

Regional European Organisation of the FDI

National Report

Country:

Association: SPANISH DENTAL ASSOCIATION

**(Consejo General de Colegios Oficiales
de Odontólogos y Estomatólogos de España)**

Venue: Alcalá, 79-2ª planta 28009 Madrid

Year: 2018

CHANGES IN THE ASSOCIATION AND ITS ORGANISATION:

In June 2018, elections to the General Council of Dentists were called, with Dr. Castro re-elected as president. The Executive Committee is formed by the following members:

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| President: | Dr Óscar CASTRO REINO |
| Vice-President: | Dr Francisco José GARCÍA LORENTE |
| Secretary: | Dr Jaime SÁNCHEZ CALDERÓN |
| Treasurer: | Dr Joaquín DE DIOS VARILLAS |
| Executive Director: | Dr Juan Carlos Llodra |
| Vice-Secretary- | |
| Vice-Treasurer: | Dr Alejandro LÓPEZ QUIROGA |
| Member: | Dr Agustín MOREDA FRUTOS |
| Member: | Dr Luis RASAL ORTIGAS |
| Member: | Dr Guillermo ROSER PUIGSERVER |
| Member: | Dr Miguel Ángel LOPEZ-ANDRADE |
| Supernumerary member: | Dr M ^a Concepción LEÓN MARTÍNEZ |
| Supernumerary member: | Dr Agurtzane MERUELO CONDE |
| Supernumerary member: | Dr Joan CARRERA GUIÚ |
| Chairman of the Central Ethics Committee: | Dr Carlos CAÑADA PEÑA |

TRENDS AND DEVELOPMENTS:

In professional politics:

- **Advertising:** The scandals that have shaken the dental sector in Spain recently, have left many affected without money and teeth due to the disorderly closure of clinics. As a result of commercialization, poor management of clinics and aggressive advertising that served as a hook for many patients, it has generated a reflective effect on society. In this sense, it

seems that efforts are being made at legislative level to draw up a text that allows the regulation of health advertising, but at the moment it has not yet been released. Both the Council and the Colleges are working to raise awareness of the special treatment and consideration that should be given to health advertising. That is why we are urging the political parties to create a framework legislation that regulates health advertising at state level and the Autonomous Communities, through meetings with heads of administration, to develop legislation in this area in accordance with their competences.

At the state level, we have regulations controlling health advertising, especially in areas such as: medicines, medical devices, cosmetics products. We have even regulations for the known as "miracle products" (those that, without being health products, pretend that purpose to achieve a greater claim). Administrative control is expected at different levels (approvals, manufacturing, distribution, sales, advertising etc.).

The Autonomous Communities have the power to develop advertising regulations when referring to the provision of health services. Through these specific regulations, the Administration has the ability to control and approve the health advertising before it is broadcasted, by demanding greater rigor, or even prohibit certain behaviors in order to favor the health of citizens. But the reality is that not all Communities have these regulations and when they do, they are very uneven, causing serious problems of application, and incomprehensible situations when advertising is statewide.

Today only the Basque Country, Navarra, Murcia, Aragon and Asturias, have developed regulations on health advertising although more and more Autonomous Communities are becoming aware of this need.

It is possible to detect more and more advertising campaigns made by macro-clinics and franchises, but also by many professionals who need to compete with these macro-clinics which are extremely aggressive and in which a purely commercial vision is given to dental services and products. Besides, there is an increase in advertisements promoting tooth whitening treatments in cosmetic centers, hair salons, spas, etc., without apparent supervision of a qualified health professional, as well as the selling of custom products online (such as occlusal splints), which are served directly to the buyer without the supervision and subsequent prescription from the dentist. Several Dental Colleges and our Dental Association have made official complaints about this type of advertising and the illegal online sales of custom medical devices, before the Health Departments and the Spanish Medicines Agency.

- **Specialties:** After several meetings between the Scientific Societies, the University Dean's Conference and the GC itself, an agreement was reached between the three bodies; a joint consensus document was prepared in which the Administration, Ministry of Health, is asked to create dental specialties.

