



## **ERO Plenary session 13th/14th April 2018, Salzburg, Austria**

### ***Minutes***

#### **A Welcome**

##### **A.1 ERO-President**

Anna Lella opens the assembly and welcomes all participants.

##### **A.2 Greetings of the vice-president of the Austrian Dental Chamber**

Hans Schrangl welcomes all participants. He hopes that everybody will enjoy their stay in Salzburg.

##### **A.3 Greetings of guests**

Anna Lella greets the president of FDI, Kathryn Kell, the President-elect and former ERO-President Gerhard Seeberger, the FDI-Speaker Susie Sanderson (delegate BDA), the FDI Council members Edoardo Cavallé and Nikolai Sharkov (delegates ANDI und BDA), the former ERO President Philippe Rusca (delegate SSO), (Michèle Aerden sent her apologies), the representatives of EDSA (European Dental Student's Association) and last but not least the representatives of the local organizing committee.

#### **B Presentation of the Austrian Dental Chamber**

Martin Hönlinger is Vice-president of the Austrian Dental Chamber and President of the local dental chamber. He explains the Austrian Dental System (see also presentation on the ERO website) and refers to the legal basis. It is noteworthy that in Austria only dentists are allowed to practice dentistry. There are no specialists; but there are specializations (special dental knowledge) that are supervised by the Chamber. The dental assistant completes a 3-year training, which is organized by the Dental Association. This training also includes 300 hours of practical training. Austria knows no DH, only the prophylactic assistant; this profession requires additional training. They have dental technicians who work in a dependent position or are self-employed.

The membership in the dental chamber is mandatory. The chamber is in charge of the agreements with the social insurance institutions, the supervision of the training of the dentists, the advertising policies and it is responsible for the continuing education. The local associations take care of the registration of the dentists as well as of the withdrawal of the vocational training license, all this under the supervision of the Ministry of Health, and there is an internal quality assurance. There are about 30 social insurance institutions in Austria; 99% of all Austrians are insured there. There are also dental ambulatories; where the prices are very low; in Salzburg these clinics have a share of about 25%. Social security covers the basis of dental care. In certain cases, the costs of removable orthodontics are also covered. Everything else is private and must be paid by the patients themselves. In Austria there are about 4000 dental practices, about 2500 of them directly charge the social security institutions, 60% use the accounting office of the Austrian Dental Association, the remaining

approx.1400 are purely private and there the patient must pay everything himself but will partially be reimbursed by the social security system. 45% of the income of dentists comes from the social security system, 55% from the private sector. These 45% of income are so small that it does not even cover the costs. That's why the private sector is very important. The dental fees are reviewed annually by the Ministry of Health. The rates with the insurance are negotiated annually as well. Martin Hönlinger presents the number of Austrian dentists. Here too, they count many new dentists from abroad. In recent years, these have averaged 50%; the number of women dentists is also increasing in Austria.

Anna Lella thanks Martin Hönlinger for this interesting report.

## **C Standard agenda of the business meeting**

### **C.1 Roll call**

Oliver Zeyer does the roll call.

Establishment of the quorum

51 out of 70 delegates are present, the quorum is achieved.

### **C.2 Approval of the agenda**

The agenda was delivered on time and is also available on the website. The President announces a small change: as there is twice the figure C.5, the first is changed to C.4a "Cooperation with EDSA". This change is accepted without objection.

### **C.3 Approval of the minutes of Madrid**

Only Simona Dianiskova had demanded a change. No further adjustments have been desired. The minutes of the Madrid Plenary Session are adopted unanimously.

### **C.4 Reports of the board**

Anna Lella reports. Two board meetings have taken place since Madrid, one in Paris at the end of November (she thanks again the French Dental Association for their hospitality) and one this morning. The board is always in contact by mail. In Paris, a meeting with representatives of the EDSA took place and it was agreed to examine a closer cooperation. There is a good cooperation with the ADEE which is ensured by Nermin Yamalik and Simona Dianiskova. The board has also thought about how to make the work of the ERO and the board more visible. The ERO working groups work in different ways. Some are holding meetings, others cooperate via e-mail. The board delegated Thomas Wolf to attend the EDSA Congress in Amsterdam. He later will report about it. Member countries - in the corresponding item of the agenda will be decided about the membership application of the Dental Association of Kosovo. National events – The president participated in numerous events; i.a. the congress of the Balitic Dentists Associations. She held a conference on the subject of "Aging population" and presented ideas on how to solve the problem in Europe. She also attended the German Dental Day. There were also many events that she could not assist.

Many of the ERO member associations have joined the FDI on World Oral Health Day. She also draws attention to the interesting program of the European Federation of Periodontology; They have some very interesting topics and brochures. There are a lot of interesting events in the ERO area. Finally, she refers to the ERO newsletters, which regularly inform about the activities of the ERO.

### **C.4a Cooperation with EDSA**

Anna Lella explains that the ERO Board met in Paris with representatives of the EDSA Board and now an agreement on cooperation is to be concluded.

Valentin Garyga, President of EDSA, introduces himself. He refers to the discussion with the ERO, which particularly was about a future closer cooperation and about a "memorandum of understanding" which now should be signed. He is also glad that Thomas Wolf took part in their congress and that various topics could be discussed.

An important topic is E-health. His colleague, who is responsible for the EDSA's foreign affairs, and he himself will be here until tomorrow and ready to answer questions.

Peter Engel welcomes a cooperation with the students' association, but what a shame if this would then only exist on paper. An exchange could be useful, for example, to synchronise future prospects. We need to think about how we can involve the future generation. The structures change enormously fast and our profession is subject to an incredibly fast development. It is therefore necessary to coordinate in the strategic considerations.

For the time being, we plan to work together in the framework of the Working Groups on Liberal Dental Practice in Europe and Relationship between Private Practitioners and Universities, adds Anna Lella.

There is a very good cooperation with the EDSA, especially in the Erasmus program, confirms Paula Perlea. Mick Armstrong misses the presence of young dentists in many committees and is therefore glad that Valentin Garyga is here.

After having signed the general agreement, it would be necessary to define more specifically how cooperation should take place, says Michael Frank. We must coordinate the efforts and set rules; that is in mutual interest. Doniphan Hammer as well as Hande Sar Sancakly very much welcome a closer cooperation of the two associations. There are many topics that can be tackled together.

Thomas Wolf reports on his participation in the EDSA Congress. He thanks Valentin Garyga and the ERO for being allowed to participate. His journey was set at a very short notice, which left little time to prepare optimally. Nevertheless, it was useful and interesting, and he is willing, to attend a future EDSA event, if desired. The level of information of these young people has astonished him once again. They meet with other students in the medical sector and have a good network. However, he was also amazed to hear that there are many young dentists who do not necessarily want to work in a dental practice but prefer to switch to the field of public health. He spares no effort to show his assistants at the university the beauty of a practice. In this forum we should think about that and about how this cooperation with the students should continue.

## **C.5 Finances**

### **5.1 Settlement of accounts 2017**

Bartolomeo Griffa briefly explains the balance sheet and the accounts 2017, which concludes with a profit of € 9287.07. All have received these documents.

Enrico Lai reads the auditor's report. He has received all documents and checked the bookkeeping. Everything is in perfect order and corresponds with the requirements. He recommends the acceptance of the accounts. He thanks the secretariat for the good work which facilitates his task.

Ernst-Jürgen Otterbach is surprised by the increase in the item "Extraordinary expenses / membership fee losses". This can be explained by the 3 exclusions for non-payment of membership fees (including Russia), which has led to this high amount.

### **5.2 Outstanding fees**

The Belarussian Dental Association has not paid the membership fee for two years and is therefore – according to the constitution - excluded from ERO.

### **5.3 Budget 2018**

The budget 2018 is within the scope of the 2017 accounts and provides for a profit of 2000 €.

Accounts and budget are adopted unanimously.

## C. 6 Working groups

### 6.1 Liberal Dental Practice in Europe

All participants could find the results of the working group's efforts in front of them on their table, declares Ernst-Jürgen Otterbach as introduction to this item on the agenda. The article finally appeared in Quintessence International. In order to emphasize the independent practice of the profession as a central statement, we have changed the title of this publication to: "Is liberal independent dental practice in danger? Assessing forms of dental practice in the European Regional Organization (ERO) zone of the FDI World Dental Federation».

Under this headline, it was important for us to highlight two aspects in particular: the analysis of the general conditions of the dental profession and the assessment of the current changes in the practice of the profession and to what extent these changes are in line with the principles of liberal practice. Each scientific publication is subject to a review process. The political statement of the article apparently led to doubts among the reviewers of the International Dental Journal. It was impossible to convey to them that an unlimited health market endangers the ethical principles of independent professional practice. A discourse that I believe reinforces the importance of the paper, underlines Ernst-Jürgen Otterbach, and urgently needs to be continued. In the IDJ this should be prevented. That is why they have decided to change partner.

