

## **ERO-Plenary Session 29<sup>th</sup>/30<sup>th</sup> April, 2016, Baku, Azerbaijan**

### ***Minutes***

#### **A Welcome**

##### **A.1 ERO-President**

Philippe Rusca welcomes all delegates and alternates. His special thanks goes to the organizers of this assembly, Prof. Rena Aliyeva and Sabina Aliyeva and their assistants.

Duygu Ilhan and Kamran Shahkbazov are elected as scrutineers.

Maharram Akhmadov, deputy head of Department of Humanitarian Policy Issues of the administration of the president of the Republic of Azerbaijan, gives a hearty welcome to the participants of this assembly.

##### **A.2 Greetings of the president of the Azerbaijan Stomatological Association**

Rena Aliyeva welcomes all people present and especially those who are the first time in Baku. She wishes everybody a successful meeting.

##### **A.3 Greetings of guests**

The president especially welcomes the official representatives of the Azerbaijan Stomatological Association, the FDI president Patrick Hescot and the FDI speaker Gerhard Seeberger. A hearty welcome also to the translators, who do not always have a simple task.

#### **B Presentation by the Azerbaijan Stomatological Association**

Kamran Shahkbazov presents the health system of Azerbaijan, especially of course the developments in dentistry as well as studies on the collection of oral health data. He reports on the positive experience in the prevention of caries and oral hygiene. The program, which has been initiated some time ago, is very efficient. The World Oral Health Day is celebrated regularly and has a great deal of attention in the press and the public.

Philippe Rusca thanks for this information. It is always interesting to know what is going on in the host countries and he is delighted to hear that the efforts of FDI and ERO and the member countries are aimed in the same direction.

#### **C Standard agenda of the business meeting**

##### **C.1 Roll call - Establishment of the quorum**

Hans Schrangl does the roll call. 50 delegates are present and therefore the quorum is achieved.

##### **C.2 Approval of the agenda**

The agenda in its present form is accepted.

### **C.3 Approval of the minutes of Bangkok**

There has been one correction of the minutes of the Bangkok assembly from France. It has been sent to delegates on beforehand of this assembly and can also be seen on the website. Otherwise, there were no change requests and the minutes are adopted. Thanks to the secretary.

### **C.4 Reports of the Board**

It is Philippe Rusca's last report and he looks back at his time in the ERO, which began in Bucharest with the General Assembly of 2004. The ERO was then in a crisis. I had the privilege to be working under the leadership of José Font-Buxó, later with Patrick Hescot and Gerhard Seeberger. Every president has his own personal style; all were excellent examples for me and I thank them for that. 2014 I became president. It had the pleasure and the privilege to start with the 50th anniversary of the ERO. This gave me the opportunity to do some research. The brochure that came out of it was presented in Paris and this was also the moment to create a new logo. (He invites everybody to use only the new logo. It is available at the Secretariat.)

Some of the goals were achieved. A contact with the ADEE could be established. The news that fully trained students from different universities receive a diploma without any clinical experience was a wakeup call for me. We cannot tolerate this and the ADEE is certainly an ideal partner to correct such errors. The contact with the ESDE could also be strengthened. It is pleasing that our intermediary, Marco Mazevet (now no longer a student), was included in the delegation of the French Dental Association. With Thomas Wolf, we have another young colleague who participates in the WG «Liberal Dental Practice in Europe». More than ever, we need to be prospective and the young colleagues should actively participate.

In his mandate, the working groups have produced some results. For example, in the group "Dental Team" we managed to achieve a consensus regarding the profile of DH, even though if the profession in some member countries does not exist. This is certainly an asset of our organization, which we should continue to work on.

There has been a new member as well: Belarus.

Philippe Rusca looks back on good relations with the partner organizations (especially FDI). He is very pleased to see that we pull in the same direction and help each other. We have a direct contact, which is important. We have good relations with the CED as well and try to help us complementary. I am convinced that this will continue in the future.

The ERO is in a healthy financial situation. I am very proud of it. When I started in 2004 as a secretary general, there was no money in the till. We try to make savings. Only the important documents are translated in three languages; distribution of papers is done only by electronic mail. Many documents are now on the website. It is important that more young dentists join our organization and working groups. We have always tried to keep a good balance between East and West with the organization of our general assemblies.

Unfortunately we did not succeed in convincing the Nordic countries to join us, deplores Philippe Rusca.

