

Regional European Organisation of the FDI

National Report 2017

Germany

Bundeszahnärztekammer e.V. (German Dental Association) Berlin / Brussels

Changes in the association and its organisation:

There were no changes in 2017.

Trends and developments:

The political year of 2017 was characterised by the national elections, which took place in September, and the subsequent exploratory and coalition talks carried out by the different parties which form the new parliament. Up to March 2018 no new government was sworn in.

The German Dental Association engaged in the national electoral campaign by publishing a [brochure](#) which sets out ten reasons for having a dental medicine that is viable for the future. The position paper develops a future perspective for health policy for the new legislative period (from 2017 to 2021). The brochure names the key political demands for the next years in **professional** as well as **health** and **social politics**. For example, it warns to further support the establishment of medical service centres, since this development threatens the liberal profession by opening a door for investment of external capital. Moreover, the brochure argues for a revision of the current fee regulation and for a reduction of the bureaucratic burden for dental practices. Besides, it calls for an increased promotion of preventive dental care.

In **educational politics**, the reform of the statutory framework for dental training, which takes place at 31 dental departments at German universities, is still far from being completed and implemented. No revision of the framework for dental training has taken place since the regulation on the exams for attaining the license to practice dental medicine came into force in 1955. In October 2016, the Federal Ministry of Health presented a draft report on the new regulation on dental training. The German Dental Association (BZÄK), the German Society of Dentistry, the German Society of Oral and Maxillofacial Surgeons (DGZMK), the Association of University Teachers for Dentistry, Oral and Maxillofacial Surgery (VHZMK), the National Association of Statutory

Health Insurance Dentists (KZBV) and the Association of Students of Dental Medicine in Germany (BdZM) have been very active in pushing the draft report to a successful conclusion. However, the draft report has not been adopted until now. The newly formed government coalition between the Social Democratic Party (SPD), the Christian Social Union (CSU) and Christian Democratic Union (CDU) states in its coalition agreement, whose approval is still pending, that the need for reform in dental medicine and dental training is acknowledged. The German Dental Association now hopes for finalizing the reform of dental training in 2018.

The German **health insurance scheme** is characterised by a dual system where statutory health insurance funds coexist with a private insurance system. During the national election campaign and subsequent coalition talks, several parties discussed a complete change of the current system. The Social Democrats and the Greens put forward the idea of a single compulsory national health insurance scheme. The argument of the advocates of such a reform was to eliminate the disadvantages people insured in a statutory health fund face compared to privately insured patients. This radical reform of the system is not thought to happen within this legislative period. However, the German Dental Association expects some changes to be made in the current system. The reforms' scope and content cannot be predicted at the moment.

The provision of **dental care for persons seeking asylum and refugees** is regulated by German law. Refugees and people seeking for asylum have the right to get a treatment of acute pain from the beginning on. After residing, without any major interruptions, for more than 15 months in Germany or having been granted the refugee status, the asylum seekers are handed out electronic health insurance cards which make them a full member of one of the statutory health insurance funds. This means, they have access to all standard benefits offered by the statutory health insurance funds, including preventive measures to avoid impairment of oral health. Under this regime, already existent problems to oral health should be solved at the earliest point in time and at minimal costs as possible. Controls on a regular basis by the dentist should stabilise the person's oral health and ideally sustain it in the long-term. More and more states in Germany are starting to hand out the electronic health insurance card to asylum seekers before the end of the 15 months period in order to be able to offer preventive care earlier and therefore reducing costs for treatments.

Migration:

The German Dental Association has no statistical data about the **migration of dentists**. It is not recorded how many dentists are leaving Germany and where they resettle to nor how many dentists are arriving in Germany and

where they are originally from. Since degrees in dentistry fall under the scope of the automatic recognition within the EU Qualifications Directive, the German Dental Association assumes that most of the dentists migrating to Germany are from other Member States of the European Union. However, the inquiries on working conditions for dentists in Germany are increasingly coming also from Syria and Turkey as well as Northern African countries. How many of these dentists are actually migrating to Germany and apply for a license to practice is unknown. If they are actually migrating, there are problems on how to assess their qualifications and classify their dental degree properly. Moreover, for migrant dentists it is often problematic to communicate in German language with colleagues, patients and public authorities, since a sufficient knowledge of the German language is often missing. With reforming the regulation on dental training, the assessment of dental degrees achieved outside the European Union should also be better regulated.

A representative cross-sectional [study](#) was carried out in order to get on the one hand an insight into the **oral health status of asylum seekers** and refugees and on the other hand to get to know their **needs in dental** care as well as the probable **costs for treatment**. Results show that the oral health status of persons applying for asylum and refugees is comparable to the German population's level of oral health 30 years ago. Most of the deficits in oral health nonetheless can be solved through an adequate regime of prophylaxis and prevention measures.

Children show a significant higher incidence of dental caries when compared to their German counterparts. The caries value for permanent teeth of **juvenile and adolescent refugees** is increasing. The study demonstrates that there is a clear need for dental care among refugees in the basic dental disciplines of restorative dentistry, periodontology and orthodontics.

The **expenses** for a complete restoration of the oral health for asylum seekers and refugees are estimated between 178 and 1,759 Euro per refugee by this study, whereas the dental restoration of the 45 to 64 years old patients would be the most cost-intensive. The real costs, however, when assuming the dental treatments are carried out within the statutory health insurance scheme, may drop well below the hypothetical costs calculated by the study.

Changes in fees:

There were no changes in fees in 2017.

World Oral Health Day:

The World Oral Health Day, as promoted by the FDI, is not celebrated by the German Dental Association. The German national day on oral health has been established for over 25 years and is celebrated on the 25th September each year. It is not possible to adapt the German Day of Dental Health to the 20th

March, since the national day is planned and prepared well in advance with many actors (health insurance companies, municipalities, schools, regional dental associations...). Since the events in Germany are planned with a lead time of up to 24 months, the planning is already complete for 2019 and 2020.

Further information on activities:

- *Europatag* (European Day): The German Dental Association is organising – alternating in Brussels or Berlin – once a year a conference to raise awareness on how developments of European level are interacting with national policies and the dental profession. The event's aim is to record the growing importance of policies and legislative proposals made on European level and to discuss these developments critically. The 2017 *Europatag* covered the proportionality test as proposed by the European Commission in its Services Package and its impact on national professional legislation.
- *Europaforum* (European Dialogue Forum): The German Dental Association organizes once a year an evening event where delegates of the German Dental Association are brought together with officials from the European Commission, members of the European Parliament and representatives from other relevant European interest groups. They discuss current policy initiatives and developments on European level. The topics of the 2017 *Europaforum* included – amongst others – the proportionality test for adopting new national professional legislation and the approach to standardize health services.
- *Deutscher Abend* (German Evening at the FDI world conference): The German Dental Association and the Association of German Dental Manufacturers organised an evening reception at the FDI world conference in Madrid in August 2017. It brought together representatives from different national delegations, the dental industry and FDI officials for discussing current developments in dentistry in an informal setting.

Three main concerns:

Three points for discussion:
