



European Regional Organisation of
the Fédération dentaire internationale



**EUROPEAN REGIONAL ORGANISATION
OF THE FDI (ERO)
Minutes of the plenary session held on
2nd September 2009
in Singapore**

A Welcome / opening of the session

Patrick Hescot welcomes all persons present. A special welcome goes to the delegates from the Netherlands who have re-joined the ERO and to our guests from Estonia and Ireland, which he hopes to see again in Yerevan – hopefully as members. The Board is constantly trying to improve the functioning of the ERO and the president hopes to give another proof thereof today.

B Agenda of the business meeting

B.1 Roll call – Verification of the quorum

Philippe Rusca welcomes everybody. He calls all registered delegates and alternates by name. The delegates from Romania cannot participate and send their greetings.

B.2 Approval of the agenda

The agenda is approved.

B.3 Approval of the minutes of Rome

The minutes of the plenary session of Rome are approved without amendments.

B.4 Reports of the Board

Patrick Hescot hopes that everyone has received the ERO Newsletter. The reports of the working groups show that their tasks becoming increasingly important. In order to reinforce the influence of the ERO, the president suggests with regard to the elections in the FDI Council and Committees to support all European candidates.

Patrick Hescot reports on the Oral Cancer Day in June in Paris. He again underlines how important the role of the dentist is in daily life. The dentist is not only responsible for treating the patient, but also for avoiding diseases and, if a disease appears, to ensure that it will not recur. The Board was elected in Moscow and gave itself a precise program. The WGs have been working very well since then and will accomplish their assignments before the session in Yerevan. Patrick Hescot thanks everybody for attending this meeting; this is the proof that our work is appreciated. We will continue in this way.

Gerhard Seeberger expresses some words of gratitude towards the president for his leadership. Having reached this level of results and this enthusiasm deserves applause from the audience. The mandate of this Board is ending and there will be elections in Yerevan. The Constitution states that the date until which the candidatures can be submitted to the Board is fixed to 45 days before the plenary session (in Yerevan). Detailed information will be sent by the secretariat. Gerhard Seeberger would appreciate that all documents be submitted on time.

Philippe Rusca congratulates and thanks all ERO delegates for being so disciplined; the electronic correspondence is a great success, the information is circulating well. In order to guarantee this indispensable exchange, the secretariat needs to be systematically notified of any changes in email-addresses.



Philippe Rusca further reminds all delegates of how important it is for the good organisation of the meeting and for checking that the necessary quorum is reached to receive the delegations' lists well in advance of a plenary session.

He then refers to the statement which has been published on the ERO website. The Board has recently received several requests from member associations asking for the ERO to intervene in their countries. In this statement - which is a summary of other documents - we clearly stick to the FDI regulations. If there is more than one dental association in one country, we cannot take sides with one or the other; they have to create a national committee which will represent all parties in the ERO or the FDI. This statement also contains extracts from the Declaration of Human Rights which states freedom of expression and freedom of assembly and association as fundamental rights. These are principles which are established all over the world. The ERO supports them unconditionally and requests that the rights of the minorities be respected. If small associations ask to be heard, democratic rights should be applied.

B.5 Working groups

1. Prevention

Denis Bourgeois looks back on the Oral Cancer Day that took place on 12th June 2009 in Paris. He thanks the many delegates who took part. There was a good response in the media as well. He gives a short overview of the program "Early detection of oral cancer". We dealt with two aspects in the morning; there were a number of presentations. The goal was to get a clear picture of the situation in Europe and of the involvement of dental practitioners. In the afternoon, a roundtable, where several associations were able to take the floor, was organized. The aim was to exchange experiences and to try to come to a consensus on the methods to improve the early detection of oral cancer. There will be a final report.

It turned out that there are quite big differences in the opinions about the approach to early detection of oral cancer in Europe. Denis Bourgeois thinks we should establish a dialog and try to come to a common basis. This is the conclusion of the meeting of 12th June 2009. Following this meeting, a similar event was organised in Spain at the end of June. The promised document should be ready soon. It will be distributed and ready for download from the website before the end of the year. A policy document on the early detection of oral cancer should also be ready to be voted on at the plenary session in Armenia.

