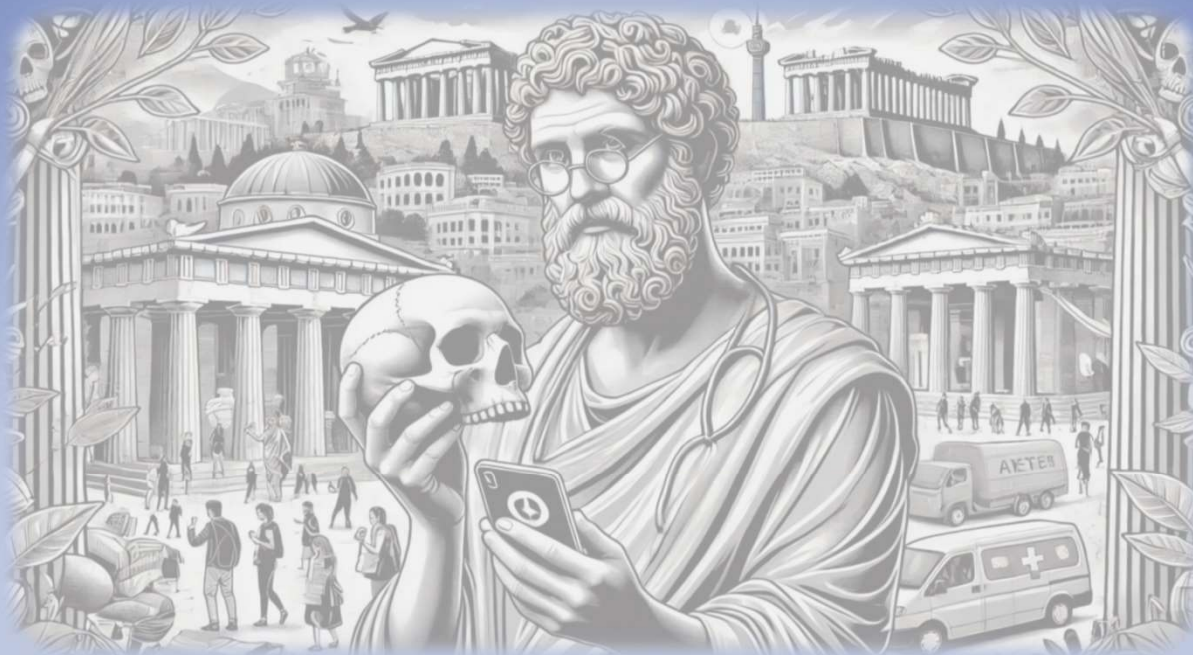




16th Assessment of the European Board of
Oro-Maxillo-Facial Surgery
September 11th–13th, Athens, Greece



Welcome to Athens, Greece
September 11th – 13th, 2026



Invitation

We are delighted to invite you to take part in RQ European Board Assessment in Oro-Maxillo-Facial Surgery, held in **Athens 11th – 13th September 2026**.

Registration: Online
www.ebomfs.eu

Application opens on 1st of
FEBRUARY, 2026

Dead line of registration: 31st
of **MAY 2026**



Requirements:

The FEBOMFS assessment is solely* available to medical specialists from UEMS FULL member nations who have joined the DOMFS** and / or MFS** specialist list in that or another UEMS FULL member nation.

Assessment:

1. Curriculum vitae and surgical logbook
2. Multiple Choice Questions, Short Case Questions, Image Questions
3. Oral Exam
Languages: English, French, German, Italian, Spanish

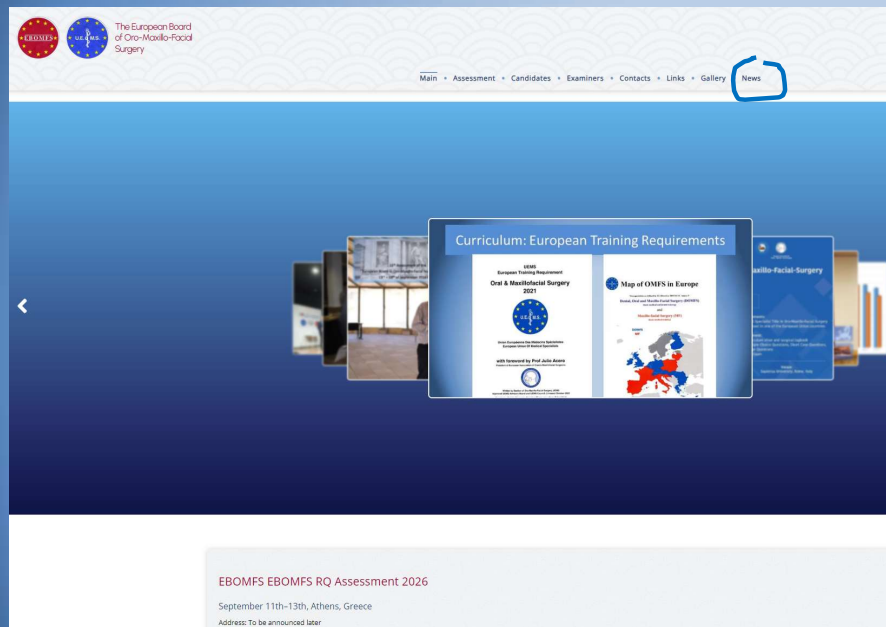
** Dental, oral and maxillofacial surgery

***Maxillofacial surgery

EBOMFS RQ
Assessment info
Athens 2026

CONTENT

WWW.EBOMFS.EU



CONTENT:

- Processes & regulations of EBOMFS Assessment
- Written and Oral Exam
- Educational events together with EACMFS

EBOMFS Assessment 2026

Processes & Regulations

EBOMFS RQ Assessment

STRUCTURE: Assessment will be in two parts

- Part 1
 - Curriculum vitae and logbook
- Part 2
 - a) Written:
 - multiple choice questions
 - short case questions
 - image questions
 - b) Oral exam of the candidate



Part 1 Curriculum vitae and logbook

Academic Activity (CV):

- Possession of higher University Degree
- Publications
- Presentations
- CME (conferences and courses)



Clinical Activity (Logbook):

- Major operations
 - Intermediate operations
 - Minor operations
-
- Maximum marks : 50

Part 2 Written & Oral Exam

Written and Oral examination

The Examination (Step 2) of the EBOMFS RQ Assessment consists of a written (MCQ) and an Oral Examination.

MCQ examination

Short case examination

Image examination

Oral examination

Part 2 Written

Friday starting at 12:30 pm

- Registration **12:30 pm – 01:30 pm**
- Step 2. **02.00 pm – 06.00pm**
- Written exam is proportional, i.e. the final marks are in relation with the number of correct answers
- If a candidate does not take part in the written exam he/ she cannot continue to Oral interview

Part 2 Written

- I. 150 MCQs
- II. 5 short case questions
- III. 5 image questions

No cut off point



I MCQ

150 MCQs

Only one option correct/ out of 4

No negative points

Max. 20 points, Proportional credits

II short case exam

5 clinical cases

Lead-in: Anamnestic information + images

2 -3 terms (questions)

2 -3 free keyword fields

Max. 10 points, Proportional credits

III Image

5 clinical images or drawings

Lead-in: Image, Xray...

List of structures, drop down list

Max. 10 points, Proportional credits

Maximum marks is 40

I Written exam, MCQ

1

3996 10.000 ! ? :

Stem

fibrous dysplasia

Lead-in question

Which of the following statement about fibrous dysplasia does not apply?

Options

in spheno-orbital locations, differential diagnosis of endosseous meningioma is based on MRI and bone scintigraphy

the radiological outline of the translucent lesion is well demarcated

histology shows typically woven bone architecture

radiation therapy should be avoided because of potentially malignant transformation

Statistics

1.00 0.00 0.00 100.00% 0.00 0.00 0.00

II Written exam, Short case

6

Stem

In your 72 years old male patient, you find a 2 cm fistula in the edentulous lower jaw in the molar region on the side of the tongue

Attachments



Lead-in question

List 3 the most important diseases in differential diagnosis that this patient may have

ANSWER-1

ORN

osteoradionecrosis

ANSWER-2

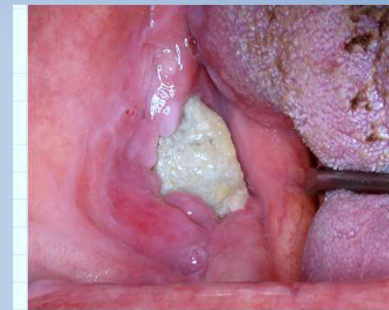
OM

Osteomyelitis

ANSWER-3

prosthetic pressure ulcer

ulcer



Pic 2



Pic 3

Free text fields
(keywords only)

III Written exam, Image

5

Attachments



Lead-in question

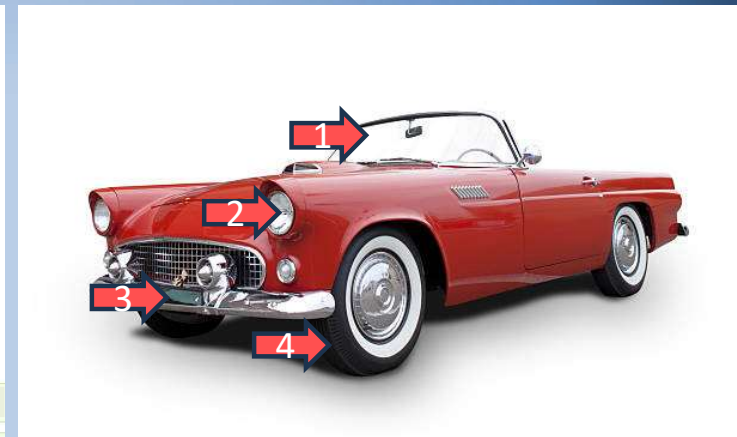
Name the numbered structures

Terms

	Answers
1.	
2.	
3.	
4.	

