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DR WOLFGANG DONEUS, PRESIDENT OF THE CED, DISCUSSES THE PROFESSIONAL QUALIFICATIONS DIRECTIVE AND HOW, BY MAINTAINING A CLOSE RELATIONSHIP WITH THE EUROPEAN COMMISSION, THE ORGANISATION'S PROFESSIONAL OPINIONS CAN HELP GUIDE POLICY

Quality through qualifications

The Council of European Dentists (CED) is a not-for-profit association which represents over 340,000 dentists across Europe. It is composed of national dental associations and chambers from 30 European countries. Its key objectives are to promote high standards of oral healthcare and effective patient safety centred professional practice across Europe, including through regular contacts with other European organisations and the EU institutions.

Integral to this is the Professional Qualifications Directive (PQD), as it is imperative that dentists are suitably experienced and qualified. President of the CED, Dr Wolfgang Doneus, explains why this is, and how, as an organisation respected for its considerable level of expertise, the CED can continue to work with the European Commission to help guide policy.

What do you feel are the current political developments which are most likely to significantly impact the dental profession, and how do you foresee them either evolving or being resolved?

Perhaps the most important issue that the CED is working on at the moment concerns the Professional Qualifications Directive, within which we are primarily concerned with the issue of the quality of education, especially in these times of financial crisis.

For many who are not positioned within the educational sphere, it may appear that a reduction in the amount of time that it takes to qualify as

