

The Council of European Dentists

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. It was formerly called the EU Dental Liaison Committee (EU DLC), which was established in 1961 to advise the European Commission on matters relating to the dental profession. The name of the organisation was changed in May 2006. The Council is now composed of 33 national dental associations from 31 European countries.

Marco Landi, President of the Council of European Dentists

Introduction

The objective of the Council of European Dentists (CED) is to develop and execute policy and strategy to: promote high standards of oral health, dentistry and dental care, contribute to safeguarding the protection of public health and promote the interests of the dental profession in the European Union (EU).

The CED board consists of eight dentists, who each have a mandate of three years and can be re-elected once. Their role is to carry out political leadership and secure proper and efficient administration of the CED. The working bodies of the CED are the Working Groups and Task Forces where CED members shape the policy of the organisation on topics as diverse as education and professional qualifications, dental materials and medical devices, the EU's internal market, antimicrobial resistance (AMR), eHealth, infection control and patient safety, and oral health. The CED has a permanent Brussels Office that coordinates everything related to the administration of the organisation, the policy work and representing the CED in Brussels.

Our work

Over the years the CED has worked intensely on improving EU legislation and putting issues that concern dentists on the political agenda. One of the most important European legislative frameworks for dentists is the Professional Qualifications Directive (2005/36/EC) which defines





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ching products. The CED also continues its work on trying to reverse the ban on tooth whitening products for patients younger than 18 years of age.

More recently, the EU Mercury Regulation (2017/852) kept the CED and its members busy with the European Parliament which argued for an immediate phase-out of dental amalgam. Fortunately, together with its members, the CED ensured that this was not the case and that dental amalgam continues to be one of the dental materials available to dentists and patients.

Throughout the years the CED has also organised public events in the European Parliament that were attended by policymakers, academics, healthcare professionals and patients to raise awareness about issues including oral cancer, oral health inequalities and integrated care.¹

Of course, the EU Member States have the main responsibility for the definition of health policies and financing of healthcare and this, coupled with different national traditions, health systems and epidemiological trends, means that differences in dental care between countries will continue to persist. The CED is therefore in constant dialogue with its members to learn about their national developments and to facilitate information exchange between the members.

the minimum training conditions for mutual recognition of qualifications across the EU. The CED was heavily engaged during the legislative process and ensured that the 2013 revision included the cumulative requirement for the minimum duration of training for dental practitioners of at least five years and 5,000 hours of full-time theoretical and practical study.

On another issue, tooth whitening, the CED managed to persuade the European Commission and Member States to make tooth whitening products containing 0.1% to 6% hydrogen peroxide, which were previously prohibited, legally available on the EU market. To achieve this, the CED signed an agreement with the European Commission in 2010 and collected, over three consecutive years, data on the undesirable side effects of tooth whitening or blea-

The future of oral care and dentistry

The guiding principle of the CED regarding the future of dentistry is that every European should have access to high-quality oral healthcare, which must be provided by well-trained, skilled and fully competent dentists, using the latest and most appropriate technology in an evidence-based approach. Considering new threats to oral health and the challenges Europe is facing (antimicrobial resistance, ageing populations, healthcare inequalities, corporatisation, digitalisation, etc.), the CED will continue promoting high standards of oral healthcare and dentistry with effective patient-safety centred professional practice. This is essential for safeguarding public health in Europe. In addition, the CED strives to ensure that the dental profession is properly regulated, and that today's dental teams can face the new challenges mentioned above. This means that the CED will continue focusing on topics such as continuous professional education, patient safety and

¹ All the CED position papers and publications can also be found on our website (www.cedentist.eu).

professional qualifications: only by doing so will we be able to ensure that the oral health needs of the European population are properly met, both now and in the future. The CED will also continue to support dentists as a liberal profession and act against attempts at both deregulation and over regulation that would negatively impact the quality of dentistry and the autonomy of dentists. In this context, the CED initiated the European charter for liberal professions that was signed jointly with the European associations representing doctors, pharmacists, veterinarians and engineers in 2013. We continue to work with other professions also on the Proportionality Test Directive that requires Member States to carry out a so-called proportionality test before they introduce or amend professional regulation to assess whether these provisions are justified, non-discriminatory and proportionate, to ensure that its implementation will not have a negative impact on dentists.

In the last decades, we have witnessed an immense progress in the prevention of caries in children, but damaged, missing or filled teeth are still the norm in Europe. Oral diseases remain amongst the most prevalent health burdens: nearly half of the world population suffers from untreated dental caries, severe chronic periodontitis and tooth loss. The burden on societies and economies in terms of financial cost of dental caries alone is tremendous. Globally, the WHO estimates that \$298 billion were spent on direct costs related to caries and 5%-10% of healthcare budgets in industrialised countries is consumed in the treatment of dental caries.²

Nevertheless, policy makers still fail to realise that oral health is an integral part of general health, and this impacts not only on quality of life, but also society and health systems through the associated economic costs. Therefore, recognition of oral health as a fundamental component of health and physical and mental well-being and integration of oral health into national health systems, resulting in more resources for prevention and treatment, remain long term goals of the CED.

With a growing and ageing population and changing demographics, it is the responsibility of the national authorities to ensure sufficient resources to meet this challenge, especially with strained healthcare budgets across Europe. In addition, the high quality of educational curricula should reflect the needs of the ageing population. A minimum duration and specific evolving competences in training of dental practitioners can secure the optimal quality of care. Special attention must be paid to these challenges in Europe, as we are facing a paradigm shift from treatment to prevention.

Ultimately, healthcare remains a Member State competence. However, the EU has a crucial role to play in issues related to streamlining cross-border healthcare (e.g. electronic health records). It is also important to remember that oral diseases are among the most contentious health problems faced by our society: they affect our ability to speak, smile, taste, touch, chew, and are closely related to general health. Neglecting oral health problems has

European dentists call on EU decision makers to:

1

Improve Oral Health of All Europeans

- Ensure universal access to oral and dental care and reduce inequities across and within Member States
- Recognise that oral health is an integral part of general health and well being
- Integrate oral health in general prevention and health promotion by focusing on common risk factors

2

Ensure Patient Safety and Protect Patients' Rights

- Defend patients' right to receive personalised and high quality treatment
- Oppose development of European standards for delivery of healthcare that would compromise the quality of healthcare in the long run

3

Support a Strong and Independent European Dentist Workforce

- Safeguard expertise and high educational standards of dentists by implementing the provisions on basic training of the Professional Qualifications Directive and updating its annex to reflect scientific and technological progress
- Help us maintain the current effective self-regulation of dentists and avoid excessive de-regulation in the context of the transparency exercise for regulated professions

serious economic implications, and in already strained EU healthcare systems, addressing such problems must become top priority.

The 2019 Elections

In advance of the upcoming 2019 European Parliament elections and the appointment of the new European Commission, the CED has put together a short list of basic requests that are part of our 2019 Manifesto, mirroring our commitment to the future of oral care and dentistry.

As President of the CED, supported by 33 national dental associations, I stand ready to seize the opportunities and face the challenges that the future holds for dentistry and oral care. I am proud to represent 340,000 practising dentists across Europe. ■

² Marcenes W., Kassebaum N.J., Bernabé E., Flaxman A., Naghavi M., Lopez A., and Murray C.J.L. (2013). *Journal of Dental Research* 92(7):592-597. *Global Burden of Oral Conditions 1990-2010: A Systematic Analysis*.