He thanks the chairpersons and members of the working groups for their cooperation and support. They are very important. He thanks as well his fellow board members for the excellent collaboration. The whole thing is a team effort. We always reached a consensus. He specially thanks Monika Lang, with whom he has collaborated from 1991 in the Swiss Dentals Association and from 2004 in ERO. She will stay and take care of the secretariat in the future.

ERO as a partner organization of FDI? This raises, so Peter Engel, a different view of the ERO. If I look at it as a regional organization, ERO is committed to FDI and vice-versa. As a partner organization, I would see it a bit differently.

Philippe Rusca would not consider this a contradiction. Of course, the FDI is the umbrella organization and it will stay that way. In recent years, he had always had a cooperative relationship. He would like to have understood his vote that way.

It is clear that FDI is the mother party, affirms Patrick Hescot, but we work hand in hand. The regional organization is closer to the Members Countries. He is happy that the ERO today does very well and is very strong.

## **C.5 Finances**

### **5.1 Settlement of accounts 2015**

The outgoing president has started from scratch and in fact, we are now doing very well, remarks Michael Frank. The accounts 2015 close with a profit of € 29'195.76 and the ERO has assets of € 373'427.57. The board has reserved a provision of € 10,000 for the support of the new president in special tasks. Regarding the membership fees the GNI of 2010 still serves as the basis; membership figures are provided by the FDI. The ERO has a good financial cushion and certain projects may so be realized. He thanks Monika Lang, who takes care of the bookkeeping, for the good cooperation.

He asks the auditor to say a few words. Enrico Lai reads his report. He confirms the correct bookkeeping and asks the delegates to accept the accounts 2015. He submits as well a request for discharge of the Board.

The accounts are adopted unanimously and the Board is granted discharge.

Michael Frank is grateful for the confidence and passes the office to a next treasurer.

### **5.2 Outstanding fees**

### **5.3 Budget 2016**

Michael Frank briefly discusses the budget 2016, which provides for a profit of almost 15,000 €. The website needs some updates. Otherwise, no special issues are planned. The situation is comfortable.

The Delegates have no questions and the budget is approved unanimously.

## **C.6 Presentation of the candidates for the ERO Election**

Michael Frank (candidate for the office of President elect ), Oliver Zeyer (candidate for the post of Secretary General), Nino Griffa, Nick Sharkov and Taner Yücel (candidates for the two posts as a member of the Board) briefly introduce themselves. Hans Schrangl withdraws his candidacy as a member of the Board.

## **C.7 Working groups**

### **7.1 Liberal Dental Practice in Europe**

Ernst-Jürgen Otterbach: at our last meeting in Bangkok, we adopted a statement on new forms of dental practice partnerships and tried to set up a framework, which is in line with the topics of the Charter of the liberal professions of the CED. However, this is only a framework and we promised to continue constantly to examine whether these new forms of professional practice coincide with our ethical principles and the principles of liberal profession. How right it was to follow this intent, proves the reading of the 18 country reports that you have in your files. As a common thread can be extracted from many reports that large practices, franchise models, even unlawful practice of the profession and large-scale advertising campaigns put a big question mark to our fundamental ethical principles. This development was the subject of a meeting of the working group at the beginning of this year in Basel and was discussed in our meeting today. We agreed that we cannot stop further developments in the profession, but that we must defend the principles of the liberal practice of the profession and should try to implement them in new forms profession as well. We have to distinguish between commercial structures and