Thomas Wolf also refers to the revised title and dignifies the work of his co-authors. Because an error has slipped into this print version, the article is subject to an erratum. It concerns the designation of the former Yugoslav Republic of Macedonia, which has just been described in this print edition as Macedonia, but whose name has already been corrected in the electronic version. He apologizes for this mistake.

We have observed various trends in professional practice (see also presentation on the website). The basis for our dental practice is still the free choice of therapist and therapy. However, there are more and more forms of professional practice that undermine this basis. The reasons are complex: different regulations in the EU, in the political framework conditions of the member states, as well as the financial and economic challenge in starting a dental practice. The new generation of dentists also has changed view of practice (keyword: work-life balance). The aim of our study was to list the general framework conditions with the help of all member states using questionnaires. We wanted to analyze how the dentists are organized and trained and how the dental profession in the ERO Zone has evolved, taking into account the current trends and changes in oral health care in Europe. It was an analysis of different parameters. This publication has a certain political character and we know that it can lead to conflict with other parties.

The results: 33 countries participated, which corresponds to a response rate of 89%. A very good result. We looked at the different types of professional exercises. The most common, more than 50%, is the liberal practice. Then we evaluated how dentists are organized and what regulations exist for the dental practice, the number of training centers and graduates, the duration of training and gender distribution among the students. That has led to 5 main results. We counted 353 universities in the ERO countries and 16619 graduates per year; in two-thirds of the countries, the duration of study was 5 years with 5,000 hours of training, 1/3 have 6 years and 5,500 hours; the male-female repartition among students is 37 to 63%. We found out that there are almost no regulations for outpatient health centers. In the ERO Zone, we currently have an average of 1570 inhabitants per dentist.

Conclusion: the 2013 CED Charter of the liberal professions should be respected. The dentists must exercise their profession with particular regard to ethical principles and optimal dental care should be able to be carried out without third party influence. It is important to defend these principles to be able to guarantee in the future a liberal exercise of our profession without mercantilism.

Beat Wäckerle thanks the authors for this very helpful publication.

Doniphon Hammer complains about a mistake regarding the number of French dentists. Contrary to what is written here, they have 90% of liberal dentists. Thomas

Wolf apologizes for that; however, they had taken the information delivered by the respective countries for this study. It could be a transmission or translation error, says Marco Mazevet. In any case, Thomas Wolf will check this and take into account in another publication.

Nikolai Sharkov misses the data of Bulgaria. The authors will check this as well.

The working group has been thinking about what to do with the results of this study, explains Ernst-Jürgen Otterbach. We need to think about how far we can accept non-medical guidance in care structures. There is no legal regulation. The most important point is the increase and development of supply centers and thus the question of whether measures should be taken to secure liberal practice also due to the increase in employment in our practices. Second, we need to evaluate what the expectations of our graduates are. Collaboration with younger colleagues is hugely important to the future of our profession. This is also where the care of the elderly population comes into play. These are two things and two sides of the problem. He hopes that the FDI, whose president elect is a member of this working group, will also support finding a solution to these problems.

Ralf Wagner and Peter Engel agree that we now must try to make concrete plans and develop strategies. This cannot just be about money. The younger generation has different views. We must give them assistance. We can only do that together.

Catherine Mojaiski does not like the comments regarding the young that do not want to work as much anymore. She also does not like that the blame is laid on the women; young men as well do not want to work so much anymore. Peter Engel does not want to be misunderstood. He emphasizes how much he appreciates his female colleagues. From Bedros Yavru-Sakuk's point of view, there are two main problems: the high cost of training and opening of a practice. Here we should begin.

Mick Armstrong encourages the organization to think about organizing a special conference on this topic.

We have focused on the liberal dentists in its own practice, notes Michael Frank. But even an employed dentist is a liberal dentist if he is independent in deciding on the form of therapy. Anyone who believes that the trend can be reversed is on the wrong track. We should think about how to secure independence in decision-making in therapy.

## **6.2 Relations between dental practitioners and universities**

Simona Dianiskova thanks all WG members for their cooperation. The project of a definition of interprofessional education in Europe was approved in Madrid. Based on the FDI paper "Optimal Oral Health through Interprofessional Education and Collaborative Practice", this definition should be implemented in 4 phases. This work will be done in cooperation with the ADEE and our liaison person, Nermin Yamalik. Those 4 phases consist of review and consult the document of FDI, write review article, a survey among ERO and ADEE members and finally a joint statement between ERO and ADEE.

