



TÜRK DİŞHEKİMLERİ BİRLİĞİ
TURKISH DENTAL ASSOCIATION

No : 010-1.393
Subject : Turkish Dental Association
National Report

Date : 17.02.2020

Dear Monika Lang,

Please find the enclosed Turkish Dental Association National Report for the year 2019.

Also, we would like to nominate our Foreign Affairs Commission member Ersel Özdemir to “Digitalisation in dentistry – E-Health – Artificial Intelligence” working group. There will be no change of our members who are in other working groups.

Should you need any more data, please contact with us.

Thank you.

Best regards,

Gülay Özdoğan
Secretary General
Turkish Dental Association

App.: TDA 2019 National Report

Regional European Organisation of the FDI

National Report

Country: Turkey

Association:Turkish Dental Association

Venue: **Year:**2019

Please classify your national report by following subjects:

I. CHANGES:

Changes in the association and its organisation

General meetings of the Turkish Dental Association (TDB) are held every two years as required by law. The 17th Ordinary General Assembly, which covers the 2018-2020 period, was held in this direction and on 2-3-4 November 2018, but the Extraordinary General Assembly was held in order to re-determine the organs of the 17th Working Period.

As a result of the elections held with the Extraordinary General Assembly held on April 13, 2019, our colleagues whose names have been written below have been selected as the new Supreme Board of Directors for the 17th / 2nd Term.

Turkish Dental Association 17/2 Term (2019-2020)Supreme Board of Directors :

President	Atila Stephan Ataç
Vice President	Önder Taşan
Secretary General	Gülay Özdoğan
Treasurer	Buket Ünal Uğuz
Member	Muharrem Armutlu
Member	Sevgül Bora
Member	Kadir Tümay İmre
Member	Tolga Kutal
Member	Nebil Seyfettin
Member	Serdar Sutcu
Member	Hasan Yaman

II.TRENDS AND DEVELOPMENTS

- ***Professional Policies***

Turkish Dental Association(TDA) aims to contribute to the improvement of the general health of the society by strengthening the cooperation between medicine and Dentistry in the context of the relationship between oral health and general health by supporting preventive dentistry and improving the oral health of the society.

TDA has professional opinion and approach that oral and dental health services in public should be assessed, planned based on dentists.

TDA continues to support that oral and dental health services prioritizing preventive implementations should be got from not only dentists working in public but also from dentists working in private sector and keeps this topic on the agenda.

Meanwhile, employment of dentists in the public is increasing.

Regulations which may lead to commercialize dental profession are also important.

Regulations regarding last year:

- The legal process for the regulation about submitting the Personal Health Data of the patients to the Ministry of Health by the dentists continues.
- Previously dentists could work in the second setting with the approval of the related dental chamber. With a legislative regulation, this was changed in a way that when dentists start to work in a second setting , dentists do not need the approval from the related dental chamber they only have to notify the dental chamber about this issue.
- Studies for forming Product Tracking System in the direction of tracking devices and consumable materials used by dentists by Ministry of Health are going on. In this regard, as TDA, we try to be more knowledgable about this system.
- ***Health and social policy***

1. Dental Employment in the Public, Personal Rights of Dentists and Public Getting Service from Private Clinics

Turkish Dental Association approaches critically organization which public formed on oral and dental health care. In this regard, necessity of

Taking into consideration the distribution of dentists,

Revealing domestic distribution of Ministry of Health Oral and Dental Health Centre and Dental Hospitals, bringing forward a proposal for reasonable distribution of infrastructure and manpower,

Evaluating effects of Oral and Dental Health Centres' care and performance-related pay system on patients and dentists,

Evaluating Community Health Care Centres regarding oral and dental works such as fluor treatment and dental screenings,

Evaluation of public health centers regarding oral and dental health studies such as fluorine applications and dental scans

The necessity of evaluating the services and determinants provided by ADSM and TSMs through the opinions of dentists working in these institutions must be ensured. In short, the organizational setup should be based on the dentist.

The only institution in our country that purchases health care in the field of oral and dental health is the state-owned Social Security Institution. This institution procures the services on oral and dental diseases of over 82 million individuals through the Ministry of Health.

Turkish Dental Association submitted a proposal “oral and dental health care which prioritizes preventive treatments should be provided from private dentists along with public” to the institution years ago. . This positive proposal; Although it has been revealed with a scientific analysis that it will positively affect public finances in the long term, it tries to solve all oral dental patients in the country with its 10,000 dentists. The Ministry, which cannot provide adequate service during normal working hours in the face of the patient density, employs dentists in two shifts and until 24.00. In addition, malpractice is created by promoting to care more patients with money via performance system that directs dentists to quantity instead of quality.

This causes that oral and dental diseases are becoming widespread in public.

Employment of dentists in public is increasing every year. Number of dentists in public is getting equal to the number of private dentists.

2. • Regulation on Healthcare Organizations Providing Oral and Dental Healthcare Services

It is thought that a lot of changes in the Regulation on Private Health Institutions that regulates way of working and conditions of dentists and where oral and dental health care is provided, made by Ministry of Health, will bear lots of negative results that opens a profit-oriented field in non-professional capital for dentists and patients in the future.

Most important one is to place dentists as employee near capital owner and to take them out of self-managed professional group. It also causes irreversible damages in profession that hinder professional development and endanger future.

As well as a lot of provisions affecting professional practice negatively in the regulation, there are also some implementations to destroy relationship between professional organizations and dentists.

3. Personal Health Data

[Law No: 6698 on Protecting Personal Data](#) with lots of problems entered into force last year. In accordance with the law, 'Processing Specific Personal data without related person's consent is banned.'

[Regulations on Processing Personal Health Data and Protection of Privacy](#) on the basis of this law on 20th October, 2016.

However, the process regarding set up of institutions and organizations provided for in the regulations and revealing security measures determined by these, is not described yet.

In accordance with our Constitution, right on protecting personal data is one of the fundamental rights of people. Therefore, all regulations on restricting this right have to comply with the law in The Constitution "these restrictions cannot be contrary to word and spirit of Constitution, requirements and principle of proportionality of democratic community order and secular Republic."

In other words, the law on any processing such as collecting and sharing of personal data is necessary to be legislated, relevant law have to comply with requirements and principle of proportionality of democratic community order and secular Republic .

As a result of evaluation within this framework, a case on abolishment of some articles of Law on Protecting Personal Data which enable personal data to be shared limitlessly and immoderately was opened.

On the other hand, another case was opened for suspension of execution and abolishment to Council of State by Turkish Dental Association, by emphasizing that some regulations about personal data collected without related person's consent via Regulations on Processing Personal Health Data and Protection of Privacy are contrary to law because of such reasons as the fact that there is not any restrictions on data being asked to be collected and that Data Responsible Register required to be constituted by relevant law have not be constituted yet, that the Council of Protection of Personal Data is set up and determine security measures for collecting health data and that Ministry of Health made this Regulation without opinion of the Council of Protection of Personal Data

The case is still pending.

Beside a decision has not been made in this judicial process, healthcare organizations and dentists are thought to take into consideration values comprised of universal norms and codes of conduct for sharing "secret" data of patients, it is demanded that Provincial Directorates of Health register patients' data on a main frame of Ministry of Health, otherwise it is reminded that sanctions will be applied.

It was shared with our colleagues that any sanction is out because personal data cannot be collected without legal foundation due to incomplete arrangement and it is not possible that patients' data is not shared as a statistical data by being separated from personal data with Ministry of Health by Turkish Dental Association and Turkish Medical Association.

Education policies

A. Undergraduate education:

The number of dental faculties is increasing. Number of Dental Faculty for 2019: 92. Number of graduates for 2019: ~ 5000

Because optimal geographical distribution could not be achieved yet and non-completion of concurrently, necessary developments regarding infrastructure and all faculties having opportunities and facilities at different standards, increase of number of dentists does not seem to be effective enough to solve problems regarding the access to oral and dental health services totally, furthermore increase of number of dentists may negatively affect job opportunities of dentists.

More effective and comprehensive studies are needed to align the education of undergraduate dental education with expectations, needs and updated competencies in the field of oral and dental health.

B. Continuing Dental Education:

Although continuing dental education is not compulsory in our country, Turkish Dental Association Continuing Dental Education (CDE) aiming the post graduate education of our colleagues was disciplined by a Directive Regulation made in 1998.

In 2014, Continuing Dental Education (CDE) Directive was renovated in a more comprehensive manner according to the changing needs. New regulation highlighting accreditation provides that the competence development programs can be realized within the body of TDA and institutional and physical conditions are created more broadly described in the following article.

C. Dental Competency Development Project – TDA Academy

The rapid development of dental profession in our country and around the world, the changing needs of society about the oral and dental health care and the need for professional continuing education have showed up more crucially than in the past decades.

Need for qualified human resources, reflections of fast-growing technology in dentistry, strengthening the service-quality oriented approaches and the demanding form quite a large market for professional training.

There are many training activities organized in the field of dentistry. Contribution of each training activities to profession and colleague is not the same

The main principles of professional continuing education, application methods, and success criteria have been an important issue for many years studied by many professional institutions and universities around the world; they are generally accepted and their success has been determined.

The first information that is required to evaluate the success of any training given in any area is the educational achievements that have been identified in various sizes.

When it comes to professional continuing education, educational achievements have been revealed as the development of the capabilities that a dentist should have after the bachelor's degree.