cooperation of specialists that offer a high quality dentistry for the benefit of our patients. So we must make it clear that a medical act is not a commercial business and that the cooperation with the patient based on the free practice of the profession comes in first place and not any kind of commercial activities. We must ensure that the legal framework under which we work is equal for all. To achieve these goals, the profession should be under the supervision of an organization. There should be no mercantile advertising activities and public information should be restricted only to medical facts. The principles of a free profession should already been conveyed to the dental students and the young colleagues. If we believed that the political administration fully supports our concerns, we must be ready to be taught otherwise. Although not all here in this room are member of the European Union, nevertheless, the Commission in Brussels is leading the way and secondary effects usually are not long in coming. So we thought in 2013 with the establishment of the WG Liberal professions on behalf of the European Commission to find an ally to our concerns. We supplied this group with information about our notions of professional independence, provided them with the Charter of liberal professions of the CED and much more. The result took a long time in coming and it was disappointing. The so-called "action lines for liberal professions" submitted by the WG to the Commission in December 2015, which – to be fair - refer to all professions, had nothing to do with ethics and medical actions. What came out was in fact the recognition of the liberal professions; but this paper was an ode to the free market with a very limited relation to the professional independence. Once again it became clear that through deregulation, easier access to the profession and the classification of medical and dental practices to small and medium enterprises the exact opposite was achieved of what we wanted. Only the invitation to the member countries and their professional organizations to formulate European codes of conduct and ethical values, made us sit up and take notice. Maybe the Charter of the professions, which was not even mentioned in this package, was too complicated for the Commission. Since we cannot expect much from politicians in the definition of a liberal profession, we must take action. All of us sitting here must assume responsibility not to leave our profession to the free play of forces. Only with a strong advocacy, we can reach our goals. We must have common objectives, because we live in a time in which each of us has the possibility to work in every country in Europe and our patients have the freedom to choose where they want to be treated in Europe. To get an overview on the common positions regarding the form of professional practice in the various countries of the ERO, the WG has developed a simple questionnaire and we would appreciate if you could answer our questions. The questions will provide insights into the organizational structures of the dental profession in the various countries and mark the trends and developments particularly with regard to new forms of the profession itself. Only in this way, we can gain an overview and formulate common positions. Via our organizations in the ERO and CED we would like to present suggestions for obtaining a liberal and self-dependent profession for the benefit of our patients and to highlight false efforts in order to warn from drifting away from our medical mission towards only market-oriented companies. Here is an example that I would like to share: in Germany currently the surgeons meet and they complain about the "assembly-line operations" based on so-called DRGs to maintain the profitability of the hospitals. Not the patient's illness, but the hospital's illness is at the forefront. A late realization after 13 years of negative experience. We should keep this example in mind. I do not want to experience that so-called health economists are present in our ranks who try to turn our dental profession image upside down only to serve their shareholders and not the wellbeing of our patients.

There are no questions asked. The mentioned questionnaire should be sent shortly.



## 7.2 Relations between dental practitioners and universities

Philippe Rusca announces the resignation of Nernim Yamalik as chairperson and member of this working group. He thanks her for the excellent work and her tireless efforts for this working group. Everybody has very much appreciated her and we regret her resignation.

Anna Lella too, is sorry that Nermin Yamalik has retired from the group and thanks her at this point for her great work. In Simona Dianiskova she found a good and viable successor.

Anna Lella refers to the survey on the " clinical guidelines " and presents the results.

*Participants were mostly: over 40 years (52%); in practice for less than 20 years (60%); general practitioners (65%); in private practice (75%); in individual or group practice (80%)*

*Clinical guidelines are known (68%) and implemented (61%) by majority of the responding dentists (68%). 81% believed in the benefit of clinical guidelines for dental practice.*

*Clear differences were observed between the respondents from different countries based on local/geographical circumstances, age, years of professional practice, etc.*

*More than half (57%) believed that there is role for NDAs , especially in creating a general awareness on clinical guidelines. Majority (> 80 %) felt that NDAs and dental faculties could collaborate for developing and disseminating clinical guidelines.*

*Both patients and dentists equally benefited from the implementation of clinical guidelines into practice.*

*Lack of awareness of clinical guidelines was the first reason for not implementing clinical guidelines into daily practice.*

*NDAs may need to consider the suggested role for them in collaborating with dental faculties in:*

- *developing evidence-based clinical guidelines;*
- *disseminating clinical guidelines;*
- *increasing the implementation of clinical guidelines into practice.*

The full report is on the website and was published in the IDJ.

Simona Diansikova is honored to take the chair of this working group; she thinks it will be difficult to hold the pace of Nermin Yamalik upright. She is grateful for the trust placed in her and will try to do her best. To fulfill her task she relies on the cooperation of her WG members. Mare Saag is to join the group. All those who are interested in these issues are welcome to join. Simona Dianiskova briefly presents her goals. Cooperation with the ADEE shall be continued. Another issue for the next mandate will be the specialization of dentists in Europe. In most European countries, they are organized by the universities. If the Assembly agrees, we will take care of this issue. We will inform on the progress in Poznan.

Philippe Rusca is glad to have Simona Dianiskova, who once has been a member of the board, back in the boat.

The "summary" presented by Anna Lella is unanimously approved and will published on the website.

