



<b>MINUTES</b>	<b>Date: 13 November 2025</b>	
<b>CED Board Meeting</b>	CED Brussels Office, Avenue de Cortenbergh 89, 1000 Brussels	
	Time Start: 09:00	Time end: 16:00
Chair	Dr Freddie Sloth-Lisbjerg, CED President	
Participants	See list attached	
Representatives of the Brussels Office	Clara Luciani, Elif Dincher, Ainhoa Zamacona	

<b>1. Welcome, quorum, and apologies</b>		<b>Rapporteur: Freddie Sloth-Lisbjerg</b>
Working document	<ul style="list-style-type: none"> <li>List of participants</li> </ul>	
The Board members were present. Apologies were received from Romy Emler. The quorum was established.		

<b>2. Approval of the agenda</b>		<b>Rapporteur: Freddie Sloth-Lisbjerg</b>
Working document	<ul style="list-style-type: none"> <li>CED-B-A-2025-04-E/D/F</li> </ul>	
The agenda was approved.		

<b>3. Notification of the Minutes of the Board meeting in May</b>		<b>Rapporteur: Freddie Sloth-Lisbjerg</b>
Working document	<ul style="list-style-type: none"> <li>CED-B-M-2025-03-E/D/F</li> </ul>	
The minutes of the last Board meeting were adopted by email.		

<b>4. Declaration of conflict of interest</b>		<b>Rapporteur: Freddie Sloth-Lisbjerg</b>
Working document	<ul style="list-style-type: none"> <li>Policy on conflict of interest (CED-DOC-2019-001-E-FIN)</li> </ul>	
None of the participants declared any conflict of interest.		

5. Report from the President	Rapporteur: Freddie Sloth-Lisbjerg
<p>The President updated the Board members on the recently attended meetings:</p> <ul style="list-style-type: none"> <li>• <b>The Panhellenic Dental Congress from 2-4 October in Athens.</b> Freddie Sloth-Lisbjerg was invited to chair a roundtable on 3 October and deliver a presentation on current actions in the area of EU dental affairs. He also shared his perspective on the current situation between dentists and dental technicians at EU level.</li> <li>• <b>Federal Assembly of the German Dental Association (BZÄK).</b> The Board members were informed that Freddie Sloth-Lisbjerg travelled to Berlin and attended the international welcome dinner on 30 October and the first morning of the Federal Assembly. He observed the election of the new Board, including the election of Romy Ermler as new BZÄK President. The President congratulated Romy Ermler and wished her best success in her new position.</li> </ul> <p>Upcoming Activities:</p> <ul style="list-style-type: none"> <li>• <b>ADEE Taskforce meeting on 26 February in Copenhagen, Denmark.</b> Katalin Nagy and Clara Luciani attended an ADEE workshop in February last year in Dublin to brainstorm some key topics in the field of education. The goal of the meeting was to collect ideas and points of view for the revision of ADEE curriculum framework (the Graduating European Dentist). Following discussions between Katalin Nagy and Freddie Sloth-Lisbjerg in August, a first coordination meeting was held in September with Freddie Sloth-Lisbjerg, Katalin, Clara, Denis Murphy and James Field (from ADEE's Board and Taskforce on the GED) to discuss the organization of another GED workshop for 2026. A further online meeting was held to discuss logistical aspects, by the CED office.</li> </ul> <p>The Board was informed that the upcoming event will be smaller in scale, bringing together the ADEE Board and GED Taskforce and few selected dental regulators, including FEDCAR and EDSA. Additionally, CED would be fully involved in the organization of the event. The meeting will take place in Copenhagen and will be hosted by the Danish Dental Association.</p> <p>The goal is to help move discussions forward to find a common position on requirements for undergraduate dentists, including determining the length and number of hours clinical training.</p> <p>ADEE is preparing a survey to be shared before the meeting across ADEE, FEDCAR and CED.</p> <ul style="list-style-type: none"> <li>• <b>Yearly iSanidadental Yearbook :</b> The Board was informed that CED once again received an invitation from the Spanish online medical and dental journal iSanidadental, to contribute to its annual yearbook. An article will be prepared by CED Office for submission by 15 December.</li> </ul>	
<p>Other updates:</p> <ul style="list-style-type: none"> <li>• <b>Postponed meeting between MEP Stine Bosse and the Danish Dental Association.</b> It was reported that the meeting with MEP Stine Bosse and the Danish Dental Association was set for 12 November. However, it was postponed by the MEP. A new meeting date will be considered once it becomes available, and relevant points of interest will be raised by the CED.</li> <li>• <b>End of year CED visit:</b> The President informed the Board members that the he will be visiting Brussels again on 12 December for an end of year visit.</li> </ul>	
Board	<ul style="list-style-type: none"> <li>• The Board members noted that the work of the Task Force would be highly valuable at EU level, particularly in advancing a shared understanding of the core expectations for dental graduates, including the scope and duration of their clinical training. They expressed their appreciation for this Task Force initiative.</li> </ul>

