

ERO-Plenary Session
21st/22nd April 2017, Geneva, Switzerland

Minutes

A Welcome

A.1 ERO-President

Anna Lella greets everyone present. This time the General Assembly is held in a special place for our organization; in the country where the ERO was established and the official location of FDI.

A.2 Greetings of the president of the Swiss Dental Association

Beat Wäckerle welcomes all delegates, alternates and special guests to this Assembly in his home country. He hopes for a good meeting, a nice evening in Swiss ambience today and that the guests will like Switzerland.

Philippe Rusca welcomes the attendees in the name of the Organizing Committee. It is a small OC, consisting of himself and Monika Lang. Geneva is a very special city, with great history and many international societies. The hotel itself is located in a special, multicultural district. He announces a few organizational details.

A.3 Greetings of guests

Anna Lella officially welcomes the guests. President of FDI and former ERO President Patrick Hescot, FDI Executive Director Enzo Bondioni. Marco Landi, President CED, will be there tonight and tomorrow. Orlando Monteiro da Silva, former FDI President and Michèle Aerden also former FDI President.

Former presidents of ERO Philippe Rusca and Gerhard Seeberger. The other former ERO presidents were invited, but unfortunately could not come.

She also welcomes the small organization committee consisting of Monika Lang and Philippe Rusca.

As representatives of the host association Anna Lella welcomes Beat Wäckerle, President; Oliver Zeyer and Olivier Marmy, Vice-Presidents; Simon Gassmann, Secretary and, of course, Philippe Rusca.

There is also a guest from Mexico: Jaime Edelson.

B Presentation by the Swiss Dental Association

Beat Wäckerle, introduces the Swiss Dental Society SSO. It was founded in 1886. Today only about 70% of the dentists based in Switzerland are members. There is no compulsory membership. The SSO has federalist structures and works in a militia system.

Switzerland has 8.5 million inhabitants, of which ¼ have no Swiss passport. The population is growing only by immigration. The Swiss model of dentistry is based on the fact that most tooth damage are avoidable and therefore they are not covered by the general public. The independent dentists can treat all insurance patients. Switzerland has a well-functioning school

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dental service and the commitment to geriatric dental medicine is steadily increased. It is worth mentioning that in Switzerland dental treatment is always negotiated between the patient and the dentist.

In Switzerland, there are 6400 employed and independent dentists, 2500 DH and 1200 DPA, which is a total of 10100 dental therapists.

4% of treatments are covered by social insurance. A small part (2%) takes up the means-tested social security and 4% is paid by private insurances. Thus, about 10% of our income is externally financed and 90% by the patients themselves. The cost structure is below average compared to medical care. 80% of the population should have only 2 problem teeth up to the age of 60. That is, we run out of work. The immigrant population usually turns back to the dentist in their countries of origin. We have 4 university institutes and 128 university places per year. The course is divided into a 3-year Bachelor's and a 2-year Master's degree. A drop in practical training in favour of the more intellectual subjects has unfortunately also taken place here. After the master's degree, a Swiss diploma needed. The corresponding examination takes place at all 4 universities on the same day. Without this diploma, a graduate will not be allowed to work more than 1 year. It is imperative that each assistant makes a further training period in order to start an independent professional activity. Three-quarters of the dentists also complete a doctorate in dentistry. We have 4 federal dentistry qualifications and 5 private further education qualifications. Orthodontics and oral surgery are accepted throughout the EU. The acquired training certificates must be recertified every 7 years. Beat Wäckerle refers to the website of the "Büro für zahnärztliche Weiterbildung" for more information. Since 2002, the Federal Office of Health has recognized 4900 foreign diplomas. 72% from neighbouring countries. On the other hand, 8600 Swiss certificates have been obtained since 1886. Since 2012, the number of practices has doubled. But we do not need so many dentists. This plethora unfortunately leads to a tendency to over-treatment. The SSO membership is not mandatory and the degree of organization is declining. A recent survey of the utilization of practices with a 45% return revealed terrifying figures (see presentation). Beat Wäckerle concludes his report with the message that Switzerland is rather oversupplied with dentists and foreign dentists should very well consider if moving to our country is worthwhile.

C Standard agenda of the business meeting

C.1 Roll call

Establishment of the quorum

Oliver Zeyer reads the names of the registered delegates and alternates. 49 delegates are present. The quorum has been reached. 25 votes are the absolute majority, announces Oliver Zeyer.

Vladimer Margvelashvili complains that Georgia has had 2 delegates since 2016. This was obviously not respected. The President apologized for the mistake. This will of course be corrected for the next time.

C.2 Approval of the agenda

All have received the agenda, it is also available on the website. It is adopted unanimously.

C.3 Approval of the minutes of Poznan

All have received the minutes, it is also available on the website. It is adopted unanimously.

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C.4 Reports of the Board

The Board has had 2 meetings since Poznan, announces Anna Lella. She highlights the cooperation with the ADEE. We have received a preliminary final report by Prof. Paganelli and Prof. Yamalik about the cooperation of ADEE and ERO. This in turn is also the basis for further activities. There are many common themes and events which we could share.

The cooperation with the European Association of Dental Students is also very close and fruitful. The EDSA invited Philippe Rusca to participate in a round table at their congress in Cardiff. It was then decided to delegate Thomas Wolf, who is a member of the working group LDPE. He will report on this later.

Some working groups have held meetings, while others have worked in correspondence. The chairpersons will report under the relevant agenda item.

Regarding membership: we were recently informed by the FDI that the Russian Federation was excluded from the FDI with immediate effect (as of 28.2.2017). We had the statutes of the FDI and the ERO legally examined and it is true that the Russian colleagues are automatically no more ERO members. We deeply regret this because we believe that the strength of the ERO is that it connects all the European dentists and Russia belongs to them. We very much hope that this situation is temporary and the Russians will find a solution with the FDI.

National events - the President has participated in the celebration of the 25th anniversary of the Czech Dental Chamber, in November at the German Dental Days, where there is always the opportunity to meet not only German colleagues, but also representatives of other NDAs. Anna Lella was also invited in Estonia in November to celebrate the 95th anniversary of the Estonian Dental Association.

She hopes that the delegates get the information from the newsletters and would like to thank everyone on the board for the good cooperation.

Ward van Dijk inquires whether the ADEE document is also accessible to members.

Now, it is still a working document, answers Anna Lella. But of course, it could also be published. Ward van Dijk goes back to the topic of dental hygienists. The DH association is now trying to obtain political support for a European DH profile through the ADEE. It is very important that the ERO and the national associations have a good relationship with the ADEE. You must know what's going on. Therefore, the document is also important to members.

C.5 Finances

5.1 Settlement of accounts 2016

5.2 Outstanding fees

Bartolomeo Griffa presents the 2016 annual accounts, which all delegates have also received. They close with a profit of 34 426.89 €. This is a good result. With a capital of about 300'000 € we are in a stable situation.

Mick Armstrong notes that the reserves are a lot higher than the annual expenses. He enquires about the policy pursued here.

We have a relatively good financial situation, says Michael Frank. As the predecessor of Bartolomeo Griffa, he explains that for this reason, since 2010 a reduction of 10% has been granted for the annual membership fees. This was actually intended for a year, but could be maintained thanks to the good financial situation. A further reduction of the contributions would

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be possible, but if the financial situation changes, it would be difficult to increase this again. That is why he does not want to change it. The obligations are not insignificant and therefore it is good to have certain reserves. This also allows e.g. to send young colleagues to a congress.

The treasurer announces that four dental associations (Malta, Moldova, Portugal (SEPMD) and Uzbekistan) have not paid their membership fees for two years. For this reason, they are excluded. According to the statutes, however, there would be the possibility that they could remain in the ERO for an additional two years as observers. However, this would require approval by the delegates, with a 2/3 majority.

Edoardo Cavallé enquires about their situation in FDI. Malta, Moldova and the Sociedade Portuguesa de Estomatologia e Medicina Dentaria are members of the FDI and paid their annual contribution, says Patrick Hescot. The Dental Association of Uzbekistan is apparently not a member of the FDI and should therefore not be a member of the ERO - even as an observer. The ERO membership is based on the WHO list and, of course, we would like to have all the countries listed there in the ERO.

After no response has been made to various reminders, this non-payment and non-response is interpreted as a bit of a lack of respect.

Finally, it is decided, by 23 votes to 17 and 2 abstentions, to exclude all four associations and not to grant them any observer status.

Enrico Lai reads his auditor's report. He examined the financial statements for 2016 and found no inconsistencies. He recommends approving the accounts. The delegates follow this recommendation.

5.3 Budget 2017

Bartolomeo Griffa briefly explains the budget, which is roughly the same as in the previous year. The expenditure is somewhat higher, the revenues approximately the same as in 2016. A profit of 6500 € is budgeted. No comments or questions. The budget is thus accepted.

Jaime Edelson is a candidate for the position of President-elect of FDI. Since he will not be present on the second day of this plenary session, he will present his candidacy at this point of the agenda.

C.6 Working groups

6.1 Liberal Dental Practice in Europe

Ernst-Jürgen Otterbach is pleased that with Marco Mazevet and Thomas Wolf they have been able to find younger colleagues to collaborate in the working group and today he has someone with which to share the presentation of the WG report.

In Poznan, we had reported on the planned survey. The aim was to get an overview of the current supply situation in the ERO zone. The survey, titled "Liberal Dental Practice in the Time of Modern forms of Dental occupation in the ERO Zone of the FDI World Dental Federation" has brought interesting results. The return was considerable; we received an answer from 33 out of 37 ERO member countries. Questions were asked about the supply density in the individual countries, differences in urban or rural supply of dental care, questions about the different forms of employment and their distribution, and about the conditions linked, for example, to operate a

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care centre. We asked questions about the number of universities, their numbers of trainees and the duration of their training. Of course, the gender distribution among the students was also of interest to us. Then we had questions about the preparation time before the opening the own practice and how and in which organizations dentists structure themselves; in which corporations and professional organizations with or without mandatory membership they are represented. The responses should allow a discussion of the extent to which the current development of dental practice poses a threat to free independent work in the countries of the ERO Zone. However, this survey also showed that we must continue to research the reasons for the significant increase in the number of female students at our universities and their possible impact on the forms of our professional practice. It is also necessary to investigate to which extent there is a risk of over-supply due to the high number of students at universities, and whether a cut-throat competition based on over-supply and treatment structures with a mercantile orientation will result in price dumping and a possible loss of quality. These are important questions that the LDPE Working Group will deal with in the future.

He would like to thank the members of the working group, in particular, Philippe Rusca, Gerhard Seeberger and Thomas Wolf for the active cooperation in the development and elaboration of our survey.

Thomas Wolf presents the results of the survey. They will be published. The corresponding article is currently under review by a scientific journal. That's why he asks not to make recordings of the diagrams, but promises to provide an overview in the next weeks, which contains all data. Here are some of the results: Amazing is the fact that there are increasingly more private universities. If this trend continues, we will have an over-supply with dentists in all countries. If we look at the number of graduates, then there is need to act. We have an average training period of between 5 and 6000 hours. There are more female than male students; trend rising. The most common form of practice is still that of the dentist who works in his own practice. The density is in the majority between 1000 and 2000 patients per dentist. The dentists should act to curb the constant commercialization of the profession. He refers to the CED charter of the liberal professions. He finally expressed his thanks to his "co-workers" for the cooperation.

Thomas Wolf also reports from the EDSA event in Cardiff. He gave a lecture on the liberal professions and to participate in a round table. It was very interesting; impressing also how well the participants were informed and how strict the program was. He shows some pictures of his Cardiff stay. Thomas Wolf concludes his report by pointing out a study that sets the per capita consumption of a country's chocolate in comparison to the number of Nobel laureates and it turns out that Switzerland is swinging up here. With that he thanks for the invitation to Switzerland.

Susie Anderson would like to know where the article is published. In the IDJ, answers Thomas Wolf. Roland L'Herron is surprised by the fact that the work is published in the IDJ, this is a work of an ERO working group. He finds the results belong to ERO. ERO will get the data as soon as they are allowed to be published, assures Thomas Wolf.

6.2 Relations between dental practitioners and universities

Simona Dianiskova explains her survey. We wanted to get an overview of the different dental specializations in Europe. We have compiled a two-part online questionnaire and tried to elaborate the questions very carefully. The ERO member associations were asked to complete part 1 by the end of December 2016. We have got 22 answers to part 1 until today. She presents the list of the countries which have resp. have not replied. In January 2017, we then put the

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second part online, which was more comprehensive and so far we have got 17 answers. We asked very detailed questions and we asked you to complete a questionnaire for each subject area. The WG has today met and established which representatives of countries which have not yet replied are here. They were contacted and there should be answers from them too. The others will be reminded by e-mail. We also talked about the schedule. Simona Dianiskova hopes to have all the answers in May and then the ERO board should receive the results. The final presentation will be held in Madrid. Simona Dianiskova thanks everyone and hopes that they will get as good results as the WG LDPE.

6.3 Integration

Elena Ivanova is grateful to be here. She is the only representative of the East. For others, it is often difficult to participate in these events. However, we can reach these countries through the integration workgroup, which is why it is very important. It is not just about the geographic integration of these countries, but about passing on our knowledge. There are good contacts and relationships, which are cultivated in the Committee of the Eastern European countries. The problems are different in the West. They had tried to find out the most pressing issues and to help as well as possible.

Elena Ivanova looks back on many good results (see also presentation). Among other things, she highlights the formation of a joint committee in Kazakhstan and the survey on the manual of dental practice. The cooperation of ADEE and ERO shows as well good results for Eastern European countries. We further need cooperation in basic education and not just in continuing education. There is now an agreement between different universities. In Almaty, a large meeting was held on modern aspects of dentistry. It was made clear how important it is that the countries of Eastern Europe are members of FDI and ERO. It is important that we receive know-how from the West. In this way, we can improve dental medicine in our countries. Elena Ivanova thanks all who support the WG.

Anna Lella informs the Plenary that Vladimer Margvelashvili offered help and agreed to coordinate the activities of this working group before the decision regarding the chair is formally taken and the Board accepted this solution.

6.4 Quality in Dentistry

The working group has existed for two years, Roland L'Herron says. During this time, the focus was on the quality of the general supply of dental care. There are many different norms and views. The results of the work so far are available on the ERO website. At this morning's meeting, they were trying to relaunch the group and to find a new topic. It was agreed to deal with the quality of the dental treatments. This is a wide field and everyone is welcome to participate.

Alessandra Rossi enquires about the method that will be used to assess the quality of the treatments. Will this be evidence based? Which instruments shall be used to assess this quality problem? It is needless to say, that we need measured data, Roland L'Herron replied. These will have to be determined. It will also be based on existing methods and we will have to clarify how up-to-date they are. All this will be discussed in the working group.

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6.5 Continuing medical education in dentistry

Hande SarSancakli points at the beginning to the reports of past activities, which can be found on the ERO website. The multidisciplinary approach to continuing education for the maintenance of oral health is an integral part of overall health. There was also a statement to the FDI General Assembly in Poznan. A policy statement on this issue will also be discussed in Madrid.

It is important, according to Hande SarSancakli, to develop activities. The working group has worked on a template for meetings / conferences in the area of medical continuing education in dentistry. This proposal would be practically a forum format for training events, an interprofessional template for medical and dental training. We would like to call this "ERO medical continuation education in dentistry session template". This can help highlight the importance of ERO for European dentists. Often colleagues ask the question, what the ERO actually does. That would be an answer. There is also an ongoing project for the evaluation of advanced training, with the aim of offering as efficient and integrative further training as possible. I know there are a lot of questions, remarks Hande SarSancakli, our WG will draft a new survey and we will ask for your cooperation, so that we can rely on reliable data. This new survey will deal with training models, teaching formats for medicine and dental medicine. Specialists in health care are actually looking for traditional training courses that are based on a lecture. But we also know that the attitude changes. We need to look for the most efficient models. We want to find out what the preferential teaching- resp. learning model is. It will be an online questionnaire. We will then evaluate and publish the data. A very useful topic with which we are increasingly familiar is e-learning and multimedia. This is how Hande Sar Sancakli concludes her report and thanks the members of the WG and the ERO board for their support.

Susie Sanderson would like to know whether the question will be asked which is the preferred method of learning in some areas. To ask only in general what they prefer as a learning method is only half the question.

Training is of course a wide area, confirms Hande Sar Sancakli. The survey does mainly concern the medical side. The goal of the survey is for the time being broadened and then according to the answers we will see further. However, Susie Sanderson is absolutely right, it depends on which topics you are working on and which content is being dealt with.

Michael Frank thinks, that this is a very ambitious project. This survey is sent to the associations, but actually the individual dentist should answer the questions. Hande Sar Sancakli is absolutely the same opinion. The associations should then pass on the questionnaire to their members.

Alex Mersel points out that there is already a very similar program in the FDI. She knows about this, explains Hande Sar Sancakli, there is no intention of competition, we look forward to a cooperation.

Stefaan Hanson supports the vote of Susie Sanderson. He thinks there should be a questionnaire in which the topics are really divided, otherwise the survey will not be very effective.

Hande Sar Sancakli thinks that one must regard it as an advanced training. Medical topics are not as large as the operative ones. This is also a way of establishing a connection between the dentist and the training centres.

6.6 Dental Team

In Bangkok, we were given the task of discussing the profile of the dental technician, Edoardo Cavallé recalls. This morning we had one last meeting and now there is a resolution. The

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position of the DT is quite clear in Europe, it has an independent professional role. He has an education and an accreditation, which is the result of the Bologna process. We have found that in some European countries DT are independently active or also part of the dental team. This newly developed profile is really only meant as a tool to be used when this is required. The working group has developed a professional profile in steps for the entire dental team. Plans were drawn up, data collected, meetings held, and finally a statement formulated. It was always clear, the challenge for our profession is that we can never ever be replaced. The resolution about the profile of the dental technician is now available. It was a very big work and Edoardo Cavallé is proud of his working group. We have worked together in great harmony. We have revised the original text of the FDI so that it can be used proactively. This morning, last changes were made. Edoardo Cavallé reads the text of the resolution.

This completes the task of the "Dental Team" working group and he would like to thank everyone for the good cooperation.

Bedros Yavru-Sakuk proposes some language changes. Thus, in point 2 of the resolution, it should rather be "integral part of oral health", than "integrated part of oral health", and then somewhat later the term "sanitary profile" disturbs him. What is it about? Should it be «health» or «medical profile»?

We know what it's all about. Anyone can use this document in their own country with the appropriate translation, says Edoardo Cavallé. But, of course, we will present the document to someone with English mother tongue.

Nico Diederich notes that in the "definition" as well as in point 3, the words "instructions" and "prescriptions" occur again. The word "instructions" had actually been agreed upon. The duties of the dental technician are: "accept and follow the instructions, directions and material specifications provided by the dentist." He finds that the "accept" is to be deleted.

Edoardo Cavallé agrees with the second remark to delete the word "accept". On the first point, the compromise proposal "written instructions" leads to discussions as well. Instructions can also be given orally, rules should be in any case in writing. This is why "prescriptions" have been reintroduced. There must be both. The term "prescriptions" is also mentioned in the directive.

Philippe Rusca: the definition mentions "without a direct or indirect relationship with the patient ...". What is the difference?

It is clear, Edoardo Cavallé, that the DT should not have any relationship with the patient. The relationship should be with the dentist and the dental technician adheres to the written instructions of the dentist. We worked hard on this document. This text must cover everything, it is not a specific situation. He does not mind that the word "prescriptions" is deleted, but one should not force the dentist to deal with the DT only on written basis. There should also be the possibility of oral instruction. We must get on now. That is why Edoardo Cavallé finds that this text should now be accepted.

The delegates follow this request with 1 abstention. The resolution is thus accepted.

6.7 Ageing population

This issue will become increasingly important in the coming years.

Philippe Rusca is very glad that this working group creates interest. It had been decided not to continue with surveys. There are very many of them, and some saturation has occurred. We want to proceed differently. The members of the WG are requested to provide us with the data they have in their member countries. He introduces the members of the group. Since one cannot

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exactly define when the ageing begins, they have decided to divide the older patient groups into "Go Go's, Go Slow's, No Go's". The 3rd group preoccupies us the most. We have also decided to work with recommendations. We do not want to establish guidelines. Each country has its own structure, and the member associations will ultimately pick up what is useful to themselves. Important are the ethical codes, most countries know them. Nevertheless, it often occurs that dentists think they cannot do it, they are not qualified or do not have time. That will not do; everyone has to make a contribution. Of course, we are not all experts, but you can still organize the treatments in the homes. The biology of ageing is important. This is a science that is new in some ways. There are certain rules. The knowledge about it must be accessible to everyone. This is why it is extremely important that this topic is included in the curricula of the universities. We must continue our training. Dentists who have not enjoyed this training in basic education must have the opportunity to train themselves later.

It is relevant that residents of retirement homes and similar institutions know how important oral health is. There was already an FDI campaign and a lot of publications on this topic. Important is that the treatments are adapted to the patients. We must have treatments that quickly lead to results. There is also a lack of prophylaxis. In these institutions, the nursing staff often lacks the time to look after oral hygiene. In Switzerland, we are working to train and raise awareness among nurses. The legislation is very different in the individual countries. But we must achieve good care in the institutions. We will continue to work and Philippe Rusca hopes to be able to present a few points in Madrid.

6.8 Approval of the reports of the working groups

The President would like to thank everyone for the good work.

Actually, the working group "Dental team" finished the work with the presentation of Edoardo Cavallé, announces Michael Frank as supervisor of this WG. The profiles of the dental team have been completed. A new task with the provisional working title "dental practice 2030" is assigned to them. The WG should meet before Madrid and then be able to present a list of topics at the autumn general assembly.

Very good suggestion, finds Beat Wäckerle, we must look into the future. The congress of the Swiss Dental Association next year deals precisely with this topic. If you are interested, you are welcome to participate.

This could be a very big issue, says Edoardo Cavallé, in which we will continue to work and with whom we can also help our dentists. There is a lot to do. Peter Engel strongly supports this idea. It is not a question of "should", but a question of "must"!

The reports of the working groups are all adopted unanimously.

C.7 Member countries

National reports and discussion

For the comments of the country reports please revert to Oliver Zeyer's presentation on the website. A discussion follows this presentation. Catherine Mojaïsky refers to the report from Poland and would like to know whether this obligatory postgraduate internship, which has to be done in Poland to start practicing as a dentist at all, is only for people with a Polish diploma or for other people from other countries. It was also investigated for France and it turned out that this does not apply to dentists trained abroad. Marek Szewczynski replies that this internship in Poland is not new. It was mentioned in the report, because they wanted to abolish it, but then has been reintroduced. It applies to graduates of Polish universities and to people from outside

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the EU. The EU dentist, on the other hand, does not need to do an internship in order to take up a practice.

Georgios Tsiogkas misses the report of Greece. It seems that something did not work with the transmission. So here his very short oral report: The state stopped paying. Great misery also prevails with and because of the many refugees. The number of practicing dentists decreases. The young dentists do not start at all, but often go abroad. The impact of the economic crisis is very serious, also for dentists.

Roland L'Herron very much appreciates these reports and deplores that unfortunately they have no consequences at all. Nothing happens. Could not ERO do something about it? Are there no points that you could or should lead to some common action? Clearly, you could pick out certain topics and then discuss them, says Oliver Zeyer. Michael Frank fully agrees. We will take note of this suggestion. Initiatives are also welcome from the plenum. We should take care of certain problems and topics and examine and pursue them, if necessary in collaboration with the CED for example.

Anna Lella thanks Oliver Zeyer for the summary.

Marco Landi: Many of the delegates and alternates present are also members of the CED and therefore know about its activities. He is very glad about this possibility of exchanging information. The CED pursues mainly political objectives. He would like to briefly point out the new tendencies of her policy.

We notice gentle signals from the EU institutions that they are willing to cooperate with us. In the past, efforts have always been made to limit the co-operation with the stakeholders, and this is now slowly developing in the other direction. CED is doing lobbying in the European Parliament. We need to seek joint activities with other groups in the medical sector. The pursuit of cooperation is growing, and so hopefully leads to integrated health care. This is also a growing desire among the various EU Member States and associations. The most important topics are at the present time: standardization of health care, antibacterial resistance and the proportionality directive, which threatens all regulated professions. Together we should think about taking actions against this directive. Regarding the internal cooperation in dentistry, we have strengthened the cooperation with ADEE and we have just presented a common proposal on CPD on a European basis. It is not always easy to work together. I think we simply need to keep education and vocational training together. The whole profession has to sit at the same table and try to find a common position where that is possible. The relationship between the CED and the industry and traders is also a delicate issue. The CED is independent from the industry, but at the same time we must also work together. We need information and we are trying to go in the same direction in order to work for our profession and our patients.

Peter Engel thus notices a collective happiness that he cannot understand at all. Either the reports are not read or are not perceived. The doctor-patient relationship is going down the drain. More and more everything is state controlled. Economization and commercialization are growing, money is getting the better of everything. We recognize the dangers, but are not active enough. He fully agrees with Roland L'Herron. There will be a catastrophe if we do not react. Just look at the service package that is under preparation, after the transparency initiative with the deregulatory mechanism has not worked out; they invented the priority test, where the individual nations are to be committed to report to Brussels about new regulations or changes even before they were able to check whether they are compliant. This is an absurdity. This kills the free profession. How is the next generation, according to our ideas, to lead an independent dental practice if it is subject to such restrictions? That is why this project "dental practice 2030"

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is so important. Peter Engel is really worried. He hopes that in England, France and Germany the elections will go our way.

Anna Lella: it is a great honour that Prof. Corrado Paganelli, President of the ADEE, is among us. Yesterday I already spoke of the final report ERO / ADEE and I am especially pleased that he has taken the time despite full agenda, to join us.

Corrado Paganelli assumes that most of the people present know what the role of the ADEE is. He thanks for the work already done in the ERO. We all know very well that Donald Trump has changed his view of Europe. He does not refer to the changing European Union mentioned by Marco Landi. He rather refers to the ADEA / ADEE event in London. What are my special wishes? Please speak with a voice in the dentistry in Europe, if that is possible. A request from the USA was issued for Europe taking a leading role in the international association of dental education, as the Trump administration is no longer intended to finance activities in the context of globalization. We are all aware that we do not like this concept of globalization, but a world perspective, a vision is important for Europe. He would be very happy to see many of the delegates attend the London meeting. This is relevant to all of us.

C.8 FDI

We are a part of the FDI, ERO members often apply for important positions in the FDI and this often with success. Anna Lella is curious what the FDI president can tell us about the activities of the World Dental Federation.

Patrick Hescot thanks for having the opportunity to introduce the FDI activities. The ERO is the most organized region of the FDI. The ERO has given him a lot and helped to implement his projects in the FDI. He looks back on a good and successful congress in Poznań.

Finance: Patrick Hescot is pleased that FDI's financial position has improved significantly over the last 4 years. An external auditor has been set up. There is absolute transparency. In 2016, a good profit was generated, and the reserves could also be boosted. Today the FDI is independent. The FDI is financed by membership fees, congresses and partners. A good financial position allows long-term projects to be undertaken. We in Europe are privileged, other regions and countries are dependent on more support from FDI.

Vision 2020 – advocacy is very important, especially at an international location like Geneva. Dentistry is changing. One of his first tasks was to create a new definition of oral health. To date, the focus has been on oral health, which plays an important role alongside with physical, but also psychological and social aspects. The dentist and the associations must demonstrate a new image of our profession. We are now also becoming social players. This new definition has led to the addition of new measuring instruments, an index. It is not only about caries, but also about social and environmental problems. This means that in every country the oral health, the positioning of the dental practice and of the dentist can be measure. I am convinced that we should be optimistic. On this basis, we can tackle new studies. This also means a new approach in terms of training and professional practice. We cannot wait for governments and authorities, it is our task to act, it is for our future. You must tackle it. We give you the instruments that you can use.

The FDI President points to the cooperation with other commissions, with the WHO for instance. It is important to be present in the WHO. We must point out that dental health is an integral part

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of the overall health. A first session on "non-communicable diseases" will take place in Madrid. It is a unique opportunity; in an NCD Alliance, we have a greater chance of being heard.

He reports on the very fruitful half-year conference in Goa. In Madrid, FDI will present a strategy for 2018-2021. This will be discussed there.

He is very proud that three new regions have been launched. The first Africa, whose strategy this year is concluded with the African Regional Congress in Marrakech. More than 25 African countries have now joined this federation. Furthermore, strategies for South America and the Asia Pacific region will be concluded in the near future. According to Patrick Hescot, the FDI is on the right path both financially, politically and humanly. For us it is very important to show presence. This implies many travels and meetings with ministries and media, which should help to promote the role of the dentist. We must not wait for solutions from others, the solutions we have to work out ourselves. Communication is very important. Communicate our image through direct messages to the population. This includes the World Day of Oral Health. It gives us a truly extraordinary opportunity to approach the entire population. This year, we directly and indirectly addressed over 500 million people. It is also a privileged moment to directly communicate with the population and so gradually increasing the image, the reputation of dentistry and our profession.

The FDI is also working on the topic of oral health for the aging population. This is an important issue that must be addressed not only in Europe, but also at a global level. This applies to so-called developed countries as well as to the developing countries. In addition to this program, there is also one for caries prophylaxis, periodontal health and peri-implantitis. For this purpose, white books are being developed in meetings and workshops.

As mentioned above, there is a new index and a new vision. This includes the "Oral health observatory", which was developed together with Germany, the Netherlands and Mexico. In the meantime, the program has been completed and about a dozen countries will test it. The FDI will make it available to members free of charge. This monitoring program consists of three parts: the international part of the FDI, the national part where you ask the questions, and a third part that can be worked out with partners. It is therefore very important that you see this "oral health observatory" in Madrid and the associations that want to do it now can do so through the FDI website. We will introduce this index in 2018. I hope, of course, that I will see you all in Madrid. The new franchise system seems to work well and the world congresses of the FDI are again very popular after some problematic years. The venues are already known for a few years in advance: Buenos Aires 2018, San Francisco 2019, Sydney 2021, 2020 is decided in Madrid. We are going to initiate regional congresses, the first was already in Africa, in Marrakech, there is the Iranian Congress for the Middle East and we hope, of course, that in Asia or other regions there will be more such regional conventions.

Patrick Hescot is referring to the vote of Peter Engel: "You can look confidently into the future. We are on the right track today. We owe this to you, to all of us. We are there to help you and give you instruments to think about and make sure that we are proud to be dentists in the future.

Anna Lella thanks for this presentation and leads to the presentations of the candidates for FDI offices.

Gerhard Seeberger is running for the office of President-elect.

Georgios Tsiogkas is a candidate for the re-election as a member of the Membership Liaison and Support Committee.

Edoardo Cavallé runs for the re-election as a member of the FDI council.

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Enzo Bondioni affirms the question of whether there is an official candidate for the Speaker's office. However, he cannot provide any further information.

C.9 Next meetings

The next plenary session will take place on 30 August 2017 in Madrid.

Hans Schrangl presents Salzburg as the venue for the 2018 Spring General Assembly on 13/14 April 2018. More information will follow.

The Dental Association of Kazakhstan had shown interest in conducting the ERO plenary session. So far, no official candidacy has been submitted.

C.10 Miscellaneous

Anna Lella thanks everyone for taking part in this General Assembly and for the good work. The FDI thanks them for the aperitif offered and of course also a hearty thanks to the translators.

D Close of the meeting

The president adjourns the meeting at 12.00 h.

The president:

Dr. Anna Lella

For the minutes:

Monika Lang