Patrick Hescot mentions an e-learning tool on the topic. He hopes that through the ERO it will one day be possible to provide all member associations with such tools for training and continuing education. At the end of the discussion, he asks if there are any countries where the issue of "oral cancer" is not being discussed. There are none.

2. Education

This is the 3rd year of work of this WG; a program has been prepared for each year. Alex Mersel expresses his gratitude for the support by the president and the Board members. In order to ensure continuity in the WG, he pleads for more efficient teamwork. An internal regulation was drawn up to this purpose, in conformity with which his group has now appointed a vice-president and a general secretary. Alex Mersel presents two projects of the WG. One project is to provide a forum of discussion and analysis for common action of the National dental associations involved in continuing education (this of course only on a voluntary basis); the other is to set up networking interactions with peers, participating in a community of specialized creditors. A task force will take care of this. It is planned to support the development of continuing education in the ERO countries, especially in Eastern Europe, of course in collaboration with the national dental associations. The WG is initiating cooperation in several fields, especially conferences, symposiums, e-learning projects, consensus conferences, explains Alex Mersel. Projects are already under way in Croatia, Romania and Bulgaria. As for the Pan European Congress, the group is only involved in the scientific panel. Alex Mersel informs the delegates that two articles have been published based on the work of the WG. He will circulate them in the coming months. The task of a WG is not to publish laws and to oblige governments to follow them; it is primarily to develop topics and to collaborate with the National dental associations in several fields.



3. Relation between dental practitioners and universities

This new Working group was set up at the last session in Rome. Anna Lella presents the first results and expresses her gratitude for giving her the chair of this WG. The task of the new group is very important for our profession. The relationship between dental professionals and universities should be analyzed and the profession should determine what is expected from the universities. We should try to establish the best ways of collaborating. During the discussion in Rome two possible fields of interest were identified: education and practice on the one hand, and science and practice on the other. It is up to us decide which is more important, although it would be worthwhile to explore both aspects.

It was also decided to take a closer look at the various kinds of postgraduate internship in the European countries which are necessary to establish an individual practice and to work within a public insurance system. An internship is a transitory period between education and independent practice. The WG should become a liaison body between practitioners and universities. During the discussion in Rome it was underlined that there is often a gap between university doctrine and professional reality. The research conducted and new technologies developed by academic circles should be aimed at practitioners to facilitate their work. University teachers often asked to prepare expert opinions. Instead of being strictly theoretical, treatment methods and procedures should be based on practical circumstances. We must emphasize the importance of a university training that leads to fully qualified dentists, that focuses on evidence-based dentistry as well as practical based education. The training should pay attention to proper deontological behaviour and dental ethics. As active members of a professional dental organization, we know how important it is.

The European Union has now harmonized dental training, although only by setting the minimal standard. The recent CED resolution "Profile of the dentist of the future" calls for a more medical orientation of dental education. Some European countries have introduced dental studies which are longer than 5 years. Perhaps this is what we should aim for in the future.

The new group has to actively cooperate with other WGs. There is a wide range of possible activities and a large amount of work to do. Anna Lella encourages the delegates to take part in that work. She refers to the first steps taken by the WG. They are related to the update of the EU Manual of Dental Practice. We have a good knowledge of the situation in countries whose national dental organizations are full members or observers of the CED, declares Anna Lella. We know the number of dental schools, of students, the duration of the dental studies and of the postgraduate internship in each country. A short questionnaire was sent out to the ERO/FDI countries a little while ago. This information will be important for the future activities of the WG and Anna Lella would very much appreciate receiving the answers as soon as possible. The countries included in the EU Manual of Dental Practice are also asked to provide information on their current situation if any changes have occurred since the publication of the Manual. The results of the questionnaire will be presented at the next plenary session,

Patrick Hescot underlines the importance of this WG. In a first stage, the current situation will be analyzed, but that is not the WG's only objective. It will be up to us to help find solutions to support young dentists, who have just obtained their credentials, in their efforts to be able to respond to their patients' requirements.

