

***Dental Specialties – is
there a need for a common
framework in Europe?***

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Aim of This Presentation

To stimulate discussion on the topic

Topics to be covered

- **Introduction**
- **Why is there a need for dental specialists?**
- **The current situation**
- **The future?**
- **Conclusions**

Europe in 2009



Introduction (1)

- Current wide variations between the 27 member states of the European Union (EU) plus 4 European Economic Area (EEA) States, including in the recognition of dental specialties.
- Variations within the 50 states of the USA but not in the recognition of dental specialties.

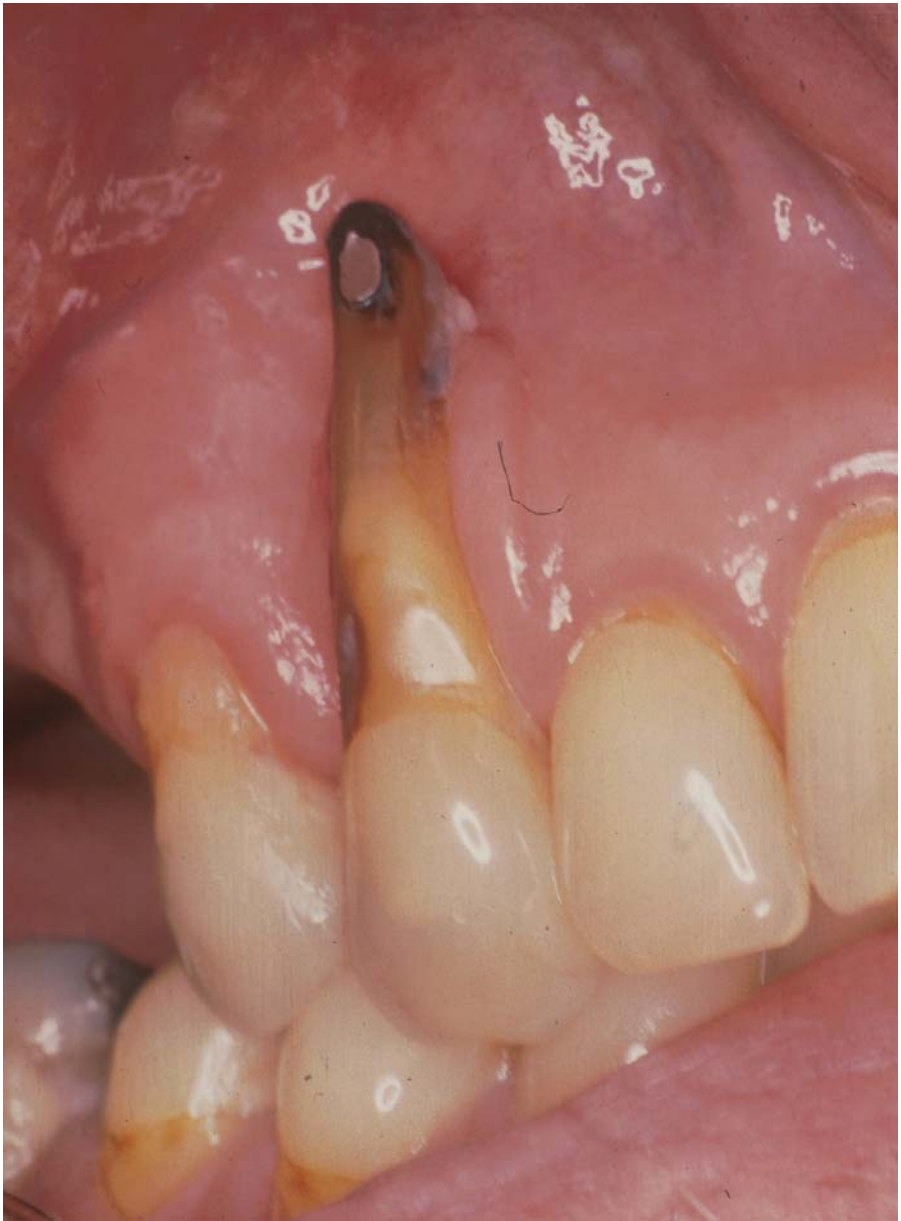
Introduction (2)

Much of the material presented today comes from:

Sanz M, Widstroem E, Eaton K.A. (2008) Is there are a need for a common framework of dental specialties in Europe? *European Journal of Dental Education*; 12: 138 – 143.

Why is there a need for dental specialists? (1)

- More old people with more teeth heavily restored teeth leading to complex periodontal, endodontic, fixed and removable prosthetic problems.
- More people (both young and old) with complex medical problems.
- Higher expectations of outcomes by patients



Why is there a need for dental specialists? (2)

- Need for specialist advice to funders and legislators.
- Increasingly complex therapies.
- Insufficient time (? and suitable teachers) to equip dental undergraduates to deliver complex therapies.

Why is there a need for dental specialists? (3)

Member states must ensure that the training given to dental practitioners equips them with the skills needed for prevention, diagnosis and treatment relating to anomalies and illnesses of the teeth, mouth, jaws and associated tissues and must fulfil the minimum training recommendations defined in the Directive ECD – 78/686/EEC

Why is there a need for dental specialists? (4)

- Increasing demands from more knowledgeable patients, who are now more likely to complain or seek legal redress if things go wrong.



The current situation (1)

- Austria, Luxembourg and Spain do not “recognise” any dental specialties.
- Iceland and the United Kingdom each “recognise” more than 10 dental specialties.
- The EC and most EU/EEA member states “recognise” oral surgery and orthodontics.

The current situation (2)

At present of the 31 EU/EEA states—
28 recognise the specialty of orthodontics
24 recognise the specialty of oral surgery
15 recognise the specialty of periodontics
14 recognise the specialty of children's
dentistry

The current situation (3)

- Only 5 recognise the specialty of Dental Public Health.
- They are Bulgaria, Finland, Germany, Iceland and the United Kingdom.

The current situation (4)

- Only Orthodontics and Oral Surgery are recognised as dental specialties by the 2005 European Council directive 05/36.EC.

The current situation (5)

ECD 05/36/EC states –

To simplify the system, however, automatic recognition should apply after the date of entry into the force of this Directive only to those new medical specialties common to at least two fifths of Member States.

The current situation (6)

Moreover, the Directive does not prevent Member States from agreeing amongst themselves on automatic recognition for certain medical and dental specialties common to them but not automatically recognised within the meaning of the Directive, according to their own rules.

The current situation (7)

- Unfortunately, the two-fifths rule does not apply to dentistry

The current situation (8)

Specialist (Postgraduate) Dental Education

Is there a need for harmonisation of curricula, assessment and outcomes?

The current situation (9)

The approach of the European
Federation of Periodontology (EPF)

Guidelines for the quality assurance of
specialist training in periodontology

(www.efp.net)

The current situation (10)

The EPF system

- Common curriculum for 3 year (full-time) training.
- Accreditation of schools.
- External as well as internal assessment.
- By 2008, there were 11 accredited schools providing the EPF programme.
- Similar arrangements for Children's Dentistry and Endodontics.



The future ? (1)

- Wider recognition of dental specialties but not necessarily more dental specialists who are dentists.
- Wider use of specialised supporting staff.
- Development of the dental team concept in its broadest sense.

The Future ? (2) Why Team Dentistry?

- Changes in oral disease patterns
- More complex and simple care and treatment
- Illogical and expensive to use dentists to provide simple or very complex care and treatment
- Growth in large offices and dental companies

The Future ? (3)

- General Dentists conduct the orchestra (manage and co-ordinate the team)
- Delegate different aspects of care and treatment to suitably trained team members and dental and medical specialists
- Different types of team for different circumstances

The Future? (4) Who is in the team ?

Depends on the local circumstances:

- Treatment needs
- Geography
- Available resources

The Future ?(5) Dental Hygienists

- Highly skilled in specific areas of oral health care.
- Understanding of Periodontology far in advance of most General Dentists
- Developing new roles: general health advice, counselling skills, research.



The Future ? (6) Dental Therapists

- Excellent recent review:

Nash et al. (2008) Dental Therapists: a global perspective. International Dental Journal; 58: 61 -70.

Trained to delivery a range of care:

Simple restorations, extractions,
periodontal care

Roles in treating children, institutionalised
elderly and remote communities

The Future? (7) Clinical Dental Technicians (Denturists)

- In countries where fewer patients need dentures but those who do often have anatomical and other problems with dentures
- Fewer hours spent on removable prosthetics in dental curriculum

The Future ? (8) Orthodontic Therapists

- Generally dental nurses or dental hygienists who have had further training to enable them to carry out a range of routine treatment to support orthodontists including:
taking impressions, radiographs, removing bands, etc.
- Improve orthodontists quality of care, productivity and profits.

