

REGIONAL EUROPEAN ORGANISATION OF THE FDI
NATIONAL REPORT

Country: REPUBLIC OF SLOVENIA
Association: SLOVENIAN DENTAL ASSOCIATION (SDA)
Venue: Prague, Czech Republic, 2012

I.Changes in the association and its organisation.

No changes in the association and its organisation. All positions remain the same: dr. Sajko Gorazd as president, dr. Aleksander Velkov as secretary general and Ass. prof. dr. Marjan Premik as officer responsible for educational and scientific matters. Personal changes are foreseen for the year 2015 when new elections will take a place.

II. Trends and developments

Slovenia is undergoing a rather heavy economic crisis. After our parliamentary elections in the beginning of 2012 the new government started to prepare and impose serious economical measures. We believe that this will have some impact also on dental health care – as much on the prices of dental health services as on the scope of health insurance programmes. Within the framework of the Slovenian Dental Association our response to the new political and economic situation will be to discuss and prepare a joint strategy in cooperation with all the dental health organizations (the Chamber, the Union, associations of specialists etc.). With the strategy which is arising we wish to preserve essential values and the socio-economic status of dental profession and set some long-term goals.

In Slovenia we have currently 1.346 active dentists (65,7 on 100 000 inhabitants). We are noticing that the trend in number of dentist is still slowly growing.

Actually we have a public discussion about the boundary between public and private practises, financing and health programs. Slovenia faces dilemmas and uncertainty in the development of health care, but these do not differ essentially from those encountered in most European countries and other industrialized countries. These include the questions of how to preserve health and social security in the light of a situation that will be even more marked by the problems of an ageing population and a related increase in chronic degenerative diseases and growing needs and requirement for dental health services. The situation is going to change in the future if national goals for oral health in the next decade are set up. A new preventive dental care program with well-defined responsibilities of all parties concerned should be adopted. Such a program could improve the situation, reduce the differences between people and the regions, and improve oral health. A serious problem is that is not clear what is the role and function of health centres as public institutions at the primary health

care level, which in the previous system had a role of proactive (preventive oriented) health care activities especially for children, youth and women (including dental health care for youth) and which has been financed by public funds.

We strive for some kind of balance and partnership between private and public services and we support national oral health preventive programs which must be publicly funded and supervised. We would like to re-establish the oral health policy as a part of the entire health care policy.

Professional politics is also oriented to improve collaboration among three professional organisations: the Medical Chamber, the Medical syndicate and the Medical Association, in which dentists should have an equal role and their proper organisational structures (commissions, boards and societies). At the beginning of this year some initial activities started, to set up an independent Dental chamber. The majority of dentists in Slovenia are not satisfied with their position in the frame of the common Medical chamber.

Continuing education is becoming important and mandatory. The SDA organizes every year at least one general (from practice to practice) and several (5-6) specialised courses for postgraduates. Records of participation of each dentist is accurately kept in Medical Chamber and used for the renewal of their licenses.

We are expecting a new law of health services at the end of this year. Yet we do not know what kind of impact a new law for the insurance system will have.

Actually all Slovenian citizens have compulsory insurance. All compulsorily insured persons are entitled to dental care. The Health Insurance Institute of Slovenia covers all expenses for dental care of children and students. For adults, however, the compulsory insurance system covers 85% of costs of dental care and oral diseases treatment and 25% for prosthetics. Reimbursement to dental care providers is based on a fee for service system. The costs for dental care in 2008 represented 4.6% of the total compulsory health insurance expenditure. According to the estimates of the Commission for Dental Care in the Medical Chamber of Slovenia the actual workload of a dentist, measured in time unit, is too big. For that reason the SDA and the Medical Chamber of Slovenia adopted and updated the list of dental service items and their validation. We hope that in future this new list will be put into effect.

Ljubljana, 24. 03. 2012