

ERO WG «INTEGRATION»

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WG «INTEGRATION»

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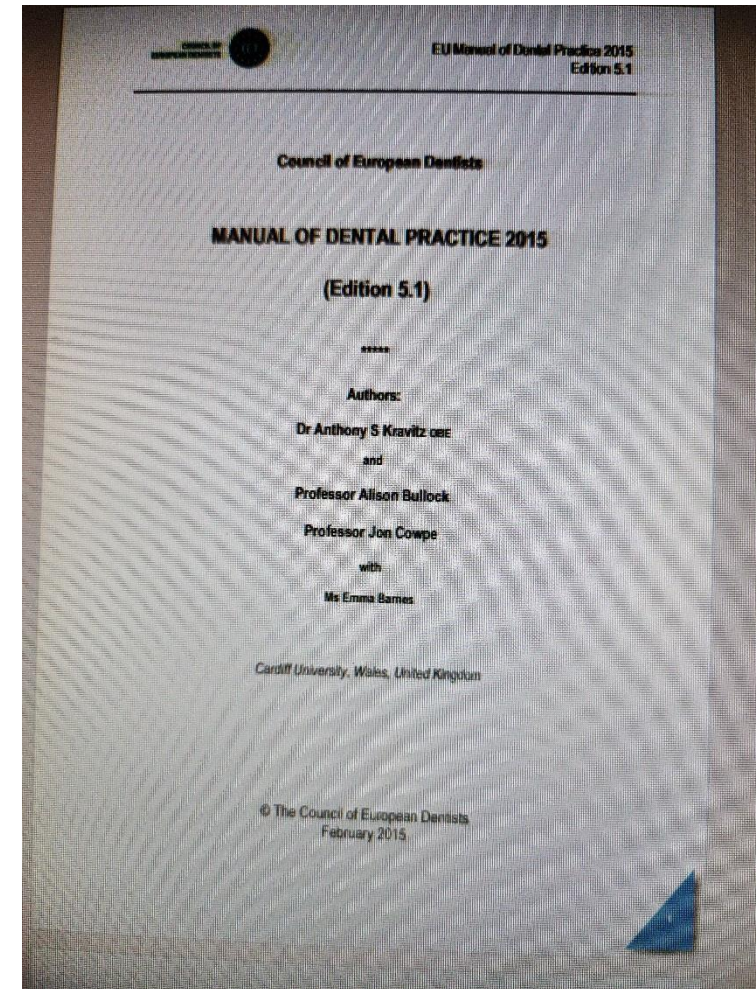
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Issues, addressed in the **INTEGRATION** group



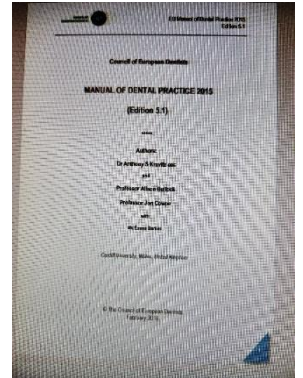
EU MANUAL OF DENTAL PRACTICE

- The EU requirements for medical dental specialty are reflected in the document **MANUAL OF DENTAL PRACTICE 2015**
- According to the plan, the **MANUAL** scheduled to be replaced in 2025.



The issue of the participation of Eastern European countries and beyond (CIS) in the update of the ERO Manual 2025

- **Four countries (Bulgaria, Poland, Azerbaijan, and the Kyrgyz Republic) responded positively**
- **did not participate: Armenia, Belarus, Georgia, Kazakhstan, Ukraine, Uzbekistan**



- **All respondents also indicated that neither the Ministry of Health (MoH) nor any associations were involved in the questionnaire regarding the reference Manual.**
- **Participants from Poland noted that both the Ministry of Health and the academic community were involved in the update.**

Distribution of private and public dental clinics



- **Nearly 100% private – in Bulgaria, Armenia, and Georgia**
- **20–30% private to 70–80% public – in Poland, Kazakhstan, the Kyrgyz Republic, Ukraine, and Uzbekistan.**
- **85–90% / 10–15% – public to private – in Azerbaijan and Belarus**

The situation is about the same regarding personnel – dentists / stomatologists

According to the Manual questionnaire,

- The profession of general dentist is recognized in 80% of countries (except Belarus and Georgia)
- The profession of dentist-therapist is recognized in 90% of countries (except Poland)
- Dental surgeon – 90% (except Georgia)
- Dental prosthodontist – 90% (except Poland)
- Pediatric dentist – 80% (except Belarus and Georgia)
- Orthodontist – 100%
- Dental hygienist – 60% (except Belarus, Georgia, Kazakhstan, and Bulgaria)
- Among other specialties, periodontists and radiologists are recognized

A specific issue concerns
Maxillofacial surgeons.

This is acknowledged in all the countries surveyed, however:

- **In two countries, it is a dental (stomatological) specialty (Ukraine and Uzbekistan)**
- **In two countries, it is a general medical specialty (Bulgaria and Kazakhstan)**
- **In six countries (the rest), it is both a general medical and a dental specialty.**

FOLLOWING TASKS:

EDUCATION UNDERGRADUATE -

- unification of undergraduate education, according to education standards and educational programs,
- Can we (ERO) influence the standards of undergraduate education?
- equalization of requirements for postgraduate education in Eastern European countries and approximation to the European or world standard of certification and accreditation



Undergraduate education –

- **In 90% of countries – 5 years**
- **In Poland – 6 years**
- **In four countries – single-stage (Armenia, Poland, Kyrgyz Republic, Uzbekistan)**
- **In six countries – two-stage (Azerbaijan, Belarus, Georgia, Kazakhstan, Ukraine, Bulgaria),**

- 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, dental assistant.

Specialty Zubnoy Wrach (Dentist)

- **It not existed in two countries (Bulgaria, Poland)**
- **It repurposed in two countries (Kazakhstan, Kyrgyz Republic)**
- **Abolished in four countries (Armenia, Georgia, Azerbaijan, Uzbekistan)**
- **In Ukraine, it was suspended.**
- **In Belarus, it retained.**

The next point is whether professional associations have the opportunity to modify Postgraduate training programs in national universities and colleges?

- **In most countries, postgraduate education is provided by specialized postgraduate institutions. The association's influence is minimal. In the Kyrgyz Republic, the association can influence to the content of postgraduate programs, as most members of the association's Board are also involved in the educational process, working at the national medical university (Academy).**

FOLLOWING TASKS:

- 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,



- **A national prevention program has been developed in Bulgaria, Uzbekistan, and the Kyrgyz Republic**

Funding for dental care

- **Not funded by the government – (Georgia)**
- **Per capita (Belarus, Kazakhstan, Bulgaria, Kyrgyz Republic)**
- **In other countries – the situation is unclear**

Funding for dental care

- In the Kyrgyz Republic – less than \$5
- In Azerbaijan – less than \$10
- Belarus, Poland – \$30
- Armenia – \$100–200
- Ukraine – \$10–715

**Thanks
for
attention!**