Today the working group also discussed the importance of interprofessional education with regard to non-communicable diseases, oral health and general health. Key messages of the FDI paper are: definition of collaborative practice; obstacles and benefits of «IPE» and «CP», the role of the dentist as the leader of the dental team. However, the WG could not agree with the definition of the dental team in this paper. Reference has been made to the documents "Dental Team Resolution (CED, May 2015), ESCO Classification (EC 2017) and CED Position on Dental Team (January 2018)". The timetable: after this presentation in Salzburg the opinion on this FDI paper is once again to be collected (last time the response was very modest), the working group will then exchange via mail and report in Buenos Aires.

Anna Lella thanks Simona Dianiskova for her report and also refers to an ERO paper on the dental team, which has been adopted in Singapore. This should also to be considered.

### 6.3 Integration

Originally, declares Vladimer Marghvelashvili, the name of this working group was "enlargement" and its purpose were to integrate the new independent states in the east into the ERO family. This goal was achieved in 2011. Ten national dental associations became regular members of the ERO. The representatives of these NDAs needed to be informed about the details of the ongoing work and plans of the various ERO structures. This was necessary to understand the role and goals of the ERO and to be more involved in the details of future strategies. For this purpose, the WG had to change the goals and was renamed from "enlargement" in "integration". As of 2011, this working group was led by Elena Ivanova. She and her team have done important work and we are grateful for it.

The priority of our WG is to increase and improve the role of NDA's in new independent countries. Important is the transfer of knowledge and more financial power. The first one is easier to achieve; the second needs a bit more time. To achieve this goal, the first step should be the preparation of laws and regulations for NDAs and dentists in line with those of developed countries.

The first step is to know the state of art in NDAs of all the member countries in order to be able to compare and modify them if necessary. For this purpose, a questionnaire has been prepared with the aim of obtaining information on regulations and continuing education in the member countries.

The questionnaire was sent out to all ERO member countries.

Response came from 15 countries (Austria, Azerbaijan, Belgium, Croatia, Czech Republic, Estonia, Georgia, Germany, Greece, Italy, Kirgizstan, Slovakia, Slovenia, Spain, Switzerland). We thank them for participation and the ERO Secretariat for its support.

The analysis of results shows that the membership in NDA is mandatory in 6 countries from 15 (40%). Dentists have to pay the annual membership fee in all countries, except for one (Azerbaijan). The fees vary from country to country: from 5 \$ (Kyrgyzstan) and 20 GEL = 7 EUR (Georgia) to 1300 CHF in Switzerland. In Austria the fee depends on the income of the dental practitioner.

License for practicing is necessary in 40% countries. We need to elaborate on this question and ask how the practice is regulated without license. In 5 countries (33.3%) the validity of the license is limited.

CE Credit Points are mandatory in 60% countries. The number of credit points per year differ from 10 (Bulgaria) up to 50 in most countries.

The responsibilities of implementing the CE programs is mostly in the hands of the NDAs, Medical Chambers and Dental faculties. The exception is Italy, where the Ministry of Health is responsible.

CE programs are free of charge only in 1 country (Greece, where the NDA membership is mandatory for practicing). The answer from Bulgaria to this point is unclear. In other countries, dentists or their employers pay to participate in training programs.

In about half of the countries (7 from 12; 58.3%) the Ministry of Health is responsible for the examination of the licence.

The conclusions of the results of analysis are:

1. In the countries where membership of NDAs' is mandatory. the CE is also mandatory, although it is not limited to those countries only.
2. In 16.6 % of countries (2 out of 6 countries), where membership is mandatory, the CE fee is covered by NDA. In most countries the CE is paid by the dentists.
3. In 93% of the countries NDAs or Medical chambers administrate the implementation of CE. It means, that NDA is responsible for all the processes of CE for their member and non-member dentists.
4. NDAs are implementing the CE of dentists, but in more than half of the countries license exam is taken by Ministry of Health.

Recommendation:

- The work of NDA is more successful when membership is mandatory for practicing.
- Mandatory CE is a guarantee for high level practices.
- The responsibilities for implementation of CE and license examinations should be administered by Ministry of Health together with NDA.
- He proposes the creation of a Liaison Subgroup (3-4 person), which will regularly communicate with other Working Groups in order to gain necessary information and improve the integration process.
- The conference about Medical Regulations in Europe will be held in Geneva on 19-20<sup>th</sup> of May. Dr. Gerhard Seeberger will chair one of the sessions, thus I assume that dental aspects might also be discussed.
- I would additionally suggest that WG Integration should collaborate more closely with CED (Council of European Dentists) to accelerate the integration process.

