

## ***Regional European Organisation of the FDI***

### ***National Report***

***Country: Italy***

***Association: ANDI – Associazione Nazionale Dentisti Italiani***

***Venue: Lungotevere Raffaello Sanzio 9, 00153 ROMA***

***Year: 2021***

***Please classify your national report by following subjects:***

#### ***Changes***

Nationally, the main change of 2021 was the phase-out of amalgam from dental studies; this regulation, approved in July, is in line with national inclination since only 5% (last national report: 2017) of dental restorations were still performed using dental amalgam. Moreover, Italian dentistry conformed to the European normative over radioprotection. ANDI has registered no other changes, just a slow return to a new normal after the pandemic. As far as the associative structure is concerned, in 2021 ANDILab was launched. As a branch of the association and software house developer, ANDILab is working on virtual platforms to support our lifelong education courses, easing the process of data sharing among our associates and researching the possible application of AI over dental medicine.

#### ***Trends and developments:***

*in professional politics*

*in health and social politics*

*in educational politics*

*in the insurance system (incl. the public health insurance and private insurance schemes)*

In the transition to a new normal after two years of the pandemic, ANDI strives to maintain the offer for its associates, promoting global access to high-quality dental care. Therefore, there have been no brusque developments in any field. Thanks to ministerial guidelines and the advocacy of the association, dental

cabinets never closed altogether and continue to uphold safety standards. As far as education is concerned, both academic training and lifelong learning have continued: ANDI helped this process advocating for the need for clinic training for our students and shifting most of continuing education, when needed, over virtual platforms.

## ***Corporate Dentistry***

*position of NDA towards dental chains*

*problems with dental chains*

*possible solutions*

ANDI opposes dental chains and corporate dentistry. The constitutional principle of corporate dentistry makes it answer to market opportunities instead – and sometimes against – clinical considerations; this is incompatible with the dental profession. The ancillary position that trained medical personnel occupy within the decisional framework of these ventures makes it impossible to uphold any control by the National Chamber or Health Ministry; this often leads to a void in regulation that creates grey deontological areas within the national practice of oral health. Moreover, as reported in the recent CED document on dental tourism, dental chains are constitutively incapable of constructing meaningful therapeutic pacts with patients, rushing instead health procedures and basing most of their appeal on misleading advertisement practices.

In 2018, Italy approved a series of regulations on medical advertisement: pushed forward by ANDI, the law also explicitly states that all health clinics must nominate a medical director. Medical directors must be members of a professional medical chamber (CAO, Commissione Albo Odontoiatri in the case of dentistry), making them subject to the deontological regulations and disciplinary procedures of said chamber. Following this principle, ANDI is advocating for the necessity to conform all health-providing institutions, including dental chains, to the model of a professional association. In this way, at least 2/3 of the shared capital invested in a health clinic would be provided by medical specialists, ensuring the capability of the Health Ministry and the competent National Chamber to regulate all health providing clinics through medical regulations and deontological codes.

## ***Changes in fees:***

We are currently experiencing suboptimal access to dental clinics, negatively impacting general incomes. However, to guarantee access to dental care in all its forms, fees have not increased during the past year.

## *Information regarding promotion of the World Oral Health Day:*

Considering the still lingering fear of COVID-19 infection, for the third year ANDI will be promoting WOHD virtually. This year, our multimedia campaign will focus on the importance of prevention and the integration of oral health with other aspects of health.

### *Further information (activities)*

To ease the return to normality, ANDI advocated and supported the necessity for a timely vaccination for all members of the dental team to ensure operational capability of dental clinics.

In 2021 ANDI launched the “Dentista Sentinella” (Dentists’ Watch) programme concerning gender-based violence and domestic violence. “Dentista Sentinella” aims to inform our associates on their capabilities and duties when treating a patient that is suspected to be a victim of abuse, training them in case management.

Moreover, in 2021 was concluded a pilot project concerned with dental care for elderly patients. The project aimed to organize dentists in assisting patients hosted in care homes rather than moving them while at the same time educating the caregivers (nurses and relatives to the guest) on the importance of correct oral health for elderly patients. The final analysis proved a steep increase in the efficiency of this line of action, encouraging ANDI to further the initiative.

### *What are your 3 main concerns?*

ANDI's biggest concern regards the post-COVID return to normality. Despite the vaccination process and the safety procedures, our dental studies are still missing a quota of our patients (between 15% and 30%); we are concerned how, in the long run, this will impact oral health and dental care literacy. The economic crisis that most European countries are facing and that is hitting middle and lower-income families is without any doubt one of the main reasons for this decrease in patients' attendance. Inflation and market instability are also encouraged by the uncertain international situation. Therefore, generally speaking, ANDI's top concern is the need to safeguard a return to normality capable of maintaining dentistry accessible for all our patients.

### *3 points you would like to discuss*

- 1) Oral cancer: screening, advocacy and operative capabilities of dentists*
- 2) Quality in Education: how to mutually recognized titles and qualifications on a transnational base*
- 3) Dental chains and dental tourism: how will the situation evolve after the COVID*