Georgios Tsiogkas thanks Anna Lella for having taken over this task. Dental practice is often completely different from what students are taught at university and this is why he thinks that associations and not academicians should be in charge of vocational training

We do not have full information from every country, answers Anna Lella. The situation can differ a lot. In some countries the students receive their license only after vocational training. According to the EU Manual, only half of the countries in Europe have an internship system.



4. Liberal Dental Practice in Europe

Philippe Rusca starts his report by reminding the delegates that all of them are welcome to take part in a WG. We need active working groups. On the other hand there is not much sense in having long lists of WG members with little interest in contributing to the work of the group. Someone may of course decide to join a WG and then change their mind, because they realise that they are not as interested as they initially thought. If this is the case, please inform the chairman and the secretariat. Philippe Rusca adds another general comment on the work of the WGs. We have been asked to try to be as efficient as possible, but we have also been asked many times to avoid travelling and meeting abroad, because it is actually quite costly. Many working group members are here, but unfortunately there were very few WGs that decided to meet. Philippe Rusca therefore invites all working groups to use the opportunity provided by the FDI annual congress to organise WG meetings.

Since the resignation of Voicu David as chairman, Philippe Rusca and Ernst-Jürgen Otterbach are leading the group. They met again yesterday. At the beginning of June, a questionnaire was distributed in order to have a better idea of the European situation regarding selective contracts with insurance companies. At the first deadline (end of June), there were only 8 answers; a new request was sent out and finally 22 countries (which is about 50% of the countries questioned) replied. Even though they were not able to discuss the results in detail, Philippe Rusca presents some figures. These are only averages with no real statistical value, but they an idea of the situation. According to the replies that we received, 5 countries include dental treatment in their national health insurance system. 70% of the countries have a private insurance system, and half of the countries which replied mention that there is an obligation to insure dental treatments. Another issue of interest was admission to dental care. In about half of the countries, there is unrestricted access to a dentist, whilst in the other half, there are some specificities set by the national association or by some other means.

Philippe Rusca does not want to give too many details now about selective contracts; first they need to examine all the answers. This is highly complex; some countries replied with very detailed comments while others stated to have no opinion on the issue at all. Selective contracts are contracts provided by private insurance companies. Specific contracts with individual dentists can have a great impact. 50% of those who replied to the questionnaire have never been in a situation where they were advised to enter a selective contract. Some countries – Austria is one typical case – are clearly opposed to selective contracts because they lead to a distortion of the market and, ultimately, dentists may well find themselves in a situation where insurance companies could actually impose certain medical acts. Dentists in the US are acquainted with these selective contracts, adds Philippe Rusca, and have suffered a lot. Initially, such contracts often look quite advantageous, but the insurance companies' demands and requirements can rise very quickly after a while.

At the meeting in Rome, the representative from Luxemburg suggested adding a question to the questionnaire, about age limits for self-employed dentists. Most member countries do not have such a restriction. Denmark and Iceland place the age limit at 70 years-old, but older dentists may continue to work after a medical test. Azerbaijan also has an age limit, but we do not have any details. The working group will gather more information and report on their findings at the next meeting.

Ralph Wagner is grateful that Austria mentioned how dangerous these contracts are. We have similar trends in Germany. The state insurance system and private insurance companies are offering contracts and the content is always the same. The patient gets all the advantages; the replacement of a tooth or a preventive treatment is always done at a very good price. Initially, the dentist gets a fair price, but he then progressively receives less and less for his services. These contracts really limit our freedom and we must do everything we can to oppose them.

Bedros Yavru-Sakuk thanks Philippe Rusca for this excellent report. There are two major problems. The first problem is that the practitioner runs the risk of becoming the toy of the insurance companies. The insurance companies have a list of certain treatments and procedures they cover. Freedom of choice of



treatment is limited. Secondly, the amount of coverage per year per person can be fixed by the companies; they can keep it at the same level even though the premiums and the prices have gone up.

France also faces this problem, explains Roland L'Herron. At the moment, the national complementary insurance system is trying to limit costs under the pretext of improving the quality of care, especially for dentures. Their goal is to lower costs by competition. Many insurance companies have already tried to implement this and it is very hard to fight against.

