

WG- Relationship between dental practitioner and universities

Istanbul,2013

**Analysis of the extent of collaboration
between NDAs and dental faculties within
ERO zone**

FIRST PROJECT of the WG

Expected outcomes:

- 1. Article (articles)**
- 2. Forum – Free discussion & Forum report**
- 3. Statement/Call to action**

FIRST PROJECT of the WG

**IDJ article – Part 1 (already
published)**

ARTICLE(S)

IDJ article – Part 2

14.June 2013 (on line)

ARTICLE(S)

Analysis of the extent and efficiency of the partnership and collaboration between the dental faculties and National Dental Associations within the FDI–ERO zone: a dental faculties' perspective*

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and Vjekoslav Jerolimov⁵

ARTICLE(S)

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Background and aim: As National Dental Associations and dental faculties can be considered as the two major institutions representing national organised dentistry, their further extended collaboration is crucial in responding to the many global oral health matters and issues. The main aim of the present study is to analyse the nature and extent of the partnership between the dental faculties and NDAs. **Methods:** A questionnaire was developed focusing on the relationship between National Dental Associations and the dental faculties within the World Dental Federation-European Regional Organisation zone regarding their major professional activities such as dental education, workforce issues, improvement of national oral health, science and knowledge transfer. The questionnaire was sent to 173 dental faculties within the countries in the European Regional Organisation zone. **Results:** Response rate was 62/173 (35.8%). Major activities of dental faculties were listed as implementation of new technologies into practice (72%), followed by improvement of national oral health (65%), while the least involved activity was dental workforce issues (42%). The dental faculties perceived their relationship with the National Dental Associations as quite satisfactory in the field of continuing education and science and knowledge transfer. However, their relationship was suggested to need significant improvement when dealing with undergraduate dental education curriculum, dental workforce issues and negotiations with the authorities regarding professional matters/issues. **Discussion and conclusions:** Despite the fact that there are differences between the perceived competences and responsibilities of the two bodies, the presence of so many potential areas of collaboration, the increasing expectations from the individual dentists/dental profession and the new challenges of the dental profession give this relationship significant importance. Communication, regular contacts, more joint activities and improved collaboration is needed between dental faculties and National Dental Associations to overcome such professional matters and issues.

Key words: Dental associations, dental faculties, partnership

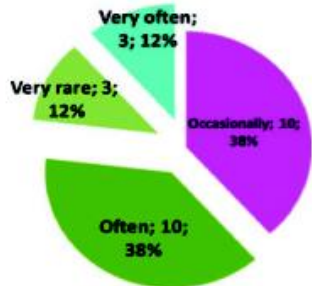


Figure 2. Responses of the dental faculties regarding the partnership between National Dental Associations (NDAs) and the dental faculties.

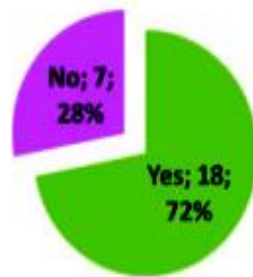


Figure 5. Implementation of new technologies to dental practice.

Yamalik et al.

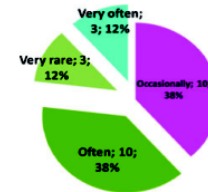


Figure 2. Responses of the dental faculties regarding the partnership between National Dental Associations (NDAs) and the dental faculties.

Table 1 Professional areas in which dental faculties within the European Regional Organisation (ERO) zone are mainly involved

Main activities of dental faculties	Percentage
Implementation of new technologies	72
Improvement of national oral health	65
Planning of continuing education	62
Negotiations with authorities (economical and political matters)	54
Provision of continuing education	48
Knowledge transfer	44
Dental workforce issues	42

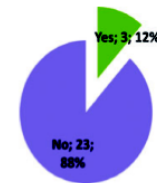


Figure 4. The extent of the participation of the dental faculties in planning of continuing education (CE) activities.

most countries (e.g. Czech Republic, Italy, Portugal, Switzerland, Turkey) universities continue dental education courses in with NDAs, specialty courses for both members and non-members of the NDA, master and post-graduate upgrading courses in some countries (e.g. Austria, France, Italy, and) this is a legal requirement for the field of provision of continuing dental education. 29% of dental faculties considered their collaboration with NDAs excellent or good, whereas 40% considered their collaboration average,

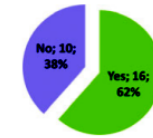


Figure 4. The extent of the participation of the dental faculties in planning of continuing education (CE) activities.

poor or very poor. Dental faculties in some countries (Czech Republic, Italy, Netherlands, Portugal) organised postgraduate courses, clinical seminars in different branches (e.g. oral medicine, surgery, pathology, prosthesis).