Vladimer Margvelashvili suggests an idea, which will increase the authority and recognition of ERO among younger generations in new independent countries. Clearly, ERO board is doing a lot in this direction, such as holding the ERO Plenary Sessions in Moscow (2007), Yerevan (2010), Tbilisi (2015) which are powering the ERO image and recognition. Here comes his idea: for motivation of future generations, it would be good to found an ERO scholarship for 4<sup>th</sup> and 5<sup>th</sup> year students (max 100EUR per month for 5 students total). This would be a very prestigious scholarship and goal for many young students to achieve.

If you agree, we could continue working in that direction.

#### **6.4 Quality of care**

His working group has drafted a questionnaire and had it also reviewed by a lawyer, reports Roland L'Herron. The aim is to obtain information on the measures taken in the individual countries with regard to quality assurance. Some changes have been made to the questionnaire. It seemed a bit complicated. We wanted to know if there are measures in the different countries that are mandatory or if they have just recommendations. Whether they are issued by the dentists themselves or by other bodies (insurance companies, for example). We also wanted to know whether they have a binding character; whether there is a monitoring, possibly sanctions and how this is accompanied or supported by the dental associations. What is liberal practice if it is not based on personal responsibility? Whatever the status of the dentist, it is important that the quality of the service provided is correct. The questionnaire will be revised again and then the results will be presented later.

#### **6.5 Continuing medical education in dentistry**

Hande Sar Sancakli presents three projects of her working group. On the one hand the promotion of the "ERO Continuing Medical Education in Dentistry Session Template". This has already been presented at previous general assemblies. A form should be made available to the member associations by means of which they can submit an application for the conduct of such an ERO-FDI conference / event. The second project is the evaluation of learning formats for continuing education in dentistry. By means of an online survey the WG would like to find out which is the preferred learning format among the members of the ERO countries. This form can be completed online and returned directly (per click) to the WG. Hande Sar Sancakli urges all member states to distribute this link to their members. The deadline for answering is in July 2018 and the results will then be presented in Buenos Aires. The third project - the ERO opinion on medical education in dentistry has been accepted by the FDI and will be presented in Buenos Aires as a policy statement and put to the vote.

Next steps:

- Strengthening integration
- Collaboration with the medical associations
- Assessment of knowledge and inter-professional approach

## **6.6. Dental Team**

Today, there are some decisions to make, proclaims Edoardo Cavallé. It's about giving the working group a new name and a new direction. This was discussed in detail at the meeting in Frankfurt. The following new name is proposed: «Dental team in practice of 2030».

The following questions arise:

- What new challenges will our profession face?
- What does the new generation of dentists expect?
- What is the future dental team?
- What new technologies will affect our practice?
- What about the risk assessment in our practice?

The following topics shall be treated:

- Management in the practice - Change in curricula of DT
- Qualification in Using of new technologies/ digital medias
- Harmonization among European countries DT profiles
- Optimizing in recruiting members of DT
- Quality of procedures in the in Dental Team
- Changing model of profession(s) – new models of practicing Dentistry in DT.

These topics require a very strong cooperation with the other AG. We will assign one of our members to each of the other working groups to gather information. Sharing information is very important. Our profession is in a transformation.

In the ensuing vote, the delegates unanimously support the new name of the working group and agree to the proposed way of tackling the tasks.

## **6.7 Ageing population**

The working group met in March. Philippe Rusca reports. Oral health is an integral part of general health. The seniors have more and more their own teeth and taking care of them is a challenge for the dental team. Each country has its own rules and the working group is just making recommendations. The respective FDI Group has already done a very good job on the subject of demographics. The scheme of South Korea (see presentation) may well be transferred to our zone. However, one must remember that there are countries where life expectancy is not like ours. Our numbers are probably higher than these mapped averages. The number of over-65s is rising steadily. Code of Ethics - The obligation to treat the elderly should be included in every code of ethics. Everyone has to do their part (including the dental team) and it can not just concern the specialists. Basic training: We should exert a certain amount of pressure on the universities in order that gerodontology also finds its way into the curricula. The following topics should be included in the basic education: Biology of Aging, Age-Related Pathologies, Basic Geriatric Testing, and Psychology.