Francisco Rodriguez Lozano describes the situation in Spain. Traditionally, dentistry in Spain is a liberal profession, but because of the surplus of practitioners, young dentists who are just starting their carrier and setting up their practices have to work for the insurance companies. And the insurance companies are dumping the prices of dental care. Remuneration for dental services under the dictate of the insurance companies is often completely ridiculous. There are extremely cheap dentists in Spain because the insurance companies subsidize them. In Spain, dentistry is becoming a less and less liberal profession. What is happening in Spain can also happen in other countries.

Nikolai Sharkov informs the delegates about negotiations in Bulgaria between the medical and the dental associations and the national health insurance fund. The frame-contract which should be signed will be the basis for all the other individual contracts for dentists in Bulgaria. If it is not signed, the rules and the service packages from the previous contracts will be applied. During the negotiations, the dentists were able to slowly get higher prices and to keep the "packages" quite small. Although the amount in figures that Bulgarian dentists are getting out of this contract seems quite a lot, it represents only 5% of the budget. The newly elected government will most certainly give "a good piece of the cake" to private health insurance companies.

The WG has an important task to fulfil. We need more information. Nikolai Sharkov suggests preparing a questionnaire in two parts: one part concerning national health insurance systems and the other, private health insurance companies. Contracts with the latter are a threat to us. These threats have to be defined.

That is exactly what came out of the questionnaire, confirms Philippe Rusca. The situation differs quite a lot from country to country. In Switzerland, 85% of dentists' patients do not have insurance for dental treatment and pay their dentist out of their pocket.

The system used to work to our advantage and did so for a long time: the patients paid us and then turned to the insurance company to get as much money back as possible. In the last 10 years however, the situation has become very difficult for us, declares Georgios Tsiogkas. Remuneration has remained the same for the last 20 years; the number of dentists has greatly increased in Greece. The family wallets are empty and it is highly improbable that patients will take our side when the insurance companies start discussing limits to refunds.

Michael Frank agrees with his colleague. He cannot imagine patients fighting for us. All the patients want is good and cheap treatment. Therefore the cost argument would be the wrong approach; our argument must be quality. We should oppose any kind of limited access to dental/medical services. This might be the right way to get the support of our patients.

5. Enlargement

Bedros Yavru-Sakuk reports on the group's activities. The visits to the relatively new ERO Members of the Eastern European Region have started. The purpose is to better understand the life of the dental profession in these countries, in relation to the organization of their dental associations, dentists' practice conditions, their relations with the authorities and their Health Ministries, the availability of preventive measures to improve the dental and periodontal condition of their young and adult populations, practice



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conditions of women dentists, etc. Bedros Yavru-Sakuk invites the chairpersons of the other the ERO WGs to get in touch with him about any other important issue they want his WG to investigate.

The first visit was to Tajikistan. It is too early to make any conclusions, but after the visits to the other countries, we will be able to have a clearer and more global view of their situation. This will give the ERO the possibility to take the necessary measures and to decide on a plan of action for each country.

Our Colleagues in this Eastern Region of Europe are looking forward to our visits and collaboration. Further visits to Belarus, Kyrgyzstan, Ukraine, Uzbekistan, Armenia, Azerbaijan, Georgia, Kazakhstan, Moldavia, Russia and Turkmenistan are planned. The working group's activity is very important and interesting because we can expect to discover the best and the worst in dentistry.

We are at the beginning of our mission, and it will take time to complete it. We are working hard and we don't expect overnight results.

Bedros Yavru-Sakuk thanks all the members of his working group, especially Vladimir Sadovsky, for their assistance. He also thanks the members of the ERO Board for allowing them to continue their work, and all persons present for guiding them with their advice and for their continued trust and support.

He is looking forward to seeing everybody in Yerevan. It will be a great pleasure for him and Ashot Gevorgyan to welcome all the delegates to Armenia.

