

REGIONAL EUROPEAN ORGANIZATION of the FDI

NATIONAL REPORT

Prague, April 2012

COUNTRY: SPAIN

ASSOCIATION: **SPANISH DENTAL ASSOCIACION**
(*Consejo General de Colegios Oficiales
de Odontólogos y Estomatólogos de España*).

VENUE: Madrid, Spain

YEAR: 2012

1. CHANGES IN THE ASSOCIATION AND ITS ORGANISATION:

There have been no changes in the Association, except for the incorporation of Dr. Jaime Sánchez Calderón as a Supernumerary Vocal, proposed by the Executive Committee and awaiting mandatory ratification at the next General Assembly.

On the other hand, we are still waiting for the approval of Statutes' amendments proposed to the Administration, and which are mandatory for its adaptation to the new legal regulation.

2. TRENDS AND DEVELOPMENTS:

2.1. In professional politics:

2.1.1. The entry of unqualified people into the profession: certain leading sectors of the dental technicians' Associations continue to claim their purpose to act directly on the patients' mouth. They believe they are the ones who have the competence to "design and adjust the prosthesis" (obviously, to the master model not the patient's mouth), and insist the patient has the right to freely choose a health professional (in Spain, dental technicians are legally considered "health professionals" but neither clinical nor health care professionals, and obviously, the free choice relates to the clinical practitioner in the public sector and not in the private). Besides, they maintain that the dentist "cannot sell" the prosthesis to patients because "dentists cannot have economic interests in their treatments neither through medicines nor through medical devices" (ignoring that ours are rehabilitation treatments, a part of which is the alloplastic item or "dental prosthesis" that they manufacture and the dentists put into service, receiving for this only their professional fees since the supplied costs of the dental laboratory expenses have to be itemized in the final invoice). They are also conducting some aggressive campaigns of "misinformation" ordering the citizens to go directly to them just with a "prescription" from the dentist. In the places where these advertising activities have been detected, our Association has immediately counteracted with accurate information.

In the legal field, they have brought complaints before the National Competition Commission, accusing the Spanish Dental Association itself and some of the Presidents of the Official Dental Colleges, of acts restricting free competition; complaints against which disciplinary information proceedings have been brought.

Also in this area, and due to the disciplinary proceedings initiated after complaints brought by several of our Official Dental Colleges, there have been convictions for unqualified professional practice against several dental technicians who intervened directly on patients. Precisely, the President of the Spanish Dental Technicians Association has recently been condemned.

Discussions have begun with the Administration of Justice to establish a clear legislative regulation for the relations between dentists and dental technicians, and also to obtain legislative changes that allow tougher penalties for intruders (unqualified dental professionals), which are actually very light.

2.1.2. A Plethora of Professionals. At present, there are more than 29,000 professionals in our country. The number of Dental Schools, both public and private, continues to increase, the latter graduating hundreds of students. A market with still a low health care demand cannot absorb the high number of graduates, so this situation is leading to underemployment and unemployment in the sector.

For now, all attempts to remedy the situation, reporting the problem to the health and education authorities and requesting the establishment of a restrictive "numerus clausus", have proved fruitless.

2.1.3. Advertising. In Spain there is no specific legal regulation for advertising in the health field. And, in our sector, the misleading advertising is not only frequent but it can even border on deception. Recently, Vitaldent, a franchised chain of dental clinics, has conducted an intensive advertising campaign with a content that goes against the traditional dentist's figure. This case was denounced by the Spanish Dental Association before the "Association for the self-regulation of advertising" (an agency that manages the regulation of advertising within ethical limits), and the campaign was requested to be withdrawn. Given the refusal of Vitaldent (arguing they are not members of this Association and therefore not obliged to submit to their deontological control), the "Association for the self-regulation of advertising" has issued a report which brands such a commercial as degrading and discriminatory, also indicating that it may be misleading (if they cannot demonstrate that what is announced can be really met). Together with this report other legal measures are being studied to be pursued, and a specific regulation of health care advertising continues to be requested.

