**Ελληνική Οδοντιατρική Ομοσπονδία**

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**Θέμα:** Τροποποιήσεις του FDI statement on "supervision of the dental team"
**Συνημμένα:** DPS_1_Supervision-of-the-dental-team.docx; Αντίκρουση στο Supervision of the Dental team.docx

Αγαπητοί συνάδελφοι,

Η ανάγνωση της θέσης του FDI σχετικά με το "DPS_1 supervision of the dental teem" μου δημιούργησε αλγεινότατη εντύπωση όχι μόνον για την διατύπωση των γνωστών αγγλοσαξονικών θέσεων περί μη προϊσταμένου στην οδοντιατρική ομάδας (και χωρίς οδοντίατρο ως μέλος της εν ανάγκη) που οδεύουν για διεθνή υιοθέτηση στην επικείμενη συνάντηση της Σαγκάης αλλά και για την μη ενημέρωση από κάποιο μέλος της Ελληνικής αποστολής έστω σε πληροφοριακό επίπεδο. Το υπό ψήφιση σχέδιο "Statement" είναι απαράδεκτο για την Ελληνική νομοθεσία αλλά και για τις Χώρες όπου ισχύει η εργασία εντός στόματος επιτελείται αποκλειστικώς ΜΟΝΟΝ από τον Οδοντίατρο (ενδεικτικά βλ. Γερμανία, Ιταλία, Πορτογαλία κ.α.).

Για τον λόγο αυτό, σας επισυνάπτω κατωτέρω ένα συνοπτικό υπόμνημα επιχειρημάτων αναμόρφωσης και αμφισβήτησης του κειμένου, το οποίο **αιτούμε να εισαχθεί εκτός ΗΔ λόγω του επείγοντος χρονικού πλαισίου σύγκλεισης της FDI στην σημερινή συνεδρίαση του ΔΣ.**

Επιχειρήματα προς αναμόρφωση: του «Supervision of the dental team?»:

In the context of **Greek legal, educational, and professional frameworks**, where **only dentists are legally permitted to perform intraoral procedures**, and no formal dental hygienist programs exist:

**Legal Compliance**

1. How can the concept of "general supervision," where the dentist is not present, align with Greek legislation that explicitly prohibits anyone but the dentist from performing intraoral procedures?
2. If indirect or remote supervision implies intraoral activity without a dentist's physical presence, wouldn't that directly contradict current Greek laws governing dental practice?
3. Can the legal liability of the supervising dentist be reconciled with delegation models, especially when no lawful training pathway exists for non-dentist intraoral practice in Greece?

**Educational and Professional Infrastructure**

4. Given that Greece lacks accredited training programs for dental hygienists or therapists, on what basis would other team members be deemed competent to perform procedures—even under supervision?
5. Does this model implicitly assume the existence of mid-level oral health professionals that do not legally or structurally exist in the Greek context?

**Patient Safety and Quality of Care**

6. How can patient safety be assured if the supervisory model allows for reduced dentist involvement, despite the lack of formally recognized and regulated auxiliary dental roles?
7. Would such a model risk encouraging informal or unregulated task-shifting, potentially compromising care quality and exposing patients to legal and medical risk?

**Implementation and Enforcement**

8. Who would be responsible for overseeing compliance with supervision models in countries like Greece where delegation is legally restricted?
9. What mechanisms are proposed to audit and ensure that these supervision models are not abused to circumvent legal limitations on practice?

**International Policy Generalization**

10. Is this policy statement culturally and legally adaptable to all national contexts, or does it risk promoting a "one-size-fits-all" model inappropriate for countries like Greece?
11. How can international dental policy respect local legal sovereignty and professional structures while promoting team-based care?

These questions underscore the **tension between globalized dental workforce models and local legal/professional realities**. While supervision and team-based care are valuable concepts, their **implementation must be sensitive to the absence of recognized mid-level dental providers** and **legal prohibitions against delegation** in countries like Greece.

