



*CED
representatives
in general
session.*

Speaking for the Profession

Council of European Dentists

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The Council of European Dentists (CED) is a European not-for-profit association established in 1961 (originally as the EU Dental Liaison Committee) which represents over 320,000 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 health and healthcare, and effective patient-safety centred professional practice across Europe, including through regular contacts with other European organisations and EU institutions. It effectively acts as the interface between the European Institutions and the practising profession.

Apart from EU countries, the CED is open to dental associations from countries that are official candidates for EU accession, and from countries who have signed the EEA agreement. These countries may apply for observer status and this allows them to attend and participate in debates of the CED General Meetings, and to receive and exchange information under the same conditions as full members.

The CED General Meeting takes place twice a year with each country entitled to two delegates and two observers. The General Meeting is the highest decision making body of the organisation and adopts CED resolutions and other policy



positions, prepared in advance by Working Groups and Task Forces. These are composed of experts on specific issues and meet as necessary during the year.

The CED is administered by a Board of Directors, which has all the powers of administration, except those which fall within the competence of the General Meeting. There are eight Board members, including a President and Treasurer and each is elected for a period of three years and may serve a maximum of two consecutive terms.

Headquarters in Brussels

The CED headquarters is located at Avenue de la Renaissance 1, 1000 Brussels in Belgium. It is in the heart of the Brussels political area and is within walking distance of many of the important EU institutions. Its office has a staff of three, a head of office Nina Bernot from Slovenia, a policy officer and lawyer Sara Roda from Portugal and an office administrator Cathy Sauvage from Belgium.

The secretariat monitors closely the work programmes of the European Commission, the European Parliament, the Council and its subordinated bodies, the Court of Justice of the European Union, as well as of other relevant bodies. It seeks to become known to the officials of the relevant EU institutions and to be recognised as a central contact point for the profession. It is authorised to represent the CED on a day-to-day basis.

Objectives

The CED's objective is to develop and execute policy and strategy in order to:

1. Promote the interests of the dental profession in the EU.
2. Promote high standards of oral health.
3. Promote high standards of dentistry and dental care.
4. Contribute to safeguarding the protection of public health.
5. Monitor, analyse and follow up on all the political and legal developments and documents of the EU that involve dentists, dental care and oral health.
6. Actively lobby the European Institutions and Parliament, in order to serve the legal and political interests of dentists, including consumer protection issues.

To Achieve CED Objectives:

- Monitors EU political and legislative developments which have an impact on the dental profession.
- Issues policy statements and drafts amendments to proposed EU legislation so as to ensure that the views of European dentists are reflected in all EU decisions affecting them.
- Provides expertise for the EU institutions in the areas of health and consumer protection, training, safety at the work place and internal market legislation.
- Provides a platform for the exchange of information between national dental associations, and supports them in understanding the effects and implementation of EU legislation, in particular members from the new Member States and EU accession countries.
- Cooperates with all major European associations of health professionals and other liberal professions on policy issues of common interest.

Challenges Facing the CED Today

The CED Working Groups deal with a range of issues on an ongoing basis. At the present time issues such as Oral Health, Amalgam, Education and Professional Qualifications, Medical Devices, Infection Control, Patient Safety, and Tooth Whitening are high on the agenda.

Let's take two of these, Dental Amalgam and Tooth Whitening.

Dental Amalgam

The EU's mercury strategy is a comprehensive plan addressing mercury pollution both in the EU and globally and has thrown a sharp focus on dental amalgam. The EU Commission has referred to the tremendous lobby to ban mercury from remaining uses, in particular dental amalgam which, following the elimination of mercury in the chlor-alkali industry has raised to the top of the list in volume of use.

The Commission, while satisfied that dental amalgam is generally safe to use, is now concentrating very much on the environmental impact of mercury associated with dentistry. The CED has prioritised the need to act in partnership with the EU in an effort to ensure the highest standards in the handling of dental amalgam. In line with





this focus the CED in a position paper strongly states that: "The dental profession takes seriously the environmental impact of its members' activities and emphasises that the dental professional has an obligation to work within the legal framework governing mercury containing products. The CED calls on Member States to ensure the full implementation and enforcement of EU waste laws, and fully supports examination into whether this is happening."

The CED Working Group Amalgam last year completed the third in a series of surveys on the handling and disposal of dental amalgam. This gave additional

whitening by non-dentists. the clear position of the CED's Scientific Committee on Consumer Products (SCCP) was that tooth whitening products containing between 0.1 and 6% hydrogen peroxide (H₂O₂) are not safe to be sold over the counter, but are safe to be used after the approval and under the supervision of a dentist.

The CED has repeatedly called for proper regulation of tooth whitening products at EU level. It therefore came as a great relief that at the Council of Ministers meeting in September 2011 the decision to amend Directive 76/768/EEC was finally taken. Now, for products containing between 0.1% and 6% hydrogen peroxide, clinical examination and first



The CED is located in the heart of Brussels' political area within walking distance to important EU institutions.

valuable information on the trends of implementation of the Hazardous Waste Directive, and was viewed by the EU Commission as extremely helpful. The European Commission is preparing a full life-cycle study of dental amalgam in 2011 and the CED will contribute to this survey as well.

Success in Tooth Whitening Safety

Tooth whitening has caused many problems in EU countries largely because the current EU Cosmetics Directive makes it illegal for Tooth Whitening Agents with a concentration higher than 0.1% Hydrogen Peroxide to be used. This has resulted in the regulations being largely ignored throughout the EU and in the growth of tooth

treatment by a dentist will be required, after which the patient will be able to continue the treatment by him or herself. The use of these products by persons younger than 18 years will not be allowed. Tooth whitening products containing more than 6% hydrogen peroxide will continue to be prohibited.

Partnering with European Institutions

The CED was initially established to advise the European Commission and continues to take this role of an advisor and a partner to the European Institutions very seriously. The CED is a member of the European Health Policy Forum, a group of stakeholders that works with the Commission on developing new EU health policy. The CED



also participates, together with representatives of Member States and other European healthcare associations, in the Working Group on Patient Safety and Quality of Care, the Working Group on Healthcare Professionals and the Medical Devices Expert Group.

The CED also regularly contributes to the risk assessment work of Commission-administrated scientific committees: Scientific Committee on Consumer Safety (SCCS), Scientific Committee on Health and Environmental Risks (SCHER) and Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR). Furthermore, the CED maintains constant dialogue with the Members of the European Parliament (MEPs), particularly in connection with the Parliament's legislative work, and provides the MEPs with concrete proposals for amendments that it is hoped will be eventually reflected in final versions of European legislation.

The Cross-Border Directive

Most of the CED policy work does not consist of campaigns with clearly defined start and end dates. Rather the work is a continuous process that can go on for many years.

As an illustration, we could look at the example of the draft Directive on the implementation of patients' rights (the Cross-border Directive). This Directive has a long history, starting in the decision to exclude healthcare from the so-called Services Directive in 2006 due to the particular social value of healthcare. The CED contributed to that decision by building a strategic coalition with other European associations of healthcare professionals and by lobbying Member States, MEPs and the Commission.

When the first draft of the Cross-border Directive was presented by the Commission in the summer of 2008, the CED immediately convened a meeting of the Task Force

Internal Market, whose members met in Brussels, analysed the text of the proposal from the perspective of dentists and drafted a CED resolution on the issue. This resolution was discussed and adopted by all CED members at the next General Meeting, confirming the dentists' position on cross-border healthcare: safe and high quality dental treatment should be based on continuity of care and a strong dentist-patient relationship.

Dental treatment often requires a series of visits to the dentist to properly execute it and to provide follow-up care, particularly in case of complications. In cases of dental tourism, when patients seek treatment abroad, the overall quality of care is difficult to ensure.

Patients should therefore have access to complete and impartial information about the possible negative consequences of receiving treatment abroad and should not be coerced or encouraged, for instance through advertisements by commercial entities promoting cheap dental tourism across the EU.

The CED position of 2008 was used as the basis for developing specific amendments within

the Task Force for the many reincarnations of the draft Directive: the European Parliament's first reading report, the Council common position and the parliamentary committee's second draft report which is currently being discussed. The CED was satisfied to see that a number of its proposals found their way into the Directive, either word for word or in principle, when the Directive was adopted in February 2011.

The adoption does not mean the end of the CED's work: it will be necessary to continue to contribute to the Commission's work in developing implementation measures for the Directive, implementing the Directive at national level, and evaluating the functioning of the Directive.

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Promoting High Standards Of Oral Health and Dental Care

High standards of oral health and dental care are at the very heart of CED policy work. For instance, the CED believes that to achieve high standards of oral health in the EU the European population needs to have access to highly qualified workforce of professional dentists. To ensure this, the CED is contributing to the very important assessment of the Directive on Mutual Recognition of Professional Qualifications (Directive 2005/36/EC) and has suggested to the Commission that they update the list of study subjects which have to be included in all European dental study programmes.

The CED believes that the list needs to include more subjects and especially subjects that are relevant today and reflect the scientific and technological progress and demographic changes of the recent years. As an example, the CED has proposed that genetics, biomaterials and dental implantology, as well as gerodontology should be studied by every dental student in the EU.

Other key and priority areas the CED is advising on are the Bologna Process where the CED strongly opposes the implementation of the two-cycle structure (Bachelor/Master) for the dental profession and calls on academics and politicians responsible for education and health, for the protection of the public and the dental profession, to exclude dentistry from the two cycles completely.

The CED is also advising on the risks occurring from the lack of control of diplomas issued by third countries as well as by Member States; practical problems with provision of temporary cross-border services by dentists; and the development and improvement of the exchange of information between national regulatory authorities.

Code of Ethics for Dentists in the EU

The CED believes that high standards in dentistry are primarily the ethical responsibility of the individual dentists providing dental care, and through them, of professional associations. ICD Fellow Dr. Piret Vali from Estonia played a central role in updating the CED Code of Ethics for Dentists in the European Union, which was adopted in 2007 and which amended previous versions from 1965, 1982, 1998 and 2002.

The Code listed the general principles which all dentists should respect in their professional work. These principles,

including considering the patient's best interests as paramount, contributing to the wellbeing of society, and practising according to sound scientific knowledge and skills which dentists must continue updating throughout their professional lives, underpin professional codes in all EU countries. However,

the national codes necessarily reflect different cultures, traditions and needs of the public and patients in the various countries; the CED does not believe that harmonising them at EU level would be beneficial.

EU Manual of Dental Practice

The EU Manual of Dental Practice, commissioned by the CED, was first published in May 2004 and updated in November 2008. It is the flagship publication of the CED and one of which it is very proud. It contains an enormous amount of highly relevant information for dentists who are considering working in another country. It has been written as a practical "handbook" in which information is easy to find and understand, and is aimed at dentists, dental students, policy makers and others interested in the regulatory environment for dentistry in the EU. Quite apart from dentists intending to work abroad, it is an invaluable reference for any dentist wanting to find out information



about any aspect of dentistry in the EU. The work was done in the main by Dr. Anthony Kravitz from Cardiff University in Wales, who was for many years a CED delegate.

The latest edition of the EU Manual of Dental Practice describes the regulations, dental training requirements, oral health systems and the organisation of dental practice in 32 European (EU and EEA) countries, including Croatia, which is due to join the EU in the near future.

The practising arrangements, the regulatory frameworks and systems within which dentists work in their respective countries are compared. There is also country specific information on the dental specialities that are recognised, along with details of where such training is available and duration. The guide also contains information on other dental care professionals, with a list of those which are recognised, their training, the procedures they are allowed to carry out, and the rules within which they can legally practise. The 2008 edition also contains (for the first time) information about tooth whitening, ionising radiation rules and hazardous waste regulations, as well as data on caries levels (in children), edentulousness and fluoridation.

Fellows Who Have Made a Difference

The current President of CED is Dr. Wolfgang Doneus from Austria. Dr. Doneus also served a previous term as President at the outset of the new restructured CED. He has represented Austria as a member of CED (EU-DLC) for many years. Dr. Orlando Monteiro da Silva from Portugal served as President and will shortly become the new President of FDI. Dr. Joe Lemasney was President of CED (then EU-DLC) and was the lead Irish delegate for over ten years. Dr. Piret Vali from Estonia has been a CED member for the past ten years and served as a Board member between 2004 and 2010.

Dr. Tom Feeney has served as Board member and treasurer for five years, and Vice-President in 1999 and continues at present as lead Irish delegate. Dr. Corrado Paganelli has represented Italy in the past; Dr. Gil Alcoforado has represented Portugal. Other ICD members to represent their countries more recently on CED include Dr. Barney Murphy from Ireland, Dr. Egita Senekola from Latvia, Dr. Erminija Guzaitiene from Lithuania, and Dr. Susanne Anderson from Denmark.



CED Fellows (left to right) Dr. Piret Vali and Dr. Wolfgang Doneus Past Presidents of the CED and Dr. Erminija Guzaitiene delegate from Lithuania.

CED and the Future

The CED will proudly celebrate its 50th anniversary this year. Other European dental organisations share common subject matter with the CED but none has this essential, central and crucial political mandate. The CED core role and mandate must therefore be actively preserved and strengthened where appropriate by cooperation with other organisations, without compromising its integrity or political independence.

The core role of the CED was, is and should remain aggregating the expertise of its members on dentistry and oral health, translating it into agreed policy, and transmitting it to the European Institutions. The CED is constantly getting requests to put new issues on the agenda and one of the biggest challenges in the future will be to develop the ability to filter through the issues and then focus on the ones with the greatest potential impact on patient safety and quality of dentistry in the EU. The CED can only maintain and strengthen its voice in Brussels by providing timely and relevant input into European legislation and other initiatives.



Dr. Tom Feeney is a general dentist in Dublin, Ireland. He is a former President of the Irish Dental Association, former Board member, Treasurer and Vice President of CED, and current ICD Regent for the Irish District.