The continuing education and training is important in this sector. The same criteria apply as in the basic training. There are scripts and manuals. He refers to the classification (go go, slow go, no go), which is relatively simple, but very vivid and understandable. He presents a scheme (Decision-making in removable prosthetics), which comes from the "Zahnärztliche Mitteilungen" and for which he has received the rights of use. It shows very clearly what kind of treatments in the area of removable prosthetics can be considered as a useful treatment for whi category of older patients. At the top of this scheme Philippe Rusca has added the prevention which forms the basis of every treatment. The instruction of those who take care of the patient is equally important. He thanks the members of the WG and especially Anna Spialek, who participated in all the meetings for the good cooperation and the BDA for the translation of the scheme.

The WG will prepare recommendations and present them at a next meeting.



## **6.8 Adoption of the reports of the working groups**

All are approved unanimously.

### **C. 7 Member countries**

#### **National reports and discussion**

Admission of the Dental Association of Kosovo (Kosovo Dental Chamber) - Anna Lella had contact with its president. They have submitted the application and are member of the FDI. So in principle there is nothing against their admission as a new member.

The delegates unanimously welcome the Kosovo Dental Chamber as new member of ERO.

Oliver Zeyer is responsible for the presentation of the country reports. He repeats his request to keep the deadline for submission. Only in this way it is possible to give the most complete summary. He also asks for short and clear sentences and therefore to confine the reports to the past year. 27 country reports were submitted. They are all posted on the website.

He draws the attention to the detailed presentation on the ERO website.

At the end of the report template it was also asked to formulate the most burning topics. He picked 6 of them.

Plethora of Dentists, Number of graduates,  
Number of universities (public and private)  
Liberal dental practice versus commercialisation,  
Low level of public funding on healthcare,  
Lack of interest from governments for dental health,  
Increasing administrative requirements

This is followed by an animated discussion on the topic of universities, students, education. Responding to the question of Michael Frank, Paula Perlea explains, that of the 12 universities in Romania, 5 are "traditional" (say, existing before 1989) and the "new" 3 are private. The tuition fees there amount to 6000 € per year. In the state universities there are also students who have to make a contribution (2000 € per year). Doniphan Hammer inquires about the number of foreign students in Romania and their provenance. There are not that many, as the lectures are in Romanian, answers Paula Perlea. In Bucharest, the ratio is 8:1 (locals / foreigners), in other universities maybe a bit more. Great Britain is the most popular destination for those who go abroad after their studies.

Mick Armstrong finds the numbers a bit confusing. Great Britain counts many dentists, but it is difficult to dare an indication of labor force potential. Many dentists also work part-time.

There are countries, according to Roland L'Herron, who have become machines in the training of dentists. In France, on the other hand, it is very difficult to be admitted to university. Ernst-Jürgen Otterbach agrees with the statement of Roland L'Herron. There is an overproduction in many places. Too many dentists contribute to their commercialization. In their studies, they dealt with this topic.

Ralf Wagner disagrees. There is not too much training in general, but the training differs considerably. It depends on the quality of education. The selection criteria are - at least in Germany - catastrophic. Many decide for these studies, but then do not take up their job at all. More weight should be put on the final result.

Orlando Monteiro da Silva draws attention to the four principles of the EU (freedom of movement of persons, goods, services and capital). The freedom to open universities and dental practices is part of the EU politics. And of course has the pros and cons. Some countries have restrictions, others do not.

Stefaan Hanson notes big differences in the quality of education. He further announces that in Belgium the DH has been recognized since 30th March of this year. A corresponding decree will enter into force in July. There are 3 categories: autonomous workers, those who work by order and those who can only work when the dentist is present. New is the professional cleaning (not scaling).

In Switzerland, according to Beat Wäckerle, there is a need for action. Instead of the numerus clausus everybody should be admitted to the first year of studies and then the selection should be made. We should rather rethink the curricula and also survey the universities.

The discussion shows how much we are concerned. We should discuss this at a future plenary assembly, says Michal Frank. This requires appropriate preparation. The countries decide for themselves, we can not make any regulations. He refers to a guideline that specifies 5 years and 500 hours training and where the curriculum content is also defined. Such a control could contribute quite a lot to the final quality of education. It would be good to discuss this in a future meeting.

Nick Sharkov quotes from a manifesto founded in Rome on 1 December 2017.

Peter Engel is quite impressed that the reports are being vividly discussed and that we now also have an interface to the working groups. In the past, we paid too little attention to this point. He thanks Oliver Zeyer for the great work, which is a very good prerequisite to assess the interests.

