

I. Changes:

- ***In the Association and Its Organization:***

16th Term Ordinary General Assembly of Turkish Dental Association (TDA) was conducted on 4-5-6th November 2016.

As a result of the elections, our colleagues whose names are below were elected for Supreme Board of Directors of Turkish Dental Association (TDA) for 2 years.

16th Term (2016-2018) Supreme Board of Directors of Turkish Dental Association

President	Dr. Ali Rıza İlker Cebeci
Vice President	Hüseyin Tunç
Secretary General	Neslihan Sevim
General Accountant	Can San
Member	Prof. Dr. Atilla Stephan Ataç
Member	Murat Mustafa Çağlar
Member	Mehmet Çalık
Member	Sevgi Hüşan
Member	Mustafa Oral
Member	Dr. Gülay Özdoğan
Member	Buket Uğuz

II. Trends and developments

- ***In professional politics***

Turkish Dental Association recommends Community Oriented Oral and Dental Health Care Model.

Community Oriented Oral and Dental Health Care

- 1) Community Oriented Oral and Dental Health Care Approach approves that oral and dental health inequalities which stem from social reasons and are preventable as “inadmissible”. For this reason, chief leader of all activities is equality. It isn't based upon demand oriented, biomedical strategies like flor treatment to the patients who applied in the clinic. It approaches oral and dental equalities with other equalities in the community in a social context and with the participation of some disciplines out of health such as economy, sociology and policy.
- 2) Community Oriented Oral and Dental Health Care is planned, conducted and evaluated on the base of social and environmental components of health and information that is gained by knowing the community and forming an interaction with the community. In this respect, first of all, aimed social and health needs are

inclusively identified while care is being planned, primary situations are analysed, an intervention strategy can be developed according to procurable sources and priorities.

- 3) Distribution of infrastructure and manpower sources in Community Oriented Oral and Dental Health Care is formed according to the needs of community thereby the principle of equality not to demand namely market mechanism.
- 4) It is essential that Community Oriented Oral and Dental Health Care is easily accessible and available in terms of all individuals of the community and give integrative care that is both preventive and curative towards all endemic oral and dental health problems. In this respect, it is responsible for giving care to everybody regardless of age, genre and any special case. On the other hand, it is primary to give care to the socially disadvantaged people such as the poor, immigrants, illiterate people and the ones in risk group such as disabled, children and pregnant.
- 5) Aims at planning, conducting and watching health care and sources above-mentioned according to the needs of community, providing community, especially priority groups, to access can be achieved only in a model organized under the base of geographical region. There are many proofs showing to the patients and dentists who applied that organization based on registered patient list result in increasing of health inequalities especially family practice model in our country. Organization models that exclude the ones not registered to a doctor, not know to apply to healthcare and “unwanted” citizens by doctors because of their social disadvantages (the ones not registered to the civil registry, seasonal worker etc...) are completely contrary to Community Oriented Dentistry. On the other hand, they are not qualified for being responsible for everybody’s health in a specific geographical region and securing access to care on their own. Just as village clinic personnels visited every inch of a place in order to vaccinate and control babies’ and pregnant’s health in the past, requirement oriented strategies, not application and demand oriented, should be followed in Community Oriented Dentistry.
- 6) Dentists who give Community Oriented Oral and Dental Health Care, log in all new requirements of citizens in the region, give primary preventive and curative health care to all, collect all data about care by other institutions and persons and provide this data to be used for patient’s care.
- 7) Community Oriented Oral and Dental Health Care is based on cooperation between disciplinaries and team work. Coordination of this team is provided by dentists. Beside dentists who give Community Oriented Oral and Dental Health Care are competent clinically, they are also informed of community health and health care management. Dentists who give this care should be able to work without concern for revenue and future and their activities should not be directed by performance pay by no means. On the other hand, dentists’s volunteering on taking part in this care with strategies such as development on personal rights, opportunity for continuing education activities including the ones abroad, work environment in cooperation with universities should be strenghtened.

It is evident that health environment available in our country and future plans of Ministry of Health do not comply with Community Oriented Oral and Dental Health Care. At this point, TDA’s duty is insistently to continue to defend an approach responsible for all community’s health and a model organized according to it. All proposals from Ministry of

Health regarding organization of oral and dental health care will be a product of Health Transformation Program and unavoidably genetically with malformation. TDA's opinion effort on these proposals will not result in building of community oriented healthcare. After all, TDA should follow every new step of Ministry of Health in order to hinder community to damage its health and to increase inequalities, labour of dentists to be devalorized and dentists' healthcare to be completely delivered to global health market. This is main reason of TDA's developing proposals in available system for Ministry's works towards organization.

