

# ERO WG «INTEGRATION»

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# WG «INTEGRATION»



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The priority of our WG was to involve in ERO NDAs from Eastern European region.  
The goal was achieved in 2011 and at that time more than 10 NDAs became ERO regular member

Based on the results and analyze of questionnaire (WG ERO Integration), at the beginning the tasks were:



- To improve the role of NDA's in Eastern European Countries
- To achieve more financial power and independence of NDAs
- Membership fee in new democratic countries is very low (5- 10 Euros per year)
- Membership of NDAs for practitioner dentists is not mandatory
- CDE in majority of NDCs is not mandatory
- License for practicing is necessary only in 42,8% countries

- License in time is limited only in 28,5% countries
- CE credit points are mandatory only in 64,2 % countries
- NDAs should take real responsibility of quality of treatment of patients in their countries, which considers:
- Having the crucial role in making decision of certifying and licensing of practicing dentists in their country
- Planning and implementing of CDE and making essential involving of all dentists in CDE.

# FOLLOWING TASKS:

## EDUCATION UNDERGRADUATE -

- unification of undergraduate education, according to education standards and educational programs,
- equalization of requirements for postgraduate education in Eastern European countries and approximation to the European or world standard of certification and accreditation

- The problem of unification of undergraduate education, according to education standards and educational programs



In the vast majority of CIS countries, a specialist for the treatment of teeth, diseases of the oral cavity, organs and tissues of the face is called a Stomatologists, not a dentist. We have a specialty dentist – but this is not a specialist with a higher education.

Now in Central Asian countries, this specialist (dentist) is being retrained into a dental hygienist or oral hygienist or a school dentist.



# FOLLOWING TASKS:



## EDUCATION UNDERGRADUATE & CONTINUING -

- The required number of hours of postgraduate training varies by country. In Kyrgyzstan – 250, in Azerbaijan - 240, in Uzbekistan – 288, in Belarus – 60-160 hours. For the rest of the countries, the questionnaires have not yet been processed. The main thing, in my opinion, is that dentists should undergo postgraduate training to obtain or confirm a certificate. It is possible to discuss the approximate standard of training hours for all ERO countries.

## EDUCATION UNDERGRADUATE & CONTINUING -



- In most countries, NDAs participate in the certificate exam – but the certificate is issued by the Ministry of Health. However, if a legal case arises, the analysis is given to the commission at the NDA.
- NOT likely, when dental office can open by any businessman. Only Stomatologist, or physician.

- **Licensing requirements for opening Dental practices (Dental Practice team)**
- **Insurance for dentists and patients, (Dental Practice team),**
- **Support for retired dentists, (Dental Practice team)**

- Ensuring the widespread implementation of preventive programs, educating the public, especially children of pre-preschool and school age – Governmental preventive programs, responsible attitude to oral health,

Confirmation of the possibility and effectiveness of prevention is the inclusion of preventive procedures in the vast majority of state insurance programs. In this regard, the study and implementation of State Insurance programs for the prevention of dental programs based on the experience of European countries is extremely attractive for new ERO member countries.

However, here, too, the experience of primary medical care implementation in the former USSR, approved by the participants of the World Conference in Almaty, Kazakhstan in 1978, fully or partially implemented in developed countries, can be studied and used for integration on a global scale. The experience of processing and reinterpretation carried out in the countries of the European region is particularly interesting.

Ensuring the widespread implementation of preventive programs, educating the public, especially children of pre-preschool and school age – Governmental preventive programs, responsible attitude to oral health,



The problem of the population of the former USSR countries is the lack of conscious motivation of members of society to preserve and maintain oral health at the proper level. Perhaps full insurance coverage by the state of all costs of secondary and tertiary prevention in the form of free most dental procedures did not contribute to the development of motivated preservation of oral health.

I think the list of the next tasks of the Integration Working Group should be discussed on the ERO Board , the NDAs of newly independent states.

Also, our working group needs close cooperation, using the developments results of investigations of the other working groups.





Thank you for attention!

