

Dear Colleagues,

It is a great pleasure for me to present a short summary of the national reports sent by the ERO member organizations.

By the deadline and afterwards we received 24 national reports from 22 countries. Those reports are the basis of my presentation, of course I could only pick some of the main points and as in previous years you can find all reports on our ERO website. Have a look on this reports we can learn a lot from each other.

First of all let`s congratulate the newly elected and reelected presidents, general secretaries and board members of some of our member associations and let us have a look on Changes in the Associations and their organization

Croatian Dental Society celebrated 110 years

Cyprus Dental Association elected Dr.Morfo Kourouklari as president

Czech dental chamber elected an new old president Dr. Pavek Chrz and new vice-president Dr. Robert Houba
Estonian Dental Association reelected Dr. Marek Vink
Association dentaire francaise elected Dr. Joel Trouillet and Dr. Jean Patrick Druo Secretaries General.

In Italy Andi will have elections in May, AIO reelected Dr. Pierluigi Delogu president, Dr. Enrico Lai treasurer and Dr. Gerhard Seeberger delegate for Foreign Affairs

Portuguese Dental Association was obliged by law to present new statutes

In Switzerland Dr. iur. Alexander Weber has resigned after 30 years as legal consultant and general secretary of SSO. Mr. Simon Gassmann, attorney at law, has been nominated as his successor.

1. Trends and developments:

- In professional politics
- In health politics
- In educational politics
- In the insurance system

In ARMENIA the management of all the health care belongs to the Ministry of Health. The Armenian Dental Association includes dentist from all regions and takes its active part in the preparation of rules, orders and standards, not having any official support. There is an extra number of stomatologists, in Yerevan 4 for 1000 people and as the Association is not a state organization has no right to have supervision over them. The Armenian Dental Association applies FDI and ERO to help solve the problem.

Before elections in September 2013 AUSTRIAN minister of health promised orthodontic treatment for all minors, after elections this promise was reduced to IOTN classes 4 and 5 within a budget available starting summer 2015.

Fees inside the national social insurance system were raised by 1,83% with 2014.

AZERBAIJAN Stomatological Association established a large group to the AWDC in Istanbul, had presentations at Women Dentist Worldwide Forum and Forum on Preventive Dentistry - Problems and Solutions.

The organization believes the current legislation does not regulate the dental activities enough.

BULGARIAN Dental Association maintains all the activities of the National Program for Prevention of Oral Diseases in Children 0 - 18. The campaign of putting pit and fissure sealants on the first molars continues and is successful. The budget for the NPPODC is app. 670 000 € a year.

The budget of the National Health Insurance Fund increased with 7,3% compared to 2011, a big success of BgDA. The BgDA runs a special fund for support of regular members with serious health problems.

CROATIAN Dental Society in collaboration with health authorities created the document "Strategy for dental care" with the orientation on prevention. The Croatian Institute for Health Insurance is extremely involved in this strategy.

The budget for dentistry is 4,16% of health insurance and Croatian Institute for Health Insurance changed the method of payment for dental services. Practice with a smaller number of patients can raise the quality of dental service.

CYPRUS Dental Association has implemented a program of Continuing Professional Development of Dentists (CPDD). With this program dentists must accumulate a minimum of 45 modules of education in a period of 3 years.

A General Health Insurance Scheme has not been implemented yet, it is scheduled for 2016.

In the CZECH REPUBLIC remains unchanged system. Up to 80% of dental care is paid from the compulsory health insurance, there is no co-payment by the patient for the standard items.

The Czech Dental Chamber organized successful the 16th International Congress PDD – Prague Dental Days with about 1100 participants.

The result of the continuing postgraduate education is a Certificate of Proficiency. It is the evidence of education of the dentist for patients and is usually valid for 3 to 5 years. The holder of a certificate has higher settlements for some dental care issues.

DANISH Health and Medicines Authority has published national clinical guidelines concerning dentistry in two topics: Dental examination intervals and tissue treatment. In the 2013 Finance Act the Dental framework was cut by 180 million D. kr. The next cut of 100 million D.kr is already launched by the Minister of Health.

ESTONIAN Dental Association reports the introduction of the decree on “Cosmetics” and the printing of informative papers for patients. EDA has leadership in oral health projects in kindergartens and schools.

In FRANCE there is a continuing increase number of newly-registered dentists, coming from Rumania, Spain and especial from Portugal, the number of practitioners holding a French diploma is rising slightly. The opening of a private Portuguese university (Fernand Pessoa) in La Garde in the south of France in November 2012 caused a general outcry in the world of healthcare professions. The training program is fee-paying (€9,500 a year). The University does not have the necessary accreditations to provide training or deliver diploma abroad and it does not give any

guarantees as to the quality or the content of the training. Despite the promises made to the dental profession by the authorities, the “University of Pessoa” continues its activities with complete impunity and has even opened a second dental school in Beziers.

At the instigation of the dental profession over 3000 demonstrators took the streets of Paris on March 14th 2014 to protest against the drift towards the commercialization of healthcare professions.

A joint classification of medical procedures (CCAM) will come into force on 1st of June 2014. Thus, dentists will have a classification that truly corresponds to the reality of their practice.

