

XX Congress of the Portuguese Dental Association

Solemn Session Speech

Our Congress is always a special occasion.
It is more, much more than a Congress.
Specially today when we celebrate our 20th edition.

Its 20 editions make it the biggest health congress in the Iberian peninsula. We are very grateful to everyone who has contributed to its success. Dentists and industry that have supported it, like the President of Bial, Dr. Luis Portela, who is one of our supporters since the beginning. But we recognize every partnership. They are win/win partnerships with 115 companies in Expo-Dentária. I must highlight our official sponsors: Pierre Fabre; Nobel Biocare; Straumann; Astra Tech; Dental Press; 3M; Klockner; ACE Europa; Phibo e AXA.

In 2010, we had 120 companies in 7.200 m2 in Expo-Dentária and over 6500 visitors. On the scientific part we had 69 speakers and over 3500 congress attendees, adding up to over 10000. That's something!

We want to share this celebration with our national and international guests!

Thank you to the Organizing Committee, the Scientific Committee, PDA's staff, to everyone who made this congress "More, much more than a congress!"
These 20 years of congress meant also 20 years of establishment of a new professional class in Portugal. The Dentists.

In these 20 years, the PDA has substantially contributed to the building of the legal framework for health services in our country, in Europe and in the World.
This is an unfinished task we must continue to closely follow.

Regarding what concerns us directly, the regulation of the dental profession, we have been succeeding.

For example,

- In reviewing the basic training requirements for the European Dentists, Directive n 36/2005;
- In the European legislation regarding tooth whitening;
- In regulating the restrictions to the use of dental amalgam by the FDI and United Nations and by the Environment Agency;
- In the environmental protection and waste management laws;
- In the continuous professional training of dentists;
- In issuing guidelines for quality in the professional and clinical practice;
- In regulating specialties;
- In ethics and conduct, here with the exclusive responsibility of the Ethics and Conduct Committee;
- In fighting illegal practice.

Regulation is also, and mostly, an inter institutional matter requiring the collaboration of several entities and not depending only on the PDA. In what concerns the PDA, we have always risen to the challenge.

For example, in Licensing, where dentistry is a role model to be followed (hopefully as soon as possible) by other medical areas, with more than 4000 practices licensed in our country. This way, the Association has contributed to guarantying the minimum safety requirements for the population and also contributed to the fair competition between the various dental care providers.

Recently, in the Electronic Prescription and the Prescription by ICD.

At this level of inter institutional regulation, i believe there still is a long way to go. A way to define the role of each one of the several entities that perform a part in health regulation, mainly the regulatory bodies that many time duplicate efforts, and some other times do not fill important gaps that jeopardize the safeguard of public interest. We all must succeed in the face of particularly demanding circumstances.

The Professional Associations in what concerns health professionals and the safeguard of public health, but the State itself and Sovereign Bodies exercising one of their most comprehensive regulatory tasks – elaborating proper legislation.

Regarding the rationalization of resources and fighting waste and fraud, the Ministry of Health has been working with great will and effort. That, we have witnessed and of that we are proud. The lights in the Ministry are on until 9 or 10 pm, as we have had the chance to see for ourselves during the several meetings we've been having.

However, regarding other issues, namely the signs of fatigue in the NHS, it is necessary to tune some important aspects of supplementary law. Involving the private sector, civil society, patient and consumer associations and health professions.

The PDA presents you today with an example of essential regulation: the strategy to implement the profession's nomenclature.

The 70s were marked, in the history of health in Portugal, as the decade when the first Dentists appeared, following the creation of the Dentistry Faculty. Since then, the dental profession has faced several stages in the nomenclature used to describe its medical acts:

- Use of Nomenclature from the Portuguese Medical Association
- Use of scattered Nomenclature, scientifically inaccurate, from various conventions and subsystems
- Use of old Nomenclature Tables from Order
- The use of a disorganized mix of all the above.

In the essence of these regulation functions, which were delegated by the State, to regulate the designation of the acts that are specific to Dentistry is a role exclusive to the Portuguese Dental Association.

What is the PDA's purpose in presenting this strategy to implement the Nomenclature Table? To make sure that everyone, dentists, patients, health system, subsystems, conventions, health insurance companies, health plans and other regulatory authorities use the same language regarding this matter.

For example,

- when we refer to a dental restoration of one tooth, it is necessary to know, because it makes all the difference, if that restoration has 1, 2, 3, 4 or 5 faces;
- if the restoration is temporary or permanent;
- the type of material used;
- if it is a direct restoration, placed on the tooth by the dentist, or an indirect restoration, fabricated in a laboratory and then placed on the tooth by the dentist;
- if it is a restoration with pulp protection or not and if so what material is used;
- if it is a restoration with additional physical means of retaining;
- or even, in the rehabilitation of a patient with fixed prosthodontics or prosthetic devices;
- if dental preparation is included;
- if retaining means are provided;
- temporary prosthetic, several tests;
- Impressions, registers;
- The type of materials used and so on.

Our day to day is filled with these acts and to each one of them should match a designation, an accurate and precise nomenclature.

Therefore, what the public opinion, entities outside the profession (normally third part payment and other regulatory entities) and even dentists used to simply designate as “treating a tooth”, in the new PDA Nomenclature now refers to 46 different dental acts. 46 surgical procedures that should be described by the nomenclature and valued in relation to the experience, qualification and expertise of each dentist, the patient's collaboration, systemic conditions, degree of hygiene, quite a comprehensive overall group of factors.

All this is greatly important and must be thoroughly discriminated in a detailed description of every clinical and surgical procedure dentists perform in each patient. A cost will be associated with each one of these procedures, according to the Code of Conduct, with special attention to article 22nd regarding fees “...attention must be paid when setting them, the dentist should consider, namely, the importance, complexity and level of difficulty of the treatment provided, the time spent and the inherent costs.”

So, everyone will use the same type of language, safeguarding the superior interest of the patients, the consumers if you will, and the commitment we, as dentists, make with health and its best practices.

- By using an “average” approach in setting fees, still very frequent today, simple medical acts are more costly while more complex acts are not valued enough. This approach uses a standardized price. This is totally wrong in what concerns setting fees and mostly in valuing each medical dental act.
- As if in other medical areas, for example appendix surgery (I apologize if this is not the correct nomenclature!) is the same as cardiac surgery and simply designated by “surgery” with standardized fees.
- Or in another economic area, if we went to a restaurant and the invoice wasn't detailed, instead it mentioned only “meal”, charging the same to every costumer, regardless of their food, starters or wine choices.
- These small examples i use, often result in clinic and commercial conflicts with our patients. A generic invoice without clear nomenclature is a source of doubts and questions and forces us to provide further explanations. We are the ones faced with the burden of solving this type of conflict.

This kind of attitude does not serve the interest of our patients, the population or even the dentist.

In fact, it might serve only the interests of those who want to level it down. Of those who do not care about,

- quality, (not that quality, my dear friends, of the different flavors of tea on the waiting room, or the quality of the SPA with massages included, or the TV show of soap opera style from the Dr Phills' around here, or even the quality of the hotel and design; but the quality of the scientific evidence in treatment options, in safeguarding always the patients' best interest, quality in dedication, continuous training, best practices in every aspect of the profession, research, diagnosis, prevention, treatment, rehabilitation);
- transparency;
- earning the fees charged;
- valuing their work;
- responsibility
- professional ethics.

It is our job to contribute to the patients' informed ability to:

- compare;
- chose;
- question;
- recognize and even
- complain.

Who is interested in the lack of transparency and lack of information?

Who is interested in misinformed patients?

Who is interested in uneducated consumers?

Some conventions, health insurances and plans that want to blatantly and unscrupulously take advantage of the employment difficulties dentists face, specially the younger ones, by publicizing free treatments, or treatments at absolutely ludicrous prices.

Self called "health insurances" without covering any type of risk.

The PDA will not give up nor condescend to this kind of practice.

With the Nomenclature Table, the rules will be as follows:

The Conventions, insurance companies and subsystems are now free to, according to their own marketing strategies, chose which acts to cover amongst the 786 medical dental acts the profession now identifies. It is the dentists' duty to inform the patient, according to their own clinic judgment, about the treatment options they considered better for that specific case. After being properly informed, it is the patients' right to chose.

In case the insurance plan, or other, covers the option or options indicated, it is the dentists duty to act according to what each one has freely arranged with the insurance company or convention.

The acts advertised as being free, not covered by health plans or by the patient, according to the Nomenclature Table will be considered not covered.

In case the treatment option is not covered, it is the dentists' duty to inform the patient and to let the patient know their fees for the uncovered treatment.

The Nomenclature Table aims to do all this, dear colleagues.

That the sacred right the patients have to be informed about their options by their dentist, can not be jeopardized by petty logic apparently to simplify procedures, but in reality aiming only to make a profit with total greed by confusing patients and limiting them in this right.

By determination of the PDA, it is up to us all, dentists, regulatory entities, insurance companies, subsystems, information systems, patients, to implement the PDA's Nomenclature, during the next year 2012, whenever the care giver is a dentist. The law so requires. The law must be obeyed.

For this, the PDA will carry out, until the end of next year, a public information campaign regarding the Rights and Duties of the mandatory adoption of the PDA Nomenclature.

A nomenclature created by dentists, for dentists and at the service of patients.

By valuing quality.

By earning the fees charged.

To avoid doubts.

To promote transparency.

To value individual work, qualifications and abilities,

To create accountability of dentists, patients and everyone involved.

For professional ethics.

So that we can all speak the same language.

These are the reasons why we have presented and published the PDA's Nomenclature Table in the Official Journal of the Republic, so that its adoption becomes mandatory regarding the practice of dentistry.

Mr. State Secretary, allow me to finish by addressing you specifically.

As I said, there is still a lot to be done in the regulation field.

We are aware that we are all essential to this process.

Tackling the task without ideological or any type of prejudice. Focused on making health in Portugal a sector in which every Portuguese might find proper quality answers.

We publicly announce our ideas and suggestions. Whenever we are asked to contribute we have always been and will always be present.

We believe the time has come to move towards a new level of debate and inter institutional involvement.

We have other specific suggestions to present the Government.

You can count on us. We, dentists, will count on you, with your politic abilities, with your determination and your sense of mission.

Dear colleagues,

Last year, i finished my intervention asking that we were allowed to continue to be what we are. Dentists. This year, i would like to end with the guarantee that the path is being prepared, because we are demanding with our profession.

A tough path. But one which will allow us to become even better dentists.

The President,

Orlando Monteiro da Silva