Marco Mazevet inquires how the Swiss dentists managed to defend themselves against the imminent insinuation of the dental treatments under the insurance dictate. Here, according to Oliver Zeyer, the financing was the decisive factor. Employees and employers should have contributed equally to financing. In addition, it was also feared that the insurance would then specify the type of treatment (keyword: free choice of treatment and practitioner.) We were lucky, but other votes will follow.

## **C. 8 FDI**

### **FDI – message from the President**

Anna Lella is pleased that the FDI President is attending our plenary session. That is a great honor.

For her part, Kathryn Kell appreciates being here and hearing what's going on in this regional group.

The FDI president notes with satisfaction that her federation is doing well financially.

2017 was a successful year for FDI's Vision 2020 advocacy work. Together with WHO and other stakeholders, there has much been done in terms of improving oral health around the world. Thus, the FDI has adopted a new definition of oral health to unite the health community under a common understanding of oral health.

The definition paves the way for the next step – developing standardized oral health assessment and measurement tools.

In 2017, FDI made significant progress in developing a draft standard set of adult oral health measures. FDI's Vision 2020 Think Tank leads this initiative in close collaboration with the International Consortium for Health Outcomes Measurement (ICHOM). It's essentially about three elements:

disease and condition status, physiological function, and psycho-social function.

The draft set of measures plan to be finalized in 2018 and released at the 2018 FDI World Dental Congress in Buenos Aires in September.

Another advocacy focus in 2017 was to raise the profile of oral health as an important component of general health and encourage global leaders to make and implement oral health commitments.

#### WHO Executive Board and World Health Assembly

FDI is in good with WHO, and this status enables FDI to actively participate in the meetings of WHO's governing bodies – namely the WHO Executive Board and World Health Assembly.

At both the 140th WHO Executive Board in January and the 70th World Health Assembly in May, FDI delivered statements on the following three issues: antimicrobial resistance (AMR), NCDs in the context of preparation for the third High-level meeting on the prevention and control of NCDs in 2018, and progress in the implementation of the 2030 Agenda for Sustainable Development.

Our strategic partners help us drive our advocacy vision forward, remarks Kathryn Kell. Their unmatched support and collaboration are key elements for us to achieve our objectives and effectively influence the global oral health agenda.

#### **NCD Alliance**

The NCD Alliance unites a network of over 2,000 civil society organizations in more than 170 countries with the mission to combat the NCD epidemic by placing health at the centre of all policies. By working with the NCD Alliance, we can address common issues. FDI and NCD Alliance published a joint policy brief, 'Accelerating action on oral health and NCDs,' which provides recommendations for oral disease within the context of NCD prevention and control.

A joint session about 'No health without oral health: how the dental community can leverage the NCD agenda to deliver on the 2030 SDGs' was held at the 2017 World Dental Congress in Madrid, Spain. Finally, FDI participated in the 2nd Global NCD Alliance Forum in Sharjah, United Arab Emirates, last December. During the forum, FDI co-hosted a session with the World Stroke Organization and the NCD Alliance. The session, entitled 'Strengthening health systems for NCD co-morbidities: exploring solutions for integrated care', called for health systems to shift their approach to chronic conditions by focusing more on integrated treatment and prevention, for benefit across all NCDs.

#### **World Health Professions Alliance**

FDI is a member of the World Health Professions Alliance (WHPA) which represents more than 31 million nurses, pharmacists, physical therapists, dentists and physicians around the world. WHPA works to improve global health and quality of care, and facilitates collaboration among the health professions.

5 WHPA member organization have decided to take WHPA to the next level. As of 2018, the WHPA secretariat is based at FDI headquarters, with 1 staff member. FDI contributed to three WHPA statements at the WHO Executive Board. All the statements are made available in the General Assembly binder for Congress. The International Atomic Energy Agency (IAEA) and the WHO invited FDI to attend the IAEA consultancy meeting to finalize a 12-module training course and prepare an advanced draft of the Safety Report on radiation protection in dental radiology.

The third UN High-level meeting on NCDs will take place on 27 September in New York, where governments will review progress made in the prevention and control of NCDs within the context of the UN Sustainable Development Goals.

FDI will attend the meeting and also plans to organize a side event in the lead up to the meeting. FDI will also develop and disseminate an advocacy toolkit in early 2018 for health advocates and members in order to encourage Member States to attend the meeting and integrate oral health perspectives within the meeting agenda and outcome document.