It seems that the Ministry of Health has approved a Royal Decree on health specialties that will facilitate the task of creating dental specialties, although it is not known, at the moment, which of them will be chosen. However, the Council is holding meetings and

conversations with politicians and Ministries of Health and Education in order to request the creation of specialties based on the need for the citizen and to prevent Spanish dentists from being in an unequal situation compared to specialist dentists in the rest of Europe.

- **Intrusion**: It continues being a problem that notably affects the profession and that also supposes a risk for the citizens. The current regulation of the crime of intrusion in our penal code is insufficient and does not achieve the intended deterrent effect. From the Colegial organization we continue fighting in a hardening of the sanctions, since it is an illicit activity that puts in risk the health of the population.
- **A plethora of professionals**: In Spain, there are currently around 36.800 registered professional dentists. We have 22 Faculties of Dentistry, of which 12 are public and 10 private. Therefore, we are the European country with the largest number of Faculties of Dentistry per capita. The new enrolled in the first year totaled almost 1,900 students. The situation is similar to 2017: with a number of registered dentists already exceeding the figure of 36.000, we still cannot get the Regional Governments (who have assumed responsibilities in the areas of Health and Education) to restrict the number of students admitted to the Faculties of Dentistry, establishing a *numerus clausus*. We can find a large number of students from several EU countries (mainly Italy and France) in many private Spanish dental universities.

In health and social politics:

- **Health legislation**: The new Law of Professional Colleges and Services has not yet been published.
- **Royal Decree on Cosmetic Products**: (23 February 2018). The Council of Ministers approved Royal Decree 85/2018, of 23 February, which regulates cosmetic products, in order to include in Spanish legislation the aspects of national development, provided for in the European Regulation of cosmetic products, and introduce the necessary provisions to harmonize our regulation. After the publication of the rule, the royal decree 1599/1997 is revoked except for the provisions for personal care products, for which it will remain in force until the development of their own regulations.
- **Organic Law 3/2018, of 5 December, on the Protection of Personal Data and guarantee of digital rights**: this Law covers both the inclusion of the articles of the European Regulation, which is subject to adaptation by the Spanish legal system, and new rights and obligations.

In educational politics: there is no relevant development in this field.

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

- **Portfolio of Public Dental Services**: against our permanent request of progressively increasing oral health benefits in the State's portfolio of public health services, the last years' economic recession in our country has caused cost-cutting in certain state and regional health services. As an example: the cancellations of certain benefits and

limitations of the Children Dental Care Plans of some Autonomous Regions.

The Spanish Dental Association and Dental Colleges has requested the extension of dental treatments included in the services portfolio of Spanish Social Security or, at least, for risk groups: children, elderly people and people at risk of social exclusion, mentally disabled, pregnant women, etc.

In dental care for persons applying for asylum or refugees:

In our country, this issue has an autonomous management with specific programmes and actions. One example is CETI (Immigrant Temporary Stay Center), in Melilla, where through the regional College of Dentists and the help of FDE, basic emergency dental care is being provided.

CORPORATE DENTISTRY

Problems with dental chains/Position of NDA towards dental chains:

The Spanish Dental Association is concerned about the current situation and urges the Government of Spain to safeguard the rights of patients and professionals. Our organisation calls for legislative changes for the structure of these companies asking for a higher number of dental professional in their partnership in addition to control healthcare advertising.

The Dental organization claims the regularization of the industry to stop this business model that puts economic interests before the health of patients.

Relative to the financing of treatments, the Spanish Dental Association insists on the need to interrupt payment immediately if the dental service is not being respected requesting the debt cancellation. In addition, the patient should have all the information to proceed to that effect.