The Future ? (9) Barriers to Change

- Irrational fears – loss of income, loss of face, loss of control, loss of status, etc.
 - Lack of understanding of exactly what dental hygienists and therapists can do
- (Gallagher & Wright 2003)*

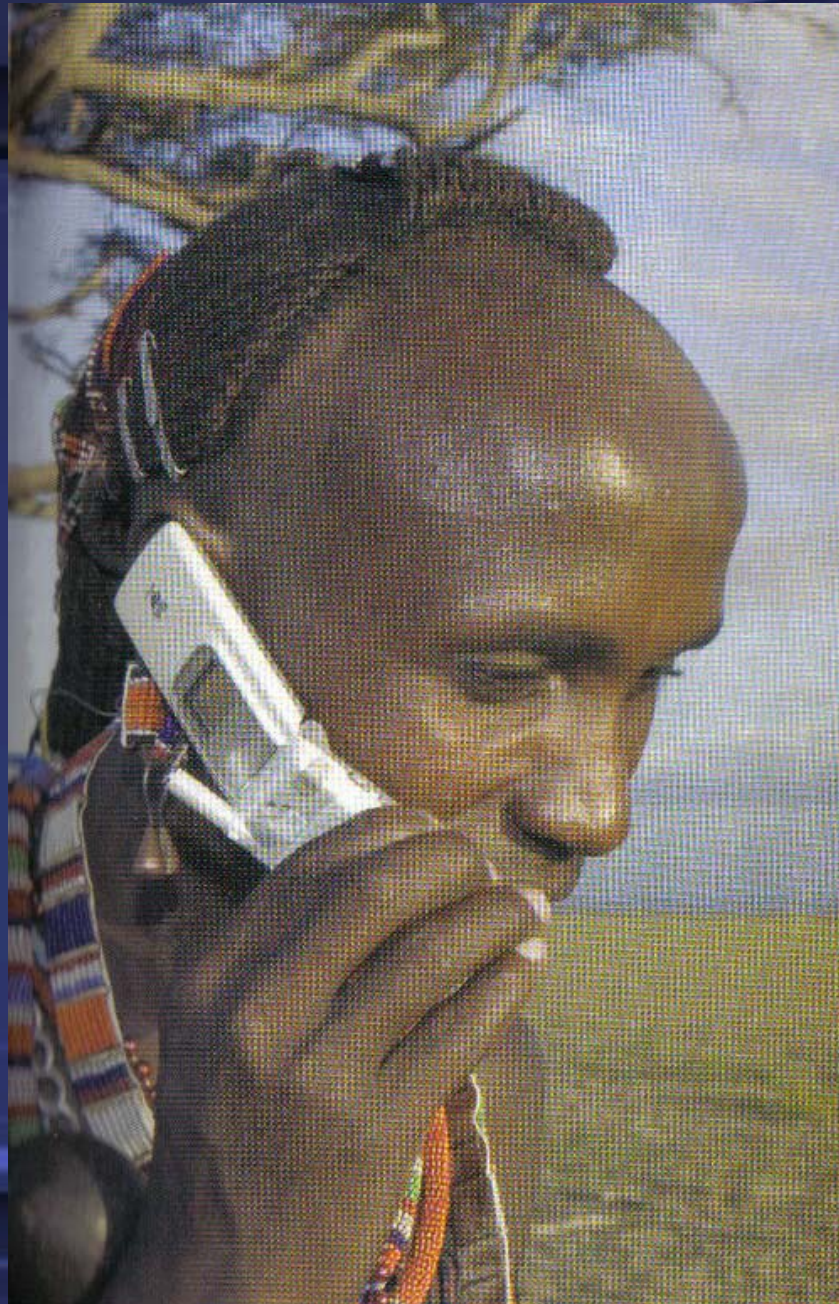


Conclusions (1)

In many European countries misplaced concerns by dental associations/chambers about the employment of both dental specialists and dental therapists, hygienists, denturists and orthodontic therapists and a lack of interest by politicians at both national and EC level make change difficult.

Conclusions (2)

If there is to be a common framework for dental specialities in Europe, specialist societies such as the EADPH must play an active role to promote this concept.



***If you have been,
thank you for listening.***

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