ANNEX I

Justification for the proposed changes of CED on
Annex V.3/5.3.1 of Directive 2005/36/EC (PQD)

Introduction

In 2019, the CED sent a questionnaire to deans of dental schools in Europe to investigate the updates of the study programme at their universities. The results revealed that many of the suggested changes on the subjects are already implemented in the study program of the Universities. It shows that there is no need for investments as most of the faculties introduced the changes and there will be no risk of high costs for the Member States to conduct the update of the Annex V.3/5.3.1 of the Professional Qualifications Directive (PQD). The summary of all replies is available in the Annex II to this document.

The CED gathered this evidence to amplify the call to decision makers in the EU for updating the Annex V.3/5.3.1 of the PQD to ensure that dental education still corresponds to the latest scientific, technical and technological developments and that dental profession remains at the highest level.

CHANGES TO NAMES OF SUBJECTS:

A. BASIC SCIENCES, instead of ~~Subjects~~ : The term "Subjects" should be replaced, as it is a rather narrow term meaning a branch of knowledge as a course of study, while the term "Science", being wider and more general, refers to a branch or a department of knowledge dealing with a body of facts or truths systematically arranged and showing the operation of general laws especially as obtained and tested through scientific method, which fits with a more holistic and integrated approach to Oral Health. (Martinez-Alvarez et al, 2001; Ford et al, 2008; Mehrotra, 2014, Bakr et al, 2016)

Biophysics, instead of ~~Physics~~: Biophysics is a much broader and interdisciplinary field that applies the approaches and methods of physics to study biological systems, covering all scales of biological organization. Thus, we believe that the term reflects, as it should, the medical orientation of the topic. (Mehrotra, 2014)

Biology and Genetics, instead of ~~Biology~~**:** Although genetics is generally considered to be a field of Biology, we think that dentists need to be more specifically familiarized with this branch of science concerned with genes, heredity and variations in living organisms which incorporates as well the knowledge of advanced technology, computer science and mathematics. (Ford et al, 2008; Mehrotra, 2014)

Biostatistics (evidence-based approach): Biostatistics, as the branch of statistics responsible for the proper interpretation of scientific data generated in the biology, public health and other health sciences, is integral to the advance of knowledge of the contemporary dentist in order to be able to evaluate data as a scientific evidence. The state of the art in practicing modern Medicine and Dentistry is the evidence-based Medicine and Dentistry. (Manu et al,2014)

B. Medico-biological sciences, instead of ~~Medico-biological subjects and general medical subjects~~: Please see justification in A. It is also important to consider that general medical subjects (sciences) are also included in the term Medico-biological sciences, which we consider to be clear enough for the purpose.

Histology, including cell biology, instead of ~~cytology~~: Cytology is too broad and vague a term, whereas cell biology, which is suggested, focuses on the structure and function of a cell, from the most general properties shared by all cells, to the unique, highly intricate functions particular to specialized cells. Focusing on the cell permits a detailed understanding of the tissues and organisms that cell compose. (Burk et al, 2012)

Biochemistry and Molecular Biology, instead of Biochemistry ~~(or Physiological Chemistry)~~: Molecular biology explores cells, their characteristics, parts, and chemical processes, and pays special attention to how molecules control a cell's activities and growth. As a science that studies interactions between the molecular components that carry out the various biological processes in living cells as well as the molecular mechanisms behind process such as replication, transcription, translation and cell function, we believe that Molecular biology will enhance the medical orientation of Dental studies. (ACTDP, 2000)

Microbiology and Immunology, instead of ~~Microbiology~~: Immunology which has been developed over the last 20 years, deals with physiological functioning of the immune system in states of both health and disease as well as malfunctions of the immune system in immunological disorders like allergies, hypersensitivities, immune deficiency, transplant rejection and autoimmune disorders. We think that by the addition of Immunology the dental student is equipped with a strong medical asset as this field has a vast array of uses in several disciplines of science and medical science.

