



1964–2024

ERO

The European Regional Organization
of the FDI World Dental Federation

The voice of European dentists since 60 years

Dear Colleagues,

It is with great honor and pride that I, as President of the European Regional Organization of the FDI World Dental Federation (ERO), present this special booklet celebrating our 60th anniversary. Since its founding in 1964, ERO has been a cornerstone of collaboration, advocacy, and progress for the dental profession across Europe. This milestone provides an opportunity to reflect on six decades of achievements, challenges, and growth. In 2014, we celebrated 50 years of ERO's history with a comprehensive summary of our organization's objectives, historical milestones, and the contributions of our dedicated colleagues. Today, this new booklet not only builds upon that foundation but also highlights our progress and evolution over the past decade.

ERO continues to uphold its core mission: promoting dentistry as an independent and liberal profession, supporting member organizations in advancing the oral and general health of their patients, and influencing health policies that align with the highest ethical and professional standards. These guiding principles, shaped by the vision and mission of FDI, have positioned ERO as the unifying voice of European dentists.

In recent years, our organization has embraced new opportunities to address the dynamic challenges facing dentistry, including globalization, digital transformation, an aging population, and evolving patient expectations.

One of the significant milestones during this period has been the establishment of the Working Group on Oral Health and General Health, emphasizing the critical connection between oral care and overall well-being.

Additionally, ERO has launched the Working Group on Digital Dentistry, eHealth, and AI, recognizing the profound impact of technology and artificial intelligence on the future of our profession. This group focuses on exploring innovations in digital workflows, telemedicine, and data-driven care, aiming to equip dental professionals with the tools and knowledge needed to adapt to a rapidly evolving landscape. By addressing these advancements, ERO ensures that European dentistry remains at the forefront of global progress.

The Working group Aging Population elaborated the Digital Toolkit on Brushing teeth, that focuses on empowering caregivers and dental professionals with innovative resources to promote effective toothbrushing and oral hygiene in elderly individuals. By addressing challenges like dexterity issues and cognitive decline, the project ensures that aging populations maintain their oral health and overall well-being.

Furthermore, I am delighted to highlight the introduction of the annual contest for students of the European Dental Students Association (EDSA). This initiative aims to inspire young dental professionals to engage with innovation, research, and excellence, fostering a new generation of leaders in our field.

ERO has in the previous year launched diverse social media channels to enhance communication, foster collaboration, and share vital resources with dental professionals and the public across Europe. These platforms serve as a hub for promoting awareness, education, and engagement on key topics such as oral health, digital innovations, and professional development.

ERO's strength lies in its ability to bring together representatives from across Europe, transcending the borders of the European Union and fostering collaboration among colleagues from Reykjavík to Almaty. Our collective efforts ensure that ERO remains the most representative and influential voice for European dentistry.



I hope this booklet serves as a valuable resource for those newly introduced to our organization and as a testament to the continued dedication of those who have shaped ERO's legacy over the past 60 years.

With warm regards,
Simona Dianiskova
President of ERO (2022–2025)

MEMBER ORGANIZATIONS

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

De Offentlige Tandlæger

Estonia

Eesti Hambaarstide Liit

France

Association Dentaire Française

Georgia

იმთა საზოგადოება

Germany

Bundeszahnärztekammer

Greece

1. Ελληνική Οδοντιατρική Ομοσπονδία
2. Στοματολογική Εταιρεία της Ελλάδος

Hungary

Magyar Fogorvosok Egyesülete

Israel

הסתדרות הרפואת שיניים

Italy

1. Associazione Italiana Odontoiatri
2. Associazione Nazionale Dentisti Italiani

Kazakhstan

1. Ассоциация стоматологов Казахстана
2. Казахстанская Стоматологическая Ассоциация

Kosovo

Oda e Stomatologeve te Kosoves

Kyrgyzstan

Стоматологическая Ассоциация
Кыргызская Республика

Luxembourg

Association des Medecins-Dentistes
du Grand-Duche de Luxembourg

North Macedonia

Македонско стоматолошко друштво

Moldova

Asociația stomatologilor din Republica Moldova

Netherlands

Koninklijke Nederlandse Maatschappij
tot bevordering der Tandheerkunde

Poland

1. Naczelna Izba Lekarska
2. Polskie Towarzystwo Stomatologiczne

Portugal

1. Ordem dos Medicos Dentistas
2. Sociedade Portuguesa de Estomatologia e Medicina Dentaria

Romania

1. Asociația Medicilor Stomatologi cu Practică Privată din Romania
2. Societatea Romană de Stomatologie

Slovakia

Slovenska komora zubnych lekarov

Slovenia

Stomatološka sekcija SZD

Spain

Consejo General de Colegios de Odontologos y Estomatologos de Espana

Switzerland

Schweizerische Zahnärzte-Gesellschaft

Türkyie

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 – history and present situation

