

Consultation on the future of the European workforce for health — Green Paper

Authors

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Background

Training for dental employees is Germany's fifth-largest training area in terms of numbers. Dental practices and dental clinics are the most important employer in the health system for people who have trained in dentistry.

Nevertheless, the opportunities for promotion, further training and in-service training for dental employees — and hence also their professional prospects — are very limited. Compared with other countries, primarily the Netherlands, Scandinavia, etc., the opportunities are very restricted. This situation is caused by a lack of uniformity, high prices, to some extent poor quality and long waiting times as a result of the dental associations' in-service training monopoly.

Furthermore, staff who have undergone in-service training in the field of prophylaxis/health maintenance are deprived of the opportunity to work in other European countries.

The *Bundesinstitut für Berufsbildung* (Federal Institute for Vocational Training), in a published study on

*“Vocational training and employment in the personal services sector
Professions and professional training in the health and social field caught between
the pressure to change and the stalling of reforms
The status quo and ideas for training and further training”*,

has drawn attention to the problematic situation, reaching the following conclusion:

Start of quotation

“Further training

The confusion, lack of transparency and inadequacies of regulated training are even more pronounced in the area of further training. Further vocational training for health and social professions is governed by at least five different legal standards:

- *the Vocational Training Act, containing provisions on further training applicable throughout the country, cf. section 46.2*
- *association rules, cf. section 46.1 of the Vocational Training Act*
- *Land provisions in the form of*
 - *legal acts*
 - *decrees*
 - *guidelines*
- *specific acts on further training in health professions (NB: because these to some extent apply in parallel to general acts on adult and further training and training leave, the question arises as to what takes precedence and who decides what a health profession is, in cases of doubt).*

.....and the final outcome is complete and autonomous specialist work. Rather, the occupational structure’s lack of systematic organisation from the point of view of substance leads to unclear boundaries, overlapping and gaps between professions, and unclear, discriminatory professional development prospects.”

End of quotation

The situation remains unchanged.

Problem

The transfer of responsibility for further training to the competent bodies (dental associations) under the Vocational Training Act is leading to the fragmentation of the further training landscape, as there is no national training system, and profession-related political interests prevent other solutions.

In particular, for the most important field of health maintenance through professional prophylaxis, there are at the moment 17 different examination and in-service training systems within the individual *Land* dental associations. Further training differs significantly in terms of content, duration, admission and examination conditions, and cost.

Access for private providers is thus made more difficult and impeded. In particular, high examination and processing fees for private providers additionally distort competition.

The DMS IV oral hygiene study makes it clear that there is a massive shortfall in the field of paradontology. As a result of the interaction with general medical risks, there is a threat of dental and medical care being hit by a flood of costs. There are not enough qualified personnel to treat paradontology diseases.

This is a **structural problem** emanating from the dental associations' monopoly and the resulting restrictions of training capacities. This is expressed in:

- limited further training capacities, which are well below what is needed
- discriminatory waiting times
- limited professional development prospects as a result of individual regional rules
- the dental profession's self-protection of its own vested interests rather than interests based on health policy, hence the intentional prevention of the introduction of uniform national/European standards
- severely restricted professional development opportunities; no possibility of working as a prophylaxis specialist in other European countries; impeding of professional mobility
- prevention of training/academic study leading to qualification as a 'dental hygienist' or 'Bachelor of dental hygiene' as is the norm at international level.

According to estimates, in Germany there is one dental hygienist for every thousand dentists (the ratio of dentists to dental hygienists is 1000:1), whereas in markets that are properly developed from the prophylaxis point of view a ratio of 1:1 is appropriate. This illustrates the alarming shortfall.

Recommendations

The following recommendations are based on the above analysis:

Proposal 1

Further development of the professional profile of dental employees towards more **independence and responsibility** through upgrading of professional skills. **Their present status of absolute subsidiarity should be reduced**, which at the moment is prevented by the vested interests of the professional associations. Securing of **professional freedoms for dental assistant professions**, especially dental hygienists.

A more intensive approach to prevention in the field of dental health, through the **delegable extension of duties** and associated **significant cost savings** in the health system through extension of section 1(5) and (6) of the Dentistry Act.

Europe-wide approximation of skills and designations of professions and introduction of two skills degrees as training/bachelor courses:

- **dental prophylaxis assistant**
- **dental hygienist (Bachelor of Dental Hygiene).**

Proposal 2

Elimination of interference factors and monopoly-like blocking resulting from corporatist self-administration as a consequence of the assignment of responsibility to the 'competent body' under the Vocational Training Act. Associated with this is the introduction of **uniform national standards and assigning of responsibility to the Ministries of Education and Science and the universities.**

Liberalisation and opening up of the examination to independent providers, if necessary by the transfer of examination responsibility, as provided for in section 57 of the Vocational Training Act but not yet implemented.

Promotion of private independent market providers, through the associated strengthening of competition, reduction of market prices and increase in options.

Associated with this is the **strengthening of the professional and social position of dental assistant professions.**

Proposal 3

Improvement of the **vertical permeability of the training system** by creating alternative admission requirements for bachelor courses.

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