

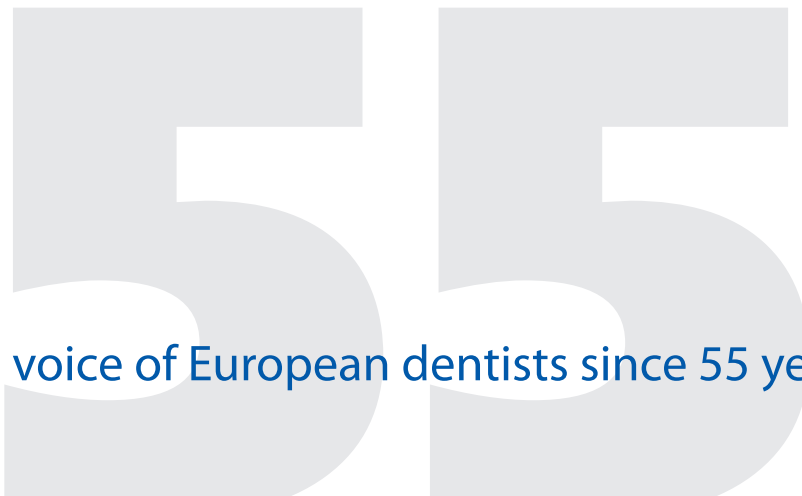


EUROPEAN REGIONAL ORGANIZATION
OF THE FEDERATION DENTAIRE INTERNATIONALE **FDI**

1964–2019

ERO

The European Regional Organization
of the FDI World Dental Federation



The voice of European dentists since 55 years

Dear Colleagues,



ERO, the first regional organization established within the FDI World Dental Federation, turns 55 this year. In 2014, when we were celebrating half a century of ERO's functioning, a booklet was prepared with a summary of the ERO objectives, history and development of the organization. It included interesting historic facts about ERO and many photos reflecting ERO over the years and commemorating numerous colleagues who have been, and many of them still are, involved in the works of ERO.

5 years have passed and I have the honour to present this brochure which follows the booklet issued in 2014 and sums up the results of ERO activities over these 5 years.

The aims of ERO remain unchanged: to promote dentistry as an independent, liberal profession, to support the member organisations in providing the best possible oral and general health to the patients, to promote and support health policies developed on ethical and professional basis, and to work under the visions and missions of FDI trying to influence the work of FDI.

The activities of ERO are still based upon these objectives and follow the quickly changing world which affects so much oral care and the exercise of dental profession. Globalization, digitalization and technological development, ageing population, changing expectations of patients are just a few examples of current issues that have direct impact on our profession. ERO, bringing together colleagues from all over Europe, is analysing all these the current trends and tries to formulate guidelines and recommendations to help the dental communities and individual practitioners in each country to meet the demands and to provide oral care of the best possible quality and in line with the ethical standards of our profession.

Politically and economically large part of Europe is united within the European Union. ERO goes beyond the borders of the EU and unites representatives of dentists from all over the European Region. I am sure that ERO will continue to be the most representative voice of dentists from Reykjavík to Almaty.

I hope this brochure with basic information about ERO will be a useful source of information to those who are not yet familiar with our organization as well as it will serve as a brief summary of ERO's recent works to those who know ERO and are contributing to its successful development.