Diagnostic Imaging and Radiology and Radioprotection, instead of ~~Radiology:~~ Radiology is an obsolete term as it refers to an outdated methodology which by no means reflects the current trends of diagnostic imaging, the scope of which is vast nowadays. The rapid technological advance has enormously expanded the range of imaging modalities which no include new techniques, far beyond X-rays as: Computerised Tomography, Magnetic Resonance Imaging, 3D imaging, Ultrasonography, etc. The necessity of the specific change is self-evident. (Naseem et al, 2014). Radioprotection always was a mandatory content but now should be highlighted to correspond to the new European legislation. (Directive 2013/59/Euratom of 5 December 2013)

General Medicine, including paediatrics and internal medicine, instead of ~~General Medicine including paediatrics~~*:* As by definition Internal Medicine is an all-embracing discipline, concerning itself with all aspects of pathology and all the organ-based specialties, its addition in the dental curriculum will help the students familiarize themselves with a wide range of conditions affecting the internal organs of the body. On the other hand, Internal Medicine will train the students to recognize and manage a broad range of diseases and with the aging population many patients with chronic and multiple disorders. (ACTDP, 2000)

Anaesthesiology, instead of ~~Anaesthetics:~~ We believe that the suffix ***-ology*** derived from the greek "*logos", meaning"* the study of", "specialty in" or "art of" a given scientific or medical field, attributes a broader meaning referring to the medical methods of preventing sensation used to eliminate pain, while *anaesthetics* are in fact the substances that cause reversible loss of sensation or loss of consciousness; used to perform surgery without pain. (Martinez- Alvarez et al, 2001)

Emergency Medical Care (CPR): The dentist as the doctor of the oral cavity should be able to prevent and manage acute symptoms of severity of medically compromised patients and elderly people who are presenting complex health conditions in addition to their cumulative dental problems, is of outmost importance for the dentist who practices in a solitary working environment. Therefore, dental students must acquire the necessary knowledge to be fit to cope with such medical emergencies. (ACTDP, 2000)

C. Preclinical dentistry and comprehensive clinical experience with patients, instead of ~~Subjects directly related to dentistry:~~ The suggested term is more comprehensive and accurate and, furthermore, epitomizes the full range of those sciences which focus on dentistry highlighting the importance of having preclinical training and clinical experience with patients under appropriate supervision. (ACTDP, 2000)

Biomaterials and equipment, instead of ~~Dental materials and equipment:~~ We think that the term *Dental materials* is absolutely out of date and it does not in any way correspond to the huge technological and scientific leaps forward, in the field of materials. Perhaps the most accurate is Dental Biomaterials. (Ford et al, 2008; Cowpe et al, 2009)

Conservative dentistry (restorative dentistry, endodontology, cariology), instead of ~~Conservative dentistry:~~ Conservative dentistry is a general term that encompasses dental treatments aimed to retain

existing teeth. Conservative dental services include caries treatment, fillings, cosmetic dental services as well as root canal treatments. The suggested analysis is deemed to be appropriate because each of the abovementioned fields is a separate and distinct clinical entity. These are the main areas that general dentists will mainly be working on and this is the reason why we are highlighting them. (ACTDP, 2000)

Preventive and Community dentistry, instead of ~~Preventive Dentistry:~~ The entry of the term Community following the term Preventive is considered necessary in order to expand the content of the field emphasizing the professional obligation to foster the delivery of prevention, education and care to populations. (ACTDP, 2000)

Anaesthesia and Sedation (local, nitrous oxide), instead of ~~Anaesthetics and Sedation :~~ The term anaesthetics as it was previously mentioned is a wrong term meaning the different anaesthesia tools and medications. The term anaesthesia refers to the scientific process of generalised or local inactivity of the nervous system. The suggested analysis is based on what on a daily practice the dentist should know to perform. (Wright & Kupletzky,
2014)

