believe that cooperation between Scientific Association around the world is of paramount importance in developing a common sense of teaching and dissemination of knowledge and education in our discipline.

After the landmark XXII EACMFS Congress in Prague we came out with the feeling that the next few years will be crucial for our Association and that we will have to face great change. The European Association for Cranio-

The applications electronically which replaces the slightly cumbersome older process. I hope this will encourage more colleagues and especially trainees to avail themselves of the benefits of EACMFS membership.

The online membership management system will enhance the administration of your subscription and dues. You will also be able to contact fellow members whilst respecting privacy. Social media integration will also feature.

Friends and colleagues, this is an exciting period in the media development at EACMFS. The media development team are keen to hear your valuable feedback and we aim for continually enhancing the user interface of your website.

Aakshay Gulati

School and Fellowship News

EACMFS Scholarships and Fellowships are available for our members who hold a valid license to practise medicine and are trainees in or even qualified specialists in maxillofacial surgery.

These Scholarships and Fellowships aim to help those colleagues who have a special interest either in facial aesthetic/cosmetic surgery, cleft/craniofacial surgery, or head & neck surgical oncology and are eager to improve their skills in all the aspects of the chosen subspecialty. They shall also widen the individual’s experience of living abroad for a period of time up to one year in case of an accredited Fellowship whilst working in a Centre accredited by the Association and/or the special Fellowship Committee. A limited financial support is offered to cover travelling costs and accommodation for the beginning of their time only in the city of the host Centre.

Two types of clinical exposure are offered:

a) A short clinical stay of 8 weeks as a Scholar aiming to complete a training course offered by the Centre.

b) A long clinical stay (up to one year or more) living in the host country and being member of the surgical team of the Fellowship Centre. The Fellowship can be shared amongst more than one accredited Fellowship Centre, in the form of a Joint Clinical Fellowship. An interest in clinical research for such Fellowship is essential.

The Scholarship and Fellowship offers are valid for a maximum of three Scholars/Fellows per year (one per subspecialty).

Criteria for an EACMFS-Scholarship/ EACMFS-Fellowship:

1. The applicant should be a member of EACMFS.
2. The applicant should be in an official training post or being a qualified specialist in maxillofacial surgery according to the regulations to be applicable in his/her country – or the country in which he/she has acquired specialty training.
3. The Scholarship/Fellowship Centre should be accredited by EACMFS. The host Centre shall enable the applicant for Fellowship to examine patients pre- and postoperatively and offer participation as a surgeon/co-surgeon/listening surgeon.
4. Temporary leave from the home centre should have been made possible by the chairperson and the Bureau of administration of that Centre.
5. Indemnity insurance must be taken care of by the Scholar/Fellow.
6. Interest in the chosen surgical subspecialty has to be clearly demonstrated, ideally by defining a research project to be initiated or pursued by the Fellow in the chosen Centre. This may also contribute to help financially to enable the Fellow to stay away from home.
7. The Fellow shall maintain a surgical logbook for the time spent in the host Centre.
8. Financial resources should be made available for covering the one-year’s stay (or more) of a Fellow at the host Centre, either by a remunerated position funded by either the home centre or the host Centre, or by a grant that will enable the applicant to perform a study while staying at the host Centre. In any case, the Fellow is to prepare a scientific study at the host Centre focusing on a topic concerning the maxillofacial subspecialty in question and which has to be submitted for publication to the Journal of Cranio-Maxillo-Facial Surgery.
9. Reports are to be sent to the EACMFS Secretary at the conclusion of the Scholarship/ Fellowship.
EUROPEAN ASSOCIATION FOR CRANIO-MAXILLO-FACIAL SURGERY

MESSAGE FROM THE PRESIDENT

Dear Colleagues and Friends,

After the splendid congress held in the beautiful city of Prague, and the great hospitality of Daniel Hrusak and his team, we are back at home in the Autumn facing our “day jobs”. Hopefully we all learned something new to take back and improve the quality of care for our patients. One of the great things about our association is meeting colleagues, exchanging ideas, and learning about how care is delivered throughout the many European States and beyond.