With best regards,

Anna Lella

ERO president 2016–2019



MEMBER ORGANIZATIONS

Albania

Shoqata Dentare Shqiptare

Armenia

Հայաստանի Ստոմատոլոգների
Ասոցիացիա

Austria

Österreichische Zahnärztekammer

Azerbaijan

Azərbaycan Stomatoloji Assosiasiyası

Belgium

1. Chambres Syndicales Dentaires
2. Verbond der Vlaamse Tandartsen

Bosnia and Herzegovina

Stomatološka Komora
Federacije Bosne i Hercegovine

Bulgaria

Български зъболекарски съюз

Croatia

1. Hrvatska Komora Dentalne Medicine
2. Hrvatsko Stomatološko Društvo

Cyprus

Παγκύπριος Οδοντιατρικός Σύλλογος

Czech Republic

Česká Stomatologická Komora

Denmark

1. Tandlægeforeningen
2. De Offentlige Tandlæger

Estonia

Eesti Hambaarstide Liit

Former Yugoslav Republic of Macedonia

Македонско стоматолошко друштво

France

Association Dentaire Française



MEMBER ORGANIZATIONS

Georgia

კბილის ექიმთა საზოგადოება

Germany

Bundeszahnärztekammer

Greece

1. Ελληνική Οδοντιατρική Ομοσπονδία
2. Στοματολογική Εταιρεία της Ελλάδος

Iceland

Tannlæknafélag Íslands

Israel

הסתדרות לרפואת שיניים

Italy

1. Associazione Italiana Odontoiatri
2. Associazione Nazionale Dentisti Italiani

Kazakhstan

1. Ассоциация стоматологов Казахстана
2. Казахстанская Стоматологическая Ассоциация

Kosovo

Oda e Stomatologëve të Kosovës

Kyrgyzstan

Стоматологическая Ассоциация
Кыргызская Республика

Latvia

Latvijas Zobārstu Asociācija

Luxembourg

Association des Medecins-Dentistes
du Grand-Duche de Luxembourg

Netherlands

Koninklijke Nederlandse Maatschappij
tot bevordering der Tandheelkunde

Poland

1. Naczelna Izba Lekarska
2. Polskie Towarzystwo Stomatologiczne



MEMBER ORGANIZATIONS

Portugal

1. Ordem dos Médicos Dentistas
2. Sociedade Portuguesa de Estomatologia e Medicina Dentária

Romania

1. Asociația Medicilor Stomatologi cu Practică Privată din România
2. Societatea Română de Stomatologie

Slovakia

Slovenská komora zubných lekárov

Slovenia

Stomatološka sekcija SZD

Spain

Consejo General de Colegios
de Odontólogos
y Estomatólogos de España

Switzerland

Schweizerische Zahnärzte-Gesellschaft

Turkey

Türk Dişhekimleri Birliği

Ukraine

Асоціація Стоматологів України

United Kingdom

British Dental Association

Associate member

Freier Verband Deutscher Zahnärzte

Affiliate member

European Society of Dental Ergonomics

ERO

ERO – history and present situation

The beginnings of the ERO date back to 1955 when the Special Commission for European Co-operation was established in response to the request of some European member associations of the FDI to have a common body to defend their interests and views and to foster their co-operation and links.

The activities of this Commission (renamed after a few years as Regional Commission for Europe) were formalized following the 1964 decision of the FDI General Assembly to adopt a resolution setting up Regional Organisations within the FDI. In 1964 the Accordingly, in January 1965 the Regional Organisation for Europe of the FDI, later renamed “European Regional Organisation of the FDI (ERO)”, was effectively established.

Regional Commission for Europe was also a basis for the establishment of the Dental Liaison Committee (DLC) which – nowadays as the Council of European Dentists (CED) – brings together dental organizations from EU/EEA member states and deals mainly with the issues related to EU legislation and internal market.

ERO was the first regional organisation of the FDI and thus served as a model for the other regional organisations to be created later in Latin America, the Asian-Pacific Region, Africa and North America.

In 1965 ERO had 12 member associations. The number of members has increased continually, especially after the fall of communist regimes in Central and Eastern Europe. After 1989 organizations from most of these countries gradually joined the ERO, incl. the former USSR

republics from Caucasus and Central Asia (WHO European Region).

Currently the ERO counts member associations from 36 countries and has set as a goal to help dental associations from all 53 European countries (WHO European Region) to join the ERO.

ERO – organizational structure

The Plenary Session – ERO’s supreme authority composed of delegates of all member organizations – gathers twice a year – in April/May in one of the ERO member countries and in August/September during the FDI World Dental Congress.

Between 2015 and 2019 the ERO Plenary Sessions were held for the first time in Georgia in 2015 and in Azerbaijan in 2016, fifth time in Switzerland (2017), third time in Austria (2018), and in 2019 ERO is again, for the fifth time, going to meet in Germany.

Day-to-day management of ERO is a task of **the Board** – President, President-Elect, Secretary General and 2 Board members (one as Treasurer) elected for 3 years at the Plenary Session.