For that purpose; in order to form a basis for the evaluation of continuing professional education programs by our Association, the structuring of the organization which includes the procedures for determination of Professional Qualifications and Standards is ongoing. TDA Academy, which was established in 2013, first carried its scientific activities to the provinces, and started to organize the activities with the Dentists' Chambers in 2017. In 2019, 79 scientific activities were organized.

D. Dental Faculties

In Turkey, by the year 2019, there are 92 Dental Faculties. Currently, there is education in 66 of these faculties.

Despite increasing number of Dental Faculties, due to improper workforce planning, poor dental visits, imbalance between graduated dentists and employment, our colleagues continue to face a serious unemployment problem.

CORPORATE DENTISTRY

1. Position of NDA towards dental chains

Dentistry is carried out mainly in the form of individual practices in most developed countries.

In liberated, pluralistic democratic regimes, the existence of self-employment based on the principle of self-management significantly contributes to the liberalization of the society provided that sufficient public units have been organized in order to be able to deliver

standard medical services to the patients in an accessible manner. Self-management and patient-oriented self-employment service delivery are important features in the liberal practice of dentistry.

Turkish Dental Association cares about and supports the practice-based healthcare delivery where these features are preserved.

Dental chains are clinics, which have either one owner or different owners that offer oral and dental health services in multiple locations under a single brand name.

a) Opening more than one health institution under a single ownership violates the principle of the dentists working in their own clinic while practicing his profession.

In the chain health institutions established in this way, it is observed that the professional autonomy become significantly limited which enables the dentist to make patient-oriented planning and decide on the benefit of the patient.

b) Identification of health institutions under the same brand which belongs to more than one dentist is a different view of chain health institutions.

In this type of chain each health institution operates with its own autonomy. Also, including the name and organization of the company, determining the equipment that are used and having a common accounting imply that each institution is seen as a part of a whole.

In this way, a perception is created that support can be obtained from large, institutional, many health institutions in favor of chain health institutions against their colleagues, who serve in the clinic that they open with the patient, in the practice or in the outpatient clinic with the colleague.

On the one hand, the existence and expansion of chain health institutions, where professional autonomy is limited, and on the other hand, based on monetary power, and where the activity areas of professional members are narrowed, are not considered as a professional organization.

2. Problems about the dental chains

The main problems created by the dental chains clinics can be listed as the exposure of employees to performance pressure and, accordingly, possible quality losses in health services and especially violations of the ethical rules related to promotion.

3. Possible solutions

Chain health institutions should be completely prevented, if this is not possible, all partners should be dentists, and all dentists working in these health institutions should be partners with the health institution, and sanctions to be applied in violation of ethical rules should be determined in proportion to the number of dentists working in all health institutions of the same name.

III. Changes in Wages

Dental Treatment Fee

Examination and Treatment Wage Tariff in private practice is determined and put into effect by TDA through the right of legislation according to the cost analysis based on scientific data.

IV. More New Information

Turkish Dental Association International Congresses

The 25th International Dental Congress, organized by Turkish Dental Association, was held in Istanbul on September 5-7, 2019 with the participation of 11,968 visitors.

26th International Dental Congress will be held in Diyarbakır on 15-18 October 2020.

Cooperation with Other Health Organizations

In the partnership with the solidarity between “Health Labour and Professional Organizations” which consists of 8 organizations, TDA takes part in the studies predominantly consisting of cooperation and solidarity to be more effective against negative enforcement of the government for patient health and healthcare professionals.

Our 3 Main Concerns

1. Not being a part of the consultation process, at a desired extent, regarding the preparation of the regulation which defines the work conditions of private dentists
2. Dental Faculties are increasing rapidly. Our faculty number, which was 16 in 2002, reached 92 at the end of 2019. The infrastructure and academic standards of all new faculties are not sufficient. The number of dentists, which is 34.000 today, will exceed 91.000 in 2028. Because the frequency of visiting a dentist is very low, the number of the dentists who will not be able to find opportunity to work in private sector will be increasing.
3. Continuing Dental Education Directive, which entered into force firstly on 18th February 1998 to maintain knowledge and skill learnt during dentistry faculty fresh, follow scientific and technological developments, and provide qualified dentistry service with the aim of determining rules of recognition of organizers of events and rules and procedures relation to Continuing Dental Education. Hundreds of scientific events have been organized since then and many dentists have participated in these activities. Since there is no obligation; the participation of dentists working in Public under the Ministry of Health was very low. It will be possible for dentists who graduate from faculties with different education and training levels to reach the same level of competence thanks to CDE. As a result, the people will be provided with a much higher quality dental service. For this purpose, our applications are made on every occasion for the CDE Regulation, which we have drafted, to be finalized with the Ministry of Health.

3 topics we would like to discuss

1. Trends having the potential to affect dentistry profession negatively
2. Actions to be taken regarding sharing of the examples of best practices in Europe with ERO members effectively (e.g. best practices of distance learning)
3. Positive and negative effects of the internet on dental profession