- ***Employment of dentists in public***

Personal Rights of Dentists and Public's Receiving Services from Clinics

Turkish Dental Association approaches critically organization which public formed on oral and dental health care. In this regard, necessity of

Taking into consideration the distribution of dentists,

Revealing domestic distribution of Ministry of Health Oral and Dental Health Centre and Dental Hospitals, bringing forward a proposal for reasonable distribution of infrastructure and manpower,

Evaluating effects of Oral and Dental Health Centres' care and performance-related pay system on patients and dentists,

Evaluating Community Health Care Centres regarding oral and dental works such as fluor treatment and dental screenings,

Care and determinants by Oral and Dental Health Centres and Community Health Care Centres being evaluated with opinions of dentists working in these institutions, should be absolutely provided. In short, organization set up should be based upon dentists.

Social Security Institution state-owned is a unique institution which buys oral and dental health care in our country. This institution gets service procurment about oral and dental diseases of more than 80 million population via Ministry of Health.

Turkish Dental Association submitted a proposal "oral and dental health care which prioritizes preventive treatments should be provided from private dentists along with public" to the institution years ago. Although it was scientifically revealed that this positive proposal would affect positively public finance in the long term; it tries to treat all oral and dental patients nationwide with 7000 dentists on its own. Ministerial dentists who can not treat enough patient within working hours due to large number of the patients, have to work in two shifts and until 24.00. In addition, malpractice is created by promoting to care more patients with money via performance system that directs dentists to quantity instead of quality.

This causes that oral and dental diseases are becoming widespread in public.

Employment of dentists in public is increasing every year. Number of dentists in public is getting equal to the number of private dentists.

- ***Regulation on Healthcare Organizations Providing Oral and Dental Healthcare Services***

It is thought that a lot of changes in the Regulation on Private Health Institutions that regulates way of working and conditions of dentists and where oral and dental health care is provided, made by Ministry of Health, will bear lots of negative results that opens a profit-oriented field in non-professional capital for dentists and patients in the future.

Most important one is to place dentists as employee near capital owner and to take them out of self-managed professional group. It also causes irreversible damages in profession that hinder professional development and endanger future.

As well as a lot of provisions affecting professional practice negatively in the regulation, there are also some implementations to destroy relationship between professional organizations and dentists.

- ***Personal Health Data***

Law No: 6698 on Protecting Personal Data with lots of problems entered into force last year. In accordance with the law, 'Processing Specific Personal data without related person's consent is banned.'

Ministry of Health aims at transferring personal data of people who want to access to their health care to a central electronic system by carrying into effect Regulations on Processing Personal Health Data and Protection of Privacy on the basis of this law on 20th October, 2016.

However, the process regarding set up of institutions and organizations provided for in the regulations and revealing security measures determined by these, is not described yet.

In accordance with our Constitution, right on protecting personal data is one of the fundamental rights of people. Therefore, all regulations on restricting this right have to comply with the law in The Constitution "these restrictions can not be contrary to word and spirit of Constitution, requirements and principle of proportionality of democratic community order and secular Republic." In other words, the law on any processing such as collecting and sharing of personal data is unnecessary to be legislated, relevant law have to comply with *requirements and principle of proportionality of democratic community order and secular Republic*.

As a result of evaluation within this framework, a case on abolishment of some articles of Law on Protecting Personal Data which enable personal data to be shared limitlessly and immoderately was opened.

On the other hand, another case was opened for suspension of execution and abolishment to Council of State by Turkish Dental Association, by emphasizing that some regulations about personal data collected without related person's consent via Regulations on Processing Personal Health Data and Protection of Privacy are contrary to law because of such reasons as the fact that there is not any restrictions on data being asked to be collected and that Data Responsible Register required to be constituted by relevant law have not be constituted yet, that the Council of Protection of Personal Data is set up and determine

security measures for collecting health data and that Ministry of Health made this Regulation without opinion of the Council of Protection of Personal Data.

Beside a decision has not been made in this judicial process, healthcare organizations and dentists are thought to take into consideration values comprised of universal norms and codes of conduct for sharing “secret” data of patients, it is demanded that Provincial Directorates of Health register patients’ data on a main frame of Ministry of Health, otherwise it is reminded that sanctions will be applied.

It was shared with our colleagues that any sanction is out because personal data can not be collected without legal foundation due to incomplete arrangement and it is not possible that patients’ data is not shared as a statistical data by being separated from personal data with Ministry of Health by Turkish Dental Association and Turkish Medical Association.

In educational politics

- ***Continuing Dental Education***

Turkish Dental Association Continuing Dental Education (CDE) aiming the post graduate education of our colleagues was disciplined by a Directive Regulation made in 1998.

In 2014, Continuing Dental Education (CDE) Directive was renovated in a more comprehensive manner according to the changing needs. New regulation highlighting accreditation provides that the competence development programs can be realized within the body of TDA and institutional and physical conditions are created more broadly described in the following article.

- ***TDA Competency Development Project***

The rapid development of dental profession in our country and around the world, the changing needs of society about the oral and dental health care and the need for professional continuing education have showed up more crucially than in the past decades.

Need for qualified human resources, reflections of fast-growing technology in dentistry, strengthening the service-quality oriented approaches and the demanding form quite a large market for professional training.

