

Dentistry, oral implantology and Europe

Where we stand now

On the occasion of the first 2022 issue, the editorial team of EDI Journal takes a closer look at our current situation. What is the status quo in oral implantology? And the status quo in dentistry as a whole? What keeps us preoccupied in terms of legal and accounting issues? But we will also be looking beyond the oral cavity. Where does dentistry stand in terms of sustainability? Let our experts explain.



The BDIZ EDI today and tomorrow

Christian Berger

President of the BDIZ EDI

The BDIZ EDI is usually ahead of its time: in 2001 with the enforcement of the TSP (certification of proven qualifications and experience in implantology) before the Federal Constitutional Court, in 2013 with the lawsuit of six dentists against the GOZ 2012 (German fee schedule), 2015 with the alternative bill against the anti-corruption law in the health sector.

Meanwhile we published the GOZ compendium and every year the BDIZ EDI table, which compares the different dental fee schedules and also points out the different business aspects in dental practices. This year, for the first time, the table will include new positions of the periodontology guideline, which was launched in 2021. Our weekly billing hotline provides unbureaucratic support for many questions regarding private liquidation.

In cooperation with the University of Cologne, the implantology curriculum is being part of the BDIZ EDI year. The Legal Expert Conference on behalf of the Consensus Conference Implantology is also held every year, organised with alternating German dental chambers.

Of great importance are our Expert Symposia in Cologne and the associated European Consensus Conferences, which will be developing a practice guideline as a recommendation for dental practice operations. The planning of the Expert Symposium in Cologne, Legal Expert Conference in Frankfurt/Main and the European Symposium in Karlovy Vary is already in progress.

Our founders always wanted a strong guild that was way more than just an implantological professional society. In the pandemic, we have literally stepped up a gear. Since 2020 and in times where most live events were cancelled, we have offered and continue to offer online training courses regularly: by the end of 2021 there were 46 webinars with 12,000 participants and an overwhelmingly positive response to the quality of the webinars.

The webinars include topics such as billing, legal issues in practices as well as current changes in law and special regulations. In the continuing education we will be tackling the topics implant surgery and implant prosthetics and shine a light on possible tomorrow issues as well.

The webinars of course will continue to take place in the future. The program for the first half of 2022 has already started its course and covers the entire spectrum of our diverse work at BDIZ EDI. With the webinars and their promotion on different social media channels, we also reach those colleagues who did not know us before.

The board, elected in October 2021, has made big plans. In 2022 we will intensify collaborating with our associated partners in Europe and beyond. The webinar program for the second half of the year is in progress. We remain true to our principle: every dentist whose professional qualifications accordingly contribute should have the ability to work in the field of implantology in their own respective practices.

Where does dentistry stand today, and where is it headed tomorrow?

Prof Roland Frankenberger

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The status quo of German dentistry is described in detail in the position paper *Perspektive Zahnmedizin 2030* (“Perspectives in Dentistry 2030”), which also forms the basis of the present statement.¹

At the beginning of the 21st century, dentistry successfully initiated a paradigm shift, from focusing on repairs to focusing on prevention within the framework of oral medicine.² For decades, most everyday treatments and treatment decisions were firmly rooted within the scope of the German dental licensing regulations, in force since as far back as 1955. However, these regulations were based on the epidemiological foundations of the post-war period, complete with the limited technical possibilities of the time, especially in the field of tooth preservation. Of course, classic dentures formed the core of dental efforts back then.

However, today—67 years on—this is simply no longer the case. Regardless of this, the average age of our patients continues to rise, and multimorbidity and morbidity compression increasingly impact our profession. Improved horizontal transparency between the dental and medical realms is therefore a fundamental prerequisite for any successful and future-proof education and training of young dentists. These aspects have been successfully addressed in the amendment to the new German dental licensing regulations from 2019. However, on closer inspection, three significant problems arise:

1. For cost reasons, important considerations suggested for guidance when drafting the new training regulations for dentists (AOZ) were disregarded by politicians without justification.
2. AOZ reform has been completed for the clinical education phase only. The preclinical phase has not been significantly amended, except the number of hours dedicate to dental technology was reduced. A second reform step is required but has still not been addressed. This step has been described in a position paper of the Medical Faculty Congress (MFT)—and yes, this will also cost money.³
3. In its current form, the immensely important competence-based national catalogue of dental learning objectives (NKLZ) remains a so called “paper tiger”, as it is not anchored in the AOZ and is therefore unenforceable.³ Conclusion: Only when these three points have been addressed responsibly—which includes adequate funding!—will dental training successfully embark on a promising course.

Sources:

1. Frankenberger R, Weng D, Wucherpfennig G, Tröltzsch M, Ries S, Baresel J, Bechtold M, Walter M, Wiltfang J. *Perspektive Zahnmedizin 2030*—Positionspapier der DGZMK. [Perspectives in Dentistry 2030—Position Paper of the German Society for Dentistry, Oral and Maxillofacial Medicine, DGZMK]. *Dtsch Zahnärztl Z.* 2020; 75: D1—D8.
2. The Lancet. Oral health at a tipping point. *Lancet.* 2019; 394(10194): 188.
3. Medizinischer Fakultätentag: *Das Zahnmedizinstudium der Zukunft (2021)* [Medical Faculty Congress: The Future of Dental Studies].





Position statement: oral surgery

Prof Joachim E. Zöller

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In present-day oral implantology, a broad variety of implant designs are available that advertise safe and rapid healing and restorability. For a provisional or definitive restoration to be able to present lasting results, a sufficient stability of the bone bed will be required. Unfortunately, this stable bone bed is often absent. Various protagonists recommend different procedures or materials that are supposed to enable fast and safe bone augmentation. In all events, however, the basic principles of osseointegration and bone regeneration must be respected.

Cell growth cannot be accelerated by marketing, and autologous bone is still the gold standard. Next to biology, the quality of surgical performance is a key factor for success. Thus, surgical practitioners must follow their own personal learning curve, and that entails thoughtful patient selection.

Finally, the overall health status of the patient must never be neglected. In an aging society in a highly developed industrialized country, state-of-the-art pharmaceutical preparations help maintain a high quality of life. Their influence on bone healing, however, often remains unknown. Thus, in a complex environment, the surgeon is under strict scrutiny, yet natural risks and complications are often misunderstood and are considered treatment failures

Position statement: prosthodontics

Prof Jörg Neugebauer

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The desired subjective and objective outcome of any prosthetic implant treatment is a restoration that fits accurately and is aesthetically pleasing. The use of CAD/CAM technologies in particular has made it easier to manufacture restorations to a precise fit, since a more precise connection geometry can be achieved when the design data for the implants are known. Unfortunately, the everyday workflow is not yet that simple, as it will often be necessary to define the interfaces precisely. Since digital workflows can be very highly standardized, it is often impossible to deviate from the standard procedure even if a special situation would require this. This is not only a problem of closed systems; even in supposedly open systems, a multitude of settings and parameters may trigger failures.

But once the learning curve has been mastered and a workflow has been established and adapted to the individual practitioner, implant restoration can be stable and long-lasting. CAD/CAM technologies in particular also allow the use of new materials that make new and additional treatment options available. So even if the digitalization of the implantological treatment sequence across all steps involved in the process has not yet been universally established, this is where the future lies for effective and accepted prosthetic restorations.





Sustainability in dentistry

Dr Markus Tröltzsch, Ansbach, Germany

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Society is increasingly moving in the direction of more resource-conserving and more sustainable lifestyles—a development that has so far made little impact on medicine and dentistry. Yet the ecological footprint of medicine is very relevant, accounting for over 5 per cent of the total human footprint.

Sustainability is a fairly broad concept. Some people believe that sustainability means using bamboo toothbrushes, some people discuss paper cups, and yet others think it means putting all operations to the test of resource efficiency and environmental compatibility. One thing is for certain: isolated activities will not yield the desired result, and individual products that appear sustainable will not necessarily be sustainable.

Dentistry in general is facing more and more demands from angles at the same time—e.g. business management, to patient's desire, to data protection—and all this without increase in remuneration. Since true sustainability ranges from the selection of materials to process optimisation to compensation with serious projects, this is costly and a project that is almost impossible to manage seriously in the practice alone.

Sustainability in dentistry can only be achieved jointly and concertedly in small steps, must be scientifically based and we should always keep in mind that the collectively, cooperatively of the processes and the symbiotically of the practice procedures are not jeopardised.

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What does the EU have in store from a dental perspective?

Dr Alfred Büttner

Head of the Department for Europe/International Affairs of the German Dental Association (BZÄK) in Brussels, Belgium

Even though European Union has only limited competencies in the health sector, it increasingly exerts its influence on the dental professional environment. The General Data Protection Regulation (GDPR) and the EU Medical Devices Regulation (MDR) are only two of the more recent examples. In the coming months, additional EU health, environmental and single-market policy initiatives are expected to impact our dental practices—and the overall political climate seems to favour this development. In the wake of the COVID-19 pandemic, health policy at the EU level has left the largely unobserved niche it had occupied in previous years.

“Creating a health union” is the EU’s slogan that is driving the process of improving its ability to react to cross-border health threats. Another key topic at the EU level is the digitization of healthcare and the promotion of eHealth. These efforts are being supported by initiatives to regulate the use of artificial intelligence. For 2022, the European Commission has also announced a proposal to create a European health data space. Antibiotic resistance is to be combated much more consistently. A revision of the EU Mercury Regulation is also planned for 2022. In this context, the EU Commission would like to conclude the Europe-wide phase-out of silver amalgam for environmental reasons by the end of this decade.

Health policy today and tomorrow—what can we expect?

Peter Knüpper

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For the past three decades, government health care policy has been oriented toward containing cost, despite an expanded catalogue of benefits. And given the demographic situation, this will continue to be the case in Germany in future. On the other hand, medical progress is forcing a reorientation. Leaps in innovation in medicine and medical technology are putting conventional approaches towards financing the healthcare system to the test. Moving in the direction of increasing individualization within medicine requires new economic approaches. Politicians, the state—or even a “European Health Union”—cannot meet the upcoming challenges on their own.

Social health insurance has so far been our guiding star on our travels between general and specialist medical treatment, pharmacy and physiotherapy, to inpatient care and ultimately to nursing care. But in the future, this journey will mean travelling new and more efficient routes, in the interest of sustainability—much like the internal combustion engine is being replaced by the electric drive. We can all make a responsible contribution to greater sustainability. In addition, science and research, digitalization and automation will be the future drivers of health care policy. But just like society as a whole, everyone in need of medical or nursing care will continue to require the assistance of physicians in their role as professional, personal and social authorities, as empathetic and patient-oriented conduits in an increasingly complex system, as helpers and partners on the way to continued health or to recovery.





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