### 7.3 Integration

Elena Ivanova reports on a project, which aims to prevent disease and promote a healthy lifestyle and that, was developed in cooperation with the WG prevention for the Russian population. It is also about the prevention of the primary dental diseases. The program is called "development of health care 2015 - 2020". It organizes the dental service in schools and the clinical examination of the Russian population in order for a timely detection of dental disease and providing for an individual approach to disease prevention. An epidemiological research now starts in Kazakhstan, Kyrgyzstan, Moldova and Russia.

The WG Integration aims to cooperate with the ADEE and the ERO in basic training, with the purpose of promoting the dental training in the Eastern European countries. This could start with a pilot project in a university and a possible result could be the recognition of higher education diplomas of some universities.

After the meeting in Tbilisi and with regard to the desired reorganization of WG activities we focused on issues relating to the individual member states. Education and training is a major issue after the modernization of the education system in Russia and Belarus; prevention in Kazakhstan, Kyrgyzstan, Moldova and Russia; standards of dental practice in Armenia, Russia and Uzbekistan. Standards in the dental practice, exchange of experiences between the ERO countries are on the agenda for the meeting in Poznan.

### 7.4 Quality in Dentistry

Roland L'Herron reports. The group has completed the work, which has been started 2-3 years ago. He refers to the document, which can be found on the website and will therefore focus primarily on the principles. What has been elaborated are suggestions, not standards. The group has found a good title for it: "Self-assessment tool for quality in dental practice". It is - as the title says - a tool for self-assessment for practitioners and the dental team. We kept it very general, so every dentist - always depending on the respective legal regulations - can adapt it to his practice. I want to remember that the commitment to quality is not a sprint but a continuous run. It is the only run in the world, where there is no finish line. The bar is raised continuously. It is mentioned in the preamble: you have to regularly assess the situation, define objectives and to consider how to achieve them. If you want to make an assessment, it should be done in writing; everyone's role has to be examined and any information has to be taken hold of. Quality, safety and transparency are inseparably united. Important is a good basic training and then a lifelong continuous education. The principles are the following: free choice of the patient and the dentist. Only mutual trust can achieve quality. The active participation of the patient is important and the patient needs to know what responsibility he has to share for a good outcome. We would also like to state that quality is impossible without an adequate remuneration for the performance, adapted to the conditions of the country. We are only a small link in the long chain of health. Politics and policy makers play a role, as the financing - public or private – is an important part.

Roland L' Herron takes this opportunity to thank all members of this WG, who worked on these recommendations. The work is done and he hopes that this WG persists in the ERO and soon may count more members.

Michael Frank thanks Roland L' Herron. The beginning was quite difficult, but in the end, something came of it. It is important to continue working on these recommendations and to deepen some points; also to look how things are done in different countries. This requires additional staff. The secretariat gladly accepts nominations of new WG members and then a meeting with hopefully more members will be convened.

When Roland L' Herron took over this group, its task looked almost a "mission impossible", reminds Philippe Rusca. Nevertheless, you have then chosen the path of wisdom and

created a document that does not restrict, but suggests useful criteria. The work is not yet complete - it remains a permanent construction site. He thanks Roland L' Herron again for his commitment.

## 7.5 Continuing medical education

Hande SarSancakly: Today we would like to present our current activities and make a suggestion for our future work. Three years ago, as the new structure of the WG began, we started to work on a guideline for the ERO for the accreditation of continuing education. We wanted to prepare a guideline that shows how to proceed. Following a review of the criteria that were presented during the last General Assembly, we have written a document that will show how these accreditation guidelines should look like. We will summarize once again the final phase of this document (guideline for continuing education programs and educational institution recognition criteria). The dental profession, like many others, is characterized by continuous training (lifelong learning). This continuing education is usually provided by professional associations, institutions or universities. Such training is crucial, because this is about to provide the best quality for the dentist and ultimately for the patients. The global education and training programs are very different and yet have a lot in common. You must fulfill the different conditions for accreditation. To initiate the accreditation process at all, the former mentioned bases have to be integrated. The provider must have a quality management system available, in addition he must establish education planning activities in the context with specific policies and procedures, he must have an evaluation system to verify the institutional functioning and educational attainment.

The quality management system and the training plan must also meet certain requirements. (We point to the corresponding Guidelines on the ERO website.) If these basic criteria fulfill the requirements, then the provider will be able to undergo accreditation. The drafted paper is a summary and a guide that can more or less be applied to all global accreditations. It is the case that many countries do not yet have such rules and these guidelines may be particularly useful to those countries.

