

Editorial

It is time to propose a change

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10 years ago the specialty of oral surgery was set up in France. It is interesting after a decade to analyze the situation of this specialty and its positioning in the health axis of odonto-stomato-oral and maxillofacial surgery.

It must be remembered that oral surgery was born with the setting of the residency program in dentistry. Logically following this creation, it was decided to stop the DESCB for dentistry and stomatology for medicine that previously existed.

To be precise with the agreement of dentistry and medicine two specialties were set up in medicine oral surgery on one side and maxillofacial surgery on the other one. In dentistry, oral surgery was the unique specialty with no possibility to become maxillofacial surgeon. So oral surgery and maxillofacial surgery were totally separated with no possibility of crossing from one specialty to the other one.

The creation of oral surgery was done in a “mixed and equal” spirit. Thus its teaching, the number of residents entering in the specialty, the exams had to respect this rule. This decision was supposed to put an end to a long war between medicine and dentistry within this so large field of health.

However, several oppositions arose against this new specialty. Firstly, from the medical council which considered the new specialty as an opening of medical activities to non medical practitioners. It must be said that oral surgery in France has a very wide field of practice including, among other things, benign tumors of the jaws, medical pathologies of the oral cavity, simple fractures of the jaws and orthodontic surgical procedures. Secondly, from the European medical authorities that saw the emergence of maxillofacial surgery without dentistry as non sense, and a specialty of oral surgery which, when it existed in Europe, was exclusively dental with a more restricted field of practice than what it was in France. This situation led to an automatic non-recognition of the French specialists within Europe for the two specialties (or more precisely a non-recognition of their field of practice).

Today, oral surgery has become highly structured in France. Its attractiveness both in medicine and in dentistry is increasing. However, there are undeniable difficulties, such as different agreements by the health authorities for physicians and dentists, very different initial training, and also different training durations.

After a period of rapprochement, the relationships between oral surgery and maxillofacial surgery seem to be straining again, with the feeling among maxillofacial surgeons that oral surgery aims to expand its field of practice on maxillofacial surgery. While having always claimed an activity of oral surgery, maxillofacial surgery is considering again giving dental training to its residents in order to affirm its specificity. On the side of oral surgeons there is a strong resentment with the feeling that maxillofacial surgeons want to restrict their practice or more precisely, their extension perceived as legitimate.

In this context, some questions must be raised:

Is it legitimate to limit the field of practice of oral surgery when, even for practitioners of dental origin, their foreign counterparts can carry out the most complex operations of maxillofacial surgery (after, of course, becoming oral and maxillofacial surgeons)?

In the current situation, are oral surgeons well trained (as they are supposed to be) to “diagnose and treat” medical pathologies of the oral cavity or benign tumors of the jaws without being a medical physician?

Maxillofacial surgery considers that oral surgery is part of its field of practice, but today it is devoid of any dental knowledge since it abandoned stomatology. Also, is it legitimate for maxillofacial surgery to claim oral surgery activities? Can we seriously think that a light dental training taught outside the dental faculties, will be a guarantee of a serious knowledge in dentistry?

It is time to propose a change.

The dentistry and stomato-oral and maxillofacial surgery axis is an indisputable health entity. At a time when cross-cutting lessons are being set up, open to all health professions, like the vast majority of countries, we must move towards the

establishment of a double degree for oral and maxillofacial surgery. In this configuration, whatever the original training, the practitioner acquires a diploma in medicine and dentistry (and no longer in medicine or dentistry). Therefore, there is no limit of practice anymore. Technical difficulties exist in this evolution they can be solved. The main one is the duration of training, but even on this point nothing is impossible. Thus two faculties (Clermont-Ferrand and Nantes) had offered training in this direction. Unfortunately, their proposals were rejected. Today just “psychological” difficulties are real. There are the main obstacles.

We hope that sterile corporatism no longer hinders the development of this vast specialty of oral and maxillofacial surgery. The only serious and necessary evolution is towards a double entry specialty with the obtaining of a double diploma (MD, DDS) at the end of the training. The establishment of such a specialty allows an easier European recognition, an easy regulation of residents flows based on dentistry and medicine. Registration to both medical and dentist councils would best finalize the evolution of this vast specialty.