Dental faculties generally participate in negotiations with the authorities (e.g. Ministry of Health, Parliament, Health Insurance Companies) concerning dental issues. In some countries a council of deans or faculty staff members meet periodically and this is organised by NDAs (Turkey, Portugal), Ministry of Health (Turkey), Council of Higher Education (Turkey) or Health Regulation Authority (Portugal). In the Czech Republic, regular meetings are arranged with authorities from other dental faculties to discuss important dental items. Dental workforce issues and negotiations with health insurance are among the fields where dental faculties are involved. For example, examinations for dental professionals and dental specialists are performed by dental faculties in Switzerland, while in the Netherlands dental faculties negotiate with insurance companies. In this area, 47% of dental faculties considered their collaboration with NDAs excellent or good, whereas 53% of them considered their collaboration average to very poor.

When dental faculties were asked if they were involved in the field of knowledge transfer, most responded positively (Figure 5). Full professors in dental schools defined teaching as knowledge transfer. Dental faculties excellent special courses, invited international colleagues for conferences and lectures for dental practitioners. The expenses of the courses are covered by the NDAs in some countries (Czech Republic). Knowledge transfer was an area where 60% of dental faculties consider their collaboration with the NDAs excellent or good, although 40% of them considered their collaboration average or poor (Figure 6).

Dental faculties were generally involved in implementation of new technologies to dental practice (72%). Generally, faculties take an active role in this field through scientific research projects, experimentation, development and education about new technologies and contacting manufacturers to establish

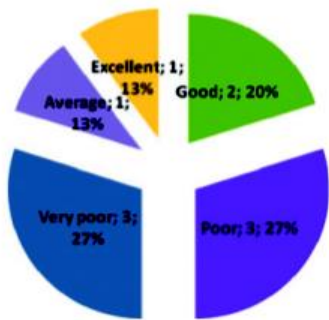


Figure 6. Collaboration with the National Dental Association (NDA) implementation of new technologies to dental practice.

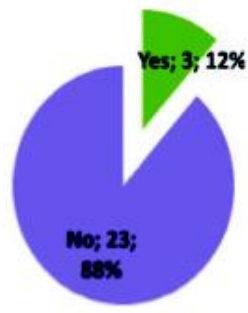


Figure 3. Involvement of National Dental Associations (NDAs) in developing the undergraduate dental education curriculum.

DISCUSSION

As a result of the many challenges in oral health matters at national and global level and the possibility of working together in a variety of areas of (e.g. continuing professional development, knowledge and science transfer, dental workforce issues, continuing education, undergraduate education, improvement of the oral health), NDAs and dental faculties are expected to have closer and more regular contact. However, the present study shows that this is not the case in practice. According to half of the participating dental faculties their relationship with the NDAs in their countries were below such expectations, as 38% stated that collaboration was on an occasional basis, while 12% stated that it was very rare.

Despite the presence of barriers to collaborations and the experience that such partnerships may not always generate positive outcomes, many studies are available highlighting the importance of developing partnerships between various stakeholders in the health field and the clear benefit of such of actions and partnerships⁷. Collaborative partnerships especially are considered as prominent strategy for community health and oral health improvement^{5,6}. Improvements in oral health can be achieved through building successful coalitions and forming partnerships with multiple organisations and individuals. Dental faculties and the NDAs in the present project clearly expressed the need for further collaboration and improved partnership. According to the dental faculties, dental workforce issues (18%), improvement of national oral health (17%) and planning of continuing education (17%) were the major areas where their relationship with the NDAs needed significant improvement. These priorities appear to be quite different from those of the NDAs which was: economical, political matters, development of undergraduate curriculum, dental workforce issues, provision of continuing education (all 19%). When we consider

health as their main responsibility a more improved partnership between counterparts would be in line with public benefits and professional principles and missions. When education was considered, undergraduate dental education was the area where the NDAs had very rare participation, while approximately half (48%) of the dental faculties did not participate in provision of continuing education. However, in relation to education, implementation of new technologies in dental practice and knowledge transfer were considered among the legitimate responsibilities of dental faculties.