Now for the second concern, the new proposal for the group's work. The results of the questionnaires have been presented and we have picked out a few topics that are of interest to the European dentists. One of them could be the relationship between general health and oral health. This could be inserted, for example in continuing education program.

The working group would also like to pass on some explanations and tips to the dental professionals. There exist several tools that could be applied for this purpose. Hande SarSancakly asks for the naming of topics that the WG then could publish.

Azamat Baigulakov asks whether she has plans for the future in terms of online courses (webinars). There are many teachers in the FDI, which could pass on knowledge by the way of webinars. Do you plan to organize webinars in collaboration with the national associations? Those could in turn pass on this information to their dentists.

Hande SarSancakly is also of the opinion that online courses in today's world are very important for teaching in general. If one asks us to continue to work on such projects, then we gladly do it, even though it might be a bit beyond the objectives of our WG. However, it is an important issue and that we should continue to pursue.

Michael Frank finds this topic interesting. However, we must also set a limit to what an ERO Working Group can and should do. It would probably go too far to develop content standards. This is very complex and difficult. It would be all right to define general criteria. Thus, also Hande SarSancakly agrees.

Jürgen Fedderwitz would not contradict Michael Frank. He refers to the work of the FDI Education Committee. They not only care about the scientific program, but are also concerned about the continuing education in other countries and continents. That could be a future program for them for the next legislative period.

Philippe Rusca agrees. This is not a task for a regional organization, but must be taken care of within the FDI.

Hande SarSancakly thanks her working group members for their cooperation.

Philippe Rusca asks finally those present to support the guidelines elaborated by the WG. These are unanimously accepted.

## **7.6 Dental Team**

The group met in Monza and made a brainstorming on the profile of the dental technician, reports Edoardo Cavallé. In Bangkok, the issue has already been broached. We somewhat have adjusted the formulation. We need to take another step now. However, there is still homework to be done. The group has decided to add a proactive measure to the declaration of FDI. The challenge for our profession is NEVER to be replaced. This needs to be explained. The aim of our profession is not to provide services but to ensure a part of the health care.

Everybody has been working very actively in this group and he thanks his members for it.

We stand behind you, declares Philippe Rusca. We must defend our profession. With the DH we have already made an experience with a bachelor's training and we do not want to repeat this with the dental technicians.

Ward van Dijk asks what the new formulations that have been inserted in the FDI statement mean. Is that a proposal, which we will discuss in Poznan?

There have been inserted a few things regarding the European perspective. This was only to underline the importance of the subject, answers Edoardo Cavallé. We have discussed the matter and will present a new declaration for Poznan. We will see how the final document looks and you will be able to give your opinion.

## **7.7 Aging population**

This group must be built now. Besides Philippe Rusca, Stefaan Hanson, Anna Spialek, Sophie Dartevelle, Pierre-Olivier Donat and Vladimer Margvelashvili have declared to be willing to cooperate. It would be nice to have also someone from Germany. This WG will not do scientific work, explains Philippe Rusca. We just want to collect experiences and information that have been made in the member states with the aging population. The goal is to work out a few guidelines or recommendations on how best to deal with this problem. Further members are welcome. It is also emphasized that this WG is not intended to be a competition for the respective FDI working group. Philippe Rusca will organize the first meeting.

## **7.7 Approval of the reports of the working groups**

All reports of the working groups are approved unanimously.

The President thanks the Chairman and members of the working groups for their dedication. The lists of the WG members are sometimes quite long and an update is necessary. They are available on the website. Anyone who is interested may like to join. That is why he asks to inform the Secretariat, who will participate further or who wants to retire.



## **C.8 Member countries**

### **National reports and discussion**

We received 21 country reports, announces Hans Schrangl. They are available on the website. The reports are very interesting. Elections have taken place in Croatia, Estonia, Kazakhstan, Portugal, Slovakia, Slovenia, Spain and Turkey. He congratulates all who were elected.

Trends and developments in professional politics: as an example he picked out the examination of the language skills. In Austria, the Dental Council is responsible; in Bulgaria and Estonia the implementation of language exams is reported. In Slovakia, the ministry tests the language skills. The Croatian Dental Chamber has published the "Dental Mammoth - Foundations of Clinical Dentistry" a comprehensive work for the Croatian dentists. In some countries, DH schools are established; for example, in Croatia and Estonia. It would be interesting to learn, how they will be trained there. Portugal reports to have implemented a specialization recognition for dentists.

