

# **2025 ERO GENERAL ASSEMBLY NDA REPORTS**

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## Changes in the Associations and Its Organisation

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

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

A member of the former TDA Board of Directors, Dr. Fatih Güler has been elected as the President of TDA for a period of two years.

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## Insurance Systems

Many countries in Europe doesn't have enough resources for the dentistry.

The problems faced by public health systems started especially after the Covid 19 pandemic, and are still continuing...

The economic recession and high inflation rates globally are making the negotiations with public health agencies more difficult.

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In addition to this big problem, the decision of the EU Commission for banning the use of amalgam is also a specific concern for many countries like Austria and Slovenia.

They are trying to find a solution with the public health insurance for an alternative to dental amalgam, because Composite restorations are not yet available without co-payment in these countries and the transition period can be extended until mid-2026.

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For example;

- “Prohibition of Supplements for Underprivilege Patients”
- “Broader definition of patients with special needs” are the other negotiations topics with health insurance systems at many ERO countries like Belgium etc.



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## Trends and Developments

### In Professional Politics

Through presence and future functions of NDAs as health professional organizations, “the Quality of Health Care” is our indispensable goal. However, we also know that the structural and legal framework for the practice of dentistry varies considerably between European countries.

..such as Slovenia, Czech Republic and Armenia have adapted the Health Care Quality Act in their parliament the last year and they are establishing a Public Agency for Quality Health Care...

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The work of the harmonizing oral health across Europe is very crucial. To bring standards and monitoring of dental health care in the practices has great impact by increasing the quality assessments in dentistry.

Here, I would like to remind you that the paper Of Thomas Gerhard Wolf, which was published in Quintessenz at 2024 as the work of Liberal WG.

In EU Dental Practice Manual CED of 2015, you can find very important proposals which highlight the importance of some administrative controls and monitoring of the practices.

To reach a wider availability of oral health care services and also quality of patient care...

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For Liberal Oral Health Care System, NDA's should try to organize for example;

- Follow-up mechanism for patient complaints, the threat of patient complaints and control of them is still the strongest way on the standard of care.
- A basic mechanism for controlling patterns and billings of patient treatments by individual practitioners, especially those with high volume billing.
- Incentives or rules for participation in CE is also effective mechanisms for monitoring dental practices... Professional Continuing Education and the rules for participation are very important...



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In my annual NDA's reports for the last two year I bring to your attention about the Periodic Certification Project in France, because it covers compliance with professional standards, 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 to the political factors...

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## In Educational Politics

Increasing number of dental schools, opened in a short period of time with insufficient academic staff emerges big problem in some countries and has negatively affected the quality of education.

All NDA's are making big efforts to eliminate the lack of the knowledge of the new graduates by organising CE programmes.

The scientific evaluation of the dentist and preservation of the value of the profession is our substantial goal. From a survey of CED which covers of 32 EU member state that in 25 of them, CE is mandatory, only 7 of them has keep on a voluntary and all the dentists are required to collect credit.

Requirements and precautions of CE are different in each country, but criteria such as duration of activity and compliance with professional guidelines are exist.

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There are some EU member countries that are willing to establish a common European credit point system for CE system.

The establishment of a common European credit system for continuing education is the main wish subject of some NDAs ...

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.

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In order to get a similar credit system in the field of continuing education in dentistry, it would be an important first step for the training programmes to implement measurement and evaluation criteria.

Structured Continuing Education is the key to achieving quality in CE. But I should say according to the survey of CED, there is no system in the EU member states that allows participants to evaluate and provide a feedback on the CE activities and measure the outcomes of the lectures.

If we want to establish a common European credit point system for CE, we should start with Structured Education in CE.

We are still very far from this point ...If there is interest, an elected board could work on this important issue...



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## Ways through the competency in Future Education!

Life Long Learning		
Continuing Professional Development Continuing Education	Only creditation	No ECTS
Structured CE	Measurement evaluation	10-20 ECTS
Clinic of Master degree	Under supervision control (clinical studies)	60 ECTS (2 semestre)
Master of Science	Clinical+scientific studies	120CTS(4 semestre)
Specialization degree	Universities	180 ECTS(6 semestre-3 year)
PhD degree	Universities	240 ECTS (4 year)

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## Sugar Consumption

Productivity losses due to poor oral health cost to the global economy is 323 billion USD each year. Some of the NDAs are highlighting the consumption of free sugar as a main concern to discuss.

We know that FDI has made some political statements about sugar and its caries, diabetes, obesity and caries dangers. 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.

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Governments should take more measurements on this subject and we, as NDAs should be alert to bring this problem on public attention.

To meet the WHO recommendation that free sugars make up more than 5% of a person's energy intake (-5 gr), some countries are considering higher taxation rates on Sugar-sweetened beverages...

In general, a 10% tax on SSBs tended to correlate with a 10% reduction in SSBs consumption awareness of the sugar's specialty for children and adults in our countries like taxation.

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## Corporate dentistry

Investor-driven dental chains continue to be viewed critically by most NDAs . This is because companies and investors are not the subject to the patient-protection regulations.

The major concerns are;

- Interferences with the dentist's freedom to therat.
- Lower quality of treatment.
- Higher billing volume for patient treatments.
- Lower salary for dentists.



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**It is also a reality that, despite request to change the law, each country has succeeded in limiting of investor-driven dental chains as we learn from the NDA's reports. The commercialisation of health and the perception of patients as customers is the result of neoliberalism over the last 25 years and we should not forget that these investor-driven clinics are also the result of neoliberal politics.**

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**For this reason, it is a reality that newly graduated dentists, born into such a such World and we should not be surprised if they find it attractive to work in these clinics. They do not accept the problems as we do. Most of them have no idea about the liberal profession principles and we have difficulties in answering them when they say that we do not have enough resources to open a practice.**

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**Aggressive advertising, the violations of ethical rules, misleading the patients, too much pressure on employees performance and low wages... We should find ways to start with sustainable projects that respond these problems and explain the principles of liberal dentistry to raise awareness among graduates in dental schools as in Italy, as stated in the report of the Italian Dental Association Andi.**

*Thank you for your attention...*

Prof. Dr. Taner Yücel