Working Groups are set up by the Plenary Session and composed of experts (mostly members of the ERO member organizations). Working Groups consider and examine in detail matters of particular importance to the dental profession, gather relevant information and elaborate drafts of ERO resolutions and other documents. Between the sessions ERO Working Groups and the ERO Board carry out their work by correspondence and occasionally at separate meetings.

ERO – activities and their results

ERO is a platform for exchange of information and experiences regarding the dental profession and oral care systems for dentists from all over Europe. Each year national reports are submitted by ERO member organizations, they are analysed and conclusions are formulated reflecting the developments of dentistry in Europe.

As part of its activities ERO, and in particular ERO working groups, drafts and adopts resolutions, statements and guidelines concerning key topics of concern for national and European dentistry.

ERO resolutions, statements and recommendations, expressing the views of European dentists, are valuable documents serving as background and supportive papers for national dental organizations in their contacts and negotiations with local authorities. They are available for translation into national languages and can be used in the way that best suits the domestic situation.

These papers are not legally binding, they are meant to convey the common perspective of European dentists and provide sound argumentation to be used locally.

ERO resolutions and other documents elaborated by ERO working groups, discussed and approved at the Plenary Sessions are often a basis for further work at the FDI level. ERO strives to inspire and initiate global actions carried out by the FDI which was established and is still seated in Europe.

The range of issues addressed by ERO is broad and covers most important aspects of delivery of oral care and exercise of the dental professions, in particular:

- under- and postgraduate training requirements (incl. recommendations on professional profiles of dental auxiliary professions);
- dentistry as liberal profession;
- quality of dental care; and many other topics.

ERO cooperates with other dental organizations, incl. ADEE, EDSA, ESDE. ERO promotes continuing medical education in dentistry, offering its members organization of lectures under the auspices of ERO.

“The liberal professions are a pillar of any free society”

ERO resolution on Liberal Dental Practice in Europe adopted in 2011

Healthcare is a domain of domestic laws and each country represented in ERO has its own model of delivery and financing of healthcare, exercise of the dental profession, rules regarding setting up and functioning of dental care facilities, requirements related training of dentists and other dental care professionals. ERO is fully respecting this principle, but tries to find out the best solutions and recommendations related to oral care which can be adapted by all European countries according to their specific needs and situation.

FDI Policy Statement on Continuing Medical Education in Dentistry

Adopted in September 2018; the initial draft was submitted by ERO Board in 2016 based on and referring to the ERO Statement on the continuing medical education in dentistry.

FDI calls on National Dental Associations to highlight that:

- oral health is an integral component of general health, and the role of dental practitioners is not only limited to maintaining the oral health of their patients, but also includes promoting their overall health;
- oral health professionals can significantly contribute to improving their patients’ overall health by taking on additional tasks, such as screening for and monitoring non-communicable diseases;
- dental education must include sufficient medical knowledge to fulfil the tasks required.

ERO Resolutions, Statements, Guidelines, Recommendations 2014–2018

Statement on the continuing medical education in dentistry

ERO recommends:

- to inspire, promote and support NDAs in their role of advisers recommending the review of their national education curricula on dentistry in order to deepen medical sciences education underlining that oral health integrates general health;
- to draw scientific programmes including related medical topics in the CE programmes, congresses and in the other scientific activities of dentistry;
- to collaborate, both at the national and international levels, with medical scientific associations

participating and collaborating in scientific events and CE programmes;

- to foster joint educational tools such as publishing articles in our NDA journals, links to websites underlining the related issues, distributing NDA publications and guidelines; to give stronger and determined emphasis on inter-professional education and practice with improved continuing professional development.

Statement on liberal dental practice in partnerships, practice networks, and medical care units

It is absolutely necessary to permanently adjust the new forms of professional practice to our ethic principles and to the ones of the liberal professions and review to ensure if they are justifiable.

Only on the basis of freedom of liberal dental practice, trust and responsibility, conscientious dental practice incorporated into new innovative forms of professional practice can also be guaranteed.

