Dear ERO President and Valuable Board Members,

Wishing you are all well by the end of the pandemic and return safe back on your clinics and daily routine. During our latest 2 years activities with my WG Continuing Medical Education in Dentistry, I regret that it was not so easy to facilitate the online working collaboration to functionaries more more actively as we had our fruitful results with contribution of our Policy Statement before the pandemics. Therefore I want to repeat our intervention as we have previously shared our new prospects for our WG with my supervisor Prof.Dr.Taner Yücel to conduct new activities for next couple of years on the light of FDI Vision 2030. We believe this is such crucial to take solid steps ahead.

As you are actively in the oral health arena you may realise that so far today as we see and also clearly demonstrated in FDI 2030 VISION Report, almost a decade after the FDI published its landmark Vision 2020 report, oral health is still not acknowledged as a priority within global health agendas by governments or by individuals. Today, Vision 2030 is needed to reassert the important link between oral health and general health and wellbeing, to unite the oral health care community behind a range of common goals, and to ensure that all stakeholders understand and recognize that oral health is an essential component of overall health and well-being, Vision 2030 report is to highlight
actual and anticipated transformational changes and trends in the global healthcare environment that will affect our profession, and to provide strategies for the inclusion of our profession and oral health care professionals as integral members within the emerging person-centred health care team. The structure of Vision 2030 presents, The Vision 2030 Report provides arguments to support the integration of oral health into the wider context of health and sustainability. It is in line with the global public health discourse, hence the need to identify ways to be part of this global movement and dialogue.

**The Vision 2030 Report relies on three main pillars:**

- Delivering available, affordable and accessible oral healthcare services
- Integrating oral health in the general health agenda
- Building a resilient oral health workforce for sustainable development

Here we can clearly see that the second pillar totally fits our prospect how we want to shape our activities.

FDI Vision 2030 report also suggests to assist FDI and its member organisations in shaping longer-term advocacy strategies and policies.

**Supporting approaches of Vision 2030 interfering with our clinical practice:**

- So far, currently we all agree that modern medical and dental curricula should aim to develop skills in inter-professional communication, evidence synthesis, critical thinking and life-long learning. Enhancing intra- and inter-professional education and practice, using the dental office as a portal into the healthcare system would sure enable to create the opportunity for medical assessments; health screening; in dental offices; opportunistic immunizations; risk assess for systemic diseases, with referral as appropriate; guidance of healthy lifestyle choices, including nutrition). It is already part of the remit of dentists to provide dietary advice with respect to prevention of dental caries. This intervention could be expanded to advice on healthy eating choices, tailoring dietary advice to individual risk and circumstances, and be aware of dietary restrictions and cultural aspects of diet and nutrition.
Work with other health professionals to co-design strategies to integrate health and social care at all levels:
(a) population-wide policy measures that seek to enhance awareness of risk factors for NCDs including oral health conditions (via legislation, regulation and information);
(b) community-based programmes carried out in schools, workplaces and communities to promote oral and general health and overall well-being;
(c) person-centred health-care services using tools such as health coaching - capable of providing individualised care to people with (often comorbid) oral and general health conditions.

We, ERO, as the strongest regional organisation of FDI and as a solely resembling organisation of European Dentistry, need to continue our efforts and present our valuable inputs globally as we did in recent years in FDI by concluding our work as a Policy Statement which is the first PS presented by the Regional Organisations. As before we have initiated relations with Diabetes Foundation and published the Clinical Guide and shared with all our European NDAs, we are still conducting new relations with European Medical Organisations for new facilities to conduct. Moreover to support these relations I would like to remind you that in 2018 we constructed “Continuing Education Support” for ERO countries to include CE activities or NDA congresses and may acknowledge “ERO SESSION” as an opportunity to organise interdisciplinary panels or lectures highlighting “Oral and general health related medical topics” with the FDI CE Regional Directory support.

We wish to receive more interests and call for applications from our European NDAs for this support. I would like to have your insights and valuable comments to continue our working group activity by constructing a survey about evaluation of diet and nutrition and their effects both on oral health and individual risk and circumstances. I believe this subject is so far not taken as a collaborative theme between the organisational levels so that we can have an opportunity to get into collaboration through the organisational level through our next year working plans.

2022 Working Plan

In continuum of recent 2020 objectives and plans and how we can proceed by our activities during this pandemic times to support our CE events hereby we
are pleased to receive any request to support all our ERO Member NDAs online CE events and call for any possible collaboration to organize interdisciplinary educational activities.

Throughout the WG meeting, we have decided to enroll a survey especially regarding students who will be the emerging group in following years with lack of theoretical and practical educational gaps. We also aim to determine what can be implicated and determine the absence especially to be compensated through their medical-dental relation based education as well. These data will be undoubted extremely promising to present within ERO Plenary Session but more would be a strong evidence if we can publish as well. However, publishing a resolution statement would also be an effective for our General Assembly of during autumn meeting as we before succeed further for a possible future contribution with FDI.

Kindest Regards, Prof. Dr. Hande Şar Sancaklı

On behalf of WG Continuing Medical Education in Dentistry