2.1.4. Specialities. In previous years, a draft Decree for the establishment of Dental Specialities was submitted to the Administration, being well received by the Ministries of Health and Education. This is a system for training specialists, in a houseman model, carried out in public and private institutions accredited by a National Commission of Specialities, in which all the social statements involved are represented (Education, Health, Dental Official Colleges, Universities, Scientific Societies). This system also ensures a fair and equitable access (by merit of curriculum and validated examinations) and expects, if possible, to pay the trainee specialist or, at least, be an affordable practice. Although this model has been well received by the authorities, the current economic circumstances caused by the crisis, are an obstacle for its development.

Therefore, the Spanish Dental Association has initiated the process of creating its own non-official Diplomas (similar to the own postgraduate courses of each University), for the training of "specialists" in various subjects - we insist, they will not be official- , in order to establish a test to demonstrate the feasibility of this training system, with the commitment of its disappearance when official Specialities are created. The model is similar to that of the houseman offered for medical specialists, with a sole, universal and public access test, in which the knowledge and skills of the candidates will be assessed as well as their merit and experience. The training development will be followed in centers accredited by subject-specific Committees, made up of members representing the Dental Official Colleges and the Scientific Societies (the University has declined participation in these Committees, perhaps because it fears direct competition with its own graduate degrees). The collaboration of the Scientific Societies has been extraordinary and a National Commission and specific Committees, which have already been created, are working in the education programs and their evaluation, as well as in accreditation requirements for tutors and schools.

2.1.5. Requirements for Professional Practice. We are trying to achieve the requirement for a period of additional training or "vocational training" prior to pursue the profession, since certain training gaps have been detected in the new graduates. This training would be similar to the "internships" that lawyers have to carry out before practicing the profession. This model has also been proposed to the CED (Council of European Dentists), with the intention to include it in the Qualifications Directive. In addition to its advantages in improving training, it could, in the long run, be a good measure to limit the number of professionals admitted to Universities (according to the places which will be offered in the "vocational training") and, therefore, in the final number of graduates, thus achieving a reduction in the plethora of professionals.

2.1.6. Professional Career Development. The Law on the Regulation of Health Professions provides a system for recognizing the professional development of the health professions. Of voluntary access, it provides a public, specific and individualized recognition of the development achieved in terms of knowledge, experience in care work, teaching and research, as well as in meeting the objectives of the organization in which services are rendered, with explicit attribution of the level reached by each professional. It also states that this recognition will take effect on public and private sectors (in this case, for both, those who carry out their activities for others and those who are self-employed). While measures have been established in the public health, no proceedings have been implemented in the private sector. Therefore, our professional corporation, which considers its responsibility in the subject, has prepared a Regulatory Draft of the Professional Dental Career, in which: the professional career is defined; objectives and principles of the system are set; areas of assessment and requirement of access and framework are established; having articulated a set of standards for evaluation (in the areas of care, training, academic merit and research, and professional commitment to

the professional organization), and having it organized into five degrees. To avoid potential problems with the National Competition Commission, it has been submitted for their favorable report before approval at the next General Assembly.

2.1.7. Budgets for 2012. In the General Assembly of December and according to the current economic situation, the approved budgets for next year reflected a decrease with regard to the previous ones.

2.1.8. Compulsory Membership. Continuous political lobbying has been carried out to get the mandatory "membership" for all health professions, since the current situation is very debatable by some political parties. The arrival to the government of a Conservative Party, makes us optimistic with getting the continuation of such obligation.

2.1.9. Membership Fee Waiver. Some Regional Dental Colleges have established measures to fee waived the members who prove their unemployment (by joining, as unemployed, the National Employment Institute). This measure tends to be generalized in all the Official Dental Colleges, joining others which facilitate access and reduce fees to the new graduates.

2.1.10. Communication. In this section, we have proceeded to hire a Communications Manager who will coordinate, together with the Head of Press Office, all the media information. Our Association's website, which receives more visitors each time, is an excellent tool of information and participation for member dentists and citizens in general.

2.1.11. Professional Liability Policy. There have been several changes in this policy, managed by the Spanish Dental Association, achieving significant improvements in the terms: it now includes coverage for professionals engaged in teaching in formal education centers, as well as for the preparation of expert opinions and reports. From the refund of the cost of materials and prostheses in case of conviction, to a fees refund. Cosmetic damages have also been included (if no explicit result commitment has been given by the member dentist), and the coverage after cessation of activity is extended to 15 years.