Resolution on third party financed dental ambulatory healthcare centers run by non-dentists

In an increasing number of ERO member states and even around the world, third party financed dental ambulatory healthcare centers – whose shareholders are non-dentists – open, own and manage dental clinics.

The basic principle of FDI and ERO is to emphasize the guarantee of liberal dental practice and to avoid a negative influence on liberal professions due to a commercialisation of

our profession. The sensitive healthcare market must be regarded separately and may not be formed on the basis of general market policy related principles.

Therefore, the European Regional Organisation of the FDI calls upon dental organisations and political decision-makers in our member countries to prevent the establishment of only profit-oriented, non-professional corporations without any reference to the ethical principles of our medical profession.

Statement on data protection

Data protection as part of patient/citizen protection is a high and ethical expression of liberal dental practice.

Dental (medical) practice is significantly characterized by a particular mutual trust between patient and practitioner. The principal characteristic of this mutual trust lies in the obligation of an absolute confidentiality.

Based on the high ethical commitment to protect the most personal data of our patients, highest level of data protection has to be strived for when processing health data with particular consideration of the dental profession.

Thus, transfer and storage of health data require patient’s informed consent.

Resolution on the condition of possible delegation within the dental team

Dentistry is a complex medical science with high standards.

The dentist is in principle obliged to provide dental care personally, however, in compliance with national regulations, the dentist may delegate to other dental team members certain performance of an activity or set of activities that form part of the overall dental care. In any case it is the dentist who is personally liable to the patient for the overall treatment.

All members of the dental team must have the education and training appropriated for their competences and be legally allowed to participate in the delivery of oral health care, always under supervision and responsibility of a dentist. Supervision of the dentist means that the dentist's physical presence at the premise of the dental office is required at the time when the delegated activity is performed.

Resolution on dental hygienist profile

The following professional profile, described, educated and trained by Dental Profession besides the "Dental Chair side Assistant" and the "Dental Preventive Assistant's" Profile, is the "Dental Hygienist's" Profile.

The European Regional Organization of the FDI wants to contribute to patient safety through the development of an appropriate policy of the dental team as well as for the relationship of the dental team with patients.

The Dental Hygienist works in private and public dental practices only under the supervision of the dentist.

The dental hygienist helps the dentist as responsible for the promotion and maintenance of good oral/dental hygiene.

Statement on dental technician profile and relationship with the dentist

The scientific and technological developments are leading to changes in dentistry, dental materials and technology, e.g. digital workflow, international trade of dental laboratory products and attitudes toward collaboration that make it necessary to highlight the relationship between the dental laboratory technician and the dentist. The Dental laboratory technician is responsible to the dentist for custom made devices according to the specifications detailed in the instructions and prescriptions provided by the dentist. ERO opposes any kind of diagnosis, planning or treatment of patients by dental laboratory technicians. The dental laboratory technician must:

- Practice within the limits of the dental laboratory technician's scope of work as defined by law and regulation.
- Undergo lifelong continuing professional development
- Accept and follow the instructions, directions and material specifications provided by the dentist.

Clinical guidelines and their use in dental practice as supportive tool – Summary of the results of the questionnaire

Clinical guidelines are known (68%) and implemented (61%) by majority of the responding dentists (68%). 81% believed in the benefit of clinical guidelines for dental practice. More than half (57%) believed that there is role for NDAs, especially in creating a general awareness on clinical guidelines. Majority (> 80 %) felt that NDAs

and dental faculties could collaborate for developing and disseminating clinical guidelines.

NDAs may need to consider the suggested role for them in collaborating with dental faculties in:

- developing evidence-based clinical guidelines;
- disseminating clinical guidelines;
- increasing the implementation of clinical guidelines into practice.

Guide CE Accreditation

Regardless of the educational provider resources and apart from the undergraduate education, continuing professional development is of vital importance as it has principles and the ultimate goals to deliver best quality services to the profession and thus for a better patient health care. For this reason, the quality standards and accreditation systematics are required and already present for the educational activities.

The CE program provider must have a Quality Management System. The CE program provider must carry out the Education Planning Activities in the framework of specified policies and procedures. The CE program provider must have an "Assessment and Evaluation System" to assess both the institutional functioning and the education performance.