- **iDental Case:**

A mercantile company created in 2014, made up of a corporate structure made up of a large number of interposed companies. Its business model, the "low cost" clinic, was based on the supposed democratisation of dentistry through very aggressive advertising. They opened 24 clinics throughout Spain: located in industrial estates, with 100,000 square metres and 3,171 employees, 800 of whom were dentists. In October 2017 the business group iDental was sold to the Weston Hill investment fund for more than €25,000,000. The corporate group went bankrupt in 2018, with the consequent cascade closure of all its clinics. This left patients with unfinished treatments and outstanding payments to credit institutions for financing their treatments.

Its mechanism for attracting customers was based on extensive advertising in social networks and media where they made promises that were difficult to fulfil:

Social Dental Care: They sell their services as an innovative way of working with dentistry, based on a system of private dental aid provided by the organisation itself to the most in need patients and their motto was "Dentists with a heart". The subsidies were fake, just a marketing campaign.

Dental Aids: Depending on the personal, work and financial situation of the patient, iDental offered great discounts on treatment costs (from 60% to 100%).

The first visit was free of charge and included a personalized diagnosis and study of the patient's financial possibilities. Based on this, the patient was offered a budget and a percentage of help or discount, which had to be accepted within a very short period of time, with the risk of losing the offer. They were not really aid; they inflated the prices and then reduced them so the final price was the market price.

Funding systems: It was mandatory, in most cases, for almost all patients, even those who did not meet the minimum requirements for funding.

Mass Advertising: Dissemination in the media (tv, radio...), at state level, also on the Internet and social networks where they offered their so-called "social dental care services", creating a confused perception of reality in the consumer.

Cheap skilled labour: Paid postgraduate training was offered: Free postgraduate specialization that included a paid employment contract for young dentists. They used the term IGD, International Global Dentist, Aula Zero.

iDental offered the Master in Integrated Dentistry, Management and Implantology, with a duration of 3 years, accredited with 60 ECTS credits from Bologna and endorsed by the University of Lleida and the University of Alicante. iDental subsidized 95% of the total cost of the master's degree to dentists that were working in their facilities, making it possible to reconcile work activity (paid salary) with specialized training.

The reality is that none of these universities had a Faculty of Dentistry.

It has been found that the hired dentists worked more than 12 hours a day and, sometimes, without being paid. Mealtime and holiday were not respected. Work absences due to anxiety and overload were extremely frequent. If workers left voluntarily, they were not paid the unpaid wages.

Currently, the Central Court of Instruction No. 5 of the Spanish Audiencia Nacional has initiated an investigation phase against iDental (corporate group), Weston Hill (corporate group) and their administrators, accumulating all the proceedings in courts throughout Spain for alleged crimes:

- Pyramid Scam
- Misappropriation
- Fraudulent administration
- Forgery in a public document
- Crimes against public health
- Injuries

The Court has now adopted precautionary measures such as:

- Arrests of administrators
- Intervention of accounts, real estate, property, etc.
- Intervention of the societies by a judicial administrator
- Suspension of the financial credits (so that the victims do not have to pay the credits for the treatments not received)

It has also been judicially declared an arrangement of creditors for the lack of payments: dental suppliers, banks, workers, etc.

- **Funnydent Case**:

Context: Funnydent operated 9 clinics in Spain from 2012 until it closed down in January 2016 without any prior notice to patients or staff.

Funnydent also received a warning from the Spanish Ministry of Economics in 2014 regarding their misleading advertisement.

Business Practices: Patients were advised by commercial staff rather than by dentists which treatment they should consider. At the same time, they were promised stark discounts and given very limited time to take a decision before the discount would expire.

Patients had to pay for their treatment in advance, which meant that they could not change clinics even when they noticed that the situation in the clinics was not up to standards.

Employer Practices: Employees were reportedly not paid for the last months before the clinic closed down. A high turnover was reported in the practices, which meant that patients were often not cared for by the some dentist throughout their treatment.

Complaints: With the unannounced closure, many patients were left with unfinished treatments that were already paid.

- **Vitaldent Case:**

In February 2016, Vitaldent's management structure was arrested in Spain. Its modus operandi was similar to both cases mentioned above.