2.2. In health politics:

2.2.1. Portfolio of Public Dental Services. We continue the pressure on the National and Regional Health Administrations to achieve an increase in dental services in the public sector. While Plans of Children Dental Care were achieved, we are now focusing our efforts to extend care to groups such as mentally handicapped, those suffering from systemic diseases with a high-dental-impact, elderly poor ...

2.2.2. Dental Patient Advocate System. This system, with national coverage, guarantees attention to complaints, suggestions and comments made by patients or dentists themselves, extending it to the smaller Regional Dental College which, by their limited financial resources, could not manage this service independently (not being included the ethics issues which are obviously of their exclusive competition). The system is currently overloaded with work therefore a new employer has been taken to deal with the tasks.

2.2.3. Academic Degrees. The Dentistry Faculty of a private University in Madrid offered last year a kind of academic curriculum, called "executive", in which the students enrolled should attend theoretical and practical classes only on weekends (Friday evening, Saturday all day, and some Sunday mornings). Given the doubts about the validity of this type of curriculum (the European regulation says specifically, five years full time), the education authorities were informed and, after several meetings with the Board of the University, it has been achieved to withdraw the mentioned academic modality for the current academic year.

2.3. In educational politics:

2.3.1. Continuing Education Program of the Spanish Dental Association. During the year 2011, more than a hundred "on-site" courses to update knowledge have taken place, with the solidarity intention that in all Regional and Provincial Dental Colleges, even in the smallest one, these training activities could be taught. Besides, the number of on-line and blended learning courses has been increased, highlighting the inclusion of workshops on cardio-pulmonary resuscitation. All continuing education activities of our Association are

accredited by the Health System Inter-Territorial Commission and are highly assessed by participants. In Spain, the offer on Continuing Education activities is enormous, provided either by Universities, Scientific Societies and professionals and prestigious surgeries.

2.3.2. Health and Information Campaigns. As in previous years, the "Early Diagnosis on Oral Cancer" and "Gums Health" Campaigns have been developed, with a great success, through free examinations offered voluntarily by dental surgeries. More than 2,000 volunteer professionals have participated in the "Oral Cancer" Campaign and a book of "Healthy Recipes" from prestigious chefs and renowned restaurants has been edited, having been recorded in our website 63,000 downloads of it. Biopsy workshops have also taken place, and the agreements with the Ministries of Health for processing samples in public hospitals have been maintained. These Campaigns, promoted with television commercials and sponsored by some major retailers, have a widespread coverage and successful participation.

2.3.3. Dentibús. An instrument of great success and media coverage, this self-sufficient coach, equipped with two operating clinical units, has travelled to various Spanish towns carrying out oral examinations (by professionals hired by our Association) to children in public and private schools, and free checks to the general public, informing patients of their main pathologies and alternative treatments required.

2.4. In the insurance system:

2.4.1. Private Insurance Companies. These companies, with "insurance" products in the dental sector (which are actually discount plans, and not genuine insurances), continue expanding in their current line of opening their own establishments in which wage-earning dentists treat the "insured", gradually liquidating the contracts with private dental surgeries through which they previously offered services. This is causing a drastic change in the pattern of professional practice that gradually ceases to be a liberal practice, to become a wage-earning exercise.

To counter this trend, a new UNE 179005 Regulation on "Quality Dental Insurance" of the Spanish Agency for Standardization and Accreditation has been completed and is already approved. It has been sponsored by our Association, and it provides the requirements that, according to the Official Dental Colleges, an oral insurance product must meet to be accepted and obtain corporate backing.

2.4.2. Private investment in the sector. Some chains of franchised dental surgeries appear to be in difficult financial situation and have even come to close some centers. However, a company of solvency such as "El Corte Inglés" has initiated the policy of opening dental surgeries in some of its most central premises, being mainly dedicated to beauty treatments, which is a new concern.

3. FURTHER INFORMATION (activities, publications, studies):

3.1. Publications

3.1.1. Magazines. The contract for the edition of the RCOE Journal (The Spanish Dental Association Journal) has been changed. This journal, with a purely scientific content, has now been index-linked.