The dental faculties were not totally satisfied with their relationship with the NDAs and even their perception of satisfaction with their relationship with the NDAs was noted to be less [three fields: provision of continuing education (62%), knowledge transfer (60%) and planning of continuing education (56%)] when compared with fields where the NDAs perceptions were more positive [5 fields: implementation of new technologies (69%), planning of continuing education (69%), knowledge transfer (67%), improvement of national oral health (65%) and provision of CE (56%)]. For example, approximately half of the dental faculties did not take part in negotiations with the authorities regarding professional matters and issues. This area also was noted as one where dental faculties did not find their relationship with the NDAs very productive. Dental workforce issues (20%) was the area where the relationship was felt to be less satisfactory by the dental faculties among all fields queried.

Data collected in the survey show that there is not a positive trend for a close cooperation. It can even be said that dental faculties and NDAs sometimes acted as two different organisations, each having their own objectives and agendas. They also had quite different perspectives and interpretations where their relationship was concerned, as they were not totally satisfied with their current level and extent of relationship. Despite this apparent conflict, a basic willingness

was expressed by both parties to engage in sound collaboration. A permanent attempt to bridge the gap is necessary in order to overcome the difficulties. Communication was a common recommendation: all means of communication such as simple telephone contacts, Working Groups, joint meetings, joint commissions, etc. establishing of official bodies – as in medicine – was also suggested. One of the reasons for this situation is a communication gap, as stated by Schleyer *et al.*, ‘the health-care system has plenty of opportunities to improve the quality of care by simply improving the communication among the people who provide it’⁷. It is also important that the two parties accept and treat each other as ‘real’ partners. Thus, the second step of the project – focusing on the perceptions and thoughts of dental faculties – confirmed that more collaboration is needed among all parties involved in dentistry to further improve public health oral health at both national and global levels and to respond to global oral health matters and issues in a more efficient way.

With a specific reference to Europe and dental education, it is important that both the dental faculties and their related organisations and the NDAs and their related organisations (in this specific case, ERO) may need to develop a closer relationship for harmonisation of the educational and dental systems to ensure the quality of oral health-care services and patient safety⁸. Developing forums and platforms for exchanging of ideas and creating new models of communication to change national experiences and a regular follow up are also necessary to support this essential task.

The level and extent of the collaborations within dentistry, and in particular the relationship between NDAs and dental faculties, has not been analysed in depth. The present study highlights the importance of an active cooperation between the NDAs and dental faculties as the two major institutions in the oral health field^{9,10}. It is worth considering the suggestions and recommendations made by counterparts of both the NDAs and dental faculties, which place a significant emphasis on improved communication, common understanding, empathy and more joint activities^{9,10}.

CONCLUSION

Despite the fact that there are differences between the perceived competences and responsibilities of the two bodies, the presence of so many potential areas of collaboration, the increased expectations of individual dentists/dental profession and new challenges in the

dental profession give this relationship even greater importance. Communication, regular contact, more joint activities and greater collaboration is needed between dental faculties and NDAs to overcome such professional differences and issues.

Acknowledgements

This project was been developed by the ERO WG Relationship Between Dental Practitioner and Universities. The authors thank all members of the WG, Monica Lang and Ali Orkun Topcu for their kind support. The authors are also grateful to all the dental faculties that responded to the questionnaire.

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The two articles are shared by all the participating dental faculties .

ARTICLE(S)

ERO Forum

How Can We Close The Gap Between Dental Education and Dental Practice?

Mersel, Alex; Margvelashvili, Vladimer; Jerolimov, Vjekoslav

FORUM

ERO Forum

We failed to start a fruitful discussion platform for NDAs and the dental faculties to provide us with additional opinion and feedback.

I am still hopeful for the future that we may benefit for such professional discussion platforms.

FORUM

Statement/Call to action

Supportive comments

STATEMENT

WG is discussing the next project proposal (s)

Evidence-based dentistry

NEXT PROJECT PROPOSAL

Evidence-based dentistry

(internal discussion within the WG)

- An area where NDAs and dental faculties may work together (for the benefit of the individual practitioner & profession)
- Implementation into practice

NEXT PROJECT PROPOSAL

Evidence-based dentistry

(internal discussion within the WG)

- **NDA-related issues: Extent, barriers, perceptions, attitudes, roles & responsibilities, ..**
- **Individual dentist - related issues: Develop a helpful list of resources & a guide for individual dental practitioner for easy and practical implementation of EBD into daily practice**

NEXT PROJECT PROPOSAL

- **NDA-related issues: Extent, barriers, perceptions, attitudes, roles & responsibilities, ..**