Health Politics: Group practices, dental clinics or primary health care centers are an important topic. Whatever we call them, it is mostly investors and not dentists who operate these institutions. These companies therefore no longer are subject to dental guidelines and the dental chamber and the associations have no disciplinary handling anymore. This is reported from Austria, Croatia and France. In Italy, they fight with dental chains as well as in Spain, where there are many illegal businesses and big problems with the exuberant publicity. Even Germany and Israel know this problem. In Turkey, it is possible by a change in law that non-dentists open incorporate enterprises. In my opinion, declares Hans Schrangl, the smallest compromise can only consist in that a registered dentist is installed as a conductor of such a corporation, in order to have at least some control by a person who meets the ethical and professional requirements given.

Educational politics: Austria announces a new private university, we now have three public and two private universities in the dental field. France continues to have problems with the CLESI University, too many apprenticeships training positions report Kyrgyzstan and Spain (with 1,900 new students each year). In Turkey, the number of dental students rose last year by 20%, with a population growth rate of 1.37%. On the other hand, the university budget was reduced in Denmark, which resulted in merging the training of academic and non-academic support staff at the Aarhus University. This can of course not be in our interest and is combatted by the Danish Dental Association. In Switzerland, there are not the universities that lead to an oversupply of dentists, but still the inflows of dentists from abroad.

The insurance systems could not be more different in the individual member countries. So Azerbaijan reported on private insurance companies, that cover dental treatments partially or totally and on a public insurance company to cover emergency treatments. In Croatia exists a new model for contracting dentists that takes into account the quality of treatment and not only the number of patients. This new contract has increased the income of dentists. Kazakhstan now introduces a mandatory health insurance and in Switzerland a Canton tries to incorporate the dental treatment costs in the social security system. The Swiss Dental Association is fighting this attempt. Germany reports an urgent need for a reform of the health system. Israel has declared free treatment for children under 14 years of age and people over 65. Portugal has extended the voucher system for young people up to 18 years.

What else is there to report? In Poland, there is a discussion going on on the use of amalgam and wastewater disposal. Many countries report their congresses and continuing

educations events. In Germany, the BZÄK organizes the “Europe Day” on 1 June this year. It is about liberal profession, an issue that is very necessary to be discussed in the EU.

Finally, a very good news: In France, a survey is stating that 87 % of dentists have a good image and 95.5 % of patients are very satisfied with their last visit to the dentist.

Hans Schrangl wants to know why in some countries schools are founded for the training of DH and what kind of DH are formed there. Are these students who only receive theoretical training or it is a professional training via the intermediate stages of the chairside assistant and prophylaxis assistant?

Michael Frank questions Ward van Dijk on the situation in Holland. What are the government’s plans at the moment? It was heard that you intend to combine the studies of dentists and DH, shorten resp. extend it to 4 years and only then split then.

There were no major changes in the training of DH in recent years, responds Ward van Dijk. The decision, that training should be extended to 4 years and that the DH should then be able to make fillings (only with primary caries) was taken 5 or 6 years ago. This, however, she can do only after referral of the patient by a dentist. She then has the responsibility, and can decide whether she wants to make the filling or not. This rule is effective since a few years. New is that the DH are lobbying to become even more independent than they already are. They try to obtain permission to make diagnosis themselves. This is a hot topic among the dentists. However, it looks like the DH do not have great chances of success.

The question of whether they really want to merge the training courses, is denied. This is not in the planning.

Philippe Rusca assumes that the Dutch Dental Association fights against allowing the DH to do diagnosis. The dentists have tried to do something against all that has changed over the last 20 years with respect to the DH. In the end, the government always overruled us, remarks Ward van Dijk.

Mare Saag confirms that they want to open a school for DH in Estonia. This is progress. In the 90s, we were of the opinion that we need no DH, but now the Dental Association expressed an interest and there are discussions with the relevant bodies. They are planning a 3-year undergraduate curriculum (less than 3 years is not possible at the university), but it still lacks funding. Therefore, they wait. The University of Tartu is currently not particularly keen to introduce this degree. However, there could also be the possibility to set up a Health Science degree program.

Roland L' Herron would like to know whether the compensation from the insurance for a filling made by the DH is the same as when it is done by the dentist. He suspects that the authorities will try to enforce cheaper prices for the performance of the DH.