Self-assessment tool for quality in dental practice

We consider that dentists and their professional associations, just as all other healthcare stakeholders, have a major part to play in defining

the fundamental principles of the quality of the environment of care, and of the quality of the medical procedures themselves.

Five main areas of action related to the care environment in the dental practice have been identified:

- Infrastructure of the dental practice (accessibility, layout of the premises...)
- Hygiene in the dental practice (observance of the basic rules of hygiene, disinfection and sterilisation of all medical devices...)
- Safety in the dental practice (fire safety, equipment maintenance, medical device vigilance)
- Patient pathway (reception, information, consent, quality of service)
- Quality and constant improvement (patient satisfaction, handling of complaints...)

Recommendations on ageing population

Demography shows that the proportion of elderly people is increasing.

The code of ethics should specify that treating ageing population is every dentist's concern. Geriatric dentistry should be incorporated into undergraduate (basic education) and postgraduate dental curricula.

The staff in a long term care facilities should be educated on the importance of thorough daily oral care for residents, trained and equipped to provide that care.

It is necessary to include a dental check-up into the schedule of general medical examinations of the residents performed at least once a year with follow-up procedure.

ERO Working groups

Important part of the ERO work is carried out within the ERO Working Groups (WG) which are established and dissolved by the ERO Plenary Session. WG are assigned specific tasks and deal with issues concerning dentistry.

WG are composed of experts nominated by ERO member organizations, endorsed by the Plenary Session. Every WG has a chairman who reports back to the ERO Board and the ERO Plenary Session.

Working Groups consider and examine in detail matters of particular importance to the dental profession, gather relevant information, analyse it and prepare drafts of ERO resolutions and other documents.

Very often the source of information for the WG are questionnaires prepared by the group and disseminated among the group's members as well as among ERO member organizations.

There are currently 7 ERO WG as presented below. In the past a number of other WG were set up and, having completed their mandate, either switched their attention to other issues or were dissolved.

For example, the following ERO Working Groups were active in the past: WG Demography, WG Dentists, WG Telematics, WG for Constitutional Revision, WG Parity, WG Women in Dentistry (now continuing its work as the FDI Section Women Dentists Worldwide).

Some of the working groups were joint ones together with the DLC (now CED) for topics of common concern for both of these European dental organisations.

ERO Working group Liberal Dental Practice

This WG is dealing with one of the key objectives of ERO, namely promoting dentistry as an independent profession based on freedom of choice between patients and dentists. In this context, the WG carries out analysis of various aspects of dentistry and quickly changing circumstances, trying to find answers to questions like: What are the basic elements of liberal practice today? How consistent is the current development of professional practices with fundamental principles of liberal dental practice?

A number of important ERO papers have been drafted by this WG, incl. Resolutions on External Interference in Dental Practice, on Strengthening Liberal Dental Profession, Statements on Data-protection, on Liberal dental practice in partnerships, practice networks, and medical care units. The most recent one is the Resolution on Third party financed dental ambulatory healthcare centers run by non-dentists adopted in 2018. The WG often underlined that liberal dental practice is the basis of dentistry. If dentists are not able to work in independent conditions, all other needs of the profession will be in danger.

The chairman is Ernst-Jürgen Otterbach (Germany).

ERO Working group Continuing Medical Education in Dentistry

In 2014 ERO WG Education was restructured and renamed as WG Continuing Medical Education in Dentistry. The goals of this WG are to support member organizations in providing the best possible oral and general health to patients and

to promote activities in member associations based on scientific advancements. The multidisciplinary approach to maintain oral health as an integral part of general health is one of the basis of this WG's actions.

Statement on the continuing medical education in dentistry drafted by the WG and adopted by ERO in 2015 was a basis for the FDI Policy statement adopted in 2018. The WG also drafted ERO Accreditation Guideline for Continuing Dental Education Program Providers which is a summary and a guide that can more or less be applied to all global accreditations. This paper stresses importance of a quality approach in the continuing education.

WG chaired by Hande Şar Sancaklı (Turkey).

ERO Working group Dental Team

The task of this WG, established in 2006, is to analyse the professions in oral health care, to clearly define the profiles of dental auxiliaries professions in Europe considering standards of their theoretical and practical training and responsibilities within the dental team.