Με εκτίμηση,

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# FDI POLICY STATEMENT

## Supervision of The Dental Team

**Revision of the PS adopted 2000 in Paris, France**
**Revised 2015 in Bangkok, Thailand**
**For adoption in Shanghai, China 2025**

## CONTEXT

Supervision of the dental team is a term often used to describe the working relationship of dentists and their team members, with the dentist observing and/or checking their colleagues' work. Within this understanding, 'supervision' is interpreted in a variety of ways, from direct supervision (being in the same room and closely observing someone's work) to simply retaining overall responsibility for the work but with the team member working largely independently and with access to the dentist where necessary (also often termed as delegation). The nature and extent of supervision may vary depending on professional roles, experience levels, and regulatory requirements. More fundamentally, supervision has an important role to play in the context of supporting and mentoring another member of the dental team, including dentists, and therefore as an important process in their professional development. It can be used to improve the safety, quality, and effectiveness of oral healthcare.

Supervision in the context of supporting a wider dental team should be regarded as a facilitator for equitable access to oral healthcare rather than a restrictive process. It strengthens team-based approaches, enhances professional education and fosters a deeper understanding of the various roles and responsibilities within the dental team, ultimately supporting the broader objectives of Universal Health Coverage.

## SCOPE

Supervision in the context of supporting a wider dental team is appropriate for all members of the dental team. There are different forms of supervision, and some may be more appropriate than others depending on the nature of the proposed intervention. It need not be constant, but it should always be available. Supervision must adhere to local, regional and national legislation and regulation. In this policy statement we also describe how it can enhance access to oral healthcare in areas where it is limited or unavailable.

## DEFINITIONS

Supervision is a structured process that supports both the safe delivery of patient care and the ongoing professional learning and development of dental team members. It enables individuals to reflect on and enhance their knowledge, skills and competence through agreed and regular support with other professionals[1]

The different forms of supervision are as follows:

- **General supervision:** the dentist has organised the procedure but does not need to be present, however, they maintain the responsibility for patient care
- **Direct supervision:** the dentist is present throughout the treatment and may need to evaluate the patient before, during and after the procedure
- **Indirect supervision:** the dentist must be on site and available during the procedure for consultation
- **Remote supervision:** members of the dental team may perform certain tasks without direct or indirect supervision using video links, telehealth consultations or similar remote communication technologies
- **Public Health supervision:** dental services provided by licensed professionals in community programs with general oversight from a dentist who is not required to be on-site.

### The Role of Audit in Supervision

Audit is a valuable tool for reviewing and improving professional performance, patient safety, and the quality of care. Regular audits help ensure that supervision processes are effective and that the highest standards of care are maintained. While audit itself is not a direct form of supervision, it provides essential feedback that can guide supervisory practices and ongoing professional development.

## PRINCIPLES

Supervision plays a crucial role in developing an effective dental team which in turn enhances quality of care and contributes to improving access to oral healthcare, particularly in areas where it is most needed. It should be recognised that it has different forms and a considerate needs assessment should be done to decide which form of supervision is appropriate for which situation.

## POLICY

- All members of the dental team at any career stage can benefit from supervision. Those recently qualified or seeking to acquire new skills or

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qualifications, those returning to practice after a career break or a period of suspension and those migrating between countries.

- Having appropriate education, training, experience, and a clearly defined scope of practice in place is an essential foundation for supervision.

- All areas of performance should be supervised from time to time, including compliance-related aspects such as record keeping, continuous professional development (CPD), health and safety, and other regulatory requirements.

- A patient referral pathway must be in place when possible, to ensure that members of the dental team can refer patients to an appropriately qualified colleague for advice or treatment when needed.

- Effective supervision requires regular, constructive feedback to support professional development and maintain high standards of care. While it should encourage strengths and positive practices, it also plays a role in identifying areas for improvement to ensure quality and patient safety.

**KEYWORDS**

Dental team, Access, Scope of Practise

**DISCLAIMER**

The information in this Policy Statement was based on the best scientific evidence available at the time. It may be interpreted to reflect prevailing cultural sensitivities and socio-economic constraints.

**REFERENCES**

[1] https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/

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## Supervision of the Dental team?

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