Again, this is a hot potato and reason for many discussions, says Ward van Dijk. For third-party payment and that is with all insurance companies so, it is irrelevant who performs the treatment, the same amount is paid. There is no difference. However, there was a big discussion about the fees that may be charged to the patient and unfortunately it is also there so that the fee for the DH is exactly the same as for the dentist. Then, there are services that are performed by dental assistants and here as well the same fee will be charged. This is an issue, which will remain on the agenda in the Netherlands for a long time.

Ralf Wagner recalls the importance of the decisions that we have taken here, now that we see how the ambitions grow. The DH requires the whole patient. He is pleased that the Dutch dentists now also fight against it. They were formerly far too optimistic. The question of whether the DH will be compensated according to the same fee structure as the dentist is upsetting. This question should not even be asked, because in our opinion they should not be able to provide this service. This is another step too far. In Estonia they now want the DH and this even with a Bachelor degree! The discussion in the ERO assembly, which ended with a majority vote, has said exactly the opposite. It has clearly been voted for a gradual education. According to the Bologna Process, a bachelor can settle independently. Then there will be no longer the question of delegation / substitution, because if someone is self-employed, it is only substitution. Why not take advantage of what we have developed here? We do not reject the DH, but we described a way how to prevent them becoming a dentist "light".

It is important that these topics be discussed in the ERO, thinks Ward van Dijk. Over the last 20 years we have always tried to get rid of this subject. Maybe we should have one or two lectures on this topic at a next meeting. There is one point I want to emphasize: there is still hope, 75-80 % of all DH in the Netherlands are working in a dental practice under the responsibility and payed by the dentist! So, it is not as bad as it looks.

Anna Lella will certainly take up Ward van Dijk's proposal, says Philippe Rusca.

Ilshat Yuldashev: We are very happy that our profession is so popular. Because of our history in Kyrgyzstan, we have a specialty, which is a training as a dentist of only 3 years (medium degree) and this dentist can basically do anything that can do a stomatologist. We could inquire about the experiences in the Baltic countries and then we might be able to "divert" these "specialists" with a training that fulfills certain professional requirements to DHs. We have too many dentists at the moment and our government stands idly by. However, the formation of this special category of DH would maybe cause us problems, too.

Peter Engel is clearly against the Bachelor degree for the DH. The training of the dental staff including the DH is in the competence of the chamber and thus they are subject to the Vocational Training Act. All training as Bachelor is not subject to the Vocational Training Act and therefore not in the responsibility of the Chamber. With this, we create a entirely unique profession that can develop independently aside all this legislation. If you look at the financial difficulties of the European countries and the universities, if you see that there is always less money for dentistry in the university; that on the other hand the dental practices offer more and more health and beauty treatment, while the competence of medicine within the dentistry is in danger and our profession suffers continuous dismantling, the risk is growing that dentistry could be outsourced from the university to a college of higher education. This is my severe warning.

In Italy, remarks Gerhard Seeberger, the DH can even call themselves doctors. What a confusion for the patient. This is worse than anything you can imagine. There are dental teams with all kind of specialists while the DH is responsible for the "normal dental treatments". We were not able to prevent that. It is no more a question of delegation yes / substitution no; it is a question of delegation yes / elimination no.

Michael Frank joins his German colleagues in the review. Unfortunately, we are just one country (one voice) in Europe. He did not know that in Kyrgyzstan there are dentists with only a training of 3 years. It is further astonishing that there are countries that support

university education of DH. The profession of DH is okay, but to train them academically at the university, he considers incredibly dangerous. He is glad, that we can discuss those topics at occasions as this.

Philippe Rusca joins this statement. Here ends the discussion for today, but it is certainly not over. He thanks Hans Schrangl for his presentation.

### **C.9 ERO Elections**

Piret Väli, Corinne Genin and Marek Szewczynski constitute the electoral committee. They are elected unanimously.

In the first round, Michael Frank is elected by 44 votes as President-elect, Oliver Zeyer by 46 votes as secretary general and Enrico Lai by 48 votes as auditor. 50 ballots had been handed out, 26 votes were required for election.

In the second round, it comes to the appointment of two board members. 49 ballots are dealt. 5 are invalid, 15 votes were attributed to Bartolomeo Griffa, 13 to Nikolai Sharkov and 16 to Taner Yücel. No one is elected.

In the third round of voting 53 ballots are distributed. Now the candidate with the highest number of votes is elected, explains Marek Szewczynski. Bartolomeo Griffa receives 17 votes, Nikolai Sharkov 13 and Taner Yücel 23. The latter is thus elected.