CED INTERNAL AFFAIRS	
6. Finances	Rapporteurs: Ioannis Tzoutzas, Ainhoa Zamacona
<p>Ioannis Tzoutzas reported the expected financial results for 2025. Savings are projected to be slightly higher than budgeted (around 20 000 euros).</p> <p>He informed that all payments from Members and ERO have been received. He informed that he checked the bank statements and found no irregularities.</p> <p>The Treasurer stressed that CED finances are in a healthy situation</p>	
Board	<ul style="list-style-type: none"> <li>Inquired about the current financial situation and the way forward to continue having positive results in the future.</li> </ul>

7. CED Elections	
	Rapporteur: Freddie Sloth-Lisbjerg
Working Documents	<ul style="list-style-type: none"> <li>Responsibilities and legal obligations of CED President, CED Treasurer and CED Directors (CED-DOC-2025-027-E)</li> </ul>
<p>The President informed the members that elections will take place during the General Meeting for three Board Director positions and for the Treasurer. There were currently two candidates for the Treasurer role, and depending on the outcome, there was either three or four candidates for the three Board Director positions.</p> <p>For the position of Treasurer (2 candidates for 1 position):</p> <ul style="list-style-type: none"> <li>Dr. Hans de Vries, KNMT (Dutch Dental Association)</li> <li>Dr. Christof Ruda, Austrian Dental Chamber</li> </ul> <p>For the position of Board Director (4 candidates for 3 positions):</p> <ul style="list-style-type: none"> <li>Dr. Charlotte Heuzé, French Dental Association (Les Chirugiens-Dentistes de France)</li> <li>Dr. Katalin Nagy, Hungarian Dental Association</li> <li>Dr. Miguel Pavão, Portuguese Dental Association</li> <li>Dr. Hans de Vries, KNMT (Dutch Dental Association)</li> </ul>	
Board	<ul style="list-style-type: none"> <li>The Board discussed the upcoming elections, and possibilities for running for re-election.</li> <li>Members emphasized that the election process should ensure fair representation of diverse perspectives and challenges within the organization.</li> </ul>

8. CED Board agreements	
	Rapporteurs: Freddie Sloth-Lisbjerg
Working documents	<ul style="list-style-type: none"> <li><b>CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones (CED-DOC-2025-042-E/D/F):</b></li> </ul>
<p><b>CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones (CED-DOC-2025-042-E/D/F):</b></p> <p>The President reminded the members that the Norwegian Dental Association had sent a letter to CED calling for the adoption of a declaration on humanitarian aid and medical neutrality. At the previous Board meeting, members had agreed to prepare a draft statement.</p> <p>The statement focuses on three key points:</p> <ol style="list-style-type: none"> <li>Denounces violations of medical neutrality and targeting healthcare professionals</li> <li>Calls on strengthened support to independent and impartial humanitarian associations/aid</li> <li>And also points out the role of dentists alongside military doctors and the need for additional dentists on frontline to deal with injuries to the face and oral cavity.</li> </ol> <p><b>Discussion on ways forward regarding sponsorship considerations:</b></p>	

Members were informed that a brief explanation will be provided at the General Meeting regarding the current situation of public EU funding and grants available for Brussels-based organisations. This follows several requests and comments about exploring EU funding opportunities or project grants for the CED.  
 It was also highlighted that, regarding the Taskforce on sponsorship (raised at the previous meeting), the matter will be considered again after the election of the new Board and Treasurer, with a view to establishing the Taskforce.