There are many training activities organized in the field of dentistry. Contribution of each training activities to profession and colleague is not the same. The main principles of professional continuing education, application methods, and success criteria have been an important issue for many years studied by many professional institutions and universities around the world; they are generally accepted and their success has been determined.

The first information that is required to evaluate the success of any training given in any area is the educational achievements that have been identified in various sizes. When it comes to professional continuing education, educational achievements have been revealed as the development of the capabilities that a dentist should have after the bachelor's degree.

For that purpose; in order to form a basis for the evaluation of continuing professional education programs by our Association, the structuring of the organization which includes the procedures for determination of Professional Qualifications and Standards is ongoing. In 2017, 137 scientific activities, which were organized by TDA Academy and Dental Chambers, was performed.

- **Dental Faculties**

In Turkey, by the year 2017, there are 77 Dental Faculties. Currently, there is education in 50 of these faculties.

Despite increasing number of Dental Faculties, due to improper workforce planning, poor dental visits, imbalance between graduated dentists and employment, our colleagues continue to face a serious unemployment problem.

Emigration

In consequence of migration wave of Syrian people which has continued since 2011, number of Syrian refugees, who were registered with biometric data of Ministry of Interior as of the date of 2017, is totally 3.466.263; 1.877.847 of them are male and 1.588.416 are female. Their distribution by ages;

AGE	MALE	FEMALE	TOTAL
TOTAL	1.877.847	1.588.416	3.466.263
0-4	231.523	216.109	447.632
5-9	244.066	228.821	472.887
10-18	349.108	306.131	655.239
19-24	308.621	220.766	529.387
25-34	359.218	265.567	624.785
35-44	193.088	161.374	354.462
45-59	137.355	131.013	268.368
60-90+	54.868	58.635	113.503

All outpatient and inpatients health service including oral dental diseases and all medicines of Syrian refugees have been covered by Ministry of Health. Dentist refugees have provided their own citizens with health service in the custody of Ministry of Health.

Some Other Information

- ***Solidarity Fund***

In 2017, we helped to our 13 dentists and their families from the Fund of Solidarity which aims to assist the dentists and their families who have great difficulty to practice their professions by reason of natural disasters or serious illnesses.

The income of the Fund is composed of the fees that our members pay to their Chambers.

- ***Incapacity Insurance and Personal Accident Insurance***

Incapacity Insurance and Personal Accident Insurance, Daily Incapacity Insurance in the case of surgeries of carpal tunnel syndrome for the members, approximately 18000, whose names are notified by Chambers of TDA are arranged by Turkish Dental Association. Due to the Insurance, approximately 5000 USD for once only is paid to the relatives of the dentists who died or was injured in an accident and unable to practice their profession. In addition, for our colleagues unable to practice their profession temporarily, Turkish Lira equivalent to USD 25 is paid for a period not to exceed 200 days in a year.

Scholarship of Students in Dental Faculties

Every year, 20 students of dental faculties who have economic difficulty deserves education scholarship on condition that after graduation they have to refund it in 2-month instalments with an implementation started in 2008 by our Association. 130.000 USD scholarship was given to 103 students until today.

III. Changes in Fees

- ***Medical Fee in Private Dentistry***

Examination and Treatment Wage Tariff in private practice is determined and put into effect by Turkish Dental Association through the right of legislation according to the cost analysis based on scientific data.

IV. Further New Information

- ***International Congresses of the Turkish Dental Association***

The 23rd International Congress of Turkish Dental Association was held between September 21st and 24th, 2017 in İstanbul with participation of 10.009 visitors. The 24th International Congress will be held between September 27th and 30th 2018 in Ankara.

- ***Cooperation with Other Health Association***

In the partnership with the solidarity between “Health Labour and Professional Organizations” which consists of 8 organizations, TDA takes part in the studies predominantly consisting of cooperation and solidarity to be more effective against negative enforcement of the government for patient health and healthcare professionals.

Our 3 main concerns

1. Not being a part of the consultation process, at a desired extent, regarding the preparation of the regulation which defines the work conditions of private dentists.
2. Recent discussions regarding the possibility of having more than one professional association and the possibility of waiving of compulsory membership for professional organizations.
3. The number of dental faculties is increasing. While the number of faculties was 16 in 2002, it is 77 in 2017. All faculties may not have the high standards for infrastructure and academic staff. The number of dentists, which is 32.000 today, is assumed to reach to 64.000 in 2024. Because the frequency of visiting a dentist is very low, the number of the dentists who will not be able to find opportunity to work in private sector will be increasing.

3 points we would like to discuss

1. Not being able to receive the support requested from local representatives of sponsor dental companies for ‘World Oral Health Day’ activities.
2. Determining a common ethical position and principles for advertisements, especially for digital media.
3. ERO may play a guiding role for the establishment of a common platform between World Dental Federation and World Medical Association in terms of contribution to the relationship of general health-oral dental health.