NEXT PROJECT PROPOSAL

ERO WG - Relationship between dental practitioner and universities

Questionnaire on implementation of evidence based dentistry into daily dental practice (draft)

Country:

Age:

Gender:

Years of practice:

Solo practice:

a. Yes

b. No

c. No idea

Private practice:

a. Yes

b. No

c. No idea

QUESTIONNAIRE - draft

Are you familiar with evidence based dentistry?

a. Yes

b) No

c) No idea

Is evidence based dentistry taught to you in undergraduate dental education?

a. Yes

b) No

d) No idea

Do you believe that evidence based dentistry should be taught in undergraduate dental education?

a. Yes

b) No

d) No idea

Is evidence based dentistry taught to you in continuing dental education?

a. Yes

b) No

d) No idea

QUESTIONNAIRE - draft

Do you believe that evidence based dentistry should be taught in continuing dental education?

a. Yes

b) No

d) No idea

Do you practice evidence based dentistry?

a. Yes

b) No

d) No idea

Do you believe that dentists should practice evidence based dentistry?

a. Yes

b) No

d) No idea

QUESTIONNAIRE - draft

Do you generally believe that evidence based dentistry is beneficial?

a. Yes

b) No

d) No idea

Do you believe that dentists benefit from implementation of evidence based dentistry into practice?

a. Yes

b) No

d) No idea

Do you believe that patients benefit from implementation of evidence based dentistry into practice?

a. Yes

b) No

d) No idea

QUESTIONNAIRE - draft

Do you believe that dentists experience difficulties in implementing evidence based dentistry into practice?

a. Yes

b) No

d) No idea

QUESTIONNAIRE - draft

What are the barriers to implementation of evidence based dentistry into practice?

Lack of time

Lack of financial incentives

Lack of necessary education on evidence based dentistry

Lack of necessary publications on evidence based dentistry

Lack of necessary web sites on evidence based dentistry

Lack of clinical guidelines for dental care

Lack of clinical decision support systems

Limited evidence available in the dental field

Lack of awareness

Lack of continuing education courses on evidence based dentistry

Evidence based being perceived as time consuming

Lack of practical ways to reach to best evidence

Limited knowledge regarding the quality of evidence

Others (please specify).....

QUESTIONNAIRE - draft

Do you believe that National dental Associations can play a role in implementing evidence based dentistry into practice?

a. Yes

b) No

d) No idea

QUESTIONNAIRE - draft

What is the role of National Dental Associations in improvement of the implementation of evidence based dentistry in practice?

Creating awareness

Developing clinical guidelines

Developing clinical decision support systems

Organizing continuing education courses on evidence based dentistry

Negotiating with the authorities for financial incentives to foster implementation of evidence based dentistry into practice

Conducting studies regarding the barriers to implementation of evidence based dentistry into practice

Others (please specify)..

QUESTIONNAIRE

Do you believe that dental faculties and National dental Associations can collaborate for implementation of evidence based dentistry into practice?

a. Yes

b) No

d) No idea

Thank you very much for your kind time and support.

QUESTIONNAIRE

Questionnaire

Volunteering NDAs – web sites

QUESTIONNAIRE - draft

- **Individual dentist - related issues: Develop a helpful list of resources & a guide for individual dental practitioner for easy and practical implementation of EBD into daily practice**

QUESTIONNAIRE - draft

WG members to develop a list of available helpful resources in the field of EBD to share with the individual practitioners through NDAs web sites

SURVEY – helpful resources for EBD

Expected outcome:

- 1. Dental practitioners - Helpful sources for implementation of EBD into practice (links, books, .. Etc..)**
- 2. NDAs - Report on the role of NDAs in implementation of EBD into dental practice and specific expectations from NDAs (regulations, strategies, others..)**
- 3. Both outcomes aim at increasing the implementation of EBD into daily practice**

NEXT PROJECT PROPOSAL

Lella, Anna (Poland)

&

Barac Furtinger, Vesna (Croatia)

Cavalle, Edoardo (Italy)

Dianišková, Simona (Slovakia)

Hanson, Stefaan (Belgium)

Hescot, Patrick (France)

Ivanova, Elena (Russia)

Kosenko, Konstantin (Ukraine)

Margvelashvili, Vladimer (Georgia)

Melo, Paulo (Portugal)

Mersel, Alex (Israel)

Saag, Mare (Estonia)

Thank you..