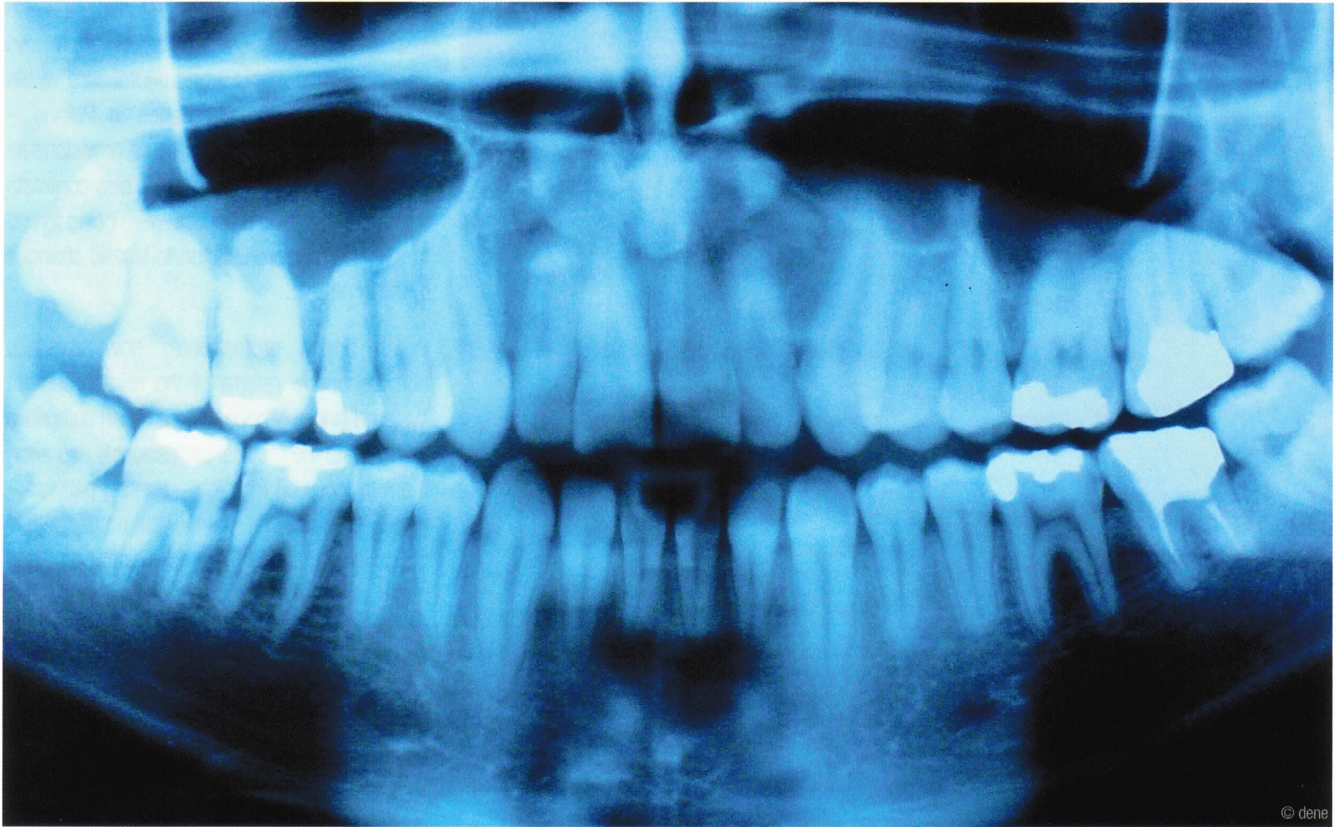


Dr Wolfgang Doneus

a dentist could be a good thing – it could mean, for instance, that the costs involved for the student are considerably reduced therefore more people would be attracted to the profession, and that more people would be graduating and becoming employed in a shorter period. However, we are continuing to strive to highlight the fact that it is the patient who benefits most from highly educated dentists, just as they do from other healthcare professionals, and that the better educated a dentist is, the better they understand their field and the better the service they are able to provide.

At the CED, we want to ensure that the minimum hours of education needed to qualify as a dentist do not fall below 5,000 hours over a minimum of five years.

In addition to the issues raised by the PQD, the CED is also involved in the issues surrounding medical devices – an area which has recently been brought to the fore with the PIP breast implant scandal – and we are now waiting for the publication of a proposal of a new medical devices regulation by the European



Commission, addressing a variety of concerns over medical devices in general.

The Commission has also published a proposal on data protection legislation, which is also a prime concern for the CED, as, in the medical profession, data protection is a very important issue because we collect very personal patient information on a daily basis.

We are therefore trying to obtain as much information as we can about the proposed data protection legislation so that we are proactive rather than reactive, and so that we can continue to act in a productive way, rather than just blocking any perceived threats coming from the EU.

What are your views on recent attempts in several EU countries to deregulate liberal professions in response to the economic crisis, and why is this important?

This leads back to the issue of the Professional Qualifications Directive. On the one hand, it must again be highlighted that it is the patient who takes the most benefit from highly skilled healthcare professionals. On the other hand, however, there are some concerns that deregulation could lead to either over- or under-regulation.

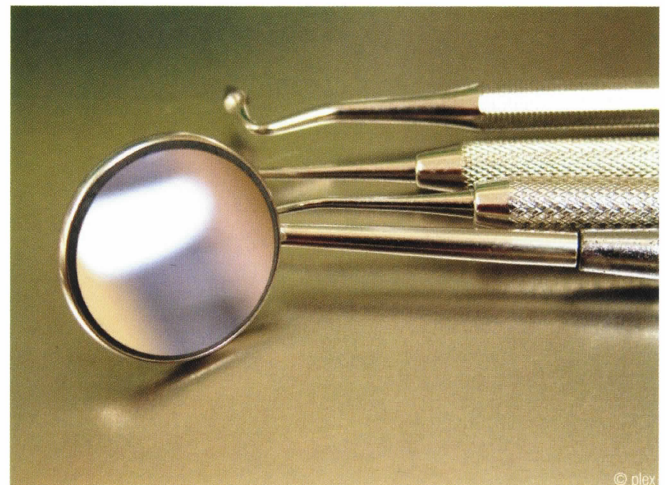
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Yet, in my experience this has not proven to be the case, and I therefore believe that the deregulation of liberal professions should indeed proceed, but only if it will not lead to a decrease in the independence of dentists or in a decrease in the educational requirements, and therefore to a less-skilled professional workforce.

What are your views on the new Polish law which has added responsibilities to doctors and dentists prescribing products subject to reimbursement?

The law on reimbursement of medicines, foodstuffs intended for particular nutritional uses and medical devices, which entered into force on 1 January 2012, was initially expected to set a number of administrative and financial responsibilities on medical professionals who issue prescriptions for products subject to reimbursement within the frame of the general health insurance in Poland. Under this law the





professionals would be required to verify whether the patient is insured and whether the patient has any additional rights under the insurance. On each prescription they would also have to indicate in detail the level and scope of reimbursement for the prescribed products.

From the very beginning of the legislative procedure Polish doctors and dentists were strongly against this kind of regulation, particularly because it imposes on them responsibilities on issues that are beyond their control and disproportionately increase the administrative burden on medical professionals. The CED supported our Polish members and I sent letters to the Polish prime minister and minister of health in this sense.

Due to strong opposition by Polish and European professional organisations, amendments to the law were introduced, but the issue is still not fully

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Polish health professionals now await a comprehensive reform of the reimbursement system

resolved. Namely, the National Health Fund – the institution responsible for organisation and financing of all medical and dental care within the statutory health insurance in Poland – included almost exactly the same provisions as were deleted from the legal act in new contracts which physicians and dentists were being forced to sign. Further protests led to limited changes in the contracts.

Polish health professionals now await a comprehensive reform of the reimbursement system. I sincerely hope that the Polish authorities will listen to the medical professionals and allow them to focus on their job – treating patients – rather than burden them with unreasonable obligations related to administration and reimbursement which have no place in medical and dental practice.

How will the CED continue to work, at a legislative and policy level, on the directives on professional qualifications and medical devices in the future?

Through the close contact we retain with the Commission, we hope to ensure that our professional opinions and recommendations are taken into consideration when new legislation is being considered.

Indeed, this is one of the most important achievements of the CED; we have proven that European dentists are able to work with the Commission in this way, particularly on issues such as those raised with regard to the PQD and medical devices.

We also co-operate closely with members of the European Parliament. Indeed, at the end of June, 2012, a public event on oral health was held in the European Parliament which explored how it is linked to general health, and we will continue to co-operate with the Parliament in this manner in the future.

At expert level, we now participate in the European Commission's eHealth Stakeholder Group, and we are also involved in a joint action in the issue of patient safety and a joint action in health workforce planning, the latter of which leads back, again, to the issues raised by the PQD. The CED also continues to do its best to represent the position of European dentists on other issues, and to improve co-operation with other liberal professions at the European level.



John Dalli, the European Commissioner for Health and Consumer Policy

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SECURITY AFTER SCANDAL

Health Commissioner John Dalli and his swift response in regulating medical devices in the wake of the PIP breast implant scandal

The Council of European Dentists is awaiting the publication of a proposal by the European Commission regarding concerns over medical devices, and, in the wake of what has become known as the PIP scandal, Commissioner for Health and Consumer Policy, John Dalli, has called for more research into medical devices. In February 2012, Dalli informed a press conference at the Berlaymont building in Brussels of: "The importance I accord to the safety of consumer products and services, to better enforcement of the rules intended to protect us and to empowering consumers, ensuring they are better informed and able to articulate their concerns and address shortcomings. "And, as you know, I take the same approach to patient safety," he added.

The Commissioner was holding the press conference to discuss the faulty silicone breast implants manufactured by the French company PIP, and, while Dalli revealed he had asked the EU Scientific Committee to conduct further in-depth studies to provide guidance on the potential health impact of

the PIP implants, he added that: "We also need to look at the sector of medical devices as a whole."

With regard to this, the Commissioner continued: "We must act together to provide a better guarantee of the safety of medical technology, especially implantable and other high risk devices, and to restore patient confidence in the system."

Dalli then underlined the measures which he believes need to be taken, which included all member states, EFTA countries and Turkey, which is covered by a free trade agreement, ensuring that the requirements to be met by the independent notified bodies that are involved in the pre-market assessment of medical devices are rigorously and consistently applied. Before concluding his address, the Health Commissioner also highlighted the need to improve the functioning of the vigilance system for medical devices, and suggested that tools to ensure the traceability of medical devices and their longer-term monitoring in terms of safety and performance can now begin to be developed.

It is not only the CED that are eagerly awaiting the Commissioner's proposals for revised legislation, as these actions are a matter of priority, in that, through their implementation the Commission will be seen to be putting the patient first, which, according to Dalli, is needed in order to "restore trust in our regulatory system."

In your opinion, do you think that dentistry and oral health should be made an integral part of general health, as is detailed in the Annex to the PQD?

As a student, I completed the entire medical training before I began my studies in dentistry,



which added three years to the duration of my education (meaning I had studied for a total of nine years), during which time I was without an income.

Because of this, I have always felt that my education was extremely comprehensive and that I am therefore able to do my job very well. However, many European dentists have achieved their qualifications in just five years. In my opinion, the required duration of 5,000 hours of education over a minimum of five years should be increased, to include more focus on education in general health. This would be beneficial, not just for the dentists but also for the patients.

While general health is included in the list of obligatory study subjects for dentists as listed in the Annex to the PQD, amendments to it are expected in the next years. I have no doubt that the CED will be again able to bring their expertise to bear on this issue.

Dr Wolfgang Doneus
President
Council of European Dentists

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