Statistics

🕒 0.00 📷 0.00 📊 0.00 ✅ 0.00% 📄 0.00 📝 0.00 📌 0.00



Drop down list:

- Engine
- Radiator
- Wheel
- Windshield
- Door
- Brake
- Bumper
- Headlamp

Part 2 Oral interview

Saturday & Sunday 09:00 am – 17:00 am

- One Candidate
- Two Examiners
- Oral interview
 - 30 minutes:
 - the candidate **chooses 2 main scopes** of OMFS
 - **the examiners ask** clinical case questions of the scopes
 - preprepared questions (by EBOMFS)
 - 5 minutes:
 - Evaluation of competence/ knowledge by two examiners
 - without candidate

Preprepared Questions



Question categories for oral examination

EBOMFS EBOMFS RQ ASSESSMENT 2024

ORAL EXAMINATION

Sapienza University in Rome, Italy, 13.–15. September 2024.

The oral examination will be conducted after the written examination. The interview will last about 30 minutes.

During the oral exam, the candidate is asked clinical questions about two main scopes of maxillofacial surgery. The examiners use question categories approved by the Examination Committee of EBOMFS. The candidate himself chooses the two scopes of maxillofacial surgery mentioned below, from which the questions will be asked.

The main scopes (question categories) are: Dento-alveolar and oral surgery, General, oral and maxillo-facial pathology, Management of pain and anxiety, Surgery of peripheral nerves, Emergency care, Basal skull surgery, Diagnostic procedure radiology, Oncology, Traumatology, Pre-prosthetic surgery, Tmj, Reconstructive surgery, Congenital/developmental including craniofacial surgery, Orthognathic surgery, Aesthetic surgery, Salivary glands pathology and surgery.

Candidates are given 10 minutes to answer each question category. The available languages of the oral examination are English, French, German, Italian and Spanish.

2024 Secretary Risto Kontio

EBOMFS Assessment Question Categories for Oral Examination

- A. 1 DENTO-ALVEOLAR AND ORAL SURGERY
- B. 2 GENERAL, ORAL AND MAXILLO-FACIAL PATHOLOGY
- C. 3 MANAGEMENT OF PAIN AND ANXIETY
- D. 4 SURGERY OF PERIPHERAL NERVES
- E. 5 EMERGENCY CARE
- F. 6 BASAL SKULL SURGERY
- G. 7 DIAGNOSTIC PROCEDURE RADIOLOGY
- H. 8 ONCOLOGY
- I. 9 TRAUMATOLOGY
- J. 10 PRE-PROSTHETIC SURGERY
- K. 11 TMJ
- L. 12 RECONSTRUCTIVE SURGERY
- M. 13 CONGENITAL/DEVELOPMENTAL INCLUDING CRANIOFACIAL SURGERY
- N. 14 ORTHOGNATHIC SURGERY
- O. 15 AESTHETIC SURGERY
- P. 16 SALIVARY GLANDS

Panfacial fracture

(multiple fracture of the midface and the jaws)

“keywords”

What do you need to consider & Treatment concept

- High energy injury, concomitant injuries common: intracranial, cervical spine, thorax , bleeding, and ICU care
- Outer frame –inner frame concept, buttress concept, stable fixation, close reduction maxilla, passive occlusion, control condylar position, and focus on occlusion, on projections: vertical, anterior, transversal and on nose

How do you fix flat tyre of Harley Davidson? Give “keywords”

Tools and Supplies Needed:

- Tire repair kit (plug or patch kit)
- Portable air compressor or CO2 cartridges
- Tire irons or spoons (for removing tire from the rim)
- Valve core remover tool
- New inner tube (if applicable)
- Bead breaker (optional, but helpful)
- Jack or lift (to raise the motorcycle)

Steps to Fix a Flat Tire:

1. **Safety First:**
 - Park the motorcycle on a flat, stable surface.
 - Engage the kickstand or center stand, and ensure the bike is stable.
 - Use a motorcycle jack or lift to raise the bike if necessary.
2. **Inspect the Tire:**
 - Identify the cause of the flat (nail, screw, or other sharp objects).
 - If the puncture is visible, mark its location for repair.
3. **Remove the Wheel:**
 - For rear tire: Loosen and remove the axle nut, then carefully slide the wheel out.
 - For front tire: Loosen the axle pinch bolts and axle nut, then remove the axle to free the wheel.
4. **Deflate the Tire:**
 - Use the valve core remover tool to deflate the tire completely by removing the valve core.

Break the Bead:

- Use a bead breaker or tire irons to carefully separate the tire bead from the rim.
6. **Remove the Tire:**
 - Use tire irons to work the tire off the rim, being careful not to damage the rim or tire.
 7. **Repair the Tire:**
 - For tubeless tires: Use a plug kit to repair the puncture by inserting a rubber plug into the hole.
 - For tires with inner tubes: Replace the damaged tube with a new one or patch the existing tube if the damage is minor.
 8. **Reinstall the Tire:**
 - Carefully reinstall the tire onto the rim using tire irons, ensuring the bead seats properly.
 - Re-inflate the tire to the recommended pressure using a portable compressor or CO2 cartridges.
 9. **Reinstall the Wheel:**
 - Align the wheel with the axle and reinstall it on the motorcycle.
 - Tighten the axle nut and any pinch bolts to the manufacturer's specifications.
 10. **Final Checks:**
 - Ensure the tire is properly seated and inflated.
 - Spin the wheel to check for proper alignment and balance.
 - Test the tire pressure again to confirm it's at the correct level.
 11. **Test Ride:**
 - Take a short, cautious test ride to ensure everything feels normal and the repair is holding.



Part 2, Written exam and Oral exam

Written 40 marks
Oral 10 marks
Maximum mark 50 marks

RQ ASSESSMENT, Athens 2026

_____ (Country of Candidate)

Name of Candidate	CV and logbook	MCQ Clinical case Image	Oral Assessment	Total marks

Signature jury members:



Fellow of European Board of Oro-Maxillo-Facial Surgery Head and Neck Surgery

The candidate eligible for EBOMFS Diploma (Fellow of the European Board of Oro-Maxillo-Facial Surgery Head and Neck Surgery (FEBOMFS) **has to pass both parts** of the assessment with ≥ 35 pass mark each:

Step 1) Curriculum Vitae / Logbook Activity pass
mark ≥ 35

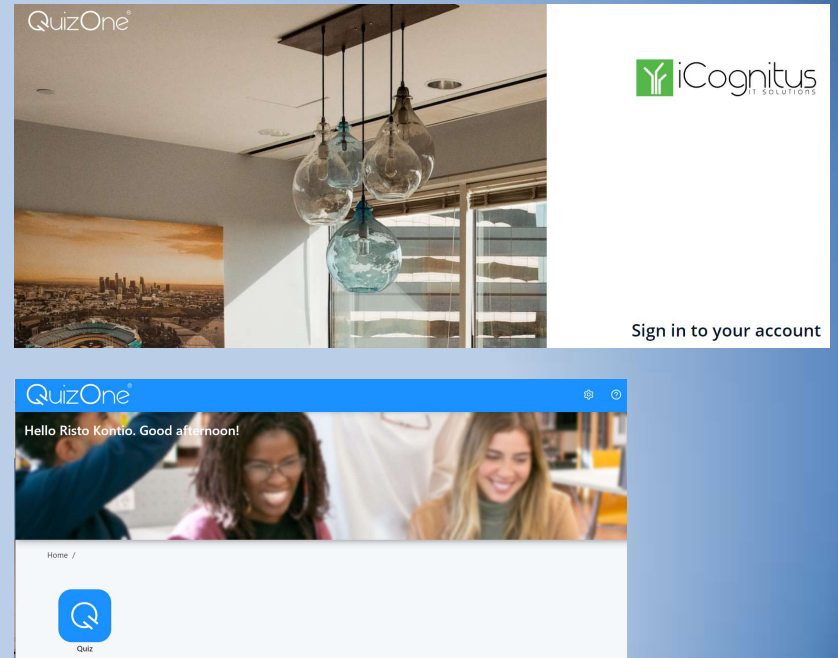
Step 2) Written / Oral Assessment pass
mark ≥ 35



EBOMFS Digital Assessment

- Bring your own laptop or tablet to the Assessment
 - Also remember the charging device
 - Pen and paper allowed
 - Snacks and beverage allowed
-
- More information:
“Instructions examiners and candidates”

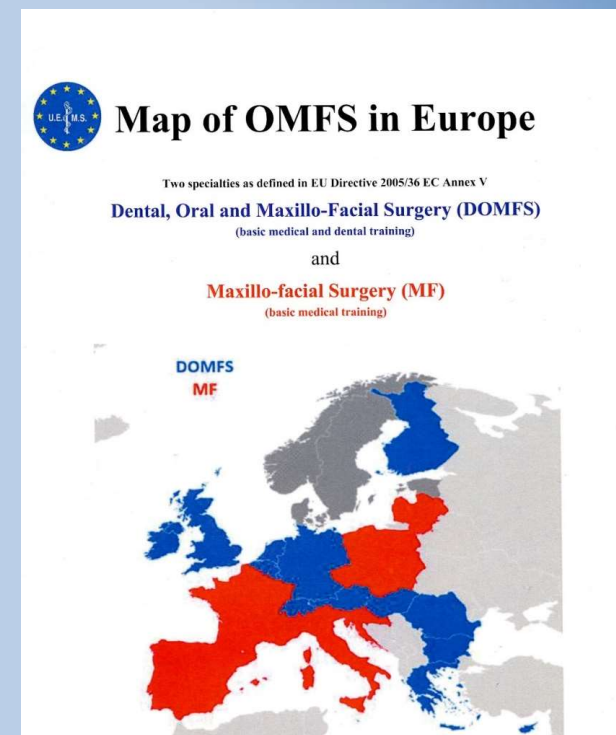
WWW.EBOMFS.EU



Syllabus

European Training Requirements

<https://www.uems.eu/areas-of-expertise/postgraduate-training/european-standards-in-medical-training>



ETR of OMFS - MFS

	
Training Requirements for the Specialty of Oral & Maxillo-Facial Surgery (OMFS)¹ European Standards of Postgraduate Medical Specialist Training October 2021	
Preamble about UEMS: a key element of every ETR	1
Process of Creating this ETR in OMFS	2
Primary Goal of this ETR in OMFS	2
Introduction to the Specialty of OMFS	3
History and Rationale for the Development of the specialty of OMFS	4
Notable OMFS in European Oncology, Cleft, Trauma & Craniofacial	5
Background to OMFS in Europe	6
Map of OMFS in Europe	6
Roles, Capabilities, Competencies, Experience and Knowledge	7
UEMS Approach to Overlapping Competencies and Knowledge	7
Updating this ETR	8
Training Requirements For Trainees	9
Core Competencies and Capabilities in Oral and Maxillofacial Surgery	10
Organisation of training	18
Mentoring and Support	20
Assessment and evaluation	20
Training Requirements For Trainers	23
Training requirements for training institutions	25
Appendix 1: OMFS Knowledge Base for Exam Questions/MCQs	29
1 Trauma	31
2 Head and Neck Oncology	43
3 Reconstruction	46
4 Salivary Diseases and Other Swellings of the Face and Neck	50
5 Deformity	58
6 Cleft	62
7 Facial Aesthetic Surgery	68
8 Facial Pain	74
9 Disorders of the TMJ	77
10 Oral Surgery	78
11 Pre-prosthetic Surgery	87
12 Infection	93
13 Oral Mucosa	99
14 Skin surgery	105
15 Craniofacial Surgery	111
16 Research and Ethics	117
17 Professional and Behavioural Standards	119
18 New Technologies in OMFS	121
Appendix 2 – OMFS UEMS Surgical Experience Register – Download free from www.omfsuems.eu	122
Appendix 3 – European Training Requirements (ETRs) of Related Specialties	175
Appendix 4 – Resources for OMFS Training Programme Directors and Trainees	176
Appendix 5 – Contributors to the OMFS ETR	177
Appendix 6 – CANMED Competencies – Abridged for UEMS	180
¹ Oral and Maxillo-Facial Surgery, OMFS and Facial Surgery are used within this document to describe the two Annex V specialties of Dental-Oro-Maxillo-Facial Surgery and Maxillo-Facial Surgery. This is fully explained in the text. Relevant EU law available at UEMS OMFS Section website www.omfsuems.eu	

- Knowledge and understanding of the relevant medical sciences, epidemiology, pathophysiology and principles of management and care of patients with any of the core OMFS clinical conditions.
- The ability to request and interpret appropriate diagnostic testing: laboratory tests, diagnostic imaging techniques, test performance characteristics.
- The ability to use computer-assisted technology for planning complex surgery (VSP), including the provision of patient specific implants.
- A solid understanding of the benefits and potential adverse effects of therapeutic modalities and the ability to explain these clearly to the patient or caregiver (in paediatric or geriatric patients), who can then be part of the decision-making process.
- An understanding of the benefits and risks of surgical procedures, their chances of success and failure, their potential complications and the time needed to achieve a stable result.
- The ability to keep up-to-date with scientific advances and research in the field of medicine, dentistry and OMFS, in order to maintain an evidence-based clinical practice.
- An understanding of the healthcare system(s) within their country of training.
- The ability to be an effective member and a leader of a multi-disciplinary team.

Core Competencies and Capabilities in Oral and Maxillofacial Surgery

All the below competencies and capabilities are built on the core skills of managing the acutely ill surgical/trauma patient. Acquiring these skills requires core training in medicine, surgery and dentistry including an on-call rota of appropriate frequency.

As mentioned earlier, these competencies and capabilities reflect OMFS training and practice across UEMS nations and are present in published national curricula, all of which are listed at www.omfsuems.eu. Were very specific definitions are present in a nation for example in Germany the Facharzt/Fachärztin für Mund-Kiefer-Gesichtschirurgie⁹ specifies 'skin surgery on the entire integument' the authors have ensured that this ETR is compatible with these competencies.

Key Capabilities in OMFS Practice

Working in a multi-disciplinary team – is able to safely and appropriately treat all patients with conditions requiring inter-disciplinary management and work with colleagues from across all the allied professions of medicine and dentistry.

Patients presenting with emergencies – is able to safely and appropriately manage patients.

Outpatient care – is able to safely and appropriately manage an outpatient clinic including all the clinical and administrative tasks.

Inpatient care – is able to safely and appropriately manage inpatients including all the clinical and administrative tasks including oral and parenteral nutrition, tissue and wound care, ward round leadership, and working with the multi-professional team.

Operating list - is able to safely and appropriately organise and run an operating list including all the clinical and administrative tasks.

Surgical care of the paediatric patient - Recognise limitations of own knowledge and experience and seek early advice from dedicated paediatric teams, recognising an unwell child including assessment of respiratory and cardiovascular status.

Consent - is able to safely and appropriately obtain consent across all operations within the curriculum.

⁹ Bundesärztekammer (Arbeitsgemeinschaft der deutschen Ärztekammern) page 220 https://www.bundesärztekammer.de/fileadmin/user_upload/downloads/pdf-Ordner/Weiterbildung/20210630_MWBO_2018.pdf

Management of the dying patient – is able to manage the transition from life to death including palliation of symptoms, certification of death and discussion of resuscitation status/organ donation.

Acquisition and processing of investigations - basic laboratory procedures and investigations across all OMFS pathologies including OMFS laboratory (impressions, 3D planning), blood and tissue samples with appropriate taking/handling of samples and interpretation of results, tumour markers, immunology investigations, model surgery and consent.

Working within the relevant legislation – not just medical negligence but also consent, social welfare, equality diversity and inclusion, prescription, radiation protection, use of lasers and photodynamic therapy etc.

Accurate examination and medical records: photography, 3D surface scanning, clinical and computer measurement, nasendoscopy, sialendoscopy, examination adjuncts.

Key Competences in Oral and Maxillofacial Surgery

Holistic management of the OMFS Patient including medical co-morbidities

Building on core surgical, core medical and core dental skills detailed in the core curriculum.

Adjunctive Para-surgical Competencies

Local, locoregional anaesthesia; intravenous conscious sedation (pharmacology, techniques, complications). Management of pain and anxiety including non-medical management of chronic pain, analgesics, co-analgesic medicines and sedation.

Competencies in the management of Head Face and Neck (OMFS) emergencies

Emergency airway - including front of neck access under LA and GA. Cricothyroidotomy, tracheostomy (open, percutaneous) in adult and child, sub-mental intubation.

Bleeding: surgical and medical management of bleeding from facial/neck trauma including epistaxis associated with mid-face fractures (with reduction and immobilisation of fractures before nasal packing), post-surgical bleeding (including post-extraction), non-traumatic epistaxis (nasal packing, cauterisation), medical conditions associated with bleeding, carotid blow-out, catastrophic bleeding from ballistic/blast injuries, within a multidisciplinary team.

Trauma - Resuscitation and early management of the patient who has sustained thoracic, head, spinal, abdominal and/or limb injury according to European Trauma Course or ATLS® or APLS guidelines including emergency cricothyroidotomy, tracheostomy and insertion of chest drain. Penetrating and ballistic injuries of the face and neck. Acute bleeding including neck access, midface stabilisation, packing. Dental trauma/avulsion of teeth. Neurovascular tissue repair. Repair of nasolacrimal system.

Eye-sight threatening injuries: Retrobulbar haemorrhage/orbital compartment syndrome (lateral canthotomy, medical management), acute surgery for white-eye blowout, lateral canthopexy, orbital nerve decompression within a multidisciplinary team.

Sepsis – able to apply a systematic, prioritised method of managing the septic patient following national/international guidelines including resuscitation and early management of the septic patient, surgical draining of pus and removal of the causative tooth. Cranio-maxillo-facial infections involving bone and soft tissues in the facial head and neck area including management of acute odontogenic infections and deep infections of the face and neck including life-threatening swelling requiring extra oral drainage and extensive resection (necrotising fasciitis) including surgical removal of the associated tooth.

Critically ill surgical patient - in discussion with the critical care team, to the management plan of a patient receiving critical care and management of perioperative emergencies e.g. thrombo-embolic disease, diabetic crises, fluid balance, decompensation. Carotid blow-out, free flap compromise and other acute post-operative conditions.

Investigative Competencies

Requesting, interpretation (including CT, MRI, PET, and radio isotope imaging) and, where appropriate elements of interventional imaging/procedures specific to oral and maxillofacial surgeon. This includes advanced clinical examination with task specific instruments e.g. endoscopy, ultrasonography, sialography, sialendoscopy, doppler ultrasonography (including implantable probes), dental radiography (intra-oral, extra-oral), Cone Beam CT (CBCT), C-arm CT, CT including imaging in theatre.

An important part of the clinical use of modern 3D imaging is integration with treatment planning, custom implants, surgical guides, and stereotactic guided procedures. These competencies are especially relevant in deformity and cancer surgery.

Where additional training is required to prescribe, perform or interpret investigative procedures e.g. radiation protection regulations, cone-beam CT, ultrasound guided biopsy or sentinel node biopsy, these should be part of the OMFS training programme.

Leadership and Management Competencies

OMFS trainees should be trained to be leaders within their department, and also in roles which extend beyond this narrow interpretation of clinical practice. For example OMFS surgeons play a key role in the bridge between dental and medical imaging of the face and surrounding tissues that they often undertake important leadership roles in this area of practice. Within multi-disciplinary clinics, OMFS trainees should acquire competencies in the management of their patient and the team. Teaching and research roles, from tutor to professor, include competencies in the breadth and depth of leadership and management. Competencies within the administration of education and health care locally, regionally, nationally and internationally are essential elements of training.

Oral Surgery, Oral Medicine, Oral Pathology and Oral Diagnosis Competencies

Oral manifestations of systemic disease and their managements including multidisciplinary care.

Surgical removal of teeth including wisdom teeth and other extractions including palatal teeth/supernumeraries.

Exposure of unerupted teeth including bonding of brackets/gold-chain.

Cyst biopsy, fenestration, enucleation and treatment with cryotherapy or chemical agents (Carnoy's). Periapical surgery/surgical endodontics.

Surgical orthodontics and transplantation of teeth.

Management of oro-antral and oro-nasal communication/fistulae: including joint management with ORL (closure of communication/fistula combined with Functional Endoscopic Sinus Surgery – FESS).

Diagnosis and management of facial palsy including multidisciplinary care.

Competencies in salivary gland surgery

Management of inflammatory and neoplastic (benign and malignant) diseases of the major and minor salivary glands including:

Minimally invasive salivary surgery including management of sialoliths with scopes (rigid and flexible), lithotripsy, lasers and transoral retrieval, biopsy of gland,

Management of ranulas including minimally invasive procedures, resection of plunging ranulas with removal of the involved sub-lingual gland.

Submandibular gland surgery including removal using open and endoscopically assisted techniques, trans-oral removal of sialoliths.

Parotid Surgery including extra-capsular resection of tumours, Partial parotidectomy, total parotidectomy, radical parotidectomy.

Head, Face and Neck Trauma Competencies

Management of cranio-maxillo-facial trauma (bone, teeth and soft tissues), both acute injuries and management of post-traumatic/secondary deformity of bone, teeth and soft tissues.

Comprehensive management fractures and dental injuries: of single bones complex pan-facial fractures (including removal of teeth in the line of fractures at time of surgery) using indirect fixation (intermaxillary wires/elastics), external fixation, and plating.

Computer assisted planning of cases, custom implants, endoscopically assisted surgery, minimally invasive techniques.

Surgical access to repair fractures facial fractures: mandible (including condyle), maxilla, zygoma, orbit, naso-orbito-ethmoid, frontal bones, orbital floor/medial wall including coronal flaps, face-lift approaches, minimally invasive and endoscopically assisted techniques.

Management of facial soft tissue wounds including lacerations, human bites, animal bites, avulsive injuries, knife/glass wounds, blast and ballistic trauma. Repair and replacement including reconstruction and implant borne/adhesive prosthetic replacement e.g. dento-alveolar tissue, nose, maxilla, orbit/eye, ear.

Combined Trauma Surgery: trauma does not respect specialty or anatomical boundaries. Best patient care will often involve working with other specialties in complex poly-trauma. Working within this team is a key competency and capability for an OMFS specialist and the presence of OMFS specialists is a requirement in Level 1 and Level 2 Major Trauma Centres.

Management of post-traumatic deformity: whilst this may be relatively simple such as scar revision surgery (Z-Plasty, W-Plasty and Geometric Broken Line Closure) it may include all hard and soft tissue techniques listed under facial deformity/aesthetic surgery and facial reconstruction surgery.

Competencies in skin surgery/surgical dermatology

Surgery is an element in the diagnosis and management of skin conditions. The role of colleagues in dermatology/venereology and the whole multidisciplinary team (especially in cancer) can be key. Understanding of the role of UV-light, skin types and classifications, diagnosis of pigmented lesions and understanding of precancerous lesions is essential. In some nations, for example Germany, OMFS is the only specialty recognised to operate on the skin of the 'whole body integument'. In this context, the ETR must reflect this scope of practice.

Skin surgery including biopsy or excision of benign and malignant lesions (malignancy is usually in managed in a multi-disciplinary team). Primary closure, skin graft – full thickness and split thickness, alloplastic dermis, and local/regional flap closure and free tissue transfer. Sentinel node technique in melanoma and aggressive cancer. Parotid surgery for lymph node metastasis. Skin surgery would include curettage/electrocautery & photodynamic therapy, topical 5FU and other ablative techniques.

Competencies in Facial Aesthetic and Functional Surgery

The anatomical focus of OMFS is the face, and so key competencies include the repair, restoration and improvement of the shape, function and aesthetics of the head and neck region through surgical and non-surgical interventions. This includes rehabilitation of the aging face including dental rehabilitation (see pre-prosthetic surgery/implants).

Facial soft tissue surgery - Aesthetic/cosmetic/head neck and facial surgery. Rehabilitation of the ageing face-and/or neck-lift, SMAS dissection, foreheadplasty, brow lifting, otoplasty, blepharoplasty, genioplasty, ablative, augmentative and paralyzing treatment of facial wrinkles and scars, Filler/fat transfer, facial implants (chin/malar/other), paralyzing treatment of facial wrinkles, muscular hypertrophy and facial nerve paresis. Rhinophyma management and

operative techniques, facial resurfacing (chemical peel, laser resurfacing, dermabrasion), cryotherapy and other adjuncts, liposuction and facial prosthetics.

Facial orthopaedic surgery including gender reassignment and surgery for sleep apnoea – Clinical and computer-based planning of the management of facial bone abnormalities including 3D computer planning, printed wafers, surgical guides and pre-formed plates for mandibular, maxillary osteotomies including segmental and genioplasty. Surgical and non-surgical management of obstructive sleep apnoea within a multi-disciplinary team. Surgery of the nose and nasal complex for trauma, post-trauma and malformation. Ear surgery: including harvesting of cartilaginous grafts, reconstructive surgery due to trauma, agenesis or malformation. Zygomatic and orbital osteotomies. Use of distraction in alveolus, mandible, maxilla (off the shelf and custom made; internal and external. Use of lasers for incision, treatment of vascular lesions/skin pigmentation and re-surfacing.

Combined soft and hard tissues surgery: any and all combinations of the above including nasal surgery (open, closed, augmentation/grafting and managing cleft deformity). Gender reassignment surgery techniques are not unique to this area of practice but would usually be part of multidisciplinary care. Similarly the range of medical and surgical interventions (including bi-maxillary advancement) for sleep disorders is usually multidisciplinary with sleep physicians and others. Facial reanimation surgery across the whole reanimation ladder from gold weight, static sling, through muscle sling, neural transfer, functional (neuro-muscular) local flap and free flap.

Surgery for mouth, jaw, face and neck tumours

Surgery is only an element of the care for head face and neck tumours (benign and malignant) of skin, bone/connective tissue and mucosa. The specialist must have an understanding of aetiology, carcinogenesis, molecular biology, genetic and epigenetics, immunobiology, epidemiology, biostatistics, chemotherapy, radiotherapy, virology (esp HPV) and the different staging systems (according to the underlying disease) of cancer. As understanding progresses, surgery for malignant disease may become rarer but it remains a key element of the treatment of oral and facial primary and secondary cancer.

Management of benign lesions causing functional or aesthetic problems including ectopic teeth and dental tissue, benign tumours, cysts, vascular malformations (haemangioma, lymphangioma, AV malformation) and other congenital/developmental abnormalities including thyroglossal and branchial cysts) and benign neck tumours (including paraganglioma, haemangioma, schwannoma).

Oro-facial resection malignant disease of hard and soft tissue of oropharynx, maxilla, mandible, tongue, face, salivary glands and neck. Composite resections (rim/segment of mandible, partial complete maxillectomy), orbitotomy and exenteration of orbit, pull-through procedure, combined surgery, trans-oral laser, robotic surgery, mandibulotomy, mandibular/maxillary swing, midfacial degloving and other adjunctive techniques.

Management of regional lymph nodes with elective neck dissection, selective neck dissection, radical neck dissection, and sentinel node biopsy. Use of robotic surgery and other surgical adjuncts including 3D planning, resection guides, frozen section, real-time genetic analysis.

Management of the unknown primary within a multidisciplinary team

Palliative Care: in co-operation with the multi-disciplinary team including photodynamic therapy, electro-surgery, cryotherapy and interferential therapy for lesions which are beyond curative intent. Wholistic management of the patient and their family.

Pain management: Therapeutic procedures for neuropathic pain where indicated including cryotherapy other ablative techniques.

Facial Reconstruction and Rehabilitation

Regional reconstructive surgery including harvesting of hard and soft tissue grafts, loco-regional flaps, microsurgery, tissue expansion. Craniofacial prosthetics including implant borne prosthesis,

harvesting and use of non-vascularised bone or cartilage. Local skin/muscle flap, free tissue transfer (raising, inseting and anastomosing flap), raising and in-setting pedicled flaps.

Cleft and Craniofacial Surgery

Management of patients with cleft lip/palate and craniofacial abnormalities is multidisciplinary including geneticists, ORL, plastic surgery, neurosurgery as well as professions allied to medicine. Surgical competencies in treating congenital/developmental abnormalities of the head, face and mouth including cleft lip and palate surgery, pharynx surgery and alveolar bone graft are only an element of the competencies required to practice in these areas.

Cleft lip and palate: lip and palate surgery, pharynx surgery and alveolar bone graft, management of complications of primary surgery including nasal surgery, orthognathic surgery, use of distraction, rib grafts bone grafts, tongue flaps, free flaps and the whole ranges of facial aesthetic surgery within the multidisciplinary team.

Paediatric Craniofacial surgery. Surgical corrections of syndromes of the head, face and neck including fronto-orbital advancement Le Fort II / III / Monobloc Posterior distraction and cranioplasty. Management of macroglossia.

Adult Craniofacial Surgery: for trauma and tumour. Trans-facial/trans-oral access for surgery of anterior skull base including (inc. osteoplastic flap, duraplasty and endoscopic) multi-disciplinary management.

Temporomandibular Joint and Facial Pain

Surgical and non-surgical management of temporomandibular joint diseases and disorders including arthrocentesis, arthroscopy and open TMJ procedures.

Alloplastic and prosthetic replacement of the TMJ including rib-graft, stock TMJ prosthesis and custom made including 3-D planning and use of surgical guides.

Facial Pain - The accurate diagnosis and management of facial pain of all causes including multidisciplinary care of atypical facial pain and other similar complex pain/psychosomatic disorders.

Competencies in Implants / Pre-prosthetic Surgery

Pre-prosthetic surgery including hard and soft tissue grafting and implantology with immediate and delayed osseo-integrated implant placement (intra and extra-oral). 2nd stage or revision surgery for implants.

Learning Agreements (Knowledge, Core Competencies and Index Procedures).

The Appendix 1 lists the key elements of knowledge and Appendix 2 the logbook of procedures that trainees should know/understand/have experience at completion of training. The knowledge base extends into interface areas stressing awareness of other specialties and when referral or joint working is in the best interests of patients. The specific procedures which the trainees will be able to perform independently will vary across training programmes and nations. To help trainees pace their training, an outline of these 'index procedures' should be available at the start of the training programme. Trainees should have been directly involved in the pre- and post-operative management of their patients and should have a detailed understanding of the preoperative diagnostic investigations. An example of an index procedures which is common across all nations is a tracheotomy as this may be needed as an emergent procedure in airway threatening facial trauma or acute cervicofacial space infections.

If the minimum number of index procedures is not met, other evidence for example procedure-based assessments or a comparable key procedure in the same area of practice may be sufficient to demonstrate competence.

Knowledge Base for Exam

1 Trauma

1.1 Epidemiology of maxillo-facial trauma

1.1.1 *Epidemiology of cranio-maxillo-facial trauma*

- Present changes and trends in the incidence and aetiology of cranio-maxillo-facial trauma (CMF) with time and explain these changes.
- List associated and predisposing factors associated with CMF trauma.
- Discuss what strategies have been used in the past and are currently being applied to prevent or reduce the experience of cranio-maxillo-facial trauma.
- To make suggestions for future strategies.

1.2 Principles of bone healing

1.2.1 *The structure, function and healing of normal bone*

- Describe the normal development, ossification and structure of bones of the craniofacial skeleton
- Describe how a broken bone heals comparing direct with indirect bone healing
- Discuss the importance of reduction and adequate stability in bone healing
- Describe the effects of compression and tension on bone healing

1.2.2 *What factors can influence bone healing and what can go wrong*

- Define the terms "delayed union", "mal-union" and "non-union"
- Define the terms "osteonecrosis", "osteoradionecrosis" and "osteomyelitis"
- Identify patient factors which may adversely affect healing
- Identify fracture factors which may adversely affect healing
- Identify management factors which may adversely affect healing

1.3 Radiology for maxillo-facial trauma

1.3.1 *Assessment of plain film radiology. Occipitomental, OPG, PA mandible*

List the commonly available plain films, taken as part of a trauma series

- Critically evaluate the quality of the radiographs, and describe the radiological appearance with respect to anatomy
- Critically evaluate the diagnostic value of the various plain films
- Give approximate x-ray dose of all of the radiographs commonly encountered

1.3.2 *Medical CT scan, cone beam CT, use of bone and soft tissue windows*

• Define the indications for ordering a CT scan

• Describe in detail a CT scan with respect to craniofacial fracture diagnosis

• Describe the principles of 'windowing and threshold values of CT data'

• Describe the relevance of slice thickness

• Describe the difference between a cone beam scan and a medical CT with respect to radiation dose and diagnostic potential

1.3.3 *Radiological assessment of mandibular fractures including the condyle*

• Describe the radiographs used for all fractures of the mandible.

• Accurately describe different fracture configurations.

• Discuss the radiological assessment of fractures of the mandibular condyle

• Define which fractures require CT scans

• Accurately assess intracapsular fractures of the mandibular condyle

1.3.4 *Radiological assessment of midfacial and orbital fractures, orbital foreign body*

3 Reconstruction

3.1 Introduction

3.1.1 *Ladder of reconstruction*

- List the reasons why reconstruction in the head and neck is complex
- Illustrate the Reconstructive ladder
- Describe the requirements for the ideal reconstruction
- State the effects of radiotherapy on tissues and how it makes reconstruction difficult

3.2 Tissue expansion

• Introduction

• Principles

• Devices

• Application in head and neck reconstruction

3.3 Local and Random Pattern flaps

3.3.1 *Buccal pad of fat*

• Describe the anatomy and structure of the buccal pad of fat

• List uses for the buccal pad of fat

• Suggest contraindications to the use of the buccal pad of fat

• Illustrate the technique to mobilize the buccal pad of fat

• List the possible complications in using the buccal pad of fat

3.3.2 *Nasolabial flap*

• Define the principles of random pattern and axial flaps

• Describe the anatomy of the nasolabial flap

• Suggest the indications and contraindications to the nasolabial flap

• Describe the technique in raising a nasolabial flap

• State the complications of a nasolabial flap

3.3.3 *Tongue flap*

• Define the principles of tongue flaps

• Describe the anatomy of the tongue flap

• Suggest the indications and contraindications to the tongue flap

• Describe the technique in raising a tongue flap

• State the complications of a tongue flap

3.4 Pedicled flaps

3.4.1 *Submental island flap*

• Define the principles of flap

• Describe the anatomy of the flap

• Suggest the indications and contraindications to the flap

• Describe the technique in raising the flap

• State the complications of the flap

3.4.2 *Temporoparietal, Temporalis flaps*

• Describe the anatomy of the scalp

• State the relationship of the flaps to the facial nerve

• Discuss the indications and contraindications to the temporoparietal and temporalis flaps

• Illustrate the operative procedure of the flaps

• Suggest complications of the flaps

3.4.3 *Deltpectoral*

• Describe the anatomy of the deltopectoral flap

• Illustrate the operative procedure in raising a deltopectoral flap

• Describe the principle of the "delay phenomenon"

• Illustrate the arc of rotation in the flap

• Suggest indications and complications related to the flap

3.4.4 *Pectoralis Major flap*



“EBOMFS List of Questions Oral Exam”

A. DENTO-ALVEOLAR AND ORAL SURGERY

- A1 What are the criteria for an extraoral incision for dento-alveolar abscess in the mandible?
- A2 Injuries to the inferior alveolar nerve in oral and maxillo-facial surgery. Incidence and examination of the patient.
- A3 Discuss the management of a patient with impending loss of the airway due to inflammatory swelling.
- A4 How common is lingual nerve damage after third molar surgery?
- A5 How would you manage lingual nerve anaesthesia after third molar surgery?
- A6 Sinus surgery, methods and complications.
- A7 Replantation of teeth, principles and prognosis.
- A8 Classifications of cysts, prognosis and treatment.
- A9 What conditions has bone substitution material to fulfill?
- A10 What is the difference between a manifest and potential focus and how do you manage these in case of risk of endocarditis?
- A11 What is your management to deal with chronic pain located in the maxillary sinus? Differential diagnosis.
- A12 Give the indications for tooth germ transplantation and give some examples.

B. GENERAL, ORAL AND MAXILLO-FACIAL PATHOLOGY

- B1 What is a Frey-syndrom?
- B2 What is fibrous dysplasia and under what kind of pathology would you classify it?
- B3 What is the Nikolski-test and for which disease is it specific when the test is positive?
- B4 What are the diagnostic values of osteomyelitis and how do you treat it?
- B5 List all the different possible causes for reduction of the maximal mouth opening.
- B6 List the etiological possibilities of gingival overgrowth and how do you treat it?
- B7 Eosinophilic granuloma of the jaws: symptoms, radiological signs, all diagnostic examinations, therapy.
- B8 How do you treat an ipsilateral parapharyngeal and submandibular abscess?
- B9 What do you know about actinomycosis in the face and the neck?
- B10 Antibiotic prophylactics/therapy when? How long? Antibiotic agent?
- B11 Classifications of leukoplakia, treatment and prognosis.
- B12 Etiology and treatment of “lichen rubber”.
- B13 Reasons for dryness of the mouth (xerostomia).
- B14 Odontogenic tumours, classifications, prognosis, treatment.
- B15 Discuss the differential diagnosis of swelling of the neck.
- B16 How would you manage acute Ludwig's angina?
- B17 How would you investigate and treat an extensive arterio-venous malformation of the oro-facial region?
- B18 Make a list of the most common and important sequelae of radiotherapy in the area of the head and neck.
- B19 Classification, symptoms and treatment of dento-alveolar infections (abscess), complications.
- B20 Management of osteomyelitis of the mandible

F. BASAL SKULL SURGERY

- F1 Surgical approaches to the basal skull
- F2 Epidemiology and nosological aspects of basal skull tumours
- F3 Complication in basal skull surgery

H. ONCOLOGY

- H1 Which superficial changes of the oral mucosa and which combination of pathology have to be classified as precancerous lesions?
- H2 Explain the difference between the different modalities of neck dissection, and which are their indications in function of the primary tumour and the lymph node staging.
- H3 Which are the possible visualization techniques to investigate primary tumours of the maxillo-facial area? What are their respective advantages, disadvantages and indications?
- H4 How do you treat a patient with an adenoidcystic carcinoma? What do you know about metastasis of this tumours? Over which period of time do you perform follow-up controls?
- H5 How does the lymph node status according to CT-scan examination of the neck influence the surgical therapy of oral carcinomas?
- H6 What is essential in primary treatment of basalioma?
- H7 What are the different approaches to remove a tumour located in the maxillary sinus?
- H8 Present and discuss the survival rate for oral squamous cell carcinomas.
- H9 Epidemiology and nosological aspects of facial skin tumours.
- H10 Epidemiology and nosological aspects of bone tumours in facial skeleton.
- H11 Indications of neck dissection for lymphatic areas treatment in carcinomas of oral cavity according to the sites, staging and grading.
- H12 Indications of neck dissection for lymphatic areas treatment in carcinomas of facial skin according to the sites, staging and grading.
- H13 Indications of neck dissection for lymphatic areas treatment in case of melanoma of head and neck regions, according to the sites, staging and grading.
- H14 Indications of neck dissection for lymphatic areas treatment in cases of bone sarcomas in facial skeleton according to the sites, staging and grading.

I. TRAUMATOLOGY

- I1 What are the problems of the severely traumatized face, as after an unrestrained RTA (road traffic accident)?
- I2 How can you stabilize a malar fracture?
- I3 Which eyelid incisions would you use? What advances are there in this field?
- I4 In severe naso-ethmoidal trauma, what are the principles of treatment?
- I5 What soft tissue complications may arise?
- I6 What would be your initial management of simple nasal trauma?
- I7 What do you know about the results of the treatment of nasal fractures?
- I8 What are the important ocular injuries associated with mid-face trauma?
- I9 What methods would you use to identify ocular injury?
- I10 What are the long term complications of mandibular condylar trauma in the young? How could these be prevented?
- I11 What are the benefits and risks of open reduction of condylar neck fractures?
- I12 Discuss post-traumatic orbital volume changes.
- I13 Describe the management of orbital blowout fractures.
- I14 Describe the methods of internal fixation used for mandibular fractures.
- I15 Classification of the fractures of the neck and head of the mandibular condyle and their treatment.
- I16 Diagnosis and therapy of the fractures of the mandible.
- I17 Symptomatology, diagnosis and therapy of fractures of the zygoma and the orbit.
- I18 Therapy concept for panfacial fractures (for multiple fractures of the midface and the jaws) with and without fractures of the neck of the mandible.
- I19 Classification and fracture area frequency of fractures of the mandible and maxilla/zygomatic bone.

M. TMJ

- M1 Diagnostic procedures in TMJ pathology
- M2 Functional rehabilitation in TMJ disorders
- M3 Surgical repair of TMJ disorders
- M4 Complications of TMJ surgery
- M5 Indications and therapeutic aspects in TMJ arthroscopy
- M6 Which diagnostic and therapeutic measurements are to be taken in case of an acute closed lock?
- M7 What is the myofascial pain syndrome? Therapeutic possibilities?
- M8 Indications, advantages and disadvantages of therapeutic arthroscopy
- M9 Indications for dissection
- M10 What is in your opinion the ideal visualization technique of diagnosis of internal derangement of the TMJ
- M11 Discuss the causes and management of ankylosis of the TMJ
- M12 Discuss the management of "end stage" degenerative joint disease of the TMJ
- M13 Splint therapy in temporomandibular disorder
- M14 Arthroscopy scope of therapeutically procedures
- M15 Surgery of internal derangement and condylar luxation
- M16 Surgical correction of ankylosis of the TMJ, incidence, causation, operative procedure
- M17 Surgical technique towards the TMJ
- M18 Luxation of the TMJ, classification and principle
- M19 Functional therapy, indications and principle
- M20 What methods should be used to make a diagnosis of TMJ dysfunction?

UEMS – CESMA Guidelines



UEMS-CESMA
European Council for Specialist Medical Assessments
Rue de l'Industrie, 24 – B-1040 Brussels – Belgium



UEMS-CESMA GUIDELINE FOR THE ORGANISATION OF EUROPEAN POSTGRADUATE MEDICAL ASSESSMENTS

UEMS 2015/16

Adopted by UEMS Council 10/04/2015	UEMS-CESMA Guideline	UEMS-CESMA
Authors: Danny G.P. Mathysen, Jean-Baptiste Rouffet, Alfred Tenore, Vassilios Papalois, Owen Sparrow, Zeev Goldik		

TABLE OF CONTENTS

Introduction	4
Main role of UEMS-CESMA	4
History of European postgraduate medical assessments	5
Need for guidance documents	6
Expected outcome	6
Part I. General principles for European postgraduate medical assessments	7
Status of European postgraduate medical assessments	7
Purpose of assessment	8
Guiding principles	8
Steering Committee	8
Commitment and time frame	9
Assessment rules	9

Developing Standards for appraisal of examinations by CESMA

Guidelines for use by assessors and applicant Examination Committees

1 Foreward

- 1.1 The Council for Specialists Medical Assessment, (CESMA) is an advisory body of the *Union Européenne des Médecins Spécialistes* (UEMS) and was set up in 2007 with an aim to provide recommendation and advice on the organisation of European Examinations for medical specialists at European level.
- 1.2 Its main roles are:
 - o To promote harmonisation of European assessments run by European bodies affiliated to UEMS
 - o To provide guidelines to European UEMS bodies on the conduct of assessments
 - o To encourage take up of UEMS assessments as a quality mark
 - o To offer an alternative to National assessments where appropriate
 - o To review examinations offered by UEMS bodies. The outcome of this process will lead to the award of accreditation of the assessment by UEMS-CESMA. The process is referred to as appraisal.
- 1.3 On passing an examination that has been **accredited by CESMA**, candidates who have passed the European examination and who have demonstrated successful completion of a training programme in the specialty and who have fulfilled the appropriate criteria laid down by the relevant Section / Board / MJC will be eligible for the award of a European Diploma, issued by UEMS.
[DN: must consider implications, if any, on assessments that are integral to training programmes in certain specialties / countries].

2 Introduction

- 2.1 [DN: Statement on the importance of safe medical practitioners to safeguard population's life and health]
- 2.2 [DN: Statement on mutual recognition of professional qualifications within European Union (?and certain other states)]
- 2.3 [DN: Statement on examinations being assessments of knowledge-based assessments]
- 2.4 This standard specifies the requirements of the governance, organisation and delivery of examinations to enable the award of [accreditation] by UEMS.
- 2.5 Legal liability
[DN: none derived from this document]
- 2.6 This document has been developed and approved by the constituent members of CESMA. It is essential that this is a 'live' document, i.e. it can be adapted and adjusted rapidly to take into account changing circumstances. Reviewers and Examination Committees are expected to take due regard of the current version of this document, and refer to it with the relevant version number.



UEMS-CESMA
European Council of Specialist Medical Assessments
Rue de l'Industrie, 24 – B-1040 Brussels – Belgium



GUIDELINE ON EXAMINER SELECTION FOR EUROPEAN POSTGRADUATE MEDICAL ASSESSMENTS

UEMS 2015/17

Adopted by UEMS Council 10/04/2015	UEMS-CESMA Guideline	UEMS-CESMA
Authors: Zeev Goldik, Danny G.P. Mathysen, Jean-Baptiste Rouffet, Alfred Tenore, Vassilios Papalois, Owen Sparrow		

https://www.uems.eu/_data/assets/pdf_file/0019/24913/UEMS-CESMA-Guideline-on-examiner-selection-for-European-postgraduate-medical-assessments-final.pdf

Important Documents EBOMFS

- Instructions examiners and candidates
- Timetable
- Handling COI in EBOMFS Exam
- COI FORM EBOMFS
- Appeal process EBOMFS

<https://www.ebomfs.eu/news>

WWW.EBOMFS.EU/ News/



The European Board
of Oro-Maxillo-Facial
Surgery

R.K.Bondirisi@gmail.com is signed in

[Main](#) • [Assessment](#) • [Candidates](#) • [Examiners](#) • [Contacts](#) • [Links](#) • [Gallery](#) • [News](#)

EBOMFS RQ ASSESSMENT 2024

PUBLISHED AUGUST 29TH 2024

Handling Conflict of Interest EBOMFS Assessment

PUBLISHED AUGUST 24TH 2024

INSTRUCTIONS TO CANDIDATES AND EXAMINERS

PUBLISHED AUGUST 21ST 2024

Accreditation of CME/CPD activities in the field of General Practice/Family Medicine

PUBLISHED MARCH 14TH 2024

UEMS, Gaza conflict statement

PUBLISHED MARCH 14TH 2024

UEMS response to recent publications on sexual misconduct

PUBLISHED FEBRUARY 25TH 2024

Sexual Misconduct in Surgery, read out report

PUBLISHED FEBRUARY 25TH 2024

EBOMFS March 2024 Meeting 2.3.2024

PUBLISHED FEBRUARY 23RD 2024

Upcoming OMFS courses, symposia and congresses 2023-2024

PUBLISHED SEPTEMBER 1ST 2023

2023 OMFS Pre-specialist Formative Assessment

PUBLISHED AUGUST 31ST 2023

Annual Meeting of EBOMFS, 2024

PUBLISHED MAY 31ST 2023

UEMS Spring Council Meeting, 2023

PUBLISHED FEBRUARY 8TH 2023

Next EBOMFS Assessment, Rome 2024

PUBLISHED JANUARY 15TH 2023

Annual meeting of EBOMFS, 2023

PUBLISHED JANUARY 15TH 2023

EBOMFS RQ ASSESSMENT 2024

PUBLISHED AUGUST 29TH 2024

Assessment timetable in Rome 2024. Please note that schedule changes are possible

Attachments

EBOMFS timetable Rome 2024.jpeg

[Download](#)

Handling Conflict of Interest EBOMFS Assessment

PUBLISHED AUGUST 24TH 2024

There are various ways one could experience a conflict of interest. Handling conflicts of interest (COI) in medical examinations for European Board of Oro-MaxilloFacial Surgery (EBOMFS) involves ensuring impartiality, transparency, and adherence to ethical guidelines. **Conflict of Interest Disclosure Form** together with Handling COI in EBOMFS Exam is now published.

Attachments

Handling COI in EBOMFS Exam.pdf

[Download](#)

COI FORM EBOMFS.pdf

[Download](#)

INSTRUCTIONS TO CANDIDATES AND EXAMINERS

PUBLISHED AUGUST 21ST 2024

As there are many European medical specialties within the UEMS organising a European postgraduate medical assessment, their diversity highlights the need for harmonisation of organisational procedures. The aim of these instructions is to assist the examination, examiners and candidates with a common framework.

Attachments

Appeal process EBOMFS 2023.pdf

[Download](#)

Instructions examiners and candidates.pdf

[Download](#)

9.2.2023



03072024



Instructions for UEMS/EBOMFS European Assessment

CONTENT

Introduction

General Instructions

1. Structure, content and timetable of the assessment
 - a. Assessment formats and no. of parts: written / electronic / practical (MCQs, Oral, OSCE, etc)
 - b. A curriculum (ETR, syllabus)
 - c. Time, place and timetable
 - d. Duration of assessment
 - i. a maximum of two (consecutive) days for any individual examiner or candidate
2. Mode of communication with candidates and examiners
3. Registration and identification process during Assessment

Examiner's instructions

1. Eligibility Criteria
2. Application process, minimum requirements
3. Assessment rules (regulations)
4. Quality Assurance

Candidate's instructions

1. Timelines
2. Application process
3. Eligibility criteria
4. Assessment rules and regulations
5. Assessment structure
6. Rules and Technical Requirements
7. Sanctions in the event of recognised cheating
8. Timetable and methods of announcement of pass-fail results
9. Timetable and process of counselling for failed candidates
10. Fee of Assessment

2024 secretary Risto Kontio



03072024

UEMS/ EBOMFS Assessment

Handling conflicts of interest

Handling conflicts of interest (COI) in medical examinations for European Board of Oro-Maxillo-Facial Surgery (EBOMFS) involves ensuring impartiality, transparency, and adherence to ethical guidelines.

Disclosure and Transparency

Mandatory Disclosure: Examiners are required to disclose any potential conflicts of interest before participating in the examination process.

Regular Audits: Periodic audits are conducted to verify the accuracy of disclosed information.

Independent Review

Third-Party Oversight: Independent third-party reviewers are involved to oversee the examination process, especially in cases where COI is likely.

Peer Review Committees: Examination committee as Peer Review Body will review examination outcomes and assess any potential biases.

Policy Development

COI Policies are developed and enforced regarding COI, to outline unacceptable practices and consequences for violations.

Guidelines for Examiners are provided detailed guidelines for examiners on how to manage and report potential conflicts.

Education and Training

Training Programs are implemented for examiners on recognizing and managing conflicts of interest.

Ethics Workshops will be conducted focusing on ethical decision-making and the importance of impartiality in medical examinations.

Separation of Roles

2024 secretary Risto Kontio



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL ON EMR (EACCME)
RUE DE L'INDUSTRIE 24, 80 - 1040 Brussels
T +32 2 649 51 64
eaccme@uems.eu - accreditation@uems.eu

03072024

Conflict of Interest Disclosure Form

(to be completed by Governing Body Members)

NAME:

AFFILIATION:

In accordance with document UEMS 2023/07 "EACCME" Criteria, all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to EBOMFS prior the EBOMFS Assessment.

COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must include whether any fee, honorarium, arrangement for re-imbursement of expenses has been provided or any collaboration with the examinee in relation to the Assessment has taken place.

DISCLOSURE

☐ I have no potential conflict of interest to report

☐ I have the following potential conflict(s) of interest to report

TYPE OF AFFILIATION / FINANCIAL INTEREST / ROLES

Receipt of grants/research supports

Stock shareholder

Training Program involvement with examinee

Prior on ongoing collaboration with the examinee (eg research projects)

Signature:

Date:

UEMS - Union Européenne des Médecins Spécialistes
VAT n° BE 0469 067 848 RPM Bruxelles-Brussels
EU Transparency Register ID 219038730914-93

EBOMFS GUIDELINE ON APPEAL PROCEDURE FOR EUROPEAN POSTGRADUATE MEDICAL ASSESSMENTS

Introduction

The purpose of a postgraduate European medical assessment is defined as an objective assessment leading to a meaningful qualification based on a fair process with open criteria allowing a reliable assessment of candidates with reproducible results. Establishing an appeal mechanism for candidates demonstrates the assessment system is open to challenge by candidates, with a mechanism for redress independent of the examiners involved in the assessment.

By applying the candidate confirms that he/ she has read, understood and accepted the rules and regulations of EBOMFS Assessment (www.ebomfs.eu , <https://www.ebomfs.eu/candidates>)

Grounds for an Appeal

EBOMFS Assessment appeals has a transparent framework, in which the grounds for appeal are clearly established. Transparency covers potential underlying discrimination issues such as gender, race or language, too. The Assessment processes can be challenged, while the judgement of performance of candidates cannot be challenged.

A clear distinction is drawn between: 1) Appeals; 2) Complaints (relating to adverse incidents in an examination contrary to regulations which did not affect a candidate's result); 3) Requests for consideration of extenuating circumstances beyond a candidate's control (family illness, transport issues etc); 4) Requests for reasonable adjustments

Appeal process

A time limit will be maximum of 30 days after the dissemination of the results. Appeals must be submitted using the UEMS Board of Oro-Maxillo-Facial Surgery Appeals Submission Form and submitted as an attachment by email. On receipt of the form the Secretariat will acknowledge receipt of the appeal by email within 7 working days.

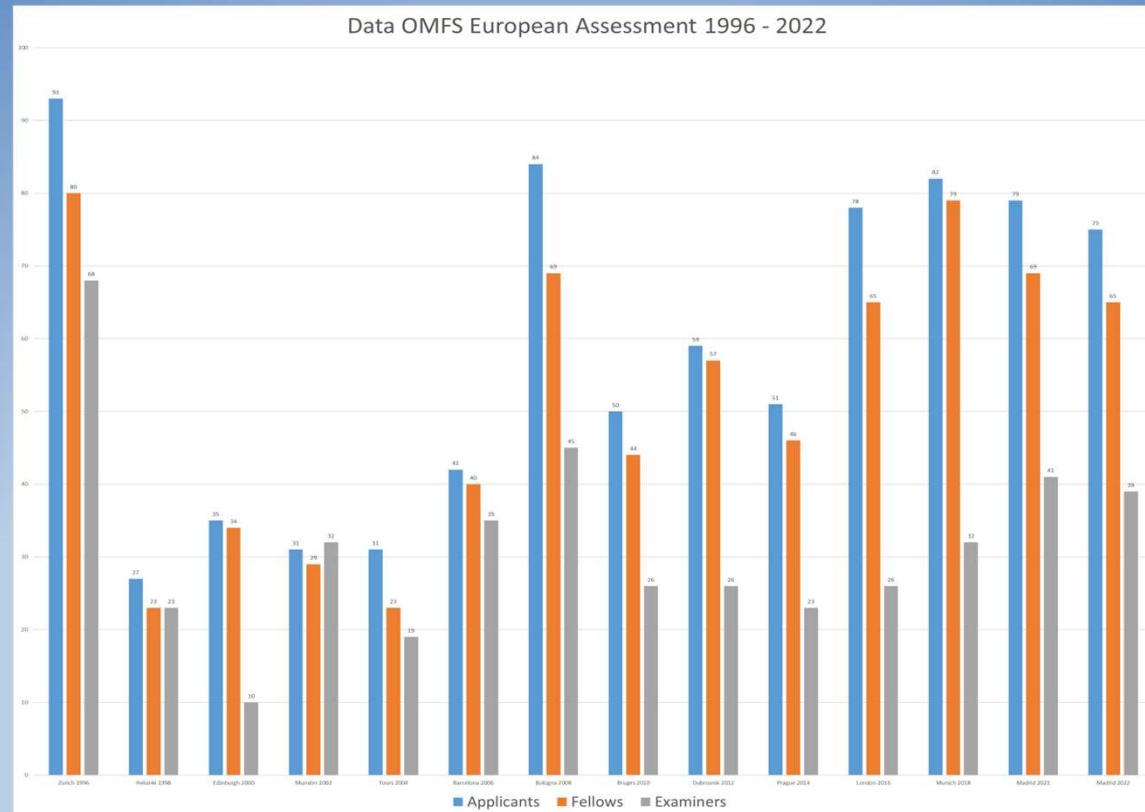
The appeal will only be deemed valid if received in the same language as that used for the candidate's assessment, and should be conducted in that language.

The payment of the full fee for an appeal (€300) needs to be made in advance of a formal appeal hearing. However, it is important first to consider a simple solution for resolution without resorting to a formal appeal.

The principles of the appeals process are to following: 1.To determine what happened, 2.To determine what should have happened, 3.To determine if any gap between one and two is sufficiently wide as to be due to maladministration, 4.To determine if the candidate suffered an injustice as a result of this maladministration.

EBOMFS Assessment by Numbers

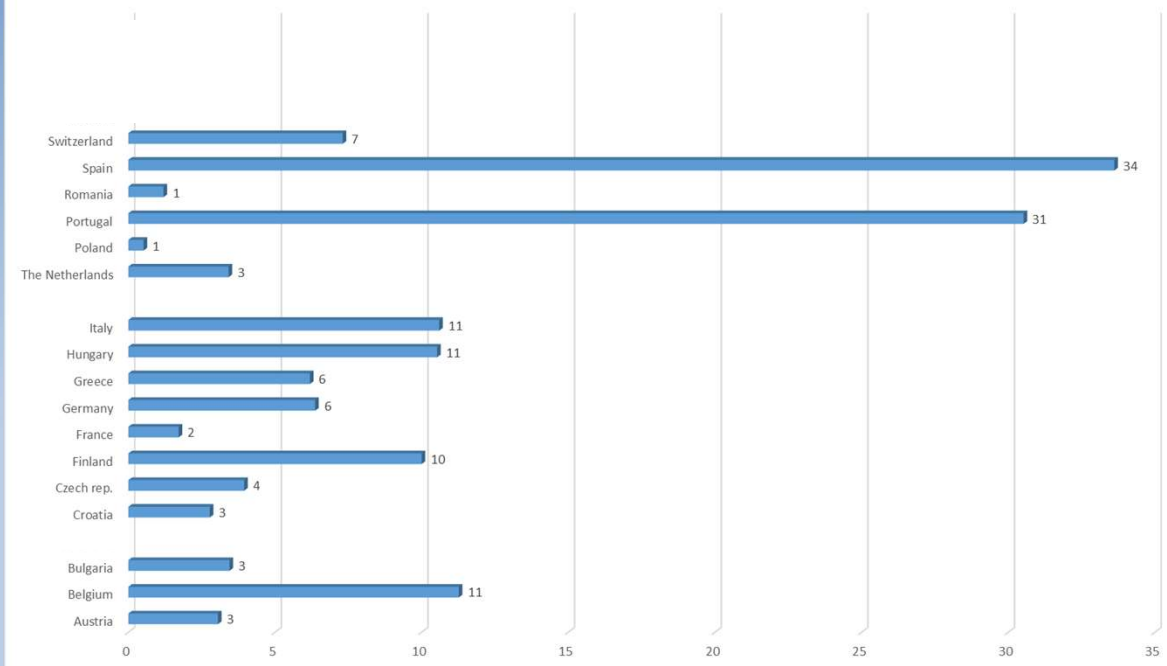
1996 - 2022

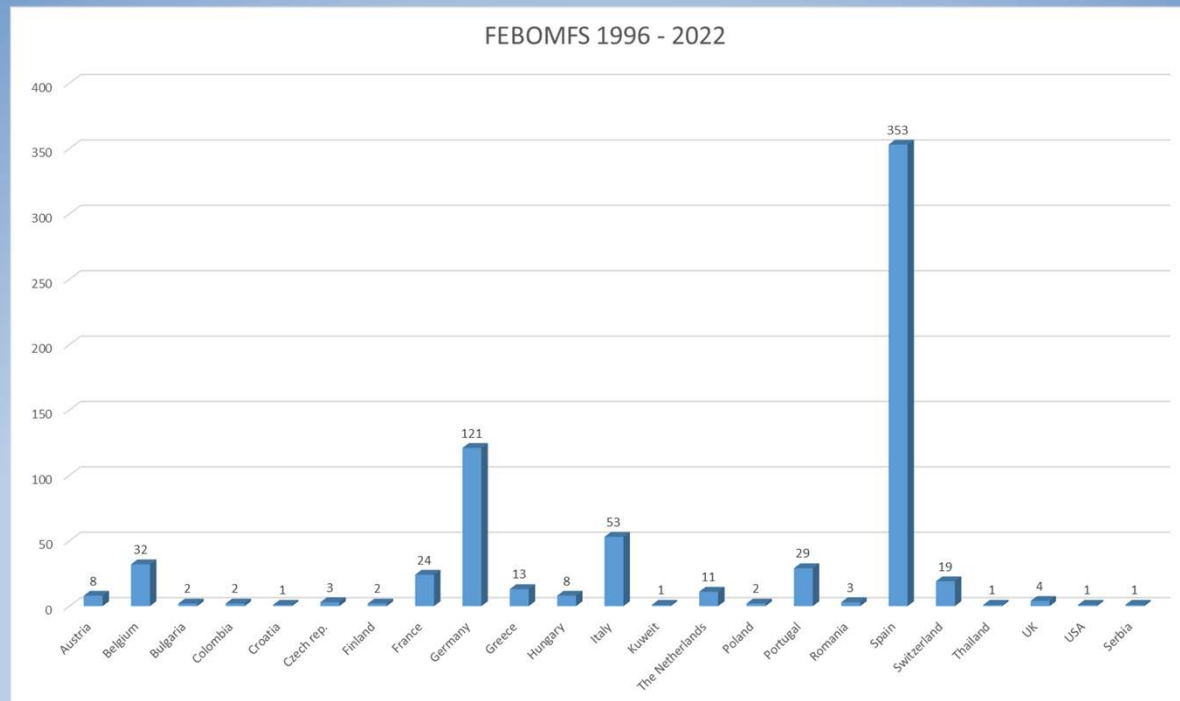


Total number of Fellow of
European Board of Oro-Maxillo-Facial Surgery Head and Neck Surgery
727



FEBOMFS per OMF Surgeons (%) by Countries





Educational Events together with EACMFS twice in August 2026

Info of EBOMFS Assessment

Education and training offered by EACMFS

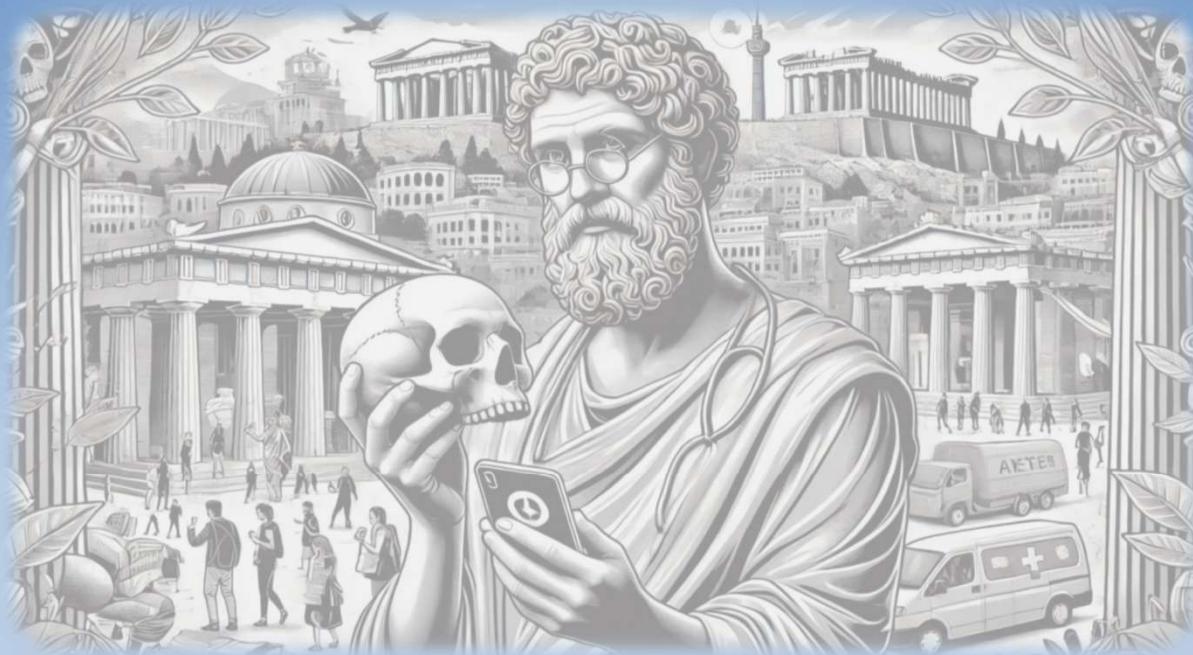
Training test of electronic platform

Electronic platform iCognitus

- Training test exam will be organized in August 2026
 - You will be informed when you can sign in the platform
 - You should open a **private / incognito browser** and open the url:
<https://icognitus.quiz.one/>
 - You will use your **email address** as a username and password is **Athens@2024**. Then the system will ask you to create a new personal password.
 - **You must remember the new personal password** because that's the password you will use in the in the exam (Athens, September).



Welcome to Athens, Greece September 11th – 13th, 2026



16th Assessment of the European Board of
Oro-Maxillo-Facial Surgery
September 11th–13th, Athens, Greece