The UN High-level meeting brings together Heads of State and Government, civil society, people living with NCDs, private sector and academia and results in an Outcome Document that will guide the next phase of the political response to NCDs. So it is critical for FDI to participate and represent the voice of the oral health community.

The FDI 2018–2021 Strategic Plan was approved by the General Assembly during the World Dental Parliament in September 2017.

Immediately after Madrid, FDI Council and headquarters drew up a business plan, including:

2018 Action Plan, an external and internal risk analysis, a four-year financial plan.

### **The three pillars: Membership, advocacy, knowledge transfer**

Building a strong membership is very important to us, underlines Kathryn Kell. We will continue to develop initiatives to meet the needs of our members and help raise the profile of oral health at the national level. The development of best practices in oral health science and education and share knowledge on preventive treatment and care shall be supported.

March 20th was a great day for FDI members and partners to spread the word about the importance of oral healthcare. It was fantastic to see all our member countries celebrating World Oral Health Day (WOHD) in their own unique ways. The events received extensive coverage on social media and I received countless pictures and reports from countries who were proud of the large crowds of members and the general public who attended, remarks the FDI president.

A special thanks must go to WOHD Task Team Chair Dr Eduardo Cavalle and the rest of the WOHD Task Team and to all FDI members hosting WOHD activities. Because of all your hard work and dedication, the 2018 WOHD campaign was a hugely successful event. We hope you will join us in 2019 to make WOHD another global success!

Through Brush Day & Night (BDN) activities, children learn about the benefits of good oral hygiene and are taught to brush their teeth twice-daily with a fluoride toothpaste. BDN also encourages children to become community advocates and spread the message of good oral health to their families and friends.

### **Success and sustainability define Phase III**

Phase III ran from 2014 to 2016.

During Phase III, BDN coordinated oral health outreach activities in schools and conducted World Oral Health Day celebrations, reaching over 4 million individuals.

Following a detailed evaluation, the school programme is deemed to be efficient, sustainable, and most effective for children from the ages of 7 to 9.

A detailed evaluation of Phase III will be published in a supplement of the International Dental Journal (IDJ), to be released during the first quarter of 2018.

Phase IV, which will run until 2019, is currently being implemented in partnership with NDAs and local Unilever teams in Indonesia and Nigeria.

Following the interesting presentation by the FDI President, Anna Lella lists the vacant posts in the FDI committees. It is already known that Mare Saag is running for the Scientific Commission and Sophie Dartevelle and Prof. Hickel are candidate for re-election to the public health committee resp. scientific committee.

## **C. 9 Next meetings**

Plenary session 2018 (Autumn – Buenos Aires/Argentina – 6.9.2018)

Plenary session 2019 (Spring) – Frankfurt a.M./Germany - 25.-27. April 2019

Plenary session 2019 (Autumn) – San Francisco/USA

Plenary session 2020 (Frühling) – Almaty/Kazakhstan

It will be a pleasure and honor for Saule Yessentayeva to receive the delegates in Almaty. Unfortunately, it does not quite work with the intended video. This should then be available on the website.

If other NDA's are interested in hosting a plenary session, they can send an official request to the secretariat.

### **C. 10 Miscellaneous**

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### **D Close of the meeting**

The president thanks the interpreters. They do not always have a simple job, as some speakers speak very quickly. She thanks the members of the Board for the good cooperation and Marek Szewczynski for his support. Thanks are also due to the guests of FDI and EDSA for their participation and to the Organizing Committee a very good job. She wishes everyone a wonderful stay in Salzburg and hopes to see them all in Buenos Aires again.

The president:  
Dr. Anna Lella

Minutes:  
Monika Lang

President: Dr. Anna Lella (Poland) • President-Elect: Dr. Michael Frank (Germany) • Secretary General: Dr. Oliver Zeyer (Switzerland) • Treasurer: Dr. Bartolomeo Griffa (Italy) • Councillor: Prof. Taner Yücel (Turkey)  
ERO-Secretariat, Monika Lang, Muenzgraben 2/P.O. Box, CH-3001 Bern, Tel. ++41 31 313 31 61/Fax ++41 313 31 40  
[mail: ero-sekretariat@sso.ch](mailto:ero-sekretariat@sso.ch)

Bank account: CREDIT SUISSE AG, 3001 Bern, Switzerland - Account No. 1872503-32,  
IBAN CH14 0483 5187 2503 3200 0, BIC CRESCHZ80A

in the name of European Regional Organisation of FDI, 1216 Cointrin, Switzerland [www.erodental.org](http://www.erodental.org)