In the 4th round of voting 50 ballots are distributed. Bartolomeo Griffa obtains 27 votes and Nikolai Sharkov 24. Bartolomeo Griffa is elected.

Bartolomeo Griffa is allocated the position of Treasurer. He declares himself ready to take on this task, if delegates agree. The Assembly agrees to the large majority.

Congratulations to all new officers and best wishes for success in their activities.

### **C.10 FDI**

Patrick Hescot reports about the FDI Strategy 2014-2017

First, he refers to the elections in the General Assembly in Poznan - we desperately need European colleagues in the FDI-bodies! It is also very important that the FDI is invited to the meetings of regional organizations.

He talks about "leadership", "membership", "partnership", about "advocacy", the finances, "Vision 2020" and the recent developments since Bangkok. "Leadership" means to assist the associations to become official representatives towards the government and the insurances. Not all dental associations are well positioned. A good example and a real success is Africa. Next to Europe Africa is the second best organized region of FDI. This is astonishing and pleasing.

"Membership": Without members there would be no FDI, declares Patrick Hescot. We have more than 200 organizations worldwide, and these differ from each other. We are here to commit ourselves to the oral health and the dental profession. In my visits, I try to cover 3 points: Discussion with the leading forces of the dental associations in order to hear their problems and their expectations towards the FDI; Communication about the importance of oral health in the media and - if possible - discussion with the authorities. These are not scientific discussions. We try to be more general and to explain that the dentist is a socio-economic player. He not only cares about the oral health, but much more. He is responsible for the quality of life for the whole life of the human being. The dentist



plays a political role as well. I try to explain this in every country. He refers to the 2nd edition of the "Oral Health Atlas" and recommends to make use of it. It helpful in supporting the dental profession. It is an advertisement for the role of the dentist.

Regarding "Partnership", he refers to the activities, workshops and developed papers with Unilever, Colgate, Ivoclar-Vivadent and GC, designed to promote oral health for various populations and age groups. Communications, advertising and cooperation with other international groups and regional organizations of the FDI are another big and important issue. Again, it is a question of focusing the attention on the importance of oral health in the context of the general health; be it with the World Oral Health Day, Videos, Mobile Phone Games and Apps. Finances finally have become an enjoyable topic. The 2015 financial year has closed with a profit and the general reserves have increased to more than 3 million CHF. This allows increasing the support of projects and actions. After a reference to "Vision 2020" and the think tank, the FDI President asks those present again to promote and support European candidates for the forthcoming elections. Try to work together and to agree before Poznan! He was very sorry, that no candidate from Europe was available for the post of FDI Treasurer. He would very much like to have all continents represented in the FDI bodies.

Philippe Rusca thanks for the information given to us by the FDI President. The message was clear. He announces at this point that he is a candidate for the office of FDI councillor.

Patrick Hescot cannot answer the question about the venue of the 2018 FDI Congress since the corresponding contracts are not yet signed.

### **C.11 Next ERO meetings**

The next assembly will be held on September 8, 2016 in Poznań (during the FDI Congress). Philippe Rusca informs that the board decided to try a new formula and the Assembly is therefore set from 11:00 to 14:00. Marek Szewczynski shows a short presentation about Poznan.

Below are the next dates and locations:

- Assembly Spring 2017 - 21-22. April 2017 - Geneva. Monika Lang has prepared a short presentation about Geneva.
- Assembly autumn 2017 - as part of the FDI Congress - Madrid.

The venue for the spring meeting in 2018 is still open. There are two candidates: Austria and Kazakhstan. The Board prefers Austria, because we were now twice in the East.

The vast majority of delegates also votes for Austria.

The candidature of Kazakhstan does not drop out. It remains valid and can be again put to vote at the next opportunity.

Ward van Dijk, Alexander Tolmeijer and Nick Sharkov (he is running for the FDI Council) will give up their posts in the FDI Committees. So, there are vacant posts for Europeans!

### **C.12 Miscellaneous**

Anna Lella thanks Philippe Rusca on behalf of the Board for his great and valuable work. He was a very good colleague and it was a great pleasure to cooperate with him. Thank you so much!

Philippe Rusca thanks in turn the organizers, the technicians and also the translators for their contribution to the success of this meeting and adjourns the assembly.

The President:  
Dr. Philippe Rusca

For the minutes:  
Monika Lang