As a specialty and as a profession, we face the challenges of economic austerity, an increasingly elderly and frail population, with ever increasing expectations for the enhanced quality of life that modern medicine has to offer. Those challenges vary depending upon your locality and sub-specialty, however those responsible for commissioning care, be that State financed, independent or insurance based, increasingly demand evidence demonstrating the health care benefit of interventions. In some areas, the case is easy. For example, the management of significant acquired or congenital craniofacial deformity, affecting appearance or function is relatively easy to justify. However the case for more subtle orthognathic interventions may be more challenging. It may be difficult to quantify benefits, in terms of psychological gain, or employment advantage.

It is in these areas which we need more information. Complex random controlled clinical trials (RCTs) are expensive and time consuming, however similar evidence can be acquired by pooling large volumes of outcome data, which simply by power of numbers can overcome unwanted bias. The establishment of large multi-centre national audits, in orthopaedics, cancer and bariatric surgery, has enabled UK clinicians to rapidly identify health benefits of interventions, and indeed in some instances detect prostheses or techniques of less value.

For most of the sub-specialty areas of practice which we undertake under the umbrella of craniofacial surgery, no one country undertakes sufficient volumes of practice to negate the need for matching and case-mix adjustment, thereby overcoming bias in assessing outcomes. The Association has a golden opportunity to take the lead across Europe, and provide a framework where standardised data can be deposited, and analysed, so that we all benefit from learning about outcomes. This information is vital to inform health care commissioners or purchasers, to help patients exercise choice and informed consent, and to enable individual surgeons to benchmark their own practice and adapt and adopt best practice.

RCTs will always be needed to answer some questions, and again we need to collaborate. I urge you to make contact with Professor Testelin to assist her in establishing our pan-European research capacity.

The other major challenge which we face is to ensure that all States within Europe rise to the training standards of the best. EACMFS has a long tradition of education and training across Europe. However we constantly face financial pressures from policy makers to reduce training to the lowest common denominator. EACMFS has made important changes to its constitution, re-enforcing the need for medical and dental qualifications, but recognising the desirability of shortened second degree courses which eliminate unnecessary duplication of prior learning.

A small task and finish group drawn from EACMFS and UEMS has been drawn together to try and tackle these and other challenges. Finally I wish you a happy festive season and a successful 2015.

Ian C Martin

FOR YOUR DIARY

Date: 13-16 SEPTEMBER 2016 – XXIII CONGRESS
Venue: 23rd Congress of the European Association for Cranio-Maxillo-Facial Surgery
Coventry, UK
23-25 September 2015
Head and Neck Operative Surgery Cadaver Workshop

Date: 18-21 SEPTEMBER 2018 - XXIV CONGRESS
Venue: 24th Congress of the European Association for Cranio-Maxillo-Facial Surgery
Coventry, UK
23-27 September 2018
Head and Neck Operative Surgery Cadaver Workshop
Liviu.Hanu-Cernat@uhcw.nhs.uk

Date: 18-21 SEPTEMBER 2018 - XXIV CONGRESS
Venue: Munich, Germany
President Elect: Prof K-D Wolff
President Elect: Prof Jean-Paul Meningaud

Date: XXV CONGRESS SEPTEMBER 2020
Venue: Paris, France
President Elect: Prof Jean-Paul Meningaud

EACMFS, PO Box 85, Midhurst
West Sussex GU29 9WS
Email: secretariat@eacmfs.org
Tel: +44 (0) 1730 810951
Fax: +44 (0) 1730 812042
www.eurofaces.com
Compiled and edited by the Secretariat

Fellowship (including the logbook). In case of a longer stay we would ask for a preliminary report after the first 6 months already. In the end an EACMFS Scholarship Fellowship Certificate will be awarded to the ScholarFellow.

When applying, a complete CV, a certified log book of the operations performed during the residency, and a list of scientific publications (co-)authored by the applicant plus written proof of all of the above shall be addressed to the EACMFS Secretariat. For more details, please, visit www.eacmfs.org.

