



ANNUAL REPORT 2015

**DENTISTRY IN EUROPE:
A RESPONSIBLE
AND ACCOUNTABLE
PROFESSION**

■ ABOUT THE CED

The Council of European Dentists (CED) is the representative organisation for the dental profession in the EU, representing over 340,000 practising dentists through 32 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient safety centred and evidence based professional practice across Europe.

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■ CONTENTS

Presidents' perspectives	3
Oral cancer: Dentists saving lives	5
2015 facts & figures	6
2015 at a glance	8
Resolutions	10
Working Groups	12
Task Forces	16
CED Board of Directors	18
CED Members and Observers	19



Dr. Wolfgang Doneus,
Austria



Dr. Marco Landi,
Italy

PRESIDENTS' PERSPECTIVES

During the November 2015 General Meeting, CED members elected Dr. Marco Landi from Italy as the new CED President. He replaced Dr. Wolfgang Doneus from Austria who retired from CED presidency after two consecutive three-year mandates. The new and the outgoing CED Presidents discuss current EU political issues and the role of the CED. An earlier version of this interview appeared in Pan European Networks: Science and Technology March 2016 issue.

■ **Dr. Doneus, what do you feel have been the biggest achievements of the CED under your presidency? How are the current political developments affecting European dentists?**

I was first appointed as the President of the Dental Liaison Committee, as it was then called, in 2003 and I chaired it through its change of name until 2006. I returned to the CED presidency in 2009 and we set up a fully independent and appropriately staffed secretariat, established ourselves as a dependable interlocutor of the European institutions and developed strong collaboration with other stakeholders in Brussels. We influenced European legislation on cross-border healthcare, professional qualifications, data protection and medical devices, to name just the most important areas. We established new working bodies on eHealth, liberal professions and antimicrobial resistance to address important new issues our societies are facing. We also started participating in EU projects such as the Joint Actions on patient safety and on health workforce planning; both are issues that affect dentists on a daily basis. We were also commissioned by the European Commission to co-author the first EU-wide study of continuous professional development for health

professions which now represents the basis for further European cooperation in this area.

I am proud to have been at the helm of the CED during this productive time. I suspect that my successors will be facing different, but no less difficult, challenges arising from the current political and economic climate. Specifically, the Juncker Commission's approach to European legislation is characterised by a focus on employment and economic growth, sometimes at the expense of other legitimate societal goals such as health. In addition, there is more pressure on Member States to deregulate, decrease costs and increase competitiveness in all sectors; in healthcare this does not necessarily lead to better quality and safety. A significant development that we have seen emerging is that the Commission now also presents, for instance in the framework of the so-called European Semester, specific national guidance directly affecting national health systems and regulated professions. The CED will need to monitor this process and influence it, in close cooperation with our national member associations.

■ Dr. Landi, what will be the priorities of your presidency? What do you feel are the greatest challenges for European dentists that the CED should address?

My goal for the next 3 years is to continue to reinforce the reputation of the CED as the only truly representative association of all European dentists and as such the only organisation competent to advise the European institutions on future legislative and non-legislative initiatives affecting dentists. European dentists are at the moment confronting mainly economically driven pressures that threaten their professional independence, quality of dental education and ultimately patient safety. The CED is well placed to fight against these dangers.

My political priorities for the CED include a strong focus on professional independence of dentists. Dentists must continue to be allowed to work as a true liberal profession, led by their expertise and professional ethics, rather than being forced into unfair competition and commercialisation of their practice. Commercial dental chains led by non-dentists and motivated by short-term profits rather than quality of dentistry are a real threat to the future of our profession in many European countries. One of our immediate tasks will therefore be to update the existing CED Code of ethics for European dentists which will also take into account the newly agreed EU General Data Protection Regulation, expected to be applied from 2018.

From the other side, attempts to standardise delivery of health services at EU level also have the potential to limit dentists' professional autonomy. If standardisation is extended to dental treatment, dentists will be deprived of their ability to adapt treatments to patients' individual needs. This will prevent dentists from ensuring the highest possible level of quality and patient safety and the best clinical outcome for patients.

Also of the utmost importance is the quality of dental education. In this area we will fight for ever better dental education in European universities which has to comply with minimum theoretical and practical training requirements. We are partnering with ADEE, the Association for Dental Education in Europe and EDSA, the European Dental Students' Association, to achieve our policy goals and ensure implementation on the ground. Unfortunately the relevant European legislation lags behind scientific, demographic and educational developments and one of our immediate objectives is to revise the relevant parts of the Professional Qualifications Directive.

“ DENTISTS MUST CONTINUE TO BE ALLOWED TO WORK AS A TRUE LIBERAL PROFESSION, LED BY THEIR EXPERTISE AND PROFESSIONAL ETHICS, RATHER THAN BEING FORCED INTO UNFAIR COMPETITION AND COMMERCIALISATION OF THEIR PRACTICE”

Dr. Marco Landi



“ Oral cancer includes cancers of lip, tongue and oral cavity.



oral cancer

5

TUESDAY 23 06 15
from 13.00 until 15.00
Alterra Spinelli 7F387, Brussels

“ Oral cancer is highly lethal and a very aggressive disease and is one of most disfiguring of all cancers if diagnosed late.



“ Dentists play an important role in early detection. Lesions in the mouth which do not heal within 2 weeks should be examined by a dentist as soon as possible.

Dentists saving lives

“ Oral cancer is the 10th most common cancer in Europe.



Registration is required via the following link <http://bit.ly/11Yk1PV>
Hosted by Mr Alojz Peterle MEP, President of MAC Group



ORAL CANCER : DENTISTS SAVING LIVES

“ If oral cancer is diagnosed early, chances of survival increase from 50 to 90%.

“ On 23 June 2015, the CED organised, together with MEPs Against Cancer (MAC) and the Association of European Cancer Leagues (ECL), a public event in the European Parliament in Brussels. The event was attended by Members of the European Parliament, the Commission and experts.



“ 75,000 new cases of oral cancer are diagnosed in the EU each year.



“ On 12 September 2015, the CED issued a joint press release with the Standing Committee of European Doctors (CPME) to highlight the need for cooperation between dentists and doctors in early detection and prevention of oral cancer.



“ Incidence of oral cancer can be reduced by focusing on major risk factors, including tobacco use, alcohol consumption, unhealthy diet and lifestyles and infections. Dentists actively contribute to health promotion by providing lifestyle counselling to their patients.



2015 FACTS & FIGURES

■ CED PARTICIPATION IN JOINT ACTIONS

Associate partner in



Collaborating stakeholder in



Joint Actions are projects co-organised by the European Commission and Member States and co-funded under the third EU Health Programme 2014-2020. Joint Actions are aimed at improving national health policies and have a clear EU added value. They involve on average 25 partners: public sector bodies and non-governmental bodies from EU and EFTA countries.

■ CED PARTICIPATION IN EU EXPERT GROUPS AND FORUMS

- Patient Safety and Quality of Care Expert Group
- Expert Group on European Health Workforce
- Medical Devices Expert Group
- EU Health Policy Forum
- eHealth Stakeholder Group

The role of a Commission expert group is to provide advice and expertise to the Commission in relation to the preparation of legislative proposals and policy initiatives and the implementation of existing EU legislation. Expert groups are essentially a forum for discussions, providing high-level input from a wide range of sources and stakeholders.



CED COMMUNICATIONS

WEBSITE



16,063 VISITORS
22,806 SESSIONS
67,053 PAGE VIEWS



8
NEWSLETTERS
7 PRESS RELEASES
4 LOBBY PACKAGES
3 ARTICLES



10
MEMBER SURVEYS



50
MAILINGS TO
MEMBERS

819

TWITTER FOLLOWERS ON 31/12/2015
2015 (FROM 486 ON 31/12/2014)
3,500 PROFILE VISITS
172,800 TWEET VIEWS
@CEDENTISTS



CED MEMBERSHIPS



European
Movement
International



FAIB
be international... in Belgium



CED MEETINGS



2
GENERAL MEETINGS



4
BOARD MEETINGS



10
WORKING GROUP
MEETINGS



8
TASK FORCE
MEETINGS

6 JOINT ACTION MEETINGS

6 EXPERT GROUP MEETINGS

15 MEETINGS WITH THE EUROPEAN COMMISSION

46 OTHER MEETINGS AND EVENTS



2015 AT A GLANCE

EU

1: Latvia takes over Council Presidency

JANUARY

22: Chair of Working Group Education meets Head of Unit Free Movement of Professionals in European Commission's DG GROW in Brussels

28: CED President meets EU Health Commissioner in Brussels ¹

28: CED President meets President of Standing Committee of European Doctors (CPME) in Brussels

26: Commission publishes progress report on antimicrobial resistance

27: Commission publishes final opinion on safety of bisphenol A in medical devices

FEBRUARY

20: CED bilateral meeting with Association for Dental Education in Europe (ADEE) in Brussels

23: CED Head of Office speaks at European Medical Students' Association (EMSA) event on interprofessional collaboration in Brussels

12-13: CED attends coordination meeting of European Union Network for Patient Safety and Quality of Care (PaSQ Joint Action) in Brussels

20: CED Board meeting in Brussels

23-24: CED attends conference of Joint Action on European Health Workforce Planning and Forecasting (JAHWF) in Madrid, Spain

9-10: CED attends meeting of European Committee for Standardisation (CEN) Ad-hoc group on healthcare services in London, UK

13-15: CED President speaks at meeting of European Dental Students' Association (EDSA) in Istanbul, Turkey

23: CED attends meeting of JAHWF in London, UK

29: Chair of CED Working Group Tooth Whitening meets Head of Unit Health Technology and Cosmetics in European Commission's DG GROW in Brussels



1

MARCH

APRIL



6: Commission adopts Digital Single Market Strategy for Europe

8: Commission publishes final opinion on safety of dental amalgam and alternative materials

19: Commission adopts Better Regulation Package

15: Council agrees on general approach on General Data Protection Regulation

24: Commission publishes implementing regulation on European professional card and alert mechanism

24: Trialogue negotiations on General Data Protection Regulation start

MAY

JUNE

12: Chair of CED Working Group eHealth attends mHealth Stakeholder meeting in Riga, Latvia

28: CED Board meeting in Riga, Latvia

29-30: CED General Meeting in Riga, Latvia ²

4: #Medsdisposal campaign starts with CED participation ³

18-19: CED attends JAHWF meeting in Budapest, Hungary

23: CED organises a public event on oral cancer in the European Parliament in Brussels



2

CED



4

1: Luxembourg takes over Council Presidency

JULY

9-10: CED attends meeting of CEN Ad-hoc group on healthcare services, Brussels

6



26-29: Chair of CED Working Group Education attends ADEE Annual Meeting in Szeged, Hungary

28: Chair of CED Working Group Education meets new Board of EDSA in Szeged, Hungary 4

AUGUST



5

23: Council agrees on general approach on Medical Devices Regulation

SEPTEMBER

11: CED Board meeting
12: CED celebrates European Oral Health Day, issues a joint press release with CPME on oral cancer 7

29: Chair of CED Working Group Amalgam meets Head of Unit Industrial Emissions in European Commission's DG ENVI in Brussels

29: Chair of CED Task Force Antibiotics meets Head of the Antimicrobial Resistance and Healthcare-Associated Infections Programme of the European Centre for Disease Prevention and Control (ECDC) in Brussels

13: Trialogue negotiations on Medical Devices Regulation start

28: Commission adopts Single Market Strategy

OCTOBER

1: CED attends meeting of JAHWF in Rome, Italy
9: CED bilateral meeting with EDSA in Brussels

CED AND CPME CELEBRATE THE EUROPEAN ORAL HEALTH DAY WITH A JOINT MESSAGE ON ORAL CANCER
PRESS RELEASE OF 12 SEPTEMBER 2015

The Council of European Dentists (CED) and the Standing Committee of European Doctors (CPME) are pleased to celebrate 12 September, the European Oral Health Day

On the occasion of the European Oral Health Day, the two organisations would like to raise awareness about oral cancer and stress the importance of early detection and prevention of the disease. Oral cancer, which includes cancers of the lip, tongue and oral cavity remains a highly lethal and very aggressive disease and is one of the most challenging of all cancers, especially in cases of late diagnosis. Globally, it is the 8th most common cancer and the 10th most common in Europe with around 75,000 new cases diagnosed each year in the EU. Incidence is still higher in men than in women and is higher than in younger persons although in some European countries incidence is increasingly rising among women and young people. However, awareness and knowledge of the disease among the public remain poor.

Early detection and prevention of oral cancer are crucial. If oral cancer is detected early, the chances of survival increase from 50 up to 90%. Dentists and doctors play an important role in early detection. Performing screening tests for oral cancer consisting of a visual oral examination and palpation of the neck is important and patients presenting with lesions in the mouth which do not heal in 2 weeks should be examined as soon as possible. Strengthening communication between dentists and doctors would be useful in this end and might include referring patients with suspicious lesions to a dentist. Finally, training on oral cancer is essential and should be included in both dental and medical undergraduate and continuous professional development curricula.

Oral cancer is a disease that can be prevented and its incidence reduced. This can be done through education, dialogue among healthcare professionals, increasing public awareness and improving the health systems. Dentists and doctors can actively contribute to health promotion, initiate discussions on tobacco cessation, reduced alcohol consumption and provide healthy lifestyle counselling to reduce the burden of oral cancer.

For further information on oral cancer, please see the [CED Press file "Oral cancer"](#) and the [CPME Press file "Oral cancer"](#) and the [Joint Press Release "Oral cancer"](#).

Notes to editors:

For further information on oral cancer, please see the [CED Press file "Oral cancer"](#) and the [CPME Press file "Oral cancer"](#) and the [Joint Press Release "Oral cancer"](#).

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For further information on oral cancer, please see the [CED Press file "Oral cancer"](#) and the [CPME Press file "Oral cancer"](#) and the [Joint Press Release "Oral cancer"](#).



9

2: Commission adopts Circular Economy Package
15: Agreement is reached on General Data Protection Regulation

NOVEMBER

18: European Antibiotic Awareness Day (EAAD)

11: CED attends meeting of JAHWF in Varna, Bulgaria

16: CED attends EAAD event in Brussels

18: CED Launches a video message on antibiotics in dentistry in support of EAAD

19: CED Board meeting in Brussels

20: CED General Meeting in Brussels 5 6

DECEMBER

RESOLUTIONS



COMMON TRAINING PRINCIPLES UNDER DIRECTIVE 2005/36/EC

The CED opposes the development of common training principles in dentistry as they could jeopardise the principles of high quality of professional education, as well as cohesiveness of the dental profession.

The Professional Qualifications Directive (Directive 2005/36/EC) regulates EU-wide mutual recognition of professional qualifications. Under the Directive, general dentists, orthodontists and oral surgeons can have their qualifications automatically recognised in other EU Member States as long as they fulfill minimum training requirements in terms of content and duration of their studies. Additional dental specialties could be recognised in the future if the specialty exists in at least two-fifths of Member States and the duration of the training is at least three years.

The revised Directive, which had to be transposed in national legislation by 18 January 2016, introduces the possibility to develop common training frameworks or common training tests for professions and specialties that do not currently benefit from automatic recognition. The CED is in favour of facilitating the cross-border recognition of professional qualifications but feels that the existing and tested mechanism for recognition of new specialties provides a better guarantee for the quality of dental education and patient safety.



DENTAL TEAM RELATIONSHIP WITH PATIENTS

The dentist is the leader of the dental team, whose composition varies significantly among EU Member States, and is ultimately responsible for patients' oral health and the outcome of the clinical treatment.

Under the Professional Qualifications Directive, basic training for dentists is now comprised of at least five years and 5.000 hours of university education before dentists are able to start practising independently. Their education provides dentists with in-depth medical and scientific skills, knowledge and competences necessary to deliver today's complex dentistry. Dentists are the only professionals with competence for the full spectrum of oral prevention, diagnosis, treatment planning and treatment execution.

The members of the dental team, including dental chairside assistants and dental hygienists, must have the appropriate education, training and legal authorisation to provide specific oral care interventions as delegated by and agreed with the dentist. They must follow a code of conduct or a defined set of standards to ensure patient safety and good team work. The core responsibilities and competences of dental team members, as well as their regulation and registration, vary greatly across the EU, which makes the leadership role of dentists, who are highly regulated in all countries, extremely important.



STANDARDISATION

The CED opposes standardisation of healthcare services, especially treatment, at EU level and appeals to EU and national decision-makers to abstain from supporting further initiatives by standardisation bodies.

European standardisation in the healthcare sector has traditionally been used to develop technical specifications for medical devices and eHealth applications to ensure their safety and universal applicability. However, the adoption of Regulation (EU) 1025/2012 on European Standardisation has resulted in initiatives at EU level aimed at developing standards for services delivered by healthcare professionals.

Developing standards on delivery of healthcare would infringe on professional and national competences that are established in existing EU and national legislation and ethical codes. Standardising delivery of dental treatments would limit dentists' professional autonomy and their ability to adapt treatment to a patient's individual needs and requirements essential to ensure the highest possible level of quality and safety and the best outcome for the patient. Safety and quality of dental care are best ensured by a highly educated dentist workforce through a combination of national laws, professional regulation and ethical codes which cannot and should not be replaced or undermined by European standards.



WHITENING LAMPS

The CED firmly discourages the use of whitening lamps for bleaching teeth. Whitening lamps do not have a real effect on bleaching and may cause many adverse effects.

The increasing use of whitening lamps is a growing concern for the dental profession. There is no evidence that light sources are beneficial to the whitening process despite a perception that this is the case. Current scientific literature does not support the use of whitening lamps for bleaching teeth.

Based on the scientific evidence, the CED advises the public that whitening lamps have no proven benefit but may heat up the teeth, resulting in unintended adverse effects. Particularly, the associated heat temporarily dehydrates the teeth, giving the illusion of bleaching that quickly disappears. Furthermore, there is a significant risk of burning the gingivae (gums) and of overheating the teeth, causing potential pulp (nerve) damage. Dentists are advised not to use whitening lamps, taking into account the « primum non nocere » principle and because identical results can be obtained with less aggressive techniques.

WORKING GROUPS

CED Working Groups are established by the CED General Meeting and bring together dentists and other experts in different areas. The General Meeting adopts Working Group mandates and appoints the chairs. Each CED Member and Observer association has the right to appoint one member to each of the CED Working Groups.

■ AMALGAM & OTHER RESTORATIVE MATERIALS

In 2015 the CED carried out another survey among national dental associations on the use of dental amalgam. The survey showed that in many countries and circumstances composite was the material of choice and that overall the volume of dental amalgam purchased and placed is reducing. When presenting these results to the European Commission we at the same time stressed the importance of maintaining dental amalgam as a safe and viable restorative material in the best interest of the patients. In 2015 we also continued to monitor initiatives in connection to endocrine disruptors which are becoming more prominent on the EU agenda.

In 2016 our focus will be on the implementation of Minamata Convention on mercury; we look forward to the European Commission's proposal for concrete measures to be taken to ensure that the European Union and Member States comply with their international commitments.



Dr. Susie Sanderson (UK),
Chair of the Working Group

■ EDUCATION & PROFESSIONAL QUALIFICATIONS

In 2015 our Working Group prepared a position on Common Training Frameworks in dentistry and a resolution on the dental team relationship with patients; both were adopted unanimously by the General Meeting in May. We maintained a close collaborative relationship with the Association for Dental Education in Europe (ADEE) and with the European Dental Students' Association (EDSA). We also contributed to the final round of consultations under the European Skills, Competences, Qualifications and Occupations classification (ESCO) to ensure that descriptions of skills and competences for general and specialist dentists, dental chairside assistants, dental technicians and dental hygienists are correct.

In 2016 we will update the CED resolution on training subjects for dentists to be included in the Annex of the Professional Qualifications Directive, finalise the CED resolution on specialties in dentistry, update the Profile of the Dentist of the Future which was adopted by the CED in 2007, and monitor developments on Common Training Frameworks in dentistry and on the accreditation of continuing professional development activities for dentists.



Prof. Dr. Paulo Melo (PT),
Chair of the Working Group

“ WE MET WITH THE HEAD OF THE ANTIMICROBIAL RESISTANCE AND HEALTHCARE ASSOCIATED INFECTIONS PROGRAMME OF THE EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC) AND AGREED THAT THE CED WILL PREPARE CONTENT FOR THE ECDC WEBSITE WITH LINKS TO NATIONAL REGULATIONS AND EXISTING ONLINE RESOURCES ON INFECTION CONTROL IN DENTISTRY.”

■ EHEALTH

In February 2015 the Working Group scheduled a meeting with a representative of DG CONNECT who briefed us about the European Commission's activities in eHealth. We represented dentists in the eHealth Stakeholders' Group and attended a stakeholder meeting during the eHealth Week under the Latvian EU Presidency to discuss mobile health (mHealth). We engaged in intensive consultations with the European Commission to ensure inclusion of stakeholders in the new Joint Action for the support of the eHealth Network (JAseHN) on transferability of health data in the EU. As a result of our efforts, the CED was accepted in the Joint Action as a collaborating stakeholder.

In 2016 we will continue to contribute to the deliverables of the JAseHN. We will reapply to the eHealth Stakeholders' Group and monitor EU activities particularly in the areas of mHealth and initiatives under the Digital Single Market Strategy.



Dr. Piret Väli (EE),
Chair of the Working Group

■ INFECTION CONTROL & WASTE MANAGEMENT

In 2015 our Working Group continued to monitor EU legislation related to infection control and waste management. Of particular interest was the Circular Economy Package of legislation which was initially withdrawn by the Juncker Commission, followed by a new proposal in December 2015. We met with the Head of the Antimicrobial Resistance and Healthcare Associated Infections Programme of the European Centre for Disease Prevention and Control (ECDC) and agreed that the CED will prepare content for the ECDC website with links to national regulations and existing online resources on infection control in dentistry. We also joined the campaign organised by the European pharmaceutical industry and community pharmacists to raise public awareness on safe and environmentally responsible disposal of personal medication.

In 2016 we will conclude our work on online resources on infection control in dentistry for the ECDC website and continue to provide guidance on the impact of EU waste legislation on dentists.



Prof. Dr. Ioannis Tzoutzas (EL),
Chair of the Working Group

MEDICAL DEVICES

After more than three years of discussions on the proposed Medical Devices Regulation, trialogue negotiations between the European Parliament, the European Commission and the Council finally started in 2015. The Working Group followed the process and prepared an updated template letter for CED members to contact national governments and ask them take into account the impact of the new legislation on dentists, particularly related to classification of nanomaterials, single use devices, implant cards and Unique Device Identification. We also continued to ensure dentists' input into standardisation activities; based on our request, the European Committee for Standardization (CEN) agreed that future dental filling materials standards should include a requirement for the manufacturer to fully declare the chemical composition of dental materials and to include this information in the label of the product.

In 2016 we will continue to monitor and influence the negotiations on the Medical Devices Regulation and follow the standardisation activities of CEN, not only those related to medical devices and materials but also those in connection to standardisation of delivery of healthcare which we strongly oppose.



Dr. Edoardo Cavallè (IT),
Chair of the Working Group

ORAL HEALTH

In 2015 our Working Group focused on the importance of early detection and treatment of oral cancer and the role of dentists. Oral cancer was the topic of the public event we organised in the European Parliament in June together with the MEPs Against Cancer (MAC) Group and the European Cancer Leagues (ECL). We also prepared common messages on oral cancer to be used by national dental associations to raise public awareness in advance of the European Oral Health Day on 12 September. Finally, we issued a joint press release with the Standing Committee of European Doctors (CPME) on the necessity for cooperation between dentists and doctors in oral cancer detection and diagnosis.

In 2016 we will aim to organise a public event on antimicrobial resistance, together with the Task Force Antibiotics in Dentistry. Antimicrobial resistance will be also the topic of the European Oral Health Day in 2016. Finally, our Working Group has been mandated to prepare a CED resolution on sugar which we hope will be adopted in May.



Dr. Hendrike van Drie (NL),
Chair of the Working Group

“ BASED ON OUR REQUEST, THE EUROPEAN COMMITTEE FOR STANDARDIZATION (CEN) AGREED THAT FUTURE DENTAL FILLING MATERIALS STANDARDS SHOULD INCLUDE A REQUIREMENT FOR THE MANUFACTURER TO FULLY DECLARE THE CHEMICAL COMPOSITION OF DENTAL MATERIALS.”

■ PATIENT SAFETY

In 2015 the CED continued to participate in the Joint Action on Patient Safety and Quality of Care (PaSQ) and in the Patient Safety and Quality of Care Expert Group administered by the European Commission. PaSQ was extended until March 2016 with no additional funding and very limited activities. We participated in the discussions on the future of the Expert Group, where we particularly stressed that the industry should not be invited to the meetings on a regular basis and that the current practice of transparent inclusion of health stakeholders, including health professions and patients, in meetings of national government representatives should be maintained. By the end of the year the Commission was still working on the future framework of the Group.

In November 2015 I retired from the CED and my role as the chair of Working Group Patient Safety. Dr. Matti Pöyry from Finland was elected as my successor and will lead the Group in 2016 in monitoring the European Commission's work on patient safety and quality of care.



Prof. Dr. Wolfgang Sprekels (DE),
Chair of the Working Group

■ TOOTH WHITENING

In 2015 the Working Group continued to monitor the safety of the use of tooth whitening products. The Group submitted to the European Commission the second annual report on undesirable effects of tooth whitening, composed of direct reports by dentists from across Europe, concluding that effects were mainly limited and transitory. We continued to collect evidence that tooth whitening products containing between 0.1 and 6% of hydrogen peroxide are safe, when administered by a dentist, for persons under 18 years of age. We issued a press release to clarify that the use of borates for tooth whitening is illegal under EU legislation. We also prepared a resolution to warn the public and dentists against the use of whitening lamps which have no proven benefit on bleaching but may result in many adverse effects.

In 2016 we plan to complete our dossier on the issue of under 18s in collaboration with the European Academy of Paediatric Dentistry and external experts, laying ground for a change of EU rules. We will prepare the third and final report on undesirable effects of tooth whitening for the European Commission and continue to support our member associations in countries where tooth whitening products are used illegally by non-dentists, placing public at risk.



Dr. Stefaan Hanson (BE),
Chair of the Working Group

“ IN 2015 THE WORKING GROUP CONTINUED TO MONITOR THE SAFETY OF THE USE OF TOOTH WHITENING PRODUCTS.”

TASK FORCES

CED Task Forces are established by and accountable to the CED Board of Directors. Composed of CED Directors and invited experts, they are active for a limited period of time and on specific and urgent issues.

■ ANTIBIOTICS IN DENTISTRY

Antibiotics account for a broad majority of medicines prescribed in dentistry. The CED recognises that dentistry has a significant role to play, alongside other healthcare providers, in helping to prevent a public health crisis caused by antimicrobial resistance and seeks to ensure that antibiotics are prescribed by dentists only when appropriate.

In 2015 the CED maintained contacts with the European Centre for Disease Prevention and Control (ECDC) and participated in the European Antibiotic Awareness Day (EAAD) with a video message on how dentists contribute to fighting antimicrobial resistance and a Twitter campaign.

In 2016 we are planning to organise a public discussion in the European Parliament which will focus on the One Health approach to antimicrobial resistance and stress the importance of the same message coming from different disciplines.

Dr. Susie Sanderson (UK), Chair of the Task Force

■ COMMUNICATIONS

In 2015 the CED published for the first time its Annual Report in a new, more visual format. We created new pages for the CED website, focusing on how our members can contact Members of the European Parliament, as well as pages to share jurisprudence and member documents. In June, a public event on oral cancer was organised in the European Parliament. CED President and one of our Policy Officers spoke at the European Dental Students' Association meeting in Istanbul and CED Head of Office was a panellist at the European Medical Students' Association event in Brussels. Two meetings of CED Communications Officers – persons responsible for communications in national dental associations – were also organised.

In 2016 we intend to strengthen our media contacts by reaching out to European and national dental media. We will monitor who reads CED newsletters, start differentiating messages by audience and commissioning infographics to present the issues we work on in an even more accessible way.

Mrs. Nina Brandelet-Bernot (CED Office), Chair of the Task Force

■ ETHICS

Task Force Ethics was revived by the CED Board in 2014 to prepare the next update to the CED Code of Ethics, a set of guiding principles for professional conduct and ethics throughout Europe first agreed by European dentists in 1965. Compliance with professional ethical values and behaviour is crucial for maintaining high standards in dentistry. Because the revised Code also needs to take into account the new rules for data protection, including those on electronic communications, the Task Force continued throughout 2015 to monitor the negotiations on the General Data Protection Regulation which were finally concluded in December. The Task Force also met in person in June to discuss the changes to national professional codes and how these should be reflected in the CED Code.

Following my election as the CED President in November 2015, I am no longer able to chair the Task Force Ethics in 2016. It will fall to my successor, Dr. Piret Väli and the rest of the Task Force to complete our work on the revision of the CED Code of Ethics which is currently planned to be adopted by the CED General Meeting in November 2016.

Dr. Marco Landi (IT), Chair of the Task Force

■ INTERNAL MARKET

Task Force Internal Market, mainly composed of legal experts, is charged with monitoring the plethora of issues relating to internal market, including competition and professional regulation matters.

In 2015 we monitored the negotiations on the General Data Protection Regulation which were brought to a close in December as well as the transparency and mutual evaluation exercise in which the Commission and Member States discussed the national regulation of dental hygienists. We continued to contribute to the Joint Action on EU Health Workforce Planning and Forecasting (JAHWF) and alerted the Commission and the European Parliament, together with other health professions, about the possible negative effects on European health systems of the Transatlantic Trade and Investment Partnership (TTIP) and the Trade in Services Agreement (TISA).

In 2016 we will continue to follow national regulation in dentistry, including ownership requirements and the role of venture capital in dental chains. We will analyse recommendations which the Commission will issue to Member States on professional regulation under national Action Plans arising from the mutual evaluation exercise and in the framework of the European Semester. Finally, we will work with the Commission to clarify the implications of the new data protection legislation on dentists and contribute to the conclusion of JAHWF.

Dr. Alexander Tolmeijer (NL), Chair of the Task Force

■ LIBERAL PROFESSIONS

Task Force Liberal Professions was established to raise the profile of the contributions of liberal professions to the EU society. During the last few years the Task Force did this successfully through the development of the EU Charter of Liberal Professions, close collaboration with other liberal professions and participation in relevant initiatives of the European Commission, the European Parliament and the European Economic and Social Committee.

By the end of 2015 the Task Force accomplished most of its immediate goals following information from the European Commission that it does not intend to carry out its earlier plans and establish a forum for liberal professions.

In 2016 I look forward to continuing to ensure appropriate CED reactions in my new role as the liaison for liberal professions within the Task Force Liberal Professions. Of particular interest will be possible activities of the European Economic and Social Committee which the CED will support as necessary.

Asst. Prof. Dr. Nikolai Sharkov (BG), Chair of the Task Force

CED BOARD OF DIRECTORS

The Board of Directors is composed of eight members, elected by the General Meeting every three years. The Board carries out political leadership and secures proper and efficient administration of the CED.

Board members following November 2015 CED elections



Dr. Marco Landi
President



Dr. Piret Väli
Vice-President



Dr. Susie Sanderson
Treasurer



Dr. Peter Engel
Director



Dr. Pirkko Grönroos
Director



Dr. Roland L'Herron
Director



Dr. Hans Schrangl
Director



Dr. Alexander Tolmeijer
Director



CED MEMBERS AND OBSERVERS

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Tandlæge
foreningen



Swedish Dental Association





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