Our organization is personified in the criminal procedure initiated before the National High Court (Idental case), collaborating in every matter we are required for. In addition, the following actions have been raised, at a political level, to prevent the dental sector may be harmed by scandals such as these in the future.

Possible Solutions:

- The Spanish Dental Association stresses that it is absolutely necessary to engage the Government of Spain in the dentistry profession, for a legislative change to get a majority of dental professionals in the partnership of these companies linking the dental service with professional ethics to avoid massive professional activities outside the health sector just to get immediate economic benefits.
- The professional organization urges the Government to regulate health publicity around the country to eradicate cases of misleading advertising and refine health offers because people's health is not on sale.
- Intrusion: Stricter penalties.
- More control of health authorities on health centres, services and facilities.
- Sanctioning procedures, by the collegial organization, to registered members when they incur in ethical misconduct.

FURTHER INFORMATION

Publications:

We continue the editing of our journals: "RCOE", with a purely scientific content, and "Dentistas", with general and informative subjects addressed to professionals and the general public. Both are

published in quarterly editions. From 2018 onwards, the RCOE magazine becomes a digital format, maintaining the Dentistas magazine which increases to 6 issues per year.

Studies:

The Spanish Oral Health Observatory: was created in early 2015, and it is an instrument to quarterly feel the pulse to the dental profession. To obtain the information there is a panel of 150 sentinel dentists who are quarterly surveyed. The result obtained for the years 2015 and 2016 are already available and the Observatory will continue throughout 2018.

Report on dental complaints in Spain: carry out a quantitative and qualitative analysis of the complaints that come to the Official Colleges and Provincial Boards of Dentists in order to generate a centralized database at the national level.

Objectives:

- Detailed analysis at the national level of complaints received
- Analyze the annual evolution of complaints in the period 2013-2015
- Analyze the distribution of complaints according to the type of dental clinic (private, franchise or insurer)
- Analyze the main reasons for complaints received during the study period

Methodology:

All the Official Boards of dentists in Spain received a questionnaire in Excel format in which they collected the data of complaints corresponding to the period 2013-2015, specifying the year of the same. Once completed, the questionnaires were sent to the General Council for the generation of the database and its subsequent analysis.

Calculation of the total number of dental clinics: for its calculation the data of the General Register of Health Centres of the Ministry of Health (Regcress) has been used. All dental health centres have been identified by selecting the code C251 (Dental clinics) in the variable "Classes of Centres" and the code U44 (dentistry-stomatology) in the variable "care offer". The search was carried out at the provincial level, later grouping at the Autonomous and National level.

Types of dental clinics considered:

- Franchises clinics: Vitaldent, Dentix, Unidental, Caredent and Idental and other centres with similar characteristics
- Insurance clinics: Adeslas, Asisa and Sanitas (Milenium)
- Private clinics: those that do not belong to either of the two groups above.

Performances:

International presence: Our Association has attended various international events:

CED

General Meetings: collaboration in the different working groups and BTF

- Tallin 24/05/2018
- Brussels 15/11/2018

FEDCAR

General Meeting:

- Paris 30/11/2018
- **FDI**
- Buenos Aires: September 2018
- General Meeting ERO (FDI Congress): 06/09/2018

At the ERO meeting held at the World Congress in Buenos Aires, Dr Oscar Castro, president of the Spanish General Council of Dentists, was able to present to the assembly the problems related to the iDental case.

Professional Directory of Dentists: Its updating is about to become operational in accordance with state regulations. It is a directory of state health professionals, managed by the Ministry of Health in collaboration with collegial organizations.

Congress of health law (Spanish association of health law): collaborating in round tables and workshops.

Implementation of support programs for collegiate giving up smoking and anti-smoking programs in dental clinics, in collaboration with the National Committee for Smoking Prevention.

MAIN CONCERNS

- **Missleading health advertising**
- **Problems with new models of professional practice (corporate clinics)**
- **Professional plethora**