Oral and Maxillofacial Surgery, instead of ~~Special Surgery~~: The definition of Special Surgery is general, indistinct and vague. We need to precisely specify the field which is concerned with the diagnosis and treatment of diseases, injuries and defects affecting the mouth, jaws, face and neck. (Cowpe, 2009; Dennis, 2010; Emam et al, 2016)

Oral Medicine and pathology, instead of ~~Special Pathology:~~ The definition of Special Pathology is too generic, indistinct and vague. We need to precisely specify the field which is concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. (Krangelund, 2012; Edwards, 2015; Scully et al, 2016)

Paediatric Dentistry, instead of ~~Paedodontics:~~ The suggested term is more comprehensive and accurate. Practicing dentistry in children is essentially practicing almost the whole scope of dentistry. So there is a need of combination of the words Dentistry and the adjective Paediatric which the etymology comes from the Greek word paedi which means child.

Periodontology, instead of ~~Periodontics~~: The rationale for the change of the term is the same as in the abovementioned justification with regard to Anaesthesiology.

Oral and Maxillofacial Radiology,Imaging and Radioprotection, instead of ~~Dental Radiology:~~ The rationale of the suggested change in *Radiology* is basically the same as before (please see *Radiology*). As far as the use of the adjectives *Oral and Maxillofacial* is concerned, we believe that it is crucial to define precisely that we are referring not only to the hard and soft tissues of the oral cavity but in the whole maxillofacial region. Radioprotection in dental practice was always a mandatory content but now should be emphasized to correspond to the new European legislation. (Directive 2013/59/Euratom of 5 December 2013)

Stomatognathic Physiology, instead of ~~Dental Occlusion and function of the Jaw. :~~ A need for modern diagnostics and management of TMP/OFP encouraged the development of a new course in graduate and postgraduate education of dental medicine students which is stomatognathic physiology and is already included in some European curricula. (Valentić- Peruzović et al 2012; Karaharju et al 2014)

Dental Practice Management, Ergonomics: To run a dental office in today's world, with all the requirements and conditions that this entails, is becoming an increasingly complex and multi-task business. Dental students should be methodically trained and be prepared to cope with a very wide range of diverse tasks and challenges, in their everyday professional routine. They need to achieve key competences and skills in terms of organisation, management, finance, administration and leadership if they work in a dental team. They should know to show proper medical care to the patient and professional behavior to the other members of the dental team. On the other hand, the dentist should always participate in continuous

professional development trying to perform the current trends in the daily dental practice. We would rather epitomize all these abilities under the heading: dental practice management.

On the other hand, the successful application of ergonomics assures high productivity, avoidance of illnesses and injuries and increased satisfaction among workers. It is utterly important in the dental healthcare sector to support clinical staff in delivering safe, high- quality care by researching all aspects of the clinical environment, including equipment, workspace, work practices, organizational structure, safety procedures and training with the aim of ensuring that the system in which the dentist or the dental team work in runs as smoothly and safely as possible. Ergonomics is an absolutely necessary entry in the dental curriculum. (Anshul et al 2014, Kumar et al, 2015)

Ethics and Legislation (work health, work safety and risk, prevention, ecological risk, patient safety), instead of ~~Professional Organization, Ethics and Legislation~~: This addition is necessary as a separate field, including the analysis in brackets which refers to all aspects of the heading. These basic parameters, all of them relevant to legislation, yet each one distinct, are crucial for the modern dentist who must be well aware of the ethical principles and European legislation at a national and European level, and increasingly so, in view of the professional mobility in Europe, patients' rights in cross-border healthcare and the ecological concerns.(Wassif, 2015)

Behavioral sciences in communication and interpersonal skills, instead of ~~Social aspects of dental practice~~: The previous term: *social aspects of dental practice*, is inexplicit and poorly defined. The knowledge from behavioural sciences is beyond doubt necessary and relevant in the routine of a dental practice to the benefit of patients and dental professionals as well.

Interaction between the dentist and the patient is decisive with regard to the treatment plan and certainly the outcome of the treatment. Dental students need to learn to identify the behavioral issues encountered in dentistry, ranging from those affecting the individual patient (for example dental hygiene) to wider objectives for the community or the population, for instance adopting a healthier lifestyle. We think that the keywords used in the updated definition that is suggested are necessary to clearly describe the content and scope of the subject. (Martinez-Alvarez et al 2001; Nils et al 2002; Wright & Kupletzky, 2014; Öst and Skaret, 2013)

Forensic Dentistry: The application of dental knowledge to those criminal and civil laws that are enforced by the police agencies in a criminal justice system, is of crucial importance. Dentistry plays a significant role in this process; by identifying the victims of crime and disaster through dental records, dentists assist those involved in crime investigation. This new entry of Forensic Dentistry into the dental curriculum is necessary to enable the student to be able to contribute with his knowledge to these challenges of society. (Pretty & Sweet,2001)

New digital technologies and Informatics: The rapid development of new technologies, as well as the development of information society services, offer significant opportunities to the dental profession and they imply far more than a challenge to it; familiarization with the new technologies and informatics has become a sine qua non condition for the dentist of the new era. (Ford et al, 2008; Cowpe et al, 2009, Spallek et al, 2015a, b: Erlewad et al, 2016). In the light of wider deployment of digital technologies in healthcare, priority should be given to the implementation of digital skills education into the dental studies curriculum.

Oral Implantology: It is no exaggeration to say that implantology has been a revolutionary technology in Dentistry and an important benchmark in the dental profession. It is one of the most important revolutions in the medical field of the previous century and changed the way of thinking of the dental society. In this context, it is inconceivable for the new dentist not to be well familiarized with this promising option for the patients who have lost a tooth, or teeth, due to periodontal disease, an injury or some other reason**.** Besides that, implants are applied in some orthodontic treatments (ortho implants) and that is a reason for the justification of the term oral instead of dental implantology. The most important reason for the term oral is that implantology in our days is not just the replacement of missing teeth but also the preparation of the

bone and of the soft tissues to accept osseointegrated implants (pre-implant surgery). (H. De Bruyn et al 2009; Koole et al, 2014; Mattheos et al, 2014)

Gerodontology: The impact of demographic ageing within the European Union, is likely to be of major significance in the coming decades. Probably the most important change will be the marked transition towards a much older population structure, a development which is already apparent in several EU Member States. Consistently low birth rates and higher life expectancy transform the shape of the EU age pyramid rapidly; it is envisaged that the social implications on people and on services will be huge. The ageing of the population is, therefore, a growing challenge to dentistry; as a result, we think that it is time to consider the entry of Gerodontology into the dental curriculum. These changes are likely to raise demand of oral healthcare oriented to this growing population age group and we believe that graduates leaving dental schools should already have the necessary knowledge and skills to treat elderly patients. (Dougall & Thompson, 2013; Eurostat, 2016; Kossioni, 2016)

C. Elaboration of Research Projects: In the ADEE document *"Profile and competences for the graduating European Dentist - Update 2009"* it is proposed as a major competence for Professional Attitude and Behavior**:** On graduation, a dentist must be competent in a wide range of skills, including investigative, analytical, problem solving, planning, communication, and presentation skills and has to demonstrate a contemporary knowledge and understanding of the broader issues of dental practice. The dentist should understand the relevance of these issues, including research, team building and leadership skills in clinical dental practice. Implementing a compulsory research experience may lead to increased numbers of graduates pursuing research in their careers and contributing to the scientific development of the dental profession. (Nalliah et al, 2014)

Basic Research Projects: In many European Dental Schools students have to elaborate small research projects to improve their knowledge acquisition about the scientific basis of dentistry, scientific methods and evaluation of evidence. (Franzen & Brown, 2013)

Clinical Research Projects: It is useful in many member states that students start with small research projects their further graduation as diplomas, master work or doctor degree. It is beneficial for the continuation of professional education after graduation and give support for evidence-based dentistry, since evidence-based care is now regarded as the "gold standard" in health care delivery worldwide. (Kishore et al, 2014)

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