The beginnings of the ERO date back to 1955 when the Special Commission for European Cooperation 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 cooperation 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 35 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. In 2020, the plenary had to be cancelled due to the coronavirus pandemic and in 2021 - still due to the pandemic - it was held online. Romania

hosted the event for the second time in 2022, Türkiye also hosted it for the second time in 2023 and we saw a premiere in Cyprus in 2024.

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.
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Paula Perlea and Simona Dianišková with EDSA-ERO Prize Winners, Bucharest 2022

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.



Ihsane Ben Yahya, FDI Past President

ERO Resolutions, Statements, Guidelines, Recommendations 2014–2024

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 anticipating 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 centres run by non- dentists

In an increasing number of ERO member states and even around the world, third party financed dental ambulatory healthcare centres – 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.

Resolution on Third party financed dental ambulatory healthcare Centres run by non-dentists

The European Regional Organization (ERO) of the FDI World Dental Federation highlights concerns about the rise of dental clinics owned and managed by non-dentist investors. These profit-driven entities risk compromising patient care by influencing treatment decisions, lowering care quality, restricting patient choice, and encouraging overtreatment. The ERO stresses the importance of preserving independent dental practice and ethical standards, urging policymakers and dental organizations to prevent the commercialization of dentistry and protect the profession's integrity.

Resolution on Dental Team and infection prevention and control (Covid-19)

Covid19 is transmitted from people who are infected, ill or asymptomatic carriers of the virus, by direct transmission of particles emitted when coughing, sneezing or simply talking, or indirect transmission through contact via a contaminated surface (WHO, 2020; HCSP, 5 March 2020; WHO, 2020). There is therefore a need for both "droplet" and "contact" type prevention. Aerosol is one of the main routes of transmission and should be taken into account in dental practices. As the dental team is in direct contact with the

patients, the rules of hygiene and protection must be respected and applied.

ERO Statement on interprofessional education and collaborative practice

Interprofessional education and collaborative practice (IPE & CP) have become vital in modern healthcare, promoting teamwork among professionals to improve patient outcomes. ERO assessed the state of IPE & CP in its member countries, finding that half of the 26 countries have engaged in discussions at various levels, including dental associations, universities, and governments. Key benefits include fostering a holistic view of patients, increasing awareness of general health among dental graduates, and encouraging patient-centred, team-based care. However, barriers such as increased educational costs, manpower shortages, stakeholder disinterest, and overlapping competencies hinder implementation. Successful collaborations include working with gynaecologists on pregnancy-related oral health, endocrinologists for diabetes management, and cardiologists for cardiovascular prevention. ERO recommends raising awareness among stakeholders to integrate IPE & CP into dental education, enhancing collaborative patient care.

Recommendation regarding Digitalization and Dental Team

The dental world is developing and changing the dental profession. Every year, manufacturers present new technologies (equipment, products, materials, services, etc.) that aim to save time, raise the level dental practice with the objective to be more efficient in management in order to offer optimal oral care to the patients. The dental team including, dental technician, must be ready to take up these challenges of tomorrow and know how to apprehend the new technologies and digitalization from a technical and relational point of view with the patients.

Statement on Building the Continuing Education Structure for the Young Dentist's Prospect

Continuing dental education (CE) is essential for oral health professionals to maintain high-quality care and address evolving population needs. As front-line practitioners in managing oral and non-communicable diseases, OHPs must continuously update their knowledge and skills. However, a gap exists between traditional educational methods and the preferences of the new generation of dental professionals.

A survey by ERO and EDSA highlights that young dentists prioritize clinical and operative

topics, hands-on courses, and workshops to enhance practical skills. Smaller group settings, credible lecturers, and cost-effective, well-timed events are preferred. Emerging technologies like virtual reality simulations also show promise in education.

ERO urges National Dental Associations to adapt CE programs to these preferences, fostering collaboration among education stakeholders to equip future professionals with the tools for exceptional patient care.

