

REGIONAL EUROPEAN ORGANISATION OF THE FDI

NATIONAL REPORT

Country: REPUBLIC OF SLOVENIA
Association: SLOVENIAN DENTAL ASSOCIATION (SDA)
Venue: Yerevan 2010, Armenia

I. CHANGES IN THE ASSOCIATION AND ITS ORGANISATION.

No changes in the association and its organisation. All positions remain the same: Dr. Sajko Gorazd as president, Dr. Aleksander Velkov as secretary general and Ass. prof. Marjan Premik as officer responsible for educational and scientific matters. Personal changes are foreseen for the end of 2010 when new elections will be taking place.

II. TRENDS AND DEVELOPMENTS

In Slovenia we have currently one active dentist on 1560 inhabitants. The big problem is that the average age of dentists is more than 50 years, so that a lot of retirements are to be expected in the next 8 years.

Continuing education is becoming important and mandatory. The SDA organizes every year at least one general (from practice to practice) and several (5-6) specialised courses for postgraduates. Records of participation of each dentist is accurately kept in Medical Chamber and used for the renewal of their licenses.

Actually we have a public discussion about the boundary between public and private practises, financing and health programs. A serious problem is that is not clear what is the role and function of health centres as public institutions at the primary health care level, which in the previous system had a role of proactive (preventive oriented) health care activities especially for children, youth and women (including dental health care for youth) and which has been financed by public funds.

We strive for some kind of balance and partnership between private and public services and we support national oral health preventive programs which must be publicly funded and supervised. We would like to re-establish the oral health policy as a part of the entire health care policy.

Professional politics is also oriented to improve collaboration among three professional organisations: the Medical Chamber, the Medical syndicate and the Medical Association,

in which dentists have an equal role and their proper organisational structures (commissions, boards and societies).

The SDA endeavours to establish a health care information system which evaluates oral health and programme implementation, supports the development of the evidence base in health promotion and disease prevention through research and supports the international dissemination and research findings.

III.CHANGES IN THE INSURANCE SYSTEM

We are expecting a new law of health services at the end of this year. Yet we do not know what kind of impact a new law for the insurance system will have.

IV. CHANGES IN FEES

Actually all Slovenian citizens have compulsory insurance. All compulsorily insured persons are entitled to dental care. The Health Insurance Institute of Slovenia covers all expenses for dental care of children and students. For adults, however, the compulsory insurance system covers 85% of costs of dental care and oral diseases treatment and 25% for prosthetics. Reimbursement to dental care providers is based on a fee for service system. The costs for dental care in 2008 represented 4.6% of the total compulsory health insurance expenditure.

According to the estimates of the Commission for Dental Care in the Medical Chamber of Slovenia the actual workload of a dentist, measured in time unit, is too big. For that reason the SDA and the Medical Chamber of Slovenia adopted and updated the list of dental service items and their validation. We hope that in future this new list will be put into effect.

Ljubljana, 10. 03. 2010