

11. COUNTRY REPORTS	
11.1 United Kingdom	<p>Chris Allen reported that the registry opened July 31, 2006. The first registrations are expected in early 2007 once top-up courses are completed. Graduation ceremonies will be held at Leeds Castle on Saturday, September 30. There are a total of 110 graduates of the George Brown College program to date. Top-up courses include Infection control as it relates to UK guidelines, radiography, ethics as related to UK jurisdictions, a top-up on oral pathology and CPR. The CDTA is looking to open a training facility on the UK site where education is currently taking place. This could be used for the entire dental team.</p>
11.2 Switzerland	<p>Urban Christen-Mendez reported on the current situation in Switzerland.</p> <p>In Switzerland, Denturists have been officially entitled to practice their profession since a referendum made in 1961. Permission was first granted for the canton of Zurich, then Schwyz, Nidwalden and then Appenzell-Innerrhoden.</p> <p>Since 1961, there have been only 6 training classes and correspondingly few participants completed the training. That means that there has been just one training class every 7.5 years.</p> <p>The training includes approximately 400 lessons of theory and practice; each participant needs to have a diploma in dental techniques (4 years of professional training) and at least 8 years of professional experience as a dental technician. In order to participate in the final exam, the applicant must have been a resident of the canton of Zurich for five years and/or operated a laboratory in the canton for three years.</p> <p>In Switzerland the training (apprenticeship) to become a Denturist can only be completed in the canton of Zurich. In the EU only the Netherlands and Finland offer comparable training which is acknowledged by the Zurich authorities. The society is in discussion with other cantons to establish a new course.</p> <p>Presently, approximately 250 Denturists in various cantons but fewer are actively working. There is enough potential and numerous dentists do not like to work in the sector of full and partial prosthetics. This is also due to a lack of experience. Universities offer only superficial training in the field of full prosthetics. Some dental technicians work illegally; but they would only be willing to accept training to become a Denturist if such training was available. The legal situation foresees the acceptance of foreign professional training courses (in the canton of Zurich only diplomas within the European Union) after examination by the authorities concerned.</p> <p>Acknowledgement and approval for all of Switzerland is being pursued at the moment. This would entail a higher frequency of training classes. The next professional training to become a Denturist will be offered in approximately 2-3 years.</p>
	<p>Motion J-P Marjoranta (Finland); second Eric Engelbrecht (Netherlands) That Switzerland is accepted as a member of the IFD.</p>
11.3 Finland	<p>J-P Marjoranta reported on Finland.</p> <p>Finland was one of the first European countries to get the law of Denturism. From the early 60's the number of Denturists has been growing. Dental technicians are registered by the healthcare authorities and after 5 years practice</p>

	<p>a technician can have a further educational course of clinical dental technology to become a Denturist (= “erikoishammasteknikko” in finnish). Over 800 technicians have so far graduated as clinical dental technicians and about 350 of them work daily mainly as denturists. The rest are working as labowners serving dentists or are retired or passed away.</p> <p>The Union of Denturists in Finland (Erikoishammasteknikkoliitto ry , see www.erikoishammasteknikkoliitto.fi) have 370 members. The Union made recently a suggestion to the Finnish parliament for changes to the denturist-law. Instead of making full dentures only they wish to make removable partials directly to the patients. Finland is having an election in May and the new parliament will decide the law.</p> <p>The further educational course of clinical dental technology is also planned to be renewed as the basic studies of dental technicians were upgraded to the level of University (of applied sciences) in 2000.</p> <p>Generally the Finnish healthcare system is in changes as the co-operation of communal and private care seeks the way. Who takes care and pays for the treatment of increasing number of old people in hospitals and care homes? The denturists are needed but they only work on private healthcare.</p>
11.4 The Netherlands	<p>Eric Engelbrecht presented a report from Bart Kerdijk, President of the ONT In 2005, the Organization of Dutch Denturists turned 30 years old.</p> <p>The years 2005 and 2006 have been a transitional period in the history of the Dutch Denturist and the organization. Eric Engelbrecht resigned as president followed by Bart Kerdijk, now sitting as President. In these last years, ONT has transformed herself into a highly professional organization with contracted professionals.</p> <p>In 2006, the Dutch health care system has undergone the severest change in the last 60 years. All Dutch citizens are now obligated to join in the collective health care insurance. This system insures that all dentures and dentures on implants are insured in this basic health care policy. An internet application helps the Denturist to screen patients on insurance. This data is collected in a central database. The Denturist is also able to send declarations digitally to the insurance companies and payment is directly sent to the Denturist.</p> <p>Our educational program has been renewed this year and the training now takes four years in total. A totally new curriculum will be written with competitive levels to insure professional Denturism.</p> <p>More and more we see good partnership in so-called dental teams (dentist, dental hygienist, Denturist). As in other countries, the Dental Technicians also feel competition from countries in the Far East. The Denturist still acknowledges quality services, education and innovation as the basis for a good patient/Denturist relationship.</p> <p>The relationship with our partners in the IFD confirms that we have a firm foundation for our existence.</p>
	<p>Eric added that more graduates are needed to keep up with the aging population of Denturists. ONT had a demonstration of software for transmission of claims to insurance companies.</p>
11.5 Australia	<p>Jos deKljin presented the Australia report.</p>

There are approximately 1,000 Prosthetists registered in Australia. The Australian Dental Prosthetists Association has a membership of 750. The first legislation passed in Australia to legalise the profession of Denturists (or, as called in Australia, Dental Prosthetists), was passed by the Tasmanian Parliament in November 1957 and became law in March 1958. This legislation allowed the registered prosthetist (then titled Dental Mechanic) to provide full and partial dentures direct to the public. All States/Territories, with the exception of Northern Territory, have legislation for Prosthetists, the last being passed by the Queensland government in 1991. Prosthetists work autonomously as professionals, dealing directly with the public without referral.

Today there is a uniform scope of practice between the states, which are full and partial dentures and mouthguards. In 2006, the Western Australian Government was the last jurisdiction to pass partial denture legislation. In recent years a number of States/Territories, Victoria, New South Wales, ACT and Tasmania have also accepted that implant retained over dentures are part of our scope of practice, providing that a qualifying course has been undertaken.

It is hoped that National Mutual Recognition Policy (Labour Movement Policy) and Competition Policies will soon see implant retained over dentures as part of all States' and Territories' scope of practice.

Training of Prosthetists until recently has been fragmented with different training institutions providing training at different standards and levels throughout Australia. At the beginning of 2004, the Australian National Training Authority produced National Standards of Training for Dental Prosthetists and Dental Technicians.

CORA (the Conference of Regulating Authorities) who are the national governing body for the registering of Prosthetists, have also adopted these standards.

Today the minimum standard of training for a dental technician is Diploma Level 5 and an advanced Diploma Level 6 for Dental Prosthetists. Currently, advanced diploma level courses are offered by the Sydney Institute in NSW, South Bank TAFE in Brisbane, and at the RMIT University in Victoria. A Masters of Dental Technology in Prosthetics is now being offered by Griffiths University in Queensland.

Prosthetists are recognized as dental health care providers by the Australian Federal Government and provide denture services to war veterans. Prosthetists presently receive 80% of the dentists' scheduled fee for treatment provided. We are constantly lobbying to have parity in the benefits paid to Prosthetists as that paid to Dentists. Denture services are not included in our national health scheme, Medicare. Patients who have dental insurance with private health insurance companies, all of which recognize Dental Prosthetists as providers, are able to claim a rebate. This varies between insurance companies and levels of insurance but is generally between 50% and 80% of the cost of dentures.

States and Territory Health Departments provided subsidised dental care for financially disadvantaged persons. Within most State/Territories programs, an eligible person attends a government dental clinic for assessment and evaluation. The patient then has the freedom of choice to elect to have their dentures made by a participating private provider either a dental prosthetist or dentist. The provider of the denture is remunerated by way of a fee paid by the State/Territories government Health Departments. The level of government

	<p>funding each year determines the number of patients given approval for the provision of dentures, with each state having different fees that are payable to the provider. Some pay the same as the Veteran's Affairs rates whilst other pay considerably lower.</p> <p>Continuing Professional Development has been introduced in the states of Victoria and Tasmania and is likely to be introduced in all states in the near future. In these two states, thirty (30) hours of accredited CPD is mandatory over a two year period to be entitled to practice.</p> <p>The 19th Biennial Conference of the Australian Dental Prosthetist Association will be hosted by Victoria, in Melbourne, on the 29th to 31st of March 2007. The Victorian Association is proud to be the first state in Australia to acquire its own premises. The premises include office space, a board room and a 100 seat auditorium specially equipped with state of the art sound and projection systems. In future all continuing professional development, a mandatory requirement for registration to practice as a Dental Prosthetist in Victoria, and other functions will be held at these new premises. An invitation is extended to all Denturists throughout the world to come and join us in Australia for this great event. Check the links of the IFD website or go direct to the ADPA website: www.adpa.com.au or www.adpavic.com.au.</p>
11.6 United States	Austin Carbone forwarded a report from the National Denturist Association.
	<p>NDA/USA is slowly growing. There is renewed activity in Arizona by a small group of Denturists. They hope to open the act, which governs Denturism in that state through the help and guidance of the (ACLU) American Civil Liberties Union. The ACLU has provided them with some refreshing thoughts about how to approach the Arizona situation, which is unique to that state. Controlled totally by the Dental Board with no representation by Denturists.</p> <p>NDA is beginning to gather information in order to put into place an accreditation program for USA specific education programs. There are of course some models already in use, the Canadian program being one but there are accreditation programs in other countries as well and we intend to study them all before arriving at an accreditation program, which will be USA appropriate and specific. A program that transparent, non esoteric, evolutionary and easily workable for the evaluation of college programs, continuing education programs, distance education programs and individuals programs. All will be measured by the same yardstick.</p> <p>By the time this report is received at your meeting, I will no longer be president of NDA/USA. I will have stepped down after more than four years as President and a new President and Executive will be in place. I will continue to be an executive member as the past president and will work with the executive to carry out their goals and objectives.</p>
	Paul added information to the report.
	<p>The NDA held its fall meeting in Washington State. The Washington State Denturist Association sponsored the meeting; 85 persons were in attendance. There is a citizen referendum in Wyoming. Gary Vollen, a graduate of George Brown College is leading the initiative. If the referendum proceeds, Washington State has promised support of \$50,000. In Maine, the governor is setting up a task force on access to dental care. Denturists help to take the burden off dentists and allow them time to see other patients. The Maine Denturist Association has a seat on the task force and is being asked to write documents to set up the task force. In California, one member has been prosecuted. In Florida a Denturist was jailed for 21 months for taking an</p>

	impression.
11.7 Canada	<p>Michael Vout presented the report from Canada.</p> <p>In 2006, the Denturist Association of Canada has celebrated its 35th Anniversary. From the vision of a few pioneers, the Association has grown to national and international recognition. We are proud to host the offices of the International Federation of Denturists and to have input into the profession worldwide.</p> <p>Canada now has Denturists in the 10 provinces and 2 of the 3 territories of Canada. There is legislation in all 10 provinces and 1 territory, The Yukon. The Northwest Territories has one Denturist who is licensed in the province of Ontario. Nunavut, Canada's newest Territory, does not have Denturists but does have dental technicians who have expressed interest in our profession. Of the 2,000 Denturists in Canada, the Denturist Association of Canada has a membership of 1745.</p> <p>There are 4 schools of Denturism in Canada who graduate 75-100 students per year. All four schools have been accredited by the Denturist Association of Canada. The accreditation process has benefited the regulatory bodies, the members of the profession, the students and members of the public by ensuring that the schools meet national standards of education and physical facilities. The schools themselves benefit by acknowledgement of their school as one that has been accredited by the national association and in assisting them to provide evidence-based need for extra funding for staffing or facilities. Students benefit from the knowledge that they are being educated according to the highest standards and have the opportunity to practice their profession in many jurisdictions which acknowledge that accreditation.</p> <p>As you know from previous reports, the Denturist Association of Canada has been developing an electronic claims network for Denturists. In 2006, we have been participating in a pilot project with three insurance carriers and three software vendors testing the system and claims. We hope to go to a full launch in early 2007.</p> <p>Our 2006 National Denturist Congress will be held in beautiful Banff, Alberta (October 19-21, 2006). The congress is co-hosted by DAC and the new Denturist Association of Alberta. Education sessions will include laboratory procedures, as well as information on radiography, electronic billing and regulatory body audit procedures. The keynote speaker will be Dr. Peter Cooney, the Chief Dental Officer of Canada.</p>
11.8 Malta	<p>John Salamone-Reynaud presented the Malta Report.</p> <p>The MDTA have been members of the FEPPD for some years now. Our Association saw it beneficial to protect our interests, to participate and promote our professional status in the EU, as part of the Health Industry. We are partners in the Leonardo project which was initiated by the FEPPD. Malta is one of the eleven partners from the 27 National member Organisations. This project, through the Generic Occupational Standards, will lead to the harmonization of Education and Training of the dental technologist in Europe.</p> <p>Harmonisation is essential because of the various educational systems in each and every EU State. Our present day situation is problematic since</p>

	<p>evaluating and assessing qualifications for registration with our Council, in Malta is extremely difficult. The criteria for recognition of Health Professionals, between the EU Directives and our regulatory body differ substantially and often lead to Legal proceedings and appeals.</p> <p>In this matter of standardization of Education and Training, Denturism is well ahead as there seems to be better understanding of the development and evolution of our specialisation.</p> <p>In Malta Denturism is not recognized but this does not mean it is illegalised. A professional activity is illegalised, if it is referred to in the governing Laws of the State, (as in the past dental Act of the UK and some other states). Chiropractors, Clinical Perfusionists, Speech language therapists, Osteopaths, Acupuncturists and Clinical Psychotherapists all have practiced for many years without registration, only, to be regularized, within our Laws and Council, in these past years.</p> <p>Lobbying and an appropriate time for regulation, of Denturism in Malta, is a delicate issue. However there is an encouraging sign that attitudes are changing. When this positive turn in mentality is further confirmed, Denturism will be legalised smoothly and hopefully, in a brief time.</p> <p>Globalisation is a word we have been observing daily on the media and this is surely to have some sort of effect on our market of providing and putting into use, dental devices. It will influence the policies in prices, ethical policy and competition. However, competition should not make us apprehensive, because we are professional and, must make sure that all who are involved undergo/experience the same level of regulations and Directives.</p> <p>Dental agents and retailers are swiftly competing in the market of manufacturing dental appliances, porcelain crowns, templates, metal structures etc, in this age of computerization. It would be interesting to discuss and get more information on this subject at this gathering in Maidstone.</p> <p>A recent seminar in Malta showed how this revolutionary treatment, planning, surgical implementation system and laboratory procedures are carried out with unrivalled accuracy and ease.</p> <p>Finally I would like to get the latest of news in the field of Denturism in Italy, Spain, South Africa and Republic of Ireland.</p>
11.9 Denmark	Carsten Juul of Denmark forwarded the following report.
	<p>LKT- Landsforeningen af Kliniske Tandteknikere (National Federation of Clinical Denturists).</p> <p>Number of members: 200. Most are self employed (120 clinics, 80 persons employed).</p> <p>Number of practising Denturists in DK: Approx. 340. Most are employed in the private sector.</p> <p>Executive Committee (since 2002): Flemming Mogensen Finøen (chairman) Eva Jørgensen Anne-Mette Bennetsen Jesper Lund (since 2005)</p> <p>Christian Boljanac. (since 2004)</p> <p>Since its election in 2002 one of the main objectives of The Executive</p>

Committee of LKT has been the modernization of the organization. Several initiatives have been launched such as the design of a new website for The Federation, the implementation of a new marketing strategy including a new series of pamphlets and the creation of advertising material used by both the Federation and members in local and nationwide media. Also the launching of a competitive consumer credit campaign offering patients financing with no down payment or interest requirement has been successful. This is essentially regarded as a marketing tool to be used to attract patients in a competitive market and is thus a means of generating turnover.

New improved case and referral sheets were designed to enhance efficiency in the daily work at the clinics. In the first half of 2007 an electronic patient filling program will be presented. This ambitious project has been in the pipeline for almost a year and will greatly contribute to the effectiveness in dealing with patients and authorities. In 2004 personal inexpensive websites were designed for members however so far only a relatively small proportion has accepted the offer.

In 2003 the Executive Committee appointed a new manager with legal background in order to provide members with legal advice as far as employment and patient related issues are concerned. The manager is also responsible for communications activities including internal communication to members and the distribution of press releases. The first issues of a printed newsletter with journalistic articles appeared in 2006 as an initiative undertaken to strengthen the identity of LKT and bring members closer together. The Executive Committee communicates to members mainly via the website where patients also may ask questions and order pamphlets.

Lifelong learning is an important issue also in Denmark. To cater for growing educational needs LKT is hosting two courses for both members and non-members. A variety of lectures and workshops are offered twice a year introducing state of the art techniques in the profession (e.g. working with implants) as well as presenting knowledge and insights from other fields that will give practising Denturists a better idea of e.g. management and how to run a small business, how to advertise, patient-psychology etc. The courses are held on weekends thus also giving participants an opportunity to socialize and meet colleagues from other parts of the country.

Danish Denturists experience increased competition from dentists both Danish and foreign. Especially Swedish dentists promote services in Denmark thereby attracting a growing number of patients who receive less expensive treatment due to the weaker Swedish currency. However this particular issue is for the time being more a cause of concern for the dentists.

LKT maintains good relations with The Danish Dental Association and with Danish authorities i.e. The National Board of Health. In 2003 LKT participated in the Advisory Committee on the future structure of the dental sector and in many instances LKT is heard before legislation concerning the health sector is passed.

Good relations to the employees association are also upheld. In 2005 LKT and the employees association (Tandteknikerforeningen – The Denturists Assoc.) once again concluded negotiations over an agreement regulating wages and working conditions for a three year period. The two organisations meet regularly for the purpose of discussing general educational matters.

	<p>LKT continues to make agreements with municipal governments thus providing subsidized treatments for people with low income who pay 85 % of the costs and for elderly living in nursing homes. Also mentally and physically handicapped people are covered by these agreements. All local governments must enter agreements with both Denturists and dentists.</p> <p>Due to the relatively heavy workload The Executive Committee has so far given first priority to national activities. LKT will soon consider how to play a more active role internationally.</p>
11.10 Eastern and Central Europe	Mario Wojcicki forwarded a report on Eastern and Central countries.
	France – Stephane Cerboni reported that a school was opened in France. He advised that the Dental Authorities are against such a school and the Minister of Justice threatened to take action to close the school. He has appealed to the IFD for assistance
	Hungary – Attila Szep is interested in setting a time for examinations in Hungary. The IFD requested written permission from the Health Authorities to conduct such an exam. No written confirmations have been received. Eric Engelbrecht will discuss the possibility of holding clinical examinations with the school in Utrecht.
	Poland – Andrzej Dulian has said that Dentistry is aware of Denturist activities in Europe and they have started strong lobbying at the Minister of Health against Denturism. Dental Technicians do not have a strong association so there is a lack of credible representation in dealing with government. This situation dates from the communist era when dentists and dental technicians worked for the state but could also work privately for themselves. It was a unique situation in all communist countries. During the communist era they could not organize an association. After the collapse of communist system, dental technicians worked freely, establishing private dental laboratories. There is a fear of retaliation should a strong Denturist association be formed. Their strategy is to first establish a strong Dental technicians Association (as in Slovakia) and then branch as a strong Denturist Association.
	Slovakia – Having the IFD AGM and meetings in Bratislava in 2005 was a tremendous success in showing the Government that there is a strong institution such as the IFD. The Minister of Health invited Mario Wojcicki and Stanislav Skoda to a formal meeting where they spent one and a half hours discussing Denturism. The Minister realized the benefits of the Denturist profession for the public. Despite the huge opposition of dentists, he introduced the Denturists Bill to the legislature. With only 24 hours left to pass the bill, the government collapsed and an early election was called. Now the Denturist political supporters are in the opposition. Slovakia believes that it has a strong chance to be legalized by the new government after so much ‘popularity’ was created about Denturism at all level of institutions in Slovakia.
11.11 Other Reports	Duffy Malherbe of South Africa has provided a report on the current situation in South Africa. South Africa has been encouraged to become a member of the IFD.
	The Society for Clinical Dental Technology is indebted to Chris Allen from the UK for sharing quite a number of valuable reports that we have been working through. We are convinced that it will elevate the standard of our campaign and possibly speed up matters locally. We are in the process of going on-line very soon with our website at www.denturism.co.za . Once more we are indebted to the International Denturism community for sharing their information, in this

regard. The Society for Clinical Dental Technology endeavours to bolster our membership and our income but more importantly become more effective in sharing information about denturism with dental technicians, dentists, government, potential denturists and especially the public. It could be a very valuable means of communication.

Two of our efforts panned out to nothing. The opportunity to make a Denturism-presentation to a special committee of the Department of Health have been postponed a number of times and have now apparently petered out. Our contact in Parliament who promised a hearing with the Portfolio Committee of Health has apparently also been a true politician - Full of promises, with no action. Both channels could still provide opportunities, but it appears to have been smothered from within. If so, we know whom the source of our opposition is, and know of a number of unofficial visits they made where they stated their opposition to our cause, without providing us an opportunity to speak for ourselves. We do not currently have the capacity to compete effectively with this type of lobbying, but will have to get our act together.

In November 2005 a letter by the SADA to the Minister of Health was leaked to the dentaltech forum, an Internet discussion group where Dental Technicians from South Africa and abroad air their views. The Society for Clinical Dental Technology responded in a letter to the Minister of Health to most of the distorted misrepresentation in the SADA's letter and responded specifically to the appeal to have the enabling legislation for Clinical Dental Technology in the Dental Technicians Amendment Act of 1997 repealed. This letter from The Society was copied to all the stakeholders in Oral Health Care. The response from the SADA listed what is perceived as the whole range of 17 stock-arguments against the implementation of Denturism. The Society responded to the counter-arguments point-by-point after we consulted with our colleagues abroad. The letter addressed to the SADA was copied to the Minister of Health, various Directorates in the Department of Health, the HPCSA, the SADTC, the training institutions, all the oral health profession's Associations and indeed to all stakeholders in oral health care, The SADA's response was simply that their failure to respond should not be seen as acceptance of the contents of our letter and that they reserve the right to raise their concerns in the appropriate forum. Is it naive not to have a suspicion that the anti-denturism lobby had something to do with the inability of The Society being heard by the appropriate forum?

In January 2006 an article was published by the Secretary of The Society, in a local Dental Journal, *International Dentistry South Africa* under the title: ***Provision Of Removable Prosthetics By Denturists – What Is The Controversy?*** The CEO of the SADA Dr Neil Campbell responded to some of the points raised in the article in a letter to the Editor in the May Edition. A substantial reply was prepared that could not be reduced to less than double the space of Dr Campbell's letter. Unfortunately the Journal turned down the reply, due to Editorial policy and publishing space. It is unfortunate that this potential debate could not be facilitated by the Journal.

There is lately some stirring going on in the profession in South Africa. We have a very strictly prescribed Dental Technicians Act that had never been properly enforced. We now have a new democracy, an Advocate for a new Registrar of the South African Dental Technicians Council (SADTC) who is adamant to clean up the show. Advocate Lekitima is very much sympathetic to our cause and have tried on numerous occasions to assist in bringing us in contact with the right people, only to be circumvented eventually apparently by

dentists in high-ranking positions. His new team have made quite a stir by doing inspections, dishing out maximum fines and closing down dental laboratories involved in illegal practices. A number of talk shows over the radio, various broadcasts in different provinces have reported on dental technicians complaining that they have to pay their dentist clients cash kickbacks to get their money and other corrupt incentives of more work orders for lower fees. If it was pure business in an **unrestricted market**, there is not much wrong in principle with making special deals, but the patient does not get the benefit of a lower fee; they pay the full price and get the inferior quality that matches the fee the lab gets. It is reported that these schemes runs into millions every year, that this fraudulent income of dentists is not declared and efforts is now underway to get to the bottom of it all. It just goes to show that in the end it all comes out in the wash!

We are still hopeful of some opportunity to make a presentation to the Department of Health, as the efforts of the SADTC to get the stakeholders together have not been exhausted yet. We are excited about getting the public to participate in the **Denture Wearers Petition**, that will be part of our website. www.denturism.co.za