Resolution on Implementation of Teleconsultation in European Dentistry

Teledentistry refers to using telecommunication technology to provide dental care and services remotely. It encompasses patient consultation, diagnosis, treatment planning, education, and management of dental conditions. Teledentistry can be delivered through various means, such as video conferencing, telephone calls, and the exchange of digital images and clinical information. Teledentistry aims to improve access to dental care by reducing barriers related to distance, mobility, and resource distribution. It also aims to contribute to the efficiency of dental care delivery and facilitate patient education and self-management of oral health. Teleconsultation is the possibility of conducting a medical consultation and informed consent for future

procedures remotely through secure online communication.



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 pro-fession 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 centres 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.

To counter these challenges, the WG emphasizes proactive engagement, especially with younger dentists, through initiatives like student involvement, vocational lectures, and studies on career preferences. A multilingual survey on young dentists preferred working structures has been launched, with promising participation across Europe. Findings will inform future actions and policy discussions, with results expected to allow country-level analysis.

The WG also tracks broader developments, such as the economic impacts of COVID-19

and the potential centralization of EU health policies, which could affect professional autonomy. Collaborative efforts with the CED-ERO Task Force on Corporate Dentistry aim to explore industry perspectives and address the commercialization of care. Publications and regulations limiting investor-driven dental centres are seen as positive steps, but vigilance and continued advocacy are essential.



Future plans include addressing global oral health's impact on liberal dental practice and sharing insights from ongoing studies to strengthen the profession's resilience against external control.

The chairman was Ernst-Jürgen Otterbach (Germany) until 2022, when Gerhard Seeberger (Italy) took over.

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.

The group has worked on several initiatives over the past three years, including creating a template for medical training conferences and a survey to assess preferred educational formats. The survey revealed a gap between current educational methods and the preferences of younger dentists, with a preference for hands-on courses and smaller group sizes.

The working group CME aligned its efforts with the FDI Vision 2030, which focuses on integrating oral health into general health, ensuring dental services are accessible, and building a resilient oral health workforce. A key

objective is to address theoretical and practical gaps in dental education, particularly for undergraduate students, through surveys and collaboration with the European Dental Students Association (EDSA).

The group's recent survey on continuing education revealed that young dentists are eager to improve their clinical skills and knowledge, with a strong preference for interactive, practical learning. The group emphasized the need for continuing education programs that adapt to these preferences, incorporating emerging technologies like virtual reality.

The delegates unanimously approved a Consent Paper entitled "Building the continuing education structure for the young dentist's prospect" outlining the group's findings and recommendations.



The paper stresses the importance of hands-on learning, smaller group sizes, and better collaboration among National Dental Associations and educational institutions to improve continuing education systems for

young dentists. This initiative consent paper is drafted to adopt a new FDI policy statement. The WG is chaired by Hande ŞarSancaklı (Türkiye).

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", including dental practice management, training in new technologies, harmonization of dental team roles, recruitment optimization, quality procedures, and evolving professional models. The group is conducting surveys to explore differences in dental teams across the ERO region and assess continuing education practices. These initiatives aim to foster collaboration, identify training gaps, and understand preferences. The impact of digitalization on dentistry is highlighted,

especially the need to integrate technologies like e-health into education and practice and update professional standards. This latter topic must be taken into account in initial training but is just as important in continuing education. That's why, in the spirit of continui-



ty, a comparative survey of dental team members' continuing education has been launched, with the first results to be shared at the spring 2025 plenary session.

The group plans to use this information to make data-driven recommendations to improve professional development within the dental team. The WG was chaired from 2008 to 2019 by Edoardo Cavalle (Italy) and since then by Doniphane Hammer (France).

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, den-



tal 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. The group focuses on integrating Eastern European and newly independent National Dental Associations (NDAs) into the broader European network. The group's efforts aim to improve the financial independence, educational standards, and regulatory practices of NDAs. It was chaired by Elena Ivanova (Russia), since 2017 by Vladimer Margvelashvili (Georgia) followed by Ilshat Yuldashev (Kyrgyz Republic) as from 2023.

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.

The results of the "Recommendations in the ERO countries" survey indicated that quality decisions should be based on scientific commissions rather than authorities. The response rate was low, and it was noted that addressing quality issues is complex, both in

terms of survey design and within the group itself.

In 2022 the decision was taken to suspend this working group.

The group was 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.

