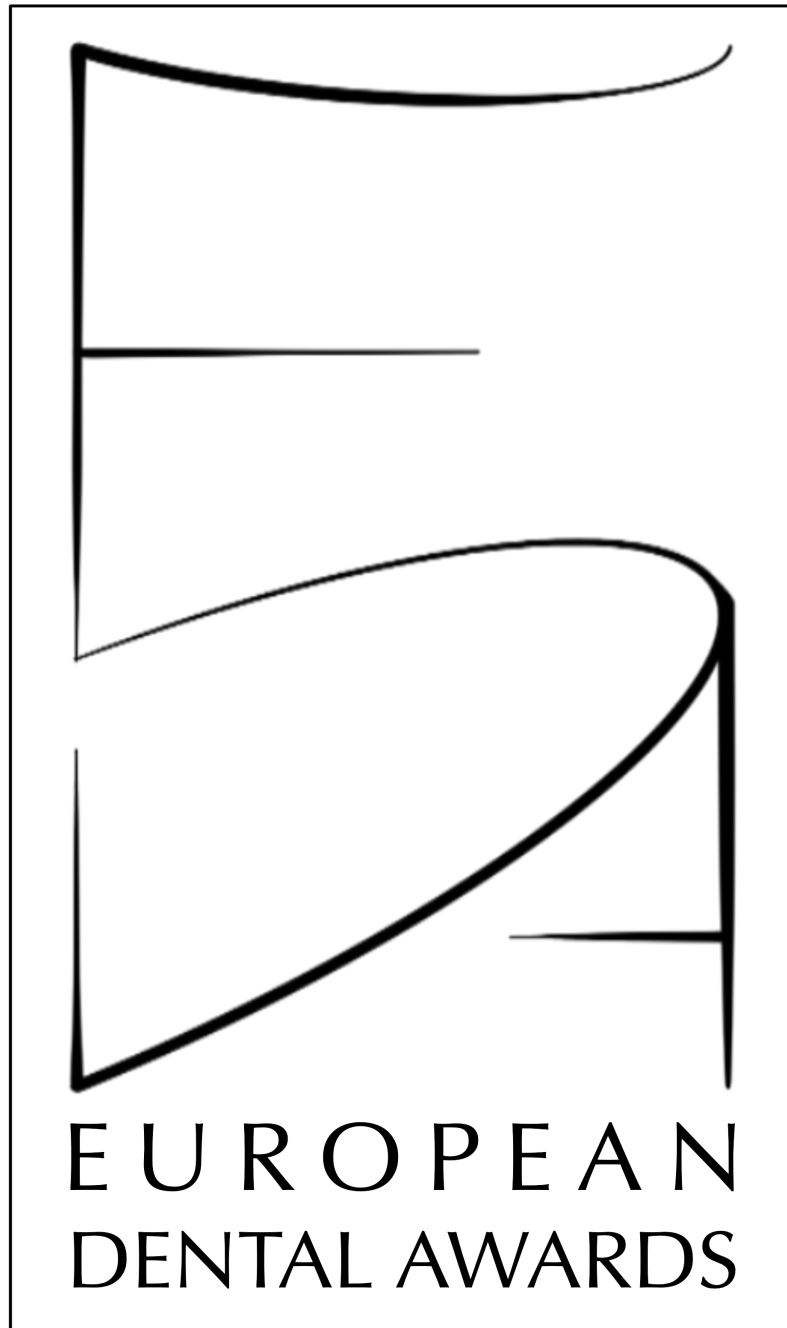


First Edition Rule Book



Εστορς Society
Exclusively for dentists

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1. INTRODUCTION

The European Dental Awards is a professional competition dedicated to excellence in dentistry. Its purpose is to recognise and promote outstanding clinical performance, innovation and high standards of professional practice.

The event brings together dentists and clinical teams from across Europe to present relevant clinical cases that are rigorously documented and treated in accordance with current evidence-based practice and recognised professional standards.

Through this competition, we aim to:

- encourage clinical excellence and continuing professional development;
- promote the exchange of knowledge and best practice across the European dental community;
- provide an objective and transparent framework for assessing clinical performance;
- help strengthen a professional community founded on ethics, innovation and collaboration.

Cases are assessed objectively based on the documentation submitted and in accordance with the principles of anonymity, integrity and fairness.