For many reasons the CNSD organized a vast communication campaign to denounce 25years of non-revaluation of conservative treatments

In GERMANY legislators obtained an additional service, the allowance for care visits to frail patients. The German national association of statutory health insurance dentists is currently developing a suitable framework for this. The cornerstone for the German dental policies in providing dental care for the elderly and for persons with special needs is thereby laid.

October 2012 saw the publication of a new directive by the Robert Koch institute on preparation of medical devices. This directive lays down requirements for validation in the field of ambulatory dental care.

A modified version of the training regulations for orthodontics and oral surgery was adopted by the BZÄK board in September 2012.

ISRAEL Dental Association continues to struggle against commercial organizations to open dental clinics and provide non ethical treatments. The continuous education program expands successfully. In 2013 more than 600 dentists accomplished the requirements set by the Scientific Council of the IDA.

The Government of Israel enacted a law that provides free dental treatments for children under age 12 and partial treatments for adults from age 65.

In ITALY ANDI urged the Minister of Health to enter a specific article into a government measure in order to penalize illegal practice. ANDI has activated an initiative to avoid heavier economic and bureaucratic burdens caused by the framework agreement on prevention of sharp injuries in the hospital and healthcare sector. Thanks to the strong action lobbying the system for the disposal of hazardous waste will not harm the dental profession.

AIO has received ISO certification as a provider for CE in Medicine and AIO's principle "Quality instead of quantity" has become the guiding spirit at the ministerial "Dental table" considering the increasing dental workforce in Italy.

KYRGYSTAN reports the changing of financial supply of public dental clinics from totally insured by obligate insurance to self support and the increasing amount of dental students.

NETHERLAND Healthcare Authority stopped the free pricing experiment due to the increase of 9,6% in prices. Dutch Dental Association (NMT) started a consultation with the Minister to develop a new design of the funding system of dental healthcare. Under the influence of European regulations the new Radiation Protection Degree came into force.

The number of dentists with foreign qualifications coming to the Netherlands continues to increase each year.

POLISH chamber of Physicians and Dentists works on the implementation of the revised directive of recognition of professional qualifications. The chamber is in favour of introducing the EPC for the dental

profession. Following the adoption of the new regulation on the specialist training of physicians and dentists works are under way on the new curricula of dental specialties.

Continuing dental education is obligatory in Poland. Besides acting as a supervisory body the chamber themselves organizes courses and other forms of education, they are generally free of charge for the dental practitioners.

In November 2013 the new regulation on dental services available under the general health insurance was adopted. No significant changes – the list of services covered by the insurance is still relatively limited.

PORTUGUESE Dental association continues to strengthen its commitment in continuous education reinforcing the CE program and the national congress. A program for prevention, detection and early diagnosis of oral cancer is prepared. The PDA works on evaluation of the geographic distribution and dentists work time.

SLOVAK Chamber of Dentists is preparing proposal for a mandatory membership for all practicing dentists.

Government has approved the proposal of act on National Health Information System. Policyholders should get a health insurance card with an electronic chip until end of 2015. Operation of this NHIS will cost about € 9,5 million a year.

On the other hand the National Council has approved an Act on Protection of Personal Data which strengthens the duties for the dental praxis.

There are still 3 insurance companies in the market. Funding of oral care amounts in 3,5% of the health budget and supplementary charges of patients.

SLOVENIAN Dental Association plans to discuss a joint strategy in cooperation with all dental health organizations as a response to the new political and economic situation. A new preventive dental care program with well-defined responsibilities should be adopted. A new law of health services is expected at the end of this year. Continuing education is becoming more important and mandatory.

Actually all Slovenian citizens have compulsory insurance. The Health Insurance Institute of Slovenia covers all expenses for dental care of children and students. For adults the system covers 80% of costs of dental care and only 10% for prosthetics. The cost for

dental care in 2013 represented less than 4% of the public compulsory health insurance expenditure.

In SPAIN there is a big problem in unauthorized practice of the profession by dental technicians. They persist with their campaigns of misinformation to citizens which the Spanish Dental Association attempts to counteract each time.

There is a Plethora of professionals with more than 30 000 dentists. The labor market studies show alarming figures of unemployment and underemployment in the sector. A resulting big problem is advertising by macro-clinics as well by professionals urged by the economic crisis.

The dental association continues the proceedings for the development of their own title of Specialist Dentist. Thirty schools, which will provide about fifty places for residents, have already been authorized by the specific committees.

Switzerland reports a big immigration of dentists from the European Union. SSO renounces the introduction of an unique health insurance in Switzerland. It would not bring any cost reduction but be a step to a national health system. SSO imposes on the regional cantonal organizations to harmonize their emergency service

rules, not only important for the patients but also a sign for the professional association..

According to the Swiss Federal Statistic Office the costs for dental treatment of an average private household are 64 CHF per month, the costs for dental treatment are much less progressive as the other fields of the health service.

TURKISH Dental Association continuing dental education directive has been renovated in a more comprehensive manner according to the changing needs. In order to form a basis for the evaluation of continuing professional education programs by the TDA the structuring of the organization, which includes the procedures for determination of professional qualifications and standards is going on.

FDI 101st AWDC hosted by Turkish Dental Association was a great success call. "Istanbul Declaration" calling upon to recognize oral health as an essential component of global health has been signed by all participant countries of AWDC and will continue the repute of this congress for years.

As I said in the beginning this presentation indicated only a small number of issues mentioned in the reports.

Please feel free to add some information or to provide any other information you consider important.