During the last five years the Working Group has made progress in fostering collaboration and bridging gaps between dental education and practice. Key activities include:

- **Interprofessional Education (IPE):** A statement was adopted to promote team-based care through collaborative education, supported by a paper on IPE's strengths and barriers, now being disseminated.
- **Graduate Readiness:** A study on dental graduates' practical skills reveals varied perceptions across National Dental Associations (NDAs), highlighting skill gaps. The results of this study are published in 2024: "Dental Students' and Dental School Graduates' Practical Skills: An international Survey of Perceptions of National Dental Association in Europe".
- **Collaboration:** Cooperation between the national dental associations and faculties 2024. The study was designed to understand how the collaboration between national dental associations and dental faculties is estimated by the NDAs – is there any improvement in communication since 2012? Based on obtained data we can conclude that NDAs and faculties are improving partnerships in curriculum development and policymaking, though challenges like workforce planning persist.

- Recent Outputs: Publications on IPE and a survey on NDA-faculty collaboration are ongoing, with a new project on dynamics of manpower in dentistry launching soon.



The WG aims to tackle challenges such as educational disparities and workforce imbalances, sharing updates at future meetings.

2009-2016 the group was chaired by Nermin Yamalik (Türkiye).

Since 2009 the group was chaired by Anna Lella (Poland), after her by Nermin Yamalik (Türkiye). 2016-2019 by Simona Dianiškova (Slovakia). Since 2019 the chairwoman is Mare Saag (Estonia).

ERO Working group Ageing Population

The focus of this ERO working group is on analysing the issue of ageing 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.

The most recent project is the creation of a tool to help nursing home staff and family carers brush the teeth of the elderly. It will take the form of a responsive web page and is currently being developed with the help of a Czech IT company. It will be available in a wide range of languages. The working group plans to complete this project very soon.

The group now plans to focus on elderly nutrition, with particular attention to sugar consumption and balanced diets, as their next area of work.

The Working Group was chaired by Philippe Rusca (Switzerland) until 2020, when Henk Donker (Netherlands) took over. Since 2022,



the current chairman has been Jean-Philippe Haesler (Switzerland).

ERO Working group Digitalization in Dentistry – E-Health – Artificial Intelligence

This working group was created in 2020. It aims to outline and discuss several key initiatives and challenges in the ongoing digitalization of dentistry, specifically focusing on the integration of digital technologies, e-health, and artificial intelligence (AI) within the field. It is actively developing a platform for the exchange of information about the latest advancements in digital and robotized dentistry. This platform aims to provide ERO (European Regional Organisation of the Fédération Dentaire Internationale) member states and possibly all dentists with valuable resources such as position papers, diagnostic tools, therapy proposals, and other essential information on digital dentistry. Key goals are Creation of an Information Exchange Platform, Educational Initiatives in Digital Dentistry, Tele-dentistry and Teleconsultation, Position Paper on Artificial Intelligence, Implementation Strategy for Teleconsultation.

The main objective is to highlight the current progress in the digitalization of dentistry, its challenges, and the steps needed for successful implementation, especially concerning AI and teleconsultation technologies. It also emphasizes collaboration

across member states, ongoing education, and the establishment of standards to ensure safe, effective, and accessible care in the digital age.



Ultimately, it outlines a clear path forward for adopting and integrating these technologies into dental practices across Europe. The group is chaired by Roman Smucler (Czech Republic).

ERO Working group Oral Health & General Health

The purpose of this latest created working group (2023) is to emphasize the vital link between oral health and overall well-being, focusing on the prevention of oral diseases and promoting better access to oral healthcare. Led by Mick Armstrong, the group's goal is not to discuss the involvement of dentists in general medical health, but rather to advocate for strategies that improve oral health and its integration into broader health systems. This includes enhancing oral health literacy, reducing sugar intake, expanding access to dental care, and using dental teams more effectively. The group aims to address challenges such as workforce

shortages, financial constraints, and the need for a shift toward a preventive healthcare model.

The group also works on raising awareness, securing investment in oral health services, and promoting sustainable funding solutions. Their ultimate aim is to make prevention affordable and effective through collaboration between governments, the public, and healthcare professionals.

Chair of the group is Mick Armstrong (United Kingdom).



Time to socialize

Over the last 60 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.



Plenary Session 2024 – Limassol, Cyprus



Petra tou Romiou – the Birthplace of Aphrodite – Cyprus 2024

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).

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Hans Schrangl and Philippe Rusca

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Bartolomeo Griffa and Anna Lella

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Anna Lella and Michael Frank

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Edoardo Cavallé and Simona Dianišková

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