Following the judging process, three finalists are selected in each category based on the scores awarded by the judging panel. They are invited to present their case to the audience at the European Dental Awards Gala.

The winner of each category is determined through a combined voting system that incorporates both the score awarded by the judging panel and the vote of the audience in attendance, thereby ensuring a balance between professional assessment and the appreciation of the dental community.

2. ELIGIBILITY

The European Dental Awards competition is open to all dentists who, at the time of registration, hold a valid legal right to practise dentistry in at least one European country. All such dentists may submit cases, subject to these Official Rules and the category-specific eligibility requirements.

Eligibility is based on the participant's current professional authorisation and is not restricted by nationality, citizenship or the country in which the participant completed their dental education. The participant must be duly registered, licensed or otherwise authorised by the competent professional or regulatory authority in at least one European country.

For team entries, every dentist whose clinical contribution forms part of the submitted case must have been legally entitled to perform that work in the country where the treatment was provided. Dental technicians and other dental professionals may be declared as team members or collaborators where relevant, provided that their participation complies with the applicable professional requirements.

Participation is permitted either individually or as a team, according to the requirements of the selected category.

For team entries, the lead entrant is responsible for declaring in the entry form all members involved in the case and the role performed by each member.

To ensure the objectivity of the judging process, all case documentation submitted for assessment must be completely anonymous and must not contain any information that could identify the authors or the clinic. Identification details must be provided only through the designated registration process.

Interdisciplinary contributions may be mentioned in the case description in general terms, without identifying the individuals involved.

3. GENERAL PARTICIPATION RULES

Each participant may submit only one case in each competition category.

The same case may not be entered in more than one category.

A participant may submit a maximum of three cases in total, provided that the cases are distinct and satisfy the eligibility criteria for the selected categories.

For team participation, a case may be entered only once, in a single category, by one lead entrant.

Where a case has been entered in a category whose criteria it does not meet, the organisers or the judging panel reserve the right to reassign the case to the category they consider appropriate.

Cases submitted must be original and must reflect the participant's or team's actual clinical work. Submission of a case that does not legitimately belong to the participant or team will result in disqualification from the competition.

In individual categories, cases must reflect the participating dentist's primary involvement and clinical responsibility in carrying out the treatment.

Interdisciplinary collaboration or contributions from other specialists - for example, a dental technician or dental laboratory - are permitted, if they do not diminish the participant's primary role.

For team entries or interdisciplinary collaborations, the lead entrant assumes responsibility for ensuring that all members involved in the case have been informed and have consented to participation in the competition.

Contributions may be mentioned in general terms in the case description, provided that the anonymity of the judging process is preserved.

By entering the competition, participants confirm that the information supplied is accurate and complete and that they comply with these Official Rules.

4. CONFIDENTIALITY AND ETHICS

Respect for the confidentiality of the dentist-patient relationship, patient privacy and professional ethics is an essential condition of participation in the European Dental Awards competition.

All cases entered must be anonymised for judging. Documentation submitted for assessment must not contain names, contact details or other direct identifiers of the patient, the dentist, any other treating professional or the clinic in which the treatment was provided.

Patient-identifying information must be removed wherever reasonably possible. Where clinically necessary extraoral images may make a patient recognisable, the participant must obtain explicit informed consent for their use in the competition, including judging, presentation at the Gala and publication, where applicable.

The participant bears sole responsibility for ensuring that they are lawfully entitled to use and publish the clinical data, photographs, videos, radiographs and other investigations relating to the case presented, and that all required consent and data-protection requirements have been satisfied in the relevant jurisdiction.

Participants assume full responsibility for the authenticity of the cases submitted. Any attempt to present a case that does not legitimately belong to the participant, or to misrepresent clinical information, will result in immediate disqualification from the competition.

If a breach of confidentiality, anonymity or professional ethics is identified, the organisers reserve the right to reject or remove the case from the competition at any stage of the assessment process.

By entering the competition, participants confirm that they comply with all legal, regulatory and ethical obligations applicable to the dental treatment provided and accept responsibility for the content of the materials submitted.

5. GENERAL CASE REQUIREMENTS

Cases entered in the competition must be presented in case report format and must describe the clinical course of treatment clearly and coherently.

The documentation for each case must be prepared in English and must not exceed 3,500 words.

Materials must be submitted as a non-editable PDF. Participants may use any working format - for example, a presentation or text document - provided that the final version submitted complies with the required format.

A clear and logical visual structure is recommended so that the case can be understood and assessed readily.

The presentation must include, as a minimum:

- the initial diagnosis;
- the final diagnosis;
- the treatment plan;
- a description of the treatment stages;
- the materials and techniques used;
- the outcome;
- a brief case summary.

The case presentation must be supported by relevant documentation, which may include clinical photographs and diagnostic imaging, according to the nature of the treatment.

All submitted materials must be clear and coherent and must permit an objective assessment of the quality of clinical care.

The requirements specific to each competition category may supplement or further detail these general conditions.

6. GUIDELINES FOR PHOTOGRAPHIC DOCUMENTATION

Photographic documentation is an essential element in the assessment of clinical cases and must accurately reflect the initial situation, the treatment stages and the outcome.

A complete set of before-and-after images is recommended, together with intermediate images, where relevant, showing the key stages of treatment.

Photographs must comply with the following general standards:

- they must be clear, well lit and correctly focused;
- they must provide adequate contrast to show the relevant clinical details;
- they must be taken from relevant and comparable angles at each stage;
- they must be centred and appropriately framed;
- they must be visually consistent in terms of background, lighting and positioning.

The use of auxiliary devices - such as retractors, mirrors and intraoral photographic contrastors - is recommended where they contribute to clearer documentation of the case, if elements not relevant to the assessment do not distract from the area of interest.

Depending on the category, the documentation may also include radiographs or other relevant investigations needed to support the diagnosis and treatment outcome.

The requirements specific to each category may supplement these general recommendations.

7. JUDGING PROCESS

Cases entered in the competition are assessed by a judging panel composed of experienced dental professionals.

To ensure the objectivity of the assessment process, all cases are reviewed anonymously, without disclosure of the identity of the participants or the clinics involved.

Each case is assessed individually by the members of the judging panel, who award a score for each assessment criterion.

Assessment is based on the following professional criteria:

- diagnosis and treatment plan;
- case complexity;
- quality of the written documentation - clarity, coherence and structure;
- quality of the visual documentation - clinical images and investigations;
- accuracy in the performance of clinical procedures;
- degree of treatment invasiveness, with a score of 10 representing the lowest degree of invasiveness;
- quality of the immediate postoperative outcome;
- availability of follow-up documentation;
- long-term stability of the outcome.

The final score awarded to each case is the sum of the points obtained for each assessment criterion. The maximum possible score is 100 points.

The ranking in each category is determined based on the final score resulting from the assessment by the judging panel.

The three highest-scoring cases in each category are designated as finalists and are invited to attend the European Dental Awards Gala.

At the Gala, the finalists give a brief presentation of their case to the audience, after which the audience votes for one finalist in each category.

To achieve a balance between professional assessment and the audience vote, the final result is determined through a weighting mechanism under which the audience votes are adjusted according to the judging-panel score awarded to each finalist's case.

This system is intended to preserve the relevance of the professional assessment while also giving the audience an active role in selecting the winners.

Full details of the calculation methodology are set out in a separate document made available to participants by the organisers.

8. GALA AND CONDUCT OF THE FINAL ROUND

The finalists in each category are invited to attend the European Dental Awards Gala, where they will present their cases to the audience.

Each finalist is allotted a maximum of two minutes to present the case. The presentation must be concise and relevant, highlighting the essential elements of the diagnosis, treatment plan and outcome achieved.

A voice-over of no more than one minute may be used as part of the presentation material.

To ensure the consistency and quality of the presentations at the Gala, the materials used by finalists must comply with the format and technical requirements communicated in advance by the organisers.

After all finalists in a category have presented, the audience attending the event is invited to vote for one finalist only.

The audience vote is incorporated into the mechanism used to determine the winner, in accordance with the judging methodology described in these Official Rules.

The final results are calculated and validated by the organisers, and the winner of each category is announced at the Gala.

9. ADMINISTRATIVE RULES

Participation in the competition may require the purchase of registration packages, depending on the options available at the relevant time.

Registering a case in the competition grants the entrant access to the European Dental Awards Gala under the conditions established by the organisers.

Packages that allow multiple cases to be entered are intended for the same participant and do not provide additional access to the event for each case entered.

Attendance at the Gala and the registration packages are governed by the conditions communicated by the organisers.

Promotional offers may not be combined, except where expressly stated otherwise by the organisers.

The organisers reserve the right to amend or update the administrative conditions, subject to prior notice to participants.

10. COMPETITION CATEGORIES

10.1 Endodontic Treatment

Description

The "Endodontic Treatment" category is intended for cases involving the endodontic treatment of a single tooth, performed in accordance with current clinical standards and supported by imaging and photographic documentation suitable for assessment.

Eligibility

Cases carried out by dentists may be entered, provided that the treatment presented demonstrates the participating dentist's primary involvement and clinical responsibility.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- primary endodontic treatment or retreatment of a single tooth;
- cases involving relevant adjunctive procedures, such as a pre-endodontic or pre-prosthetic coronal build-up and/or placement of an intraradicular post, where these form part of the treatment plan;
- cases documented by relevant clinical images and radiographic investigations.

Does not include

- cases involving the endodontic treatment of more than one tooth;

- cases in which the principal component of the treatment belongs to another competition category;
- radiographic documentation that is insufficient or inconclusive for assessment of the endodontic treatment.

Specific requirements

- the presentation must include preoperative and postoperative periapical radiographs;
- the mandatory radiographs must allow clear assessment of the treated tooth and the relevant periapical region;
- panoramic radiographs may not replace the minimum mandatory radiographic documentation;
- the inclusion of intraoperative radiographs is recommended, such as those used to determine working length and/or verify the fit of the master gutta-percha cone;
- CBCT may be included as a preoperative investigation where its use is clinically justified;
- rubber dam isolation of the operative field is mandatory and must be appropriately documented;
- relevant clinical images from the treatment stages should be included so that endodontic access, control of the operative field and the outcome can be assessed;
- where subsequent monitoring has been undertaken, follow-up imaging documentation is encouraged, as it may support assessment of the long-term stability of the result.

10.2 Orthodontic Treatment (including orthognathic surgery)

Description

The "Orthodontic Treatment" category is intended for cases involving correction of malocclusions, dental alignment and optimisation of functional and aesthetic relationships through orthodontic treatment or combined orthodontic-surgical treatment.

The category includes both cases treated exclusively by orthodontic means and complex cases incorporating orthognathic surgery.

Eligibility

Cases carried out by dentists may be entered individually or as a team, depending on the complexity of the treatment.

Treatments involving orthognathic surgery must be submitted as team entries, reflecting the involvement of both the orthodontist and the surgeon.

Includes

- orthodontic treatment carried out with fixed appliances, removable appliances or aligners;
- cases involving occlusal, functional and/or aesthetic corrections;
- combined orthodontic-orthognathic treatment, with documentation of the pre-surgical and post-surgical stages;
- cases documenting treatment stages relevant to the patient's progress.

Does not include

- cases that do not demonstrate a relevant orthodontic correction;
- cases with incomplete initial or final documentation;

- cases in which the orthodontic component is not the principal element of the treatment.

Specific requirements

- the presentation must include standard orthodontic photographic documentation, both intraoral and extraoral, in a before-and-after format;
- the inclusion of relevant radiographic documentation is recommended, for example cephalometric, periapical or panoramic radiographs;
- the presentation of intermediate treatment stages is encouraged;
- in orthognathic cases, the planning stages and the final surgical outcome must be clearly demonstrated;
- the documentation must allow assessment of the functional and aesthetic changes achieved.

10.3 Periodontal Treatment

Description

The "Periodontal Treatment" category is intended for cases involving the prevention, control and treatment of periodontal conditions through non-surgical and/or surgical approaches, in accordance with current clinical guidelines.

The category assesses the accuracy of the diagnosis, the treatment plan and the outcomes achieved in the management of periodontal disease.

Eligibility

Cases carried out by dentists may be entered, provided that the treatment presented demonstrates the participating dentist's primary involvement and clinical responsibility.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- non-surgical periodontal treatment, such as initial therapy, scaling and subgingival debridement;
- surgical treatment, whether resective or regenerative;
- cases involving control of inflammation and the stabilisation or regeneration of periodontal tissues;
- cases that include monitoring of progress over time.

Does not include

- cases that do not demonstrate a clear periodontal diagnosis;
- cases in which periodontal treatment is not the principal component;
- documentation that is insufficient to assess clinical progress.

Specific requirements

- the presentation must include the initial periodontal diagnosis, established in accordance with current classifications, including staging and grading;
- relevant clinical parameters, such as periodontal probing depths, mobility and gingival recession, must be documented before and after treatment;
- the presentation must include relevant clinical images and radiographic investigations;
- follow-up documentation is encouraged to assess the long-term stability of the result;

- the documentation must allow clear assessment of the response to treatment and the case's progress.

10.4 Coronal Restoration

Description

The "Coronal Restoration" category is intended for restorative treatments aimed at restoring form, function and aesthetics for a **maximum of three teeth**, using direct and/or indirect techniques.

The category assesses the quality of the restorative work, its functional integration and the aesthetic outcome achieved.

Eligibility

Cases carried out by dentists may be entered, provided that the treatment presented demonstrates the participating dentist's primary involvement and clinical responsibility.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- direct coronal restorations, for example composite restorations;
- indirect restorations, for example veneers, crowns, inlays or onlays;
- treatments involving restoration of a maximum of three teeth, irrespective of their location in the anterior or posterior region;
- cases demonstrating the morphological, functional and aesthetic accuracy of the restorations.

Does not include

- cases involving restoration of more than three teeth;
- extensive oral rehabilitation cases;
- cases in which the restorative component is not the principal element of the presentation.

Specific requirements

- the presentation must include relevant before-and-after photographic documentation for assessment of the result;
- morphological detail and the functional integration of the restorations must be clearly demonstrated;
- for restorations in the anterior region, documentation of dynamic relationships, such as protrusive and lateral excursions, is recommended where relevant;
- the documentation must allow assessment of marginal adaptation, aesthetics and integration within the dentition as a whole.

10.5 Extensive Coronal Restoration

Description

The "Extensive Coronal Restoration" category is intended for complex restorative treatments involving restoration of form, function and aesthetics for a **minimum of four teeth**.

The category assesses the complexity of the restorative plan, functional coherence and the overall aesthetic outcome.

Eligibility

Cases carried out by dentists may be entered, provided that the treatment presented demonstrates the participating dentist's primary involvement and clinical responsibility.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- direct and/or indirect coronal restorations carried out on a minimum of four teeth;
- extensive treatment aimed at the aesthetic and functional rehabilitation of a dental arch or dental segment;
- cases demonstrating the overall harmony of the result in terms of form, shade and function.

Does not include

- cases involving restoration of a maximum of three teeth;
- cases requiring a complex interdisciplinary approach, including integration of several specialties, which fall within the Interdisciplinary Oral Rehabilitation category;
- cases in which the restorative component is not the principal element of the treatment.

Specific requirements

- the presentation must include a complete set of before-and-after photographic documentation;
- the overall aesthetic and functional coherence of the restorations must be demonstrated;
- for restorations in the anterior region, documentation of dynamic relationships, such as protrusive and lateral excursions, is recommended;
- the documentation must allow assessment of the integration of the restorations within the overall occlusal and aesthetic context;
- the presentation of relevant intermediate stages is encouraged to facilitate understanding of the treatment plan.

10.6 Paediatric Dental Treatment

Description

The "Paediatric Dental Treatment" category is intended for cases involving the treatment of patients with primary or mixed dentition, with the objectives of maintaining oral health, restoring function and guiding the proper development of the dentition.

The category assesses a clinical approach adapted to the paediatric patient, together with the outcomes achieved in the particular context of this patient group.

Eligibility

Cases may be entered by dentists who carried out the treatment presented in patients with primary or mixed dentition.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- restorative treatment of primary teeth or treatment provided during mixed dentition;

- endodontic treatment of primary teeth;
- caries-prevention and caries-management therapies;
- treatments aimed at maintaining space and guiding tooth eruption;
- cases demonstrating adaptation of the treatment plan to the particular needs of the paediatric patient.

Does not include

- cases carried out exclusively in the permanent dentition;
- cases in which the paediatric component is not relevant to the treatment;
- cases that predominantly belong to another specialty, for example complex orthodontics.

Specific requirements

- the presentation must include relevant clinical documentation, comprising photographs and, where appropriate, diagnostic imaging;
- the particular features of the paediatric case and the adaptation of the treatment plan must be clearly demonstrated;
- the documentation must allow assessment of the outcome achieved in relation to the therapeutic objectives;
- the inclusion of follow-up information is encouraged where available.

10.7 Implant-Prosthetic Treatment

Description

The "Implant-Prosthetic Treatment" category is intended for cases involving oral rehabilitation through placement of dental implants and their prosthetic restoration to restore function and aesthetics.

The category assesses the accuracy of the treatment plan, execution of the surgical and prosthetic stages and the outcome achieved.

Eligibility

Cases carried out by dentists may be entered, provided that the treatment presented demonstrates the participating dentist's primary involvement and clinical responsibility.

Any ancillary contributions must not diminish the participant's primary role.

Includes

- cases involving placement of dental implants and their prosthetic restoration;
- single-unit or extensive implant-prosthetic treatments;
- cases demonstrating the functional and aesthetic integration of implant-supported restorations.

Does not include

- cases involving integration of several dental specialties in a complex interdisciplinary manner, which fall within the Interdisciplinary Oral Rehabilitation category;
- cases in which the implant-prosthetic component is not the principal element of the treatment;
- documentation that is insufficient to assess the surgical and prosthetic stages.

Specific requirements

- the presentation must include documentation relevant to both the surgical and prosthetic stages;
- the accuracy of implant positioning and integration of the implants within the prosthetic plan must be clearly demonstrated;
- the documentation must allow assessment of the final outcome from both a functional and aesthetic perspective;
- the inclusion of intermediate stages and follow-up documentation is encouraged where available.

10.8 Interdisciplinary Oral Rehabilitation (IOR)

Description

The "Interdisciplinary Oral Rehabilitation" category is intended for complex cases involving integration of several dental specialties in the diagnosis, planning and delivery of treatment.

This category assesses the ability to collaborate across disciplines and to coordinate the treatment stages effectively to achieve an optimal functional and aesthetic outcome.

Eligibility

Only cases carried out by teams of at least two dentists who actively contributed to the treatment may be entered.

The cases must demonstrate the genuine involvement of several dental specialties in the management of the patient.

Includes

- cases involving integration of at least two dental specialties, for example endodontics, periodontology, prosthodontics, surgery or orthodontics;
- complex treatments involving staged planning and collaboration among several dentists;
- cases demonstrating functional and aesthetic coherence in the final outcome.

Does not include

- cases carried out by a single dentist;
- cases involving only one dental specialty;
- cases limited to a standard implant-prosthetic sequence - implant placement followed by prosthetic restoration - without integration of other specialties;
- cases in which the interdisciplinary component is not clearly demonstrated in the documentation.

Specific requirements

- the presentation must clearly demonstrate each dentist's contribution, described in general terms so as not to compromise anonymity;
- the integration of the treatment stages and the coherence of the treatment plan must be demonstrated;
- the documentation must allow assessment of the contribution of each specialty to the outcome;
- the inclusion of relevant intermediate stages is encouraged to facilitate understanding of the case's progress.

10.9 Young Clinician

Description

The "Young Clinician" category is intended for dentists at the beginning of their careers and aims to recognise their clinical performance and professional potential.

Any type of dental treatment may be entered in this category, provided that the eligibility criteria and the general competition requirements are met.

Eligibility

Cases may be entered by dentists who are under 31 years of age at the time of registration in the competition.

The treatment presented must have been carried out in full by the participating dentist.

Includes

- any type of dental treatment - for example restorative, endodontic, prosthetic, surgical or orthodontic treatment - within the participant's professional scope of practice;
- cases demonstrating the participating dentist's level of training, clinical approach and ability to plan and carry out treatment.

Does not include

- cases carried out wholly or partly by other dentists;
- cases in which the contributions of other specialists are not clearly delineated;
- cases that exceed the participating dentist's lawful scope of practice.

Specific requirements

- the case presentation must demonstrate the participating dentist's direct involvement and confirm that they personally carried out the treatment in full;
- where limited external collaboration is involved - for example, a dental laboratory - it may be included provided that the anonymity rules are observed and the participant's primary role is not diminished;
- the documentation must allow a complete assessment of the case in accordance with the general judging criteria.

11. FINAL PROVISIONS

By entering the competition, participants confirm that they have read, understood and fully accepted the provisions of these Official Rules.

The organisers reserve the right to interpret and apply these Official Rules in circumstances not expressly provided for, to ensure a fair and equitable process.

The organisers reserve the right to amend these Official Rules, subject to prior notice to participants.

Participants are encouraged to contact the organisers before entering the competition should they require any clarification or additional information.