Rolling Programme Courses

A refund of Euro 150 is available annually for each EACMFS Trainee Member attending a course of this programme.

Madrid, Spain
6 February 2015
II Ramon y Cajal International Symposium on Maxillofacial Surgery
Pathology and Treatment: s.hager@salk.at

Aachen, Germany
26-28 February 2015
43rd International Course for Flap Raising
mkg-chirurgie@ukaachen.de

Bochum, Germany
18-20 March 2015
4th International Course for Microsurgery & Flap Raising
mkg-chirurgie@ukaachen.de

Coventry, UK
29 September - 01 October 2015
Cranio-maxillofacial Operative Surgery Cadaver Workshop
Liviu.Hanu-Cernat@uhcw.nhs.uk

Salzburg, Austria
24-25 October 2015
Oral Disease - An update in Diagnosis, Pathology and Treatment:
s.hager@salk.at

For details of our scientifically-sponsored courses and other events, please visit www.eurofaces.com

When applying, a complete CV, a certified log book of the operations performed during the residency, and a list of scientific publications (co-)authored by the applicant plus written proof of all of the above shall be addressed to the EACMFS Secretariat. For more details, please, visit www.eurofaces.org.

MESSAGE FROM THE PRESIDENT

Dear Colleagues and Friends,

After the splendid congress held in the beautiful city of Prague, and the great hospitality of Daniel Hrusak and his team, we are back at home in the Autumn facing our “day jobs”. Hopefully we all learned something new to take back and improve the quality of care for our patients. One of the great things about our association is meeting colleagues, exchanging ideas, and learning about how care is delivered throughout the many European States and beyond.

As a specialty and as a profession, we face the challenges of economic austerity, an increasingly elderly and frail population, with ever increasing expectations for the enhanced quality of life that modern medicine has to offer. Those challenges vary depending upon your locality and sub-specialty, however those responsible for commissioning care, be that State financed, independent or insurance based, increasingly demand evidence demonstrating the health care benefit of interventions. In some areas, the case is easy. For example, the management of significant acquired or congenital craniofacial deformity, affecting appearance or function is relatively easy to justify. However the case for more subtle orthognathic interventions may be more challenging. It may be difficult to quantify benefits, in terms of psychological gain, or employment advantage.

It is in these areas which we need more information. Complex random controlled clinical trials (RCTs) are expensive and time consuming, however similar evidence can be acquired by pooling large volumes of outcome data, which simply by power of numbers can overcome unwanted bias. The establishment of large multi-centre national audits, in orthopaedics, cancer and bariatric surgery, has enabled UK clinicians to rapidly identify health benefits of interventions, and indeed in some instances detect prostheses or techniques of less value.

For most of the sub-specialty areas of practice which we undertake under the umbrella of craniofacial surgery, no one country undertakes sufficient volumes of practice to negate the need for matching and case-mix adjustment, thereby overcoming bias in assessing outcomes. The Association has a golden opportunity to take the lead across Europe, and provide a framework where standardised data can be deposited, and analysed, so that we all benefit from learning about outcomes. This information is vital to inform health care commissioners or purchasers, to help patients exercise choice and informed consent, and to enable individual surgeons to benchmark their own practice and adapt and adopt best practice.

RCTs will always be needed to answer some questions, and again we need to collaborate. I urge you to make contact with Professor Testelin to assist her in establishing our pan-European research capacity.

The other major challenge which we face is to ensure that all States within Europe rise to the training standards of the best. EACMFS has a long tradition of education and training across Europe. However we constantly face financial pressures from policy makers to reduce training to the lowest common denominator. EACMFS has made important changes to its constitution, re-enforcing the need for medical and dental qualifications, but recognising the desirability of shortened second degree courses which eliminate unnecessary duplication of prior learning.

A small task and finish group drawn from EACMFS and UEMS has been drawn together to try and tackle these and other challenges. Finally I wish you a happy festive season and a successful 2015.

Ian C Martin