It has also been recovered, on a quarterly basis, the issue of the journal "Dentists", with professional and informative themes.

3.1.2. Edition of the monograph "Legal and professional analysis of relationships and professional conflicts between dentists and dental technicians", an extensive study by Prof. Villa Vigil (and her daughter, a prestigious legal professional), which compiles all the legal regulation governing this complicated relationship, with a view to its spreading and distribution in the legal world.

3.1.3. Publication of the book "SEOP's questions and answers" in collaboration with the Spanish Society of Pediatric Dentistry, directed primarily to parents to inform them of basic issues for the care of children's temporary and mixed dentitions.

3.1.4. Report on "Medical, legal, ethics and ethical considerations about the practice of Dentistry in Spain and HIV infection"

3.1.5. Publication of the book "Guide for not getting lost in the dentist", with interesting dental hygiene tips and useful information about professional practice. Its author is Dr. Tomás Solarana Herrería.

3.1.6. Reissue of the book "Kisses", a primarily graphic work designed by the Head of Press Office.

3.2. Completed studies

3.2.1. Survey of Oral Health in Spain. Framed in a context of ongoing and periodic studies of the oral health situation in our country, this recently presented survey, analyzes the situation in 2010 studying aspects such as the prevalence of tooth decay (number of affected teeth and number of caries treated in different cohorts; influence of the social level and of the environment), periodontal disease, malocclusion; perception of dental health, hygiene habits, stopping at the possible differences of the disease prevalence among people born in Spain and the immigrant population. The evolution of oral health in our country between 1993 and 2010 has also been studied. And finally, targets to be reached in 2020 are established, to improve oral health and preventive measures, increase public benefits, and reduce the plethora of professionals. Prof. Juan Carlos Llodra has been the coordinator of the study.

3.2.2. Study of market prices. Made by Alliad, a prestigious external company, very competent and experienced in the health sector.

3.2.3. White Paper on Denturismo, compiling the opinions of the general public about this problem (knowledge, attitude and behavior).

3.3. Initiated studies

3.3.1. Labor market study that with the title "Current situation of the dental profession in Spain: quality of work and professional future for new graduates", has passed the first phase of the three planned. The work is directed by Prof. Pinilla, professor of Labor Law at the University of La Laguna (Tenerife).

3.3.2. Study of practices, habits and prices in dental surgeries.

3.3.3. Analysis of the dentist's profile and impact of the economic crisis in professional practice.

3.3.4. Survey on the clinical experience of the students in their last year of the Dentistry Degree.

3.3.5. Standardization of the dental health history.

3.4. Performances

3.4.1. Celebration of the National Congress of the Spanish Dental Association, which took place last December in Madrid to coincide with our General Assembly and the Great Gala of Odontostomatology. With an interesting program of professional matters and supplemented with scientific issues, this Congress, with very low registration fees, records a remarkable success in attendance. It is scheduled to hold next editions annually.

3.4.2. Implementation of the "one stop shop"

3.4.3. Updating of the Dentists Professional Directory. Fully computerized, as a tool for general information, it already records 27,000 professionals and over 18,000 geopositioned dental surgeries.

3.4.4. AENOR UNE 179001 Norms on "Quality in Dental Surgeries", which have been updated with the modifications required by the new legislation. The UNE 179004 Norm, Nomenclature of Dental Acts, has also been published.

3.4.5. The CONSIN Software (version 2011) on Informed Consent and another new one on Dental Prosthesis Invoicing, have been offered to the registered dentists.

3.4.6. Participation in the Congress of the Association of Health Law, sponsoring a Workshop on Informed Consent with the intervention of dental leaders and distinguished members of the legal field.

3.4.7. Participation in the Conference on those affected by unqualified people on the health sector.

3.4.8. Making of an "Emergencies Diagram"

3.5. Other business

3.5.1. Commissioning the Dental Patient Safety Observatory which was presented by its Director, Prof. Bernardo Perea (Director of the School of Legal and Forensic Medicine at the Complutense Universidad of Madrid) at the World Congress of the FDI in Mexico City

3.5.2. Creation of the Royal Academy of Dentistry Sciences. The Draft of the Statutes have already been completed by the Management Committee