



Quality is the biggest issue

Growing interest in the Europe-wide work of the BDIZ EDI testifies to the great importance that the affiliated associations attribute to the work of the European Committee and to the work of the European Consensus Conference under the auspices of BDIZ EDI.

In this issue, we showcase the BDIZ EDI work at European level and beyond. For example, the BDIZ EDI took part in the EDI of Macedonia and Albanian Implantology Association AIM congress in Skopje/North Macedonia for the first time. Two members of the Board—President Christian Berger and Board member Markus Tröltzsch (online) were lecturing at this congress, which dealt with modern aspects of oral implantology and surgery as well as facial aesthetics. The hospitality extended by President Dr Daniela Veleska-Stevkovska and Dr Fisnik Kasapi was overwhelming.

Recently, the EDI India—associated partner of BDIZ EDI—has launched an advanced training programme that has been prepared over a long period of time. Indian dentists can complete and achieve Fellowship status—similar to the curriculum in Germany and Europe—and the advanced Diplomate status. EDI India was founded by Dr Vikas Gowd from Hyderabad, who has been a regular and active participant in the European Consensus Conferences (EuCC) of the BDIZ EDI for many years and thus contributes to the practice guidelines.

Talking about guidelines: the quality guidelines of the BDIZ EDI can help professionals in evaluating their own work. This booklet—BDIZ EDI Quality Guideline for Implantology—has been established to support dental clinicians in evaluating their own treatment results by comparing them with evaluation categories ranging from A+ to C. But it's more than simply a rating. It's a guidance for assessing one's own work in all aspects. Since it is not easy for dentists to evaluate their own work objectively, nor for patients to correctly assess the outcome of their treat-

ment, the BDIZ EDI is providing guidance to assist implant dentists in evaluating the quality of their treatment. The Quality Guideline is intended for self-evaluation and self-assessment, since only the clinicians themselves are familiar with their own work and know their patients, their expectations and problems. And only the clinicians themselves can reliably evaluate how the prevailing framework conditions—which will influence any dental and medical treatment, sometimes decisively so—have affected the treatment resulted in question, either positively or negatively. But patients, too, need reliable and comprehensible criteria to evaluate treatment results. The Quality Guideline does not intend to prescribe or introduce standardised treatment processes or office structures. The dentist's profession is a liberal profession, and it will continue to be up to dental practitioners themselves how they achieve the required quality. That's the message!

Quality in oral implantology is the most important aspect of the BDIZ EDI's European work—as is support of the free practice of the profession. For this reason, the editorial team regularly looks to Brussels and Strasbourg to examine and critically scrutinise the work of the European Commission, the European Parliament and other bodies.

You can read about them all in this issue.

Best regards,

Anita Wuttke
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