**Update from the Taskforce for the organisation of a CED event in 2026:**

The President reminded members that the Board Taskforce, established last year for the organisation of a CED event, is composed of Katalin, Anna, Romy and Charlotte. The Taskforce received an email containing initial ideas for the future CED event, now foreseen for 2026. The Secretariat summarised the discussions held so far. The timeline for the event will depend on the availability of the hosting MEP. Regarding the format, a broad consensus has emerged in favour of a standalone event. Concerning the topic, some Taskforce members expressed a preference for focusing on sugar, while others leaned towards themes related to education and workforce challenges. If the event were to focus on sugar, a joint event could be advantageous, as other associations have expressed interest in this subject, potentially adding weight to the initiative.

**Conversation on the priority direction and key topics of concern for the CED in 2026:**

The President invited Board Members to share any suggestions or ideas for the upcoming year regarding priorities, topics, or files to follow at EU level. Members were also asked whether there were any useful updates arising from ongoing or new priorities within their national dental associations.

**2<sup>nd</sup> invitation from the European Pain Forum:**

The President informed members that CED had recently received a renewed invitation from the European Pain Forum. The Forum is described as a platform working on scientific documents, clinical guidelines, policy papers, opinions, and activities from various stakeholders in the field of effective pain management and pain reduction. CED had received a similar invitation last year, which had been declined. The Forum has now asked CED to reconsider its participation and invited the association to attend an initial online meeting on 18 November.

The Secretariat provided additional information regarding the European Pain Forum. It was explained that the initiative focuses on pain management across healthcare professions and brings together a wide range of organisations active in this area. None of the current members appear to be organisations with which CED interacts in Brussels, nor do they appear to be typical lobbying or advocacy NGOs. The Forum seems to operate more broadly at the European level rather than within EU institutional frameworks. The advocacy component may be of some interest, although it seems that one organisation often proposes an advocacy approach which others subsequently co-sign. It was also noted that participation in the scientific dimension would not be appropriate for CED.

Board	<ul style="list-style-type: none"> <li>• Board members expressed their support for the CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones and noted that it could be used at national level.</li> <li>• For the organisation of a CED event in 2026, members discussed whether a definitive topic needed to be selected at this stage, and whether it might be feasible to address both subjects, sugar and workforce challenges, through two separate events.</li> <li>• Several Board Members stressed that direct contact with the relevant MEPs should be initiated to ask whether they would be willing to host an event. Other members emphasised the importance of focusing on one main subject, ideally one closely linked to public health, suggesting that sugar or tobacco could be attractive topics for MEPs. It was further suggested that contacting MEPs individually could help identify their interests and inform the decision on whether to pursue a standalone or joint event.</li> <li>• As an alternative viewpoint, some members considered that asking MEPs to choose a topic might not be the best approach, given that MEPs generally expect associations to present a concrete and well-defined proposal rather than an open question. It was underlined that clarity is required regarding what the CED aims to achieve, as the goal</li> </ul>
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	<p>should not be limited to holding an event for its own sake.</p> <ul style="list-style-type: none"> <li>Regarding the priority direction and key topics of concern for the CED in 2026, it was reported that the European Commission is considering a possible revision of the Professional Qualifications Directive (PQD), potentially in 2026, with the aim of improving mobility and simplifying automatic recognition procedures. The previous attempt to expand automatic recognition in 2013 had failed, but the Commission may now seek to revive this approach through the upcoming Skills Portability Initiative. A renewed discussion could also reopen debates on auxiliary professions, minimum standards, and scope of practice.</li> <li>Members noted that this development may offer an opportunity to highlight that EU-level recognition requires an appropriate level of EU-level regulation, and that ensuring equivalent qualifications is essential for safe mobility.</li> <li>It was also mentioned that changes stemming from the Bologna and Lisbon processes, including the diversification of higher education structures and degree cycles, have altered the academic landscape and are expected to strongly influence the PQD.</li> <li>In addition, members referred to the EU's ongoing agenda on reducing bureaucracy and the forthcoming omnibus packages, though identifying concrete areas where administrative burdens could be reduced and remains challenging.</li> <li>Members expressed the view that attending the European Pain Forum meeting could be useful in order to gather more information, without implying any commitment from CED at this stage.</li> </ul>
Decisions	<ul style="list-style-type: none"> <li>The Board approved the CED statement to be put to a vote at the General Meeting.</li> <li>The Board decided to proceed with the sugar agenda, linking it to non-communicable diseases and highlighting that oral health is an integrated part of general health. Members noted that, in many countries, dentistry is still perceived as separate from broader health systems, and that emphasising its integration, particularly in the context of prevention, could provide strong added value and underscore the association's role in public health.</li> <li>The Board agreed that the Secretariat will attend the European Pain Forum meeting to obtain further clarity on the Forum's activities and to assess potential relevance for the association.</li> </ul>

