

2025 ERO Plenary Session

NDA Reports

+++ changes in the associations and its organisation

Austrian Dental Chamber has a new managing director Felix Schmidt.....since October 2024.

Armenian Dental Association has a new President :Prof.Dr.Lazar Yessayan

Turkish Dental Association: at October 2024 by the election a new board was elected...

A member of the former board Dr.Fatih Güler was elected as the President of TDA for two years of period...

There is no any other changes

+++ in the insurance systems

At many countries in Europe doesn't have enough sources for the dentistry. The problems by the public health systems start specially after Covid 19 pandemic and still continuous... The economic recession and high inflation rates make the negotiations with public health agencies more difficult.

In addition to this big problem the decision of the EU Commission about the ban of the use of amalgam, many countries like Austria and Slovenia are trying to find a solution with the public health insurance about an alternative for dental amalgam, because White fillings are not yet available without co-payment by these countries and the transition period can be extended until mid-2026.

For examples -Prohibition of supplements for underprivileged patients and

- broader definition of patients with special needs are the other negotiation topics with health insurance systems at Belgium....

+++ trends and developments

In Professional Politics

By the presence and future functions of NDA's as health professional organizations "the Quality of Health Care" is our indispensable goal. But we know also that the structural and legal framework for the practice of dentistry varies considerably between European countries. Some of these countries Slovenia, Czech Republic and Armenia have adapted in their parliament the Act on Quality in Health Care last year and they are establishing Public Agency for Quality Health Care....

To work for the harmonisation of oral health in whole Europe is very crucial. To bring standards and to monitor dental health care in the practices has great impact by increasing the quality assessments in Dentistry.. Here I remember you The paper Of Thomas Gerhard Wolf ,which is published in Quintessenz at 2024..

At EU Manuel Dental Practice CED from 2014 is highlighted the importance of some administrative controls and monitoring of the practises which try a wider availability of oral health care services and also concern about the quality of patient care...

For Liberal Oral Health Care System,for example.

-follow up mechanism for patients complaints,the threat of patints complaints and control of them is still the strongest way on the standart of care.

-basic controll mechanism of patterns and billings of patients treatments of individual practioners specially with high volume bills

-Incentives or rules for participation in CE is also effective mechanism for monitoring dental practises. professional Continuing Education and the rules of participations are very important...

In my annual NDA's reports last two year I bring on your attention about the Periodic Certification Project in France,because it covers compliance with professional standarts,compliance with regulatory obligations and quality changes in practices etc.It is in force since January 2023,but its implementation has been delayed ...FDA reports say due the political factors...

+++ In Educational Politics

At my report 2024 in İstanbul I had been underlined of the increasing the number of dental schools, which opened in a short time period and with unsufficient academic staff. This effected the quality of education negatively. All NDA's are spending big efforts to eliminate the lack of the knowledge by the new graduates by organizing CE programmes. The scientific evaluation of dentist and preserve the valuae of the profession is our substantial goal. From a survey of CED stated that CE is mandatory on 25 EU country only 7 of them is countinuing this volunteery. Requirement and precautions of CE are different each countries. Mostly in Europe NDA's willing a common european credit point system for CE system.

Life Long Learning		
CE Professional Development CE in EU 32 country 23 mandotory	CE only creditation No measurement No evaluation	No ECTS
Structured CE	Measurement+evaluation	10-20 ECTS
Clinic of Master degree	Under supervision control (clinical studies)	60 ECTS (2 semester)
Science of Master	Clinical+scientific studies	120CTS(4 semester)
Specialization degree	Universities	180 ECTS(6 semestre-3 year)
pHD degree	Universities	240 ECTS (4 year)

Establishment of a common European point system for continuing education is the main desire subject of NDA'S for discuss...

ADEE aims to increase the standard and quality of education for dental students by targeting the development of dental education in Europe based on the Bologna process.

For this reason, ECTS has made it possible to monitor the education of students in circulation and to establish their standards with the European Credit Transfer System it has created.

In order to implement a similar system in the field of continuing education, it would be an important first step for the training programs carried out by NDAs to have measurement and evaluation criteria.

There is a lot of work to be done in this regard.

Another point which the NDA 's reports are highlighted is the consumption of free sugar. We know that FDI has declared some political statements about sugar and its danger on diabetics ,obesity and caries. High consumption of sugar-sweetened beverages is strongly associated with high rates of oral diseases. They are identified as a White poison in many countries. Governments should take more measurements on this subject and we as NDA's should work for awareness of the sugar specialty for children and adults in our countries like taxation.

+++Corporate dentistry

Investor driven dental chains continue to be viewed critically by most NDA's . Because companies and investors are not the subject to the patients-protecting regulations. The most concerns are

- Interferences with the dentist freedom of therapy
- Less quality of treatment
- Higher billing volume for patients treatments
- Dentist receive lower salary.

It is also a reality despite request for changes at the laws, any country has reached a success at the limitation of investor driven dental chains which we learn from the NDA's reports. Neoliberal policies have led to the commercialization of health and the perception of patients as customers we should not forget that these investor driven clinics are the result of neoliberal politics.

For this reason, it is a reality that newly graduated dentists find it attractive to work in these chains and that we have difficulty finding answers to dentists who say they do not have enough resources to open a practice.

I find it important to start a project that explains the principles of liberal dentistry to senior students in dental schools in Italy , as stated in the report of the Italian Dental Association Andi.

Prof. Dr. Taner Yucel