The Group drafted a number of documents formally adopted by the ERO Plenary Session: Statement on Dental team, tasks and responsibilities, Resolutions on Professional profiles of dental chairside assistant, dental hygienist, dental preventive assistant, dental technician.

The topic for further interest of the WG is "The future of dental practice - dental practice in 2030".

Since 2008 the WG is chaired by Edoardo Cavallé (Italy).

ERO Working group Integration

This WG follows the work of the previous WG Enlargement the aim of which was to extend ERO's membership to dental organizations from Central and Eastern Europe, with special attention to the countries of former USSR. Since by 2007 most of these countries have gradually joined ERO, the focus shifted to better integration of dentists and their professional organizations from Eastern and Western parts of Europe. The WG, following the assumption that the key to integration is communication, is paying special attention to facilitating the exchange of experiences and best practices between the European dental communities in particular regarding conditions of exercising the dental profession, dental care system, under- and post graduate training of dentists, prevention. Also the WG advocates that National Dental Associations should become involved in all political and legislative processes and decisions regarding matters of oral health and oral health care. Chaired by Elena Ivanova (Russia) and since 2017 by Vladimer Margvelashvili (Georgia).

ERO Working group Quality of care

Dentistry plays a major role in the definition of quality and safety in health care. Quality in dentistry is relied to a number of different factors, incl. professional competences of the dental staff, technological progress, evaluation of the practices etc. It can always be enhanced – the quality improvement actions must be implemented regularly and as often as necessary. The aim of the WG is to identify the minimal

standards of quality in dentistry and to define quality criteria that can be adapted according to needs all over Europe. The WG's document entitled "Self-assessment tool for quality in dental practice" is an endeavour to provide synthetic practical recommendations for all practitioners and professional organisations wishing to implement a quality approach to delivery of dental care.

Chaired since 2010 by Roland L'Herron (France).

ERO Working group Relation between Dental Practitioners and Universities

This WG was created in 2009 in order to become a link between the universities and academics and practicing dentists. The relationship between the dental professionals and the Universities is a topic that should be well analysed in order to determine what the profession is expecting from the academic circles and to elaborate the best ways of mutual cooperation. Members of the WG published an article in the International Dental Journal on collaboration between dental faculties and NDAs with a conclusion that it can and should be further improved.

The WG paid attention to the issue of evidence-based dentistry (EBD) developing a short model list for practical resources for EBD to assist dental practitioners who wish to update and/or improve their knowledge and awareness in the field of EBD in finding practical information regarding several aspects of EBD.

Until 2016 chaired Nermin Yamalik (Turkey) and since then by Simona Dianišková (Slovakia).

ERO Working group Aging Population

The most recently established ERO WG in order to analyse the issue of aging population and consequences of this significant social development for dentists: how to update curricula of dental training in order to prepare dentists to meet the needs of elderly people, how to deliver optimal dental care to elderly persons staying in nursing homes.

The goal is to work out guidelines and recommendations for dental practitioners, caregivers and family members remembering that there are different approaches to this issue depending very much on the financing model of dentistry in each member country. The WG intends to point out that solutions really need to be individually tailored.

The WG elaborated set of basic recommendations endorsed by the Plenary Session in 2018 which should be a decision-making aid at national levels.

Chaired by Philippe Rusca (Switzerland).

Over the last 55 years ERO proved to be a successful form of cooperation of dentists from all over Europe, contributing well to development of the dental profession and delivery of oral care, and in the next decades it should continue its activities as an important element of FDI and the global dental community.

The European Regional Organization
of the FDI World Dental Federation
is a non-profit association established
in accordance with the
FDI Constitution,
registered in Switzerland.
It associates FDI member organizations
from the European Area
(WHO European Region).



ERO Board 2013–2016

President – Philippe Rusca, Switzerland
President-Elect – Anna Lella, Poland
Secretary General – Hans Schrangl, Austria
Member Treasurer – Michael Frank, Germany
Member – Taner Yücel, Turkey

ERO Board 2016–2019

President – Anna Lella, Poland
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Member – Taner Yücel, Turkey

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