Vladimir Sadovsky gives a short report about his visit to Tajikistan. It is not so easy to live there; the civil war ended only 9 years ago. There are many problems to be solved, including in dental education and dental care. Most people do not have enough money to pay for good private dental services, so they have to make-do with the state service, which is not as good as the private one. In many of the dental clinics, technology is very poor; there is a lack of dental professionals in the hospitals and in the education system. The group's mission will and should not stop after one visit. Vladimir Sadovsky once again invites his friends from the Western national dental associations to establish direct contacts with countries such as Tajikistan. They need our help. Many European dentists go from time to time to Africa and countries in Eastern Asia, but Tajikistan also needs such help. Vladimir Sadovsky invites the delegates to contact the chairman of the WG or himself directly if they wish to help. He thanks Bedros Yavru-Sakuk for paying so much attention to these Eastern European countries.

6. Women in dentistry

Vesna Barac-Furtinger reminds the delegates that we spoke in Rome about new strategies, to help and support women in their postgraduate education and to coach them on staff management, leadership, and practice management. She feels that women expect something from the ERO WG and the FDI Women Dentists Network. A first lecture on leadership was given here in Singapore. Next year, in Salvador de Bahia, the group will prepare another conference on leadership. The WG plans to regularly publish articles in dental journals and will recommend that national dental associations organize more education programmes on leadership and practice management. E-learning is very important for women. It was noted in Istanbul that only few countries recognize e-learning as postgraduate education. Vesna Barac-Furtinger thinks the ERO should prepare a recommendation on the subject. The working group will prepare the text and send it to the Board.

At this point, the candidates for the position of FDI president-elect are given the floor to introduce themselves.



7. Quality

Although there were many ups and downs, the WG has continued its work, announces Gerhard Seeberger. The diversities regarding quality issues among the ERO member associations persist. After discussions on the possible elaboration of an error list, a report was finally drafted and is now presented by a member of a dental association that has been dealing with the legal issue of quality for quite some time: Gerhard Seeberger introduces Chris Hayward from the British Dental Association.

Chris Hayward starts his report by explaining that in the field of oral health care, we may talk about acceptable outcomes, acceptable results with acceptable means. This takes us to the individual patient-dentist relationship and to patient-focused dentistry. A patient expects clinical excellence, good communication, and focus on prevention. Issues such as value for money, time, and accessibility arise, and we get to the question of how quality can be measured. Quality can be measured by peer review, audit against recognized outcome measures and guidelines, patient feedback and appraisal. Audit assesses quality against either a recognized outcome measure or a guideline. What should quality be centred on? It should centre on the patient's journey. What should patients expect? They should expect safety, experience and effectiveness of care. How do you control safety? Safety is in governance, registration, education, appraisal, audit and peer review. We have already discussed the problem of commonality in education and the quality of education and the different curricula that exist in the various nations of the ERO. Who controls registration? Is this a third party organization? In the UK, the General Dental Council controls our registrations. It is not an elected but an appointed body, made up of 24 persons consisting of dentists, dental health care professionals and laypersons. Patient feedback – we must get the patient on our side, we must not be afraid of criticism. Chris Hayward makes a comparison with the man in the noodle shop, who has a direct feedback when tables are full or empty. The patient is not your enemy. When you are competent and you do your job well, you feel good, you gain self-respect. What are the barriers? Quality costs – but this should not be a barrier, and neither should time. You have to take your time to do a good job. Chris Hayward ends his report with two statements: we are the appropriately qualified professionals to set standards according to guidelines and evidence-based standards ; Quality is not an option, it is a necessity.

Michael Frank thanks Chris Hayward for this very extensive report. To him it sounds like quality means being assessed or audited. It does make sense for one to think critically about one's work to see whether one can improve. But it almost sounds like we urgently need regulations in order to improve the quality of our treatment. The European population has access to good dental care. In his opinion, the best feedback a dentist can have is when patients keep coming back. That shows that the patients are happy with the service they get even though they may not be able to assess the treatment objectively. Michael Frank was a bit irritated when Chris Hayward requested in his speech that directives be established. Directives are not the same as guidelines. The word "directives" could mean that the range within which a patient can be treated is very narrow. This cannot be our aim. Of course there are areas, such as hygiene for instance, where directives are needed. If we want patients to be on our side, they must be convinced that they are getting a good/the best treatment we can offer, because we are experts. We should absolutely avoid giving the public the impression that European dentists urgently need regulation in order to make sure their dental services are good.

Chris Hayward points out that he did not only talk about assessment from the outside, but also about self-assessment. He wants this to be understood. His intention is to show how to avoid regulations being imposed from the outside and to take ownership of the process so we, as a profession, may determine what the standards are and what guidelines we need.

Gerhard Seeberger underlines that our discussions today have been very pragmatic. We are the only experts. Maybe we need to regain our self-confidence. He agrees with Michael Frank that we are providing good dentistry. Even though conditions became worse in 2007, the contingent of private patients has increased. So the feedback is good; patients return. Nevertheless, we have to keep a close



eye on what is going on outside and also inside the profession. Not everybody feels and thinks in the same way. Quality starts with fair play. Everybody should reflect on that, this will make the difference. Nobody wants to educate someone or prescribe something. We should try to work on a common basis. It is important for the survival of the profession as well as for the professionals.

We are only at the beginning of the debate about quality and we will continue in Yerevan, announces Patrick Hescot.

8. Dental Team

The group first met in Rome, with the task of investigating the profession of dental auxiliaries in Europe, explains Edoardo Cavallé. The group's mission was to compare professional training in Europe, professional entitlement, recognition of diplomas, etc. Long discussions were held on the differences in profiles and professional trainings across Europe, the importance of the different realities and needs of the citizen-patients, the differences in the duration of training, etc. The ultimate purpose was to investigate professional education on our continent. Methods and materials – from the Bologna Declaration to professional skills among the European countries, etc.– were assessed to reach a research hypothesis. We then decided to try to reach an agreement among ourselves by examining the existing bibliography, the statements published by FDI, the topics discussed at our CED plenary, etc.

It was decided at the last plenary in Rome that the ERO Working Group on the Dental Team should write a draft policy statement against illegal dental practice, which would be voted on at this meeting today. So we met in Monza this July and we changed the idea; instead of writing a declaration against something or somebody, we thought we should draft a policy statement in line with the mission we were given in Istanbul. This should state who we are, our professional needs, clarify the role of a leading dentist in the dental team and the behaviour of the team members. This policy statement should be useful in a European context; it should be the reference document presented to the competent European authorities in order to ensure top oral health care for European citizens and to ensure that European dental team professionals understand their role and behaviour in the context of the practice. We divided this statement in 3 parts: preamble, working relationship, and tasks. The preamble is about who we are, our roots, our training and continuing development, our field of competence, our needs and role as leader of a dental team. This is followed by a definition of the working relationship between the leading dentist and the dental team, the leading dentist and the laboratory dental technician. The final part lists the tasks of the dentist, the dental laboratory technician and the other members of the dental team.

Edoardo Cavallé refers to the text that has been distributed. The original text was disseminated well before the meeting with a request to make comments and changes. The final corrections will be carried out today. Edoardo Cavallé reads the text out loud.

If adopted, this document should be sent to all member associations and be forwarded to the governments and public health services.

Edoardo Cavallé thanks the members of his WG for their fruitful cooperation, and opens the discussion.

Stuart Johnston refers to the conclusions. After today's discussions, he thinks that we should not only safeguard our patients' oral health, but their health in general. The last point of the conclusions is a bit confusing in English. What we are here to do is to promote (instead of prevent) ethical and legal dental practice.

Ensues a rather lively discussion about the CED resolution discussed in Prague and mentioned in this paper. Nico Diederich points out that the resolution was not actually voted upon. In fact it was withdrawn, because the members considered it was not acceptable in its present form. He believes that Germany and France, who did not agree to vote on this resolution, would certainly not wish to vote on the document presented by the WG either. For the time being, the European profession does not agree on



the delegation of dental services to the dental team. So Nico Diederich suggests that we reflect on this before making hasty conclusions.

Edoardo Cavallé does not want to open the discussion about the CED resolution. Part of the German document written by Wolfgang Sprekels is included in the present paper, because some of the WG members and he himself appreciated it a lot; that is why they used part of it. He thinks that most of the people present may have the same opinion about its contents; although maybe not about its wording.

The resolution in question will probably be approved – in a changed version – in November at the CED meeting. So if we consider it as a draft, it should be okay, remarks Wolfgang Sprekels. Nico Diederich is not really satisfied with this proposal. He comes back to his earlier remark and repeats that the countries where dental services are not delegated cannot be expected to say yes to a text that says that they favour the delegation of dental services. Ralph Wagner agrees with both of Nico Diederich's arguments – although according to what is written in the 3rd paragraph of the preamble, no one is forced to delegate dental services. Responsibilities are defined by the regulatory authorities and professional dental associations, and therefore the non-delegation of dental services is not in contradiction with this text. Much more important are the remarks that state that the technician is not allowed to work in the mouth of the patient and that dental studies must last a minimum of 5 years. As for the verb "favours", he thinks we can find a better word.

Nikolai Sharkov can live perfectly well with the word "favours". He suggests making a small comment regarding the jurisdiction in the different countries. This could lead to an overall acceptance of this paper. For the rest, he considers this a very good paper.

In order to be able to vote now on this document, which is very important in the eyes of Hans Schrangl, the latter suggests that the word "favour" be replaced simply by "allow". Maybe this is the way to convince our French and Luxembourg colleagues to agree.

Francisco Rodriguez Lozano considers this an extremely useful document and congratulates the team that drafted it. He agrees with the previous speakers that some of the wording is not very good, but that the paper should be voted on today. He proposes simply to delete the beginning of the sentence " the European dental profession favours the delegation of dental services..." and to say that the delegation of services to other members of the dental team should be done according to their competencies.

Bernard Munnix declares on behalf of his association that it is absolutely not acceptable to agree on a document that says the dental profession favours the delegation of tasks. The sentence must be either removed or rewritten in a different way, stating for example that the delegation of tasks will depend on the applicable legislation. Thus we would not be saying that we favour task-delegation, but that when it occurs, it should be done in compliance with the legislation in force.

Having heard these comments, Edoardo Cavallé suggests deleting the whole paragraph. Of course it would be a nice idea to cross out the whole paragraph, remarks Ralph Wagner, but the text would then be incomplete. Ralph Wagner invites the delegates to consider what their Austrian colleague suggested, i.e. to cross out "favour" and replace it by "allow" or "tolerate". He further suggests adding this part in the 3rd paragraph where we talk about the authorities. This would mean that the ERO has nothing against the delegation of dental services, if the legislation of the country allows it and of course in conformity with the criteria listed on the following pages. Maybe we could do it that way, without losing those who are not entirely happy with the text.

Michael Frank suggests saying that dentists are allowed to delegate dental services. It's the dentist who decides following the rules of his country. This takes away the pressure that comes from "the European dental profession". The rest of the paragraph should stay.



Edoardo Cavallé sticks to his proposal of deleting the entire paragraph. Everything else is written somewhere in the paper; this is true for example of “the other members of the dental team should carry out only the delegated tasks for which he/she is duly qualified or trained within the authorized practice of the country; carry out these tasks solely under the supervision of the dentists who shall be present in the dental practice.”

Before the voting takes place, Nico Diederich proposes to add the word “legally” in the first sentence of the “tasks of the other member/s of the dental team”, so that it reads: “Carry out only the delegated tasks for which he/she is duly legally qualified...”

The document (without the last paragraph in the preamble and with the insertion of “legally”, as mentioned above) is finally adopted without a dissentient vote and with 3 abstentions.

B.6 Information on FDI matters ---

B.7 Plenary session 2010 - Yerevan ---

Plenary session 2011 - presentation of candidatures ---

B.9 Miscellaneous ---

C Close of the meeting – adjournment

Patrick Hescot announces that unfortunately we will not be able to deal with the other items; it would not be fair vis-à-vis the interpreters. So he adjourns the meeting and looks forward to continuing the discussions at the end of April 2010 in Yerevan. A program will follow.

As far as future plenary sessions are concerned the candidature of Sofia/Bulgaria can be presented in Yerevan.

The president thanks all participants for their active cooperation, and the interpreters for their excellent work and patience.

Dr. Patrick Hescot
President

Monika Lang
Minutes