

The PULSE



NEWSletter July 2024

SURGERY in the time of WOKE



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The PULSE

NEWSletter July 2024

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MANLIO GALIE
President EACMFS

Message from the **PRESIDENT**

Dear Colleagues and Friends,

Maxillofacial surgery stands as one of the most dynamic and advanced fields in modern medicine, and I am honored to lead such an exceptional group of professionals dedicated to the continuous improvement of this specialty.

Maxillofacial surgery has always been at the forefront of adopting emerging technologies. In recent years, we have witnessed significant advancements in 3D printing, augmented reality, and robotic surgery.

Moreover Artificial intelligence (AI) is a rapidly advancing discipline.

These tools allow us to plan and execute procedures with unprecedented precision, significantly improving clinical outcomes for our patients.

EACMFS is committed to promoting and supporting the adoption of these technologies. Through the educational activities we regularly support conferences to provide hands-on training and updates on the latest innovations.

I encourage all members to actively participate in these events to stay at the cutting edge of our profession.

With the new EACMFS Postgraduate Programme we aim to provide our young colleagues with an up to date knowledge concerning the state of the art treatment in Head and Neck Surgery.

The future of maxillofacial surgery depends on training the next generation of surgeons.

As a society, we are committed to providing high-quality training programs that combine

theoretical knowledge and clinical practice.

One of the fundamental pillars of our society is international collaboration. Sharing knowledge and experiences among surgeons from different countries is essential for the advancement of our field.

I express my sincere gratitude to all of you for your constant dedication and commitment.

Together, we can continue to push the boundaries of maxillofacial surgery...

Differences in healthcare systems and surgical practices present a unique opportunity to learn from each other and adopt best practices globally.

Recently, we have strengthened our partnerships with other international surgical societies, organising joint conferences and collaborative research projects.

These efforts not only enrich our expertise but also create a support network that can be invaluable in complex clinical situations.

The exchange of views and goals between different scientific disciplines and also between science, politics and society is paramount.

Facing these challenges including the promotion of women and the next generation of surgeons in leadership and organisational functions to increase their contributions is of high priority.

Ultimately, our primary goal remains the same: to provide high-quality care to our patients. The search for clinical excellence is at the core of all our endeavours.

Every surgical procedure, every treatment, is carried out with aiming to improve the quality of life for our patients.

This commitment requires not only technical skills but also empathy and a deep understanding of each patient's individual needs.

I express my sincere gratitude to all of you for your constant dedication and commitment. Together, we can continue to push the boundaries of maxillofacial surgery, ensuring that our patients receive the best possible care.

I invite all of you to remain engaged in the activities of our society, to share your ideas and experiences, and to contribute to our common goal of excellence.

Finally it is with great pleasure that I invite you to participate in the 27th EACMFS Congress which will be held in Rome this coming September.

The Congress promises to be an outstanding opportunity for professional development, networking and collaboration.

We aim to create a comprehensive program that addresses the most pressing issues and exciting developments in our field.

I believe that your participation will greatly contribute to the success of the Congress and foster a rich exchange of knowledge and ideas.

This event has the potential to become one of the most significant gatherings in our discipline in recent times. Our vision for hosting the EACMFS Congress-Rome 2024 is based on the art of the Italian welcome and lifestyle to unite the world of the scientific communities in OMF & CMF.

I look forward to welcoming you all to the Eternal City and to EACMFS 2024 Congress.

Warmest regards

27th EACMFS CONGRESS

17-20 September 2024

PreCongress day: 16 September



ITALY

contents

July 2024

Opinion

- 03 President's column
- 07 Editor's column
- 09 Education & Training Officer column
- 011 General Secretary column
- 013 Secretary General of the 2⁷th EACMFS Congress column

- 015 Being a surgeon in the WOKE era
MAX says

News

- 018 How can the "woke" movement affect the OMFS in the world?
Rafael Martín-Granizo
- 021 Tanzanian Surgeons Begin Training Period in Europe
Fernando Garcia-Marin and Tony Markus

In Memoriam

- 024 Ian C. Martin



JAVIER GONZÁLEZ-LAGUNAS

Editor-in-Chief

BARCELONA calling

Why I like newsletters

Over the last few years, I have had the opportunity to create and run professional newsletters related to my core activity Oral and Maxillofacial Surgery. Newsletters are an excellent communication tool for professional associations, offering both officers and members an outstanding way to stay informed and engaged with their peers.

European maxillofacial surgeons are diverse in their training, scope of practice, economic situations, and professional interests. However, they all share a common passion for their specialty, a passion that allows them to overcome the challenges of local, regional, and national administration, and the occasional conflict with other specialties. Collisions are sometimes inevitable. Newsletters present an excellent opportunity to share concerns and frustrations, but also serve as a channel to collaborate on new projects and to suggest defensive strategies to be adopted by scientific and professional associations.

Newsletters offer content that is not restricted to the rules and limitations of scientific journals. We do not have instructions for authors. We welcome not only data, but also opinions. The personal touch is important. Sharing outstanding experiences and anecdotes related to maxillofacial surgery will make the difference. I have always offered authors a playground where they can share points of view, thoughts, and criticisms that are not necessarily aligned with the official mainstream.

Newsletters are a showcase of the diversity of members in Europe. We do not have a quota system for submissions. Papers and opinions from the smallest countries on our continent are as welcome as those coming from our most concentrated membership countries.

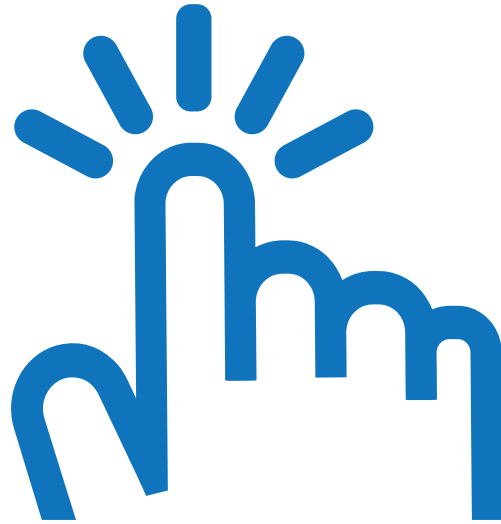
Newsletters should provide their readers with a sense of community and engagement. They should encourage member interaction. They should inform about all the opportunities, advantages and privileges that maxillofacial surgeons can achieve with EACMFS membership. They can also be an open and free space where future leaders of the association grow, develop and acquire the core values of the association.

Newsletters are periodical by nature, and they deliver updated information directly to members. The digital format allows editors to circumvent the economic restrictions related to paper publications. We may have lost the touch of good quality paper, but in return we have gained immediacy, speed of response, and diversity of multimedia content.

[Those are just some of the reasons why I like newsletters..](#)



EUROPEAN ASSOCIATION FOR CRANIO MAXILLO FACIAL SURGERY



BECOME A MEMBER

Join today and start enjoying the many valuable benefits offered to the EACMFS Members.



Benefits




Member-Types



Online application form





CHRISTOS PERISANIDIS
Education & Training Officer

The **ATHENS** report

Colleagues and Friends,

Get ready to pack your bags for the mesmerising city of Rome, where the 27th EACMFS Congress is set to dazzle you from 16th-20th September, 2024. We promise an extraordinary experience packed with keynote speeches, scientific symposiums, lively debates, and a myriad of thrilling social events!

With the invaluable input of our EACMFS President Prof. Manlio Galie, alongside Dr. F. Lemma and Dr. L. Watson, we've crafted an electrifying scientific program for the John Lowry Education Session on Monday, 16th September. This pre-Congress day is all about "[Future Perspectives in Craniomaxillofacial Surgery.](#)" And don't miss the post-session networking event for trainees, set against the beautiful backdrop of the Tiber River.

On Tuesday, 17th September, at the EACMFS College of Postgraduate Education Meeting, we'll dive into the exciting future of EACMFS educational programmes, featuring insights from leading pioneers in surgical education. We'll also discuss EACMFS' extensive contributions to scientific events across Europe, as we continue to support numerous national meetings.

Our acclaimed EACMFS Postgraduate Programme in Head and Neck Surgery: Oncology owes its success to the dedication of our Scientific Directors and exceptional EACMFS speakers. Riding this

wave, we're thrilled to launch the new EACMFS Postgraduate Program in Facial Plastic Surgery this October 2024. This comprehensive program spans oculoplastic surgery, face and neck lifts, rhinoplasty, facial feminization surgery, orthognathic surgery, virtual surgical planning, 3-D printing, orbital decompression, and facial reanimation. It includes online modules, a clinical observership at a specialised centre, and a hands-on cadaver workshop.

We're also reactivating the role of National Trainee Representatives across Europe. Mark your calendars for the 1st EACMFS European OMFS Trainee Meeting in summer 2025 - an excellent opportunity for residents and young surgeons to share knowledge and network.

We're confident the 27th EACMFS Congress will be a truly international event. It's your chance to share cutting-edge information, forge new friendships, reconnect with old friends, and enjoy the vibrant social scene in the enchanting city of Rome.

[Can't wait to see you all in Rome!](#)



27th EACMFS CONGRESS

17-20 September 2024

PreCongress day: 16 September

ROME - ITALY



John Lowry Education Session

FUTURE PERSPECTIVES IN CMF SURGERY:

Trauma, Surgery around the Facial Nerve, Orthognathic Surgery,
Artificial Intelligence (AI)

Monday 16th September • Convention Center “La Nuvola”

CHAIRPERSON:



Francesco Lemma (Italy)



Lara Watson (UK)



13:15-13:30h

Welcome address, introduction of faculty, course objectives

Manlio Galiè, EACMFS President (Italy)

Christos Perisanidis, EACMFS Education and Training Officer (Greece)



13:30-14:00h

Maxillofacial reconstruction
of ballistic injuries

Simon Holmes (UK)



14:00-14:30h

Soft and hard tissues traumas in children:
management and pitfalls

Arnaud Picard (France)



14:30-15:00h

Parotid Gland Surgery: from extracapsular
dissection to radical parotidectomy

Valentino Valentini (Italy)



15:00-15:30h

Facial Nerve management and ancillary
procedures: from direct neuroorrhaphy to flap
transfers

Federico Biglioli (Italy)



15:30-16:00h

Break

16:00-16:30h

Artificial intelligence and machine assisted
surgery applied to the face

Stefaan Bergé (The Netherlands)

Shankeeth Vinayahalingam (The Netherlands)



16:30-17:00h

The advancement of combined orthognathic
surgery and orthodontics through digital
technologies

Gabriele Millesi (Austria)

17:00-18:00h

EUROPEAN TRAINEE BUSINESS MEETING

Francesco Lemma (Italy)

Lara Watson (UK)





SATHEESH PRABHU
Secretary General

OXFORD minutes

[The summer is here](#), and it is nice to finally see the sunshine and to enjoy the longer days. The summer also brings with it the EACMFS biennial Congress, a highly anticipated scientific event in our OMFS community. It was heartwarming to see Professor Galie's and Dr. Tieghi's excitement as the number of abstract submissions continued to grow in the last moments before the deadline. It's a great achievement to have received more than two thousand free paper submissions for our Congress. I am excited and optimistic for a great conference in Rome. The scientific programme is very attractive, and the social events have been expertly arranged to highlight the art and culture of Italy.

We are pleased to present an updated Constitution to our membership. The proposed amendments aim to strengthen our Constitution and to reflect the current and future needs of our association. The changes will be circulated amongst our membership in the coming weeks. You are most welcome to contact me for clarification or with questions. I would be happy to receive your feedback and to explain the rationale behind each proposed change.

The EACMFS will see many of our Councillors and Executive Officers finish their tenure in Rome. I would like to thank them for their contributions to our organisation. We are excited to welcome our new appointments and we look forward to their contributions as they represent our membership on both the national and international stage.

An important aspect of my tenure as Secretary General is to engage with the National Associations. Interacting with new members and introducing innovative ideas to the Executives will be of great importance over the next few years. We are supporting our trainees in the rejuvenation of the National Trainee Representative concept, as well as the establishment of an exciting Trainee Conference initiative. Not only will these programmes increase our connection with the National Associations, but they will improve trainee participation and collaboration and support the future of our profession.

I would like to conclude my message by acknowledging the huge contribution of Dr. Ian Martin, our Past President, to the evolution of our association. Many of the proposed constitutional amendments are based on his carefully considered ideas to strengthen the foundation of the EACMFS. Dr. Martin will be greatly missed, as will Professor Woodward, my personal mentor and a close friend of Dr. Martin. The leadership that they brought to the OMFS in the UK and beyond is truly inspirational.

27th EACMFS CONGRESS



17-20 September 2024

PreCongress day: 16 September

ROME - ITALY



A Journey to Excellence: Culture, Tradition & Innovation



European Association for
Cranio - Maxillo - Facial Surgery

www.eacmfs.org

www.emma.events/eacmfs2024

ROMA 2024

By Riccardo Tieghi



Dear Colleagues and Friends,

I'm proud to announce that everything is ready for the **27th Congress EACMFS Congress in Rome**. A lot of work has been done since the last issue of The Pulse and now, the EACMFS Congress is waiting for you.

I'd like to share some exciting numbers:

We received 2.207 abstracts, including 1.401 oral papers and 806 posters, the highest number ever for the European Congress with a 76 % acceptance rate.

SESSIONS

- 22 Keynote Lectures
- 24 Masterclasses
- 45 Scientific Sessions
- 1 Forum GCC Gulf Cooperation Council
- 19 Educational Sessions
- 31 Sessions with Guest Societies
- 66 Sessions Free Papers
- 5 Symposia
- 2 Workshops
- 1 John Lowry Educational Session
- 1 Young Researchers Meeting



13 MEETING ROOMS IN PARALLEL

- Keynote Lectures, Symposia, and Round Tables in 4 Meeting Rooms
- Educational Sessions and Guest Societies in 3 Meeting Rooms
- Free Papers in 6 Meeting Rooms

SPONSORS

- 33 companies will have booths in the Exhibition Area

Social events are also planned, and details can be found on the website: <https://www.emma.events/eacmfs2024/welcome>

There are many reasons to come to Rome and be a part of the event.

I look forward to seeing all of you in Rome. I wish you and your family a peaceful summer.



EACMFS POSTGRADUATE PROGRAMME 2024 HEAD AND NECK SURGERY: FACIAL PLASTIC SURGERY

OCTOBER 2024-JULY 2025

This is the first edition of the EACMFS Postgraduate Programme in Head and Neck Surgery:
Facial Plastic Surgery.

This Postgraduate Programme is designed to provide Oral and Maxillofacial Surgeons with
advanced knowledge and skills in reconstructive and cosmetics surgery techniques,
enhancing their expertise in facial plastic surgery.

PROGRAMME CURRICULUM

**HANDS-ON WORKSHOP
ON HUMAN SPECIMENS
IN VIENNA**

**ONLINE
LEARNING COURSE**

**CLINICAL
OBSERVERSHIP**

For registration and more Information please visit:

[CLICK HERE](#)



REGISTRATION DEADLINE: 30th of June 2024

PROGRAMME MANAGEMENT



Prof Christos Perisanidis
Programme Director
Athens, Greece



Prof Manlio Galie
Scientific Director
Ferrara, Italy



Prof Stefaan Berge
Scientific Director
Nijmegen, Netherlands



Prof Jean Paul Meningaud
Scientific Director
Paris, France



Prof Emeka Nkenke
Scientific Director
Vienna, Austria



Prof Javier Lagunas
Scientific Director
Barcelona, Spain



Prof Majeed Rana
Scientific Director
Düsseldorf, Germany



Dr Luis Capitan
Scientific Director
Marbella, Spain



Prof Reha Kisnisci
Scientific Director
Ankara, Türkiye



Prof Florian Thieringer
Scientific Director
Basel, Switzerland



Prof Federico Biglioli
Scientific Director
Milan, Italy



Prof Amir Elbarbary
Scientific Director
Cairo, Egypt



Prof Michael Miloro
Scientific Director
Chicago, USA



Prof Tirbod Fattahi
Scientific Director
Jacksonville, USA



Prof Martin Gosau
Scientific Director
Hamburg, Germany





BEING A SURGEON IN THE WOKE ERA

Being a surgeon in the WOKE era presents a unique set of **challenges and opportunities**. As society becomes more aware of social injustices and issues related to race, gender, and privilege, the medical field is also undergoing a transformation in terms of how we approach patient care, medical education, and professional interactions. In this essay, I will explore the impact of the WOKE era on the field of surgery and discuss the ways in which surgeons can navigate this new landscape to provide the best possible care for their patients.

One of the key aspects of being a surgeon in the WOKE era is the recognition of the importance of **diversity** and **inclusion** in the medical field. Historically, surgery has been a male-dominated profession, with women and minorities facing significant barriers to entry and advancement. However, as society becomes more aware of the need for diversity in all fields, including medicine, there is a growing push for greater representation of women and minorities in surgery.



This push for diversity is not just about social justice – it also has important implications for patient care. **Research has shown that patients are more likely to trust and feel comfortable with healthcare providers who share their background and experiences.** By increasing diversity in surgery, we can better meet the needs of our diverse patient population and provide more culturally competent care.

As a surgeon in the WOKE era, it is important to actively work towards increasing diversity and inclusion in the field. **This can involve mentoring and supporting women and minority medical students and residents, advocating for policies that promote diversity in surgical training programs, and actively seeking out opportunities to collaborate with colleagues from diverse backgrounds.** By working together to create a more inclusive and diverse surgical community, we can better serve our patients and improve the overall quality of care.

Another important aspect of being a surgeon in the WOKE era is the recognition of the impact of social determinants of health on patient outcomes. Research has shown that factors such as race, socioeconomic status, and access to healthcare can have a significant impact on a patient's health and treatment outcomes. As surgeons, it is crucial to be aware of these social determinants of health and to work towards addressing them in our clinical practice.

For example, a surgeon may encounter a patient who is unable to afford their prescribed medications or follow-up care due to financial constraints. In this situation, it is important to work with the patient to find alternative solutions, such as connecting them with social services or prescribing lower-cost medications. By taking a holistic approach to patient care and addressing the social determinants of health, surgeons can help improve patient outcomes and reduce healthcare disparities.

In addition to addressing social determinants of health, **surgeons in the WOKE era must also confront issues of implicit bias and systemic racism within the medical field.** Research has shown that healthcare providers, including

surgeons, may hold unconscious biases that can impact their clinical decision-making and patient interactions. These biases can lead to disparities in care and contribute to poor outcomes for minority patients.

As a surgeon in the WOKE era, it is important to actively work towards recognizing and addressing our own biases. This can involve participating in diversity and inclusion training, seeking feedback from colleagues and patients, and reflecting on our own attitudes and beliefs. By becoming more aware of our biases and actively working to mitigate them, we can provide more equitable and compassionate care to all of our patients.

In addition to addressing bias and promoting diversity, **surgeons in the WOKE era must also confront issues of social justice and advocacy. As healthcare providers, we have a unique platform and responsibility to advocate for our patients and communities, particularly those who are marginalized or oppressed.** This can involve speaking out against policies and practices that perpetuate health inequities, advocating for greater access to care for underserved populations, and supporting initiatives that promote social justice and equity in healthcare.

For example, a surgeon may choose to **participate in community health fairs, volunteer at free clinics, or advocate for policies that expand access to care for uninsured or underinsured patients.** By using our skills and expertise to advocate for social justice and equity in healthcare, surgeons can help create a more just and equitable healthcare system for all.

In conclusion, **being a surgeon in the WOKE era presents a unique set of challenges and opportunities.** By actively working towards increasing diversity and inclusion, addressing social determinants of health, confronting bias and racism, and advocating for social justice and equity, surgeons can provide more compassionate and equitable care to all of their patients. As we navigate this new landscape, it is crucial for surgeons to stay informed, engaged, and committed to creating a more just and equitable healthcare system for all.



The Leibinger Award presented by **stryker**

is designed to support a period of targeted education & training away from the host programme of the successful candidate.

The award shall be comprised of two parts:

- **€5,000.00 scholarship, per awardee**, to cover travel and accommodation at the host centre.
- **An additional amount up to €750, per awardee**, to cover travel expenses so the recipient can deliver a verbal, post-visit presentation at the EACMFS Council dinner or another event agreed upon by the representatives from Stryker and the EACMFS Executive Committee.

The Leibinger Award is restricted to Junior Trainee Undergraduate Student Members on a European training pathway and Specialist Trainee Members of EACMFS (plus those who have successfully completed training as specialists within three years of the date of application) and are decided by the Endowment Committee ratified by the Executive Committee and reported to the Council.

Application Deadline - 30th June 2024

PLEASE **CLICK HERE** FOR FULL DETAILS OF THE LEIBINGER AWARD AND ONLINE FORM





HOW CAN THE “WOKE” MOVEMENT AFFECT THE OMFS IN THE WORLD?

By Rafael Martín-Granizo

"Woke" is a term that originated in the United States of America in the 1930s. Initially it was used for people who took a stand against racism, although today its rebirth has been associated with movements that object to social inequality, called "wokening" or social justice. Although this term was completely obsolete for decades, it was reactivated in 2014 after the death of a man of colour in a confrontation with the police in Missouri (USA). Unfortunately, and due above all to the rise of social networks and their entry into the crazy world of politics, it has become a very attractive economic tool of dubious legality that organisations, especially those associated with progressive feminist and political movements, are taking advantage of. Therefore, this previously positive expression now has a negative connotation when used to describe certain people as "awake" and "awakening". These are the vicissitudes of language...

The Merriam-Webster dictionary defines "woke" as "aware and attentive to important facts and issues (especially issues of racial and social justice)," and describes it as American slang, whereas the Collins dictionary defines it as "the past tense of wake, someone who is woke is very aware of social and unfair politicalness".

Today, we are all familiar with events caused by this woke movement that have made the covers of numerous news programmes and press worldwide. For example, the demands received by the multinational Disney to modify or remaster certain films that did not take a stand against social and racial inequality with colonialism. Also, the gesture of many athletes of colour in large competitions of kneeling on the ground before starting the matches to demand social justice. The word "woke" seems to be associated today with the word "cancel", which implies an active policy of cancellation against acts of social injustice, especially in public events or against advertising by large international brands. Obviously, this entails a public retraction of these events, and is a form of anonymous extortion of very dubious legality.

At another, less relevant and less impactful level, these movements can affect many

areas of our daily lives, specifically in terms of what concerns our professional practice. Liberal professions such as Law, Architecture and, of course, Medicine and Dentistry are not immune to these spurious actions. The prestige and activity of some professionals can be severely impacted by a negative comment shared on social networks and companies with weapons to fight against such injustices are already beginning to appear.

Recent articles published in the USA on the appearance of the woke phenomenon, especially in North American universities, warn of the tremendously negative impact it can have on the training of future professionals. Thus, some universities, impacted by these protesting social movements, are forced to base their hiring decisions on gender, condition, or race as opposed to scientific and work abilities. This seriously endangers the objectivity and impartiality of specialised education in the USA and warns of its possible extension to the rest of the Western countries, with similar movements having been detected even in Oceania. Moreover, in the field of medicine, prestigious centres such as the Mayo Clinic in Minnesota (USA) already invest more than 100 million dollars a year in establishing measures to promote equality for both employees and patients.

Therefore, this previously positive expression now has a negative connotation when used to describe certain people as "awake" and "awakening". These are the vicissitudes of language...

Regarding Oral and Maxillofacial Surgery (OMFS), our specialty is also vulnerable to these trends, especially when there is a great disparity of professionals in terms of sex, race or social condition. Our congresses and our scientific societies have a distinct lack of female speakers and directors, and the goal is to balance these numbers, always with competent professionals. Obviously, this cannot mean a decrease in scientific quality due to the simple fact of belonging to certain



Our data suggest that a substantial number of minority oral and maxillofacial surgeons subjectively perceive race-based bias in their career, although it does not appear to affect professional success.

social groups, although it is advisable to implement measures that favour this equality. Very few studies have been published since 1994 when Daniel Laskin's group published a survey in the *J Oral Maxillofac Surg* of female residents or specialists at OMFS about their working conditions, skills, career choices and family balance. Almost 20 years later, in 2010, the same journal published a similar survey with the following conclusions: *Since 1994, there has been a definite increase of women in both residency programs and practice. There is also greater diversity in both groups. The factors attracting women to the field continue to be relatively unchanged. However, there continues to be bias against women in the field, sexual harassment is not uncommon, and there is no evidence this has improved since 1994. Time commitment and social commitments remain the largest deterrents for women entering the specialty of OMFS. In 2019, another article studied the gender difference in specialists in the USA, concluding: Women are underrepresented in oral and maxillofacial surgery (OMFS).*

The gender distribution of dental students enrolled in 2016 was nearly equal with 49% women and 51% men, yet women represented 15% of OMFS residents and 6.6% of active American Association of Oral and Maxillofacial Surgery (AAOMS) members in 2015. This study aimed to describe attendees, causes of this disparity, and perspectives on career. Another recent article (2017) published in the same journal and applied to African American people concluded: Our data suggest that a substantial number of minority oral and maxillofacial surgeons subjectively perceive race-based bias in their career, although it does not appear to affect professional success.

Thus, there are still sociological disparities in our specialty that must be adequately managed, while simultaneously avoiding coercive measures promoted by the woke movement.



TANZANIAN SURGEONS BEGIN TRAINING PERIOD IN EUROPE

By Fernando Garcia-Marin and Tony Markus



As part of the Victoria Lake Region Cranio-maxillofacial Project, the first Tanzanian surgeons have arrived in Madrid in June 2024 to begin advanced training in several European hospitals. Drs. Emmanuel Motega and Fidelis Mbunda have joined Hospital La Paz, under Prof. José Luis Cebrián, and Hospital Ramón y Cajal, under Prof. Julio Acero, for four months. They will then continue their training at the Queen Victoria Hospital in London with Dr. Aakshay Gulati for two more months, and finally, complete this period with Prof. Gosla Reddy in Hyderabad, India.

This milestone marks the beginning of a collaborative program between Bugando Medical Centre in Mwanza and several European institutions, aimed at creating a multidisciplinary surgical unit in Tanzania.

For several decades, surgical missions in rural areas of low and middle-income countries (LMICs) have provided millions of patients with access to reconstructive surgeries in the cranio-maxillofacial region, who otherwise had no other options. However, this model of isolated and inconsistent care is clearly insufficient, partly because of the difficulty in offering comprehensive and continuous treatment to these patients, and partly due to the impossibility of treating many conditions that require substantial material and human resources, which are often scarce or non-existent in these regions. Additionally, surgeries performed during mission trips are associated with high rates of complications and surgical sequelae.



Domenico Scopelletti and Fernando Garcia Marin with the Tanzanian surgeons.

This milestone marks the beginning of a collaborative program between Bugando Medical Centre in Mwanza and several European institutions, aimed at creating a multidisciplinary surgical unit in Tanzania.



At arrival at Barajas airport.

Thus, although surgical missions remain justified when no other alternative exists, we are beginning to see a strategic advancement that involves developing local referral centres capable of providing comprehensive and interdisciplinary care by local specialists.

In rural Africa, basic healthcare services are scarce, with very limited access to general surgery and almost no access to cranio-maxillofacial surgery. Consequently, people with cranio-maxillofacial disorders suffer high rates of mortality, lifelong sequelae, and stigmatization due to untreated conditions. The main obstacles in low and middle-income countries are the lack of qualified surgeons, insufficient healthcare infrastructure, and economic constraints.

Recently, a group of European organizations and institutions launched the Victoria Lake Region Cranio-maxillofacial Project, a collaboration with Bugando Medical Centre (BMC) in Mwanza, Tanzania, to establish a multidisciplinary cranio-maxillofacial unit that can provide essential care to the region's population.

Bugando Medical Centre is a regional tertiary referral centre and university teaching hospital for the Lake and Western Zone of Tanzania, located along the shore of Lake Victoria in Mwanza City. It has over 950 beds and serves a catchment population of over 20 million people from eight neighbouring regions. Bugando Medical Centre also serves nearby countries such as Uganda, Burundi, Congo, Kenya, and Rwanda.

It is undoubtedly better to replace the short visits of expert surgeons performing mission surgeries with the development of a well-equipped local centre with well-trained and qualified staff. For this purpose, it is essential to have a good exchange program with international organizations and universities. The future development of surgical services in sub-Saharan Africa depends heavily on the training of surgeons and anaesthetists, and this is the area where international organizations can collaborate most effectively through financial and educational support, facilitating training opportunities through the contribution of teaching staff, exchanges with



Presentation at La Paz Hospital.



Drs. Moteaga and Mbunda with Dr. Jose Luis Cebrian, Head of Department of OMFS in La Paz Hospital, and other members of staff.

local universities, and scholarships for postgraduate studies in surgery at reference hospitals.

This advanced training program, now beginning for Drs. Moteaga and Mbunda, has been funded thanks to the generosity of the British NGO Future Faces, led by Prof. Tony Markus.

This is a multi-partner project, which so far has the collaboration of the following organizations and is open to new partners.

“
*You are all welcome
 to join us in this
 promising project.*
 ”

ORGANIZATIONS

- Fundacion Española de Cooperacion Sanitaria (FECS).
<https://www.feecs.es/>
- Future Faces.
<https://www.futurefaces.org.uk/>
- Smile House Fondazione.
<https://smilehousefondazione.org/>
- GSR Institute of Craniomaxillofacial Surgery.
<http://www.craniofacialinstitute.org/>
- Smile Train.
<https://www.smiletrain.org/>
- Hospital Universitario Ramón y Cajal, Madrid
- Hospital Universitario La Paz, Madrid
- Queen Victoria Hospital, London
- Ospedale San Filippo Neri, Rome

By Ian Cliffe Martin



Ian Martin

1957- 2024

IAN MARTIN was born in Manchester on 19th May 1957. He was initially educated at the county primary school, then falling back on his musical talents and successfully auditioned for the Manchester Cathedral Choir where he gained entry to Chetham's School of Music. Originally planning a musical career, visits to the local dentist ignited a medical career and saw Ian successfully gain entry to King's College in London to study Dentistry for what was to be his first degree. Whilst at King's, he joined the University Air Squadron to be taught flying by the RAF and fully embraced the amateur dramatic society. As an undergraduate, he was awarded the Wallace prize and went on to present his work on halothane scavenging at the British Dental Association Centenary Meeting, and in turn at the American Dental Association in New Orleans. Inspired by the opportunities, a career in Maxillofacial Surgery offered, he embarked on a second degree at Kings in Medicine. As Senior Scholar at medical school, Ian's career flourished culminating in an honour's degree in 1986. Upon qualifying he moved to the South West for both his first medical post and a two-year surgical rotation. While working in Plymouth, Ian met Diane who was then working as an associate in a local dental practice. They married in 1989 and their daughter Katherine was born in 1990.

Completing his surgical rotation on the South Coast to become a fellow of the RCS England, a post as General Surgery Registrar in Newcastle opened his eyes to the beauty and charm of the North East of England before a move to Merseyside back to the specialty to complete higher surgical training. Working under David Vaughan who he had first met at King's, David was one of the few Maxillofacial Surgeons at the time conducting microvascular surgery. The skills acquired in Liverpool were the foundation for a Senior Registrar post in East Grinstead to complete his Maxillofacial Training. In 1993 he was

appointed as a Consultant in Sunderland where he remained until his retirement in 2019.

Following his appointment as a Consultant, it is difficult to know how an individual could have made a greater impact on our specialty locally, nationally or internationally. The unit in Sunderland had already been the home to several luminaries of the specialty, however it flourished with Ian's arrival and a firm belief in training. His clinical skills were focussed, evidence-based, practised with a rigour and complemented operative skills second to none; with Ian's ability to pass all these qualities on to his trainees, Sunderland was quickly established as a Mecca for training in a unit that would make you happy to entrust any member of your family to his care. His RAF training meant trainees would be subjected to regular flight checks whilst operating, not limited to the operating microscope. Training under Ian's wing covered much more than surgery and included a musical education thanks to Classic FM during major cases and culinary appreciation courtesy of Ian and Diane's frequent and generous hospitality at their home in Whickham.

Ian expanded the unit in Sunderland from two consultants to six, reflecting the depth, breadth and success of the department. He was appointed as a Senior Lecturer in Newcastle in 1997 and studied for a Law Degree in Cardiff. Ian was initially lead clinician for head and neck cancer. He then took up the role of Clinical Director, where he led the Head and Neck directorate from strength to strength, completing his time in Sunderland as Medical Director.

On the national and international stage Ian made significant contributions to our specialty in his roles as chairman of the SAC and of BAOMS Council. He was elected President of EACMFS and BAOMS, culminating in

very successful meetings in London in 2016 and Durham in 2018 respectively. With a legal background, his greatest attribute is arguably the singularly compelling manner in which he has represented the specialty so eloquently in the wider field of surgery; President of FSSA, President of BAHNO and lead Clinical Coordinator and ultimately Trustee of NCEPOD to name but a few. His career long endeavours to drive the specialty and standards forward were recognised in 2002 with the BAOMS Surgery Prize and 2011 with the Down Prize, the highest honour BAOMS can bestow on a fellow of the association. The culmination of this pursuit of excellence is manifest in the use of his presidential fund to initiate the BAOMS QOMS project. The vision of the centralised collection of high-quality data from every unit is well on the way to realisation. The value of this initiative recognised by the association with a Life Honorary Fellowship of BAOMS awarded in 2024.

Despite this extensive list of professional roles and accolades, Ian had an enviable ability to enjoy a life outside work. Whilst on the South Coast he acquired a Master Mariners Certificate and the move to the North East allowed him to once again pursue his love of flying as a part-time flying instructor out of Newcastle Airport. Not content with simply instructing, he also became a CAA flight examiner as well as being an Honorary Air Commodore and Civilian Consultant to the RAF. All these activities were interlaced with a love of fine food, fine wine, and his lifelong passion for classical music.

A husband and father, surgeon, clinician, trainer, negotiator, manager, leader, and ambassador of the specialty, Ian has left an indelible mark on all those who knew him and the specialty he dedicated his life to. Ian passed away on the 24th May 2024 age 67. He leaves his wife Diane and daughter Katherine.



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