9. Communications	Rapporteur: Clara Luciani, Elif Dincher
<ul style="list-style-type: none"> <li>The Secretariat provided an update on communications. It was noted that, during the General Meeting, members will be reminded about contributions to the newsletter. Members will also be invited to share any updates on past or upcoming advocacy work carried out by their associations, as well as any publications, articles, events, recent organisational changes, or policy and institutional developments at national level.</li> <li>The Board was informed regarding the finalisation of the European Manual of Dental Practice. It was reported that efforts are being made to complete the country chapters by the end of the year, with the aim of publishing them on the website at the beginning of 2026. A press release may accompany this publication.</li> <li>The main body of the Manual is expected to be finalised ahead of the next Board meeting, ideally prior to the ERO plenary session scheduled for April.</li> </ul>	

Decisions	<ul style="list-style-type: none"> <li>The Board agreed that members will be reminded that contributions to the newsletter are welcome at the November meeting. A deadline of 15 days will be given for receiving contributions.</li> <li>It was agreed that the Secretariat will finalise the work on the Manual according to the proposed timeline to ensure completion before the April ERO plenary session and the subsequent Board meeting in Brussels.</li> </ul>
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10. Board-only discussion	Rapporteurs : Freddie Sloth-Lisbjerg
The Board-only discussion took place.	

11 BTF Internal Market		Rapporteur : Anna Lella
Working documents	<ul style="list-style-type: none"> <li>Final Results of the CED/ERO survey on corporate dentistry (CED-DOC-2025-044-E)</li> </ul>	
<p>The rapporteur and WG Chair updated the Board on the following:</p> <p><b>European Parliament Health Workforce Own-Initiative Report</b></p> <p>Board Members were briefed on the latest discussions held within the Task Force regarding the European Parliament’s Health Workforce Own-Initiative Report, currently being drafted by the SANT and EMPL Committees and expected to be finalised in early 2026. It was explained that the draft report identifies six main action areas, including improving employment and working conditions (such as mental health support, flexible working and equal pay), addressing regional disparities including medical deserts, improving recruitment, mobility and training, promoting digital tools to complement professional judgement, ensuring sustainable financing and planning, and supporting ethical labour models.</p> <p>The Board was informed that, according to the Task Force’s assessment, dentistry is not explicitly referenced in the current draft text, which focuses primarily on doctors and nurses. Concerns were conveyed that dentistry continues to be overlooked in EU-level workforce debates, despite facing similar shortages and system pressures. It was further noted to the Board that several themes in the draft report closely mirror issues addressed in the CED White Paper on Workforce Challenges, including professional mobility, recognition of third-country qualifications and brain drain.</p> <p>The Board was informed of the Task Force’s recommendation to send an official letter to the relevant MEP highlighting that dentistry is an integral part of the wider healthcare ecosystem. The CED White Paper on Workforce Challenges will be attached to the correspondence.</p> <p>The Board was also briefed that the Task Force supports revitalising cooperation with CPME in order to strengthen influence through existing formal cooperation channels.</p> <p><b>Update on Corporate Dentistry</b></p> <p>Board Members received an update about the Task Force on recent work related to corporate dentistry. It was reported that the joint survey conducted with ERO obtained responses from 45 countries, which is expected to reinforce the credibility of subsequent publications. The Board was informed that a scientific article is being prepared under the coordination of Thomas Wolf to raise awareness both within the CED framework and more broadly among practitioners and policymakers.</p> <p>It was further explained that the Task Force identified the absence of a uniform definition of “corporate dentistry” across Europe, with regulatory interpretations varying considerably between Member States. This lack of clarity has been considered by the Task Force as a potential source of confusion in policy debates, regulatory design, engagement with authorities and parliamentary actors, and in cross-country statistical comparisons. The Board was informed of the Task Force’s view that developing a balanced and clear definition would be beneficial.</p> <p>Such a definition should; distinguish between dentist-led cooperation models and private-equity ownership structures, acknowledge potential risks such as profit-driven incentives, reduced professional autonomy and fragmented continuity of care and avoid stigmatizing legitimate cooperation models between dentists</p>		

### Updates from BTF IM Members

Board Members were updated on the Task Force's internal discussions regarding its ongoing work. It was reported that substantial progress has already been achieved through previous outputs, including statements, a white paper and continued policy engagement. The Task Force suggested that the strategic focus may now shift from proactive document drafting toward a more reactive monitoring approach.

The Board was informed that the Task Force intends to prioritise monitoring of several EU-level developments, including the recognition of qualifications (particularly from third countries), measures to prevent brain drain and follow-up actions by the Commission after recent European Parliament resolutions.

12. WG Education and Professional Qualifications		Rapporteurs: Katalin Nagy
Working Document	<ul style="list-style-type: none"> <li>Requested CED-FEDCAR joint amendment to the European Parliament's initiated report on the EU health workforce crisis plan: sustainability of healthcare systems and employment and working conditions in the healthcare sector (CED-DOC-2025-047-E)</li> </ul>	
<p>The rapporteur and WG Chair updated the Board on the following:</p> <p><b>Quality of the dental workforce and standards of foreign dental diplomas</b></p> <p>The WG is considering what actions to take to address the quality of dental workforce and standards of diplomas. The following 3 main topics have been discussed:</p> <ul style="list-style-type: none"> <li>- <u>How to harmonize practical and clinical training in undergraduate dental studies and strengthen wording on clinical experience under the PQD.</u> The WG is collaborating with ADEE with the goal of coming up with a concrete position (on a determined number of hours for example), after the event in February.</li> <li>- <u>The introduction of language into the PQD on continuing professional development</u> without the violation of the competence of national countries. The WG is considering developing guidelines for NDAs and national authorities.</li> <li>- <u>The inclusion of additional supporting clinical training modules and language testing</u> as mandatory requirements for foreign-trained dentists to register under the national competent authority.</li> </ul> <p><b>Periodontology and specialties</b></p> <p>This letter on the process for recognizing periodontology was sent to the Head of Unit for Professional Qualifications and Skills for Competitiveness, Mr. Steven Engels.</p> <p>Katalin Nagy also informed the Board that she was recently contacted by the Greek President of the European Academy of Pediatric Dentistry regarding the same issue.</p> <p><b>EU Health Workforce Crisis Plan</b></p> <p>The European Parliament recently published a draft report for the development of a EU Health Workforce Crisis Plan. It was under discussion by two Parliament Committees (Employment and Social Affairs and Public Health) and the tabling of amendments was possible by MEPs until the 4 November.</p> <p>The Chair reminded the Board that dentists are not the primary target of the report. It focuses on actions to address the specific issues and acute stress faced by the medical professionals/doctors and nurses.</p> <p>An amendment was prepared by Cedric Grolleau from FEDCAR and was co-signed by the CED. This amendment is broad and relates to the need to regularly update professional skills and training requirements under the PQD (without specifically mentioning dentists).</p> <p>The amendment request was shared with MEP Tilly Metz and MEP András Tivadar Kulja and is co-signed by the CED and FEDCAR. The WG received confirmation that the request was being considered.</p> <p><b>Skills Portability Initiative</b></p> <p>The Chair briefly mentioned the close monitoring of developments of the Commission's Skills Portability Initiative. This initiative is planned to be adopted in 2026. It could have an impact on dentistry, as it mentions intending to remove barriers to mobility, facilitate and expand the recognition process for regulated professions and increase the use of digital tools when recognizing diplomas.</p>		
Board	<ul style="list-style-type: none"> <li>The Board discussed the possibility of recognising all specialties that meet the 2/5 rules under the PQD and whether this was a desirable pathway the CED should support.</li> </ul>	

13. WG Dental Materials and Medical Devices		Rapporteur: Robin Foyle
Working documents	<ul style="list-style-type: none"> <li>Final results from ANDI survey on dental abutments (CED-DOC-2025-045-E)</li> <li>Final results from Adverse Reactions Reporting Survey (CED-DOC-2025-013-E)</li> </ul>	
<p><b>European Commission call for evidence on MDR</b></p> <p>The Board was informed that at its September WG DMMD meeting, the draft reply to the European Commission call for evidence on MDR, which had also been shared with the Board members as a draft, was discussed. A draft reply prepared by the CED was reviewed and amended during the discussion, after which both the WG and the Board agreed on its content. The reply highlights key concerns, including the importance of keeping provenly safe devices on the market without unnecessary recertification requirements, the need to avoid increasing administrative burdens on dentists, and the clarification of the definition of a health institution.</p> <p>The CED's reply to the call for evidence has been submitted.</p> <p><b>CAD/CAM issue</b></p> <p>As previously reported, the Board was remembered that on 26 June 2025, CED attended an online meeting on CAD/CAM (organised by the European Commission in light of its role as the secretariat for the MDCG WG on Market Surveillance) where CED and the dental technicians representative organisation (FEPPD) presented their positions on the matter.</p> <p>CED contacted the Market Surveillance Working Group Chairs in August regarding potential next steps. In their reply, they clarified that comments outside the meeting's scope were not taken into account by the competent authorities. They noted that discussions focused on the main statements presented, including comparisons with regulatory approaches in other jurisdictions, particularly concerning manufacturers of 3D printers and similar systems. No decisions or conclusions were reached. The discussion remains ongoing, and relevant updates will be communicated in due course.</p> <p><b>MDCG Guidance on the health institution exemption</b></p> <p>The board was reminded that, the guidance was opened for initial round of feedback by MDCG members (this includes CED) by 5 September. One of the key references in this specific MDCG Guidance document is in relation to what constitutes as a health institution (and therefore is covered by certain exemptions under the MDR, e.g. in relation to in-house use of devices). The new version contains examples of such health institutions, CED included a proposal for the inclusion of additional wording that includes other healthcare practices. The proposal was sent to the relevant contacts, next steps are yet to be communicated.</p> <p><b>ANDI questions on the classification of Abutments (dental implants) and hemostatic sponges (collagen/gelatin-based) under the MDR</b></p> <p>The Board was updated that ANDI raised concerns earlier this year about classifying dental implant abutments as Class IIb and collagen/gelatin-based hemostatic sponges as Class III under MDR. Obligations for healthcare professionals to register and store UDI numbers are considered burdensome, and ANDI questioned whether a different risk evaluation could apply. A brief questionnaire was sent to CED members, with 11 responses received so far.</p> <p>During discussion, some members noted that traceability for implants (Class IIb) is justified due to their long-term presence, while applying similar obligations to resorbable sponges (Class III) may be disproportionate. Overall, concerns were raised that current MDR classifications may not reflect actual clinical risk.</p> <p>The WG agreed that the topic should be discussed further at WG DMMD level, especially once the proposed revision of the MDR is launched, in case there will be interest to propose concrete amendments on this topic.</p> <p><b>Adverse reaction Reporting</b></p> <p>The board was informed that the WG DMMD reviewed and approved the final version of the adverse reactions reporting survey, which was then shared with Dr Lars Björkman (Dental Biomaterials Adverse Reaction Unit).</p>		

14. WG Oral Health		Rapporteur : Miguel Pavão
Working documents	<ul style="list-style-type: none"> <li>CED Revised Action Proposal form on Obstructive Sleep Apnea, OSA (WG OH) (CED-DOC-2025-038-E)</li> <li><b>CED White Paper on Ageing and Oral Health (CED-DOC-2025-037-E/D/F)</b></li> <li>Comment on CED White Paper on Ageing and Oral Health from the NDA</li> <li>Comments and Memo by the Dutch Dental Association (KNMT) on the revised WG Oral Health Mandate</li> </ul>	

The WG rapporteur and WG Chair updated the Board on the following:

### **Prevention and accessibility of oral healthcare**

The WG has been discussing the new policy document on prevention, entitled White Paper on Oral Health Promotion and Oral Disease Prevention.

The coordinator for the paper, Alessandra Rossi, shared a first draft of the document with the WG, with an initial structure and ideas. This paper was then discussed on 8 October. We received last week an updated version of the draft, which will be shared with the WG soon for written feedback.

It foresees to update both the 2019 CED White Paper on Oral Care: "Prevention is better than cure" and the 2011 CED Resolution for the "Mutual Integration of Oral and General Health".

Alessandra Rossi also mentioned the idea for the CED to collect and compile CED examples of successful national prevention campaigns in oral care in each country (through a survey for example).

Board members were informed that the WG has been carrying out difficult discussions around UHC and accessibility. Possibilities to move forward on these topics are still being discussed, by integrating wording previously accepted in other documents.

### **Amalgam**

Members were reminded of the recent launch of the survey on amalgam alternatives, named "Restorative dental materials following Regulation 2024/1849", on 22 October.

Comments have been shared by members regarding the appropriate WG to deal with this topic, including WG Dental Materials. Based off the Board's guidance and decision at the September meeting, it had been agreed that WG OH was the relevant WG.

### **Tobacco**

The WG submitted on 28 October its input to the European Commission's call for feedback on the revised Tobacco Tax Directive. The CED Resolution on Tobacco was also shared.

### **Ageing**

As you are aware, the Ageing paper will be voted on tomorrow.

The paper received comments from the Norwegian Dental Association. The Board was invited to consider the received amendments and provide guidance.

The Board was invited to agree and recommend the adoption of the CED White Paper to the GM, with amendments.

### **Obstructive Sleep Apnea (OSA)**

The Board was informed that the WG reconsidered the Action Proposal Form on Obstructive Sleep Apnea. Members discussed the issue of "management of OSA by dentists" that was agreed as needing to be changed at the September BM.

The amended version included:

- The change from the dentist's responsibility to "manage" OSA, to a more "supportive" role.
- Mention of the role of the dentist for the care of mandibular advancement devices.

The Board was informed that the CED was contacted by the European Academy of Dental Sleep Medicine at the end of September with a request for collaboration on OSA. After agreement from the President, the WG Chair and the WG, it was agreed that the Academy representative, Dr. Michele de Meyer, could be involved as an external expert once a first version of the document is drafted. An answer was sent out to Dr. Meyer, who accepted to provide future expert opinion.

### **AMR**

The Board was informed that Harry-Sam Selikowitz, currently the CED representative to the Commission AMR One Health Network, was to deliver a presentation at the next Network meeting on 24 November.

### **WG OH Mandate**

The Board was invited to consider the suggested revised version of the WG OH Mandate, amended by the WG Chair and discuss the comment and memo received from the Dutch Dental Association (KNMT).

The Board was invited to agree and recommend the adoption of the revised WG Oral Health Mandate.

Board	<ul style="list-style-type: none"> <li>• The Board agreed to the addition of an amendment encompassing the concept of informal care, reflecting the comments from the Norwegian Dental Association.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Robin Foyle stated agreeing with the comments from KNMT and voiced reservations regarding the role of dentists in the management of OSA, as put forward in the Action Proposal Form. His reservations concerned specifically the mentioned active role of dentists in OSA diagnosis and management. He highlighted that the diagnosis and treatment of OSA is not part of the mandatory general competence of dentists and is not included in undergraduate dental training. The inclusion of such statement could lead to liability issues for dentists. Dentists remain only responsible for the making of mandibular advancement devices, following the diagnosis from sleep medicine specialists. Furthermore, dentists are only involved in OSA within an interdisciplinary team of healthcare professionals and are not independently responsible for OSA. Robin Foyle therefore stated not being in favour of approving this version of the Action Proposal Form.</li> <li>• Charlotte Heuzé specified that dentists develop mandibular advancement devices only upon referral from a doctor or medical specialist. She highlighted that dentists are not involved in the diagnosis on OSA.</li> <li>• Ioannis Tzoutzas explained that chronic respiratory diseases do not belong under the scope of work of the dentist.</li> <li>• The issue of liability was emphasized as a critical concern.</li> <li>• Discussions gravitated around attempts to clarify the exact role of dentists regarding OSA treatment.</li> <li>• The advocacy and policy objectives of a document on OSA was also questioned.</li> </ul>
Decisions	<ul style="list-style-type: none"> <li>• The Board approved to present the amended version of the White Paper to the GM for adoption.</li> <li>• The Board approved to simplify the wording on OSA under the mandate and limit it to “defining the role of dentists in the multidisciplinary management of obstructive sleep apnea”.</li> <li>• The Board agreed to present an amended version of the WG OH Mandate to the GM for adoption and open the discussion to the GM on OSA.</li> <li>• The topic and action proposal form on obstructive sleep apnea is to go back to the WG to be rediscussed with the goal to narrow the scope of responsibilities of the dentist with regard to OSA, define exactly the role of dentist and revise the action proposal form.</li> </ul>

15. WG Patient Safety, Infection Control and Waste Management		Rapporteur: Ioannis Tzoutzas
Working documents	<ul style="list-style-type: none"> <li>• <b>CED Recommendation on Custom-Made Athletic Mouthguards (CED-DOC-2025-040-E/D/F)</b></li> <li>• Comment on CED Recommendation on Custom-Made Athletic Mouthguards from Irish Dental Association</li> <li>• Comment on WG PSICWM renaming (CED-DOC-2025-049-E)</li> </ul>	
<p><b>Draft Recommendation Paper on Custom-Made Athletic Mouthguards</b></p> <p>The Board was informed that, during its last meeting, the Working Group held a detailed discussion on the Draft Recommendation Paper concerning custom-made athletic mouthguards for amateur and professional athletes, with the objective of reducing traumatic dental injuries (TDI).</p> <p>It was reported that participants in the Working Group emphasised the significance of custom-made solutions not only for the prevention of immediate trauma during sporting activities but also for mitigating long-term orofacial and dentofacial complications. Examples from national practice were shared to illustrate different awareness-raising strategies.</p> <p>It was also noted that, while certain sports such as hockey already enforce mandatory mouthguard use, some athletes and coaches continue to express concerns regarding comfort and breathing. This was presented as an indication that further education and stakeholder engagement remain necessary.</p> <p>The Working Group underlined the importance of involving national sports associations and the relevant ministries (health and sport) in encouraging the adoption of binding rules for high-risk sporting disciplines. Insurance companies were also identified as stakeholders that could be considered in future recommendations.</p>		

The Board was informed that, once the Paper is adopted at the November General Meeting, a template letter will be prepared for national associations. This letter will summarise key statistics and underscore the advantages of custom-made mouthguards over commercially available alternatives (e.g. fluoridation foam trays). Promotion efforts were recommended to take place at multiple levels, including sports clubs, national communication campaigns, and coordination with competent authorities.

The Board reviewed the comment form submitted by the Irish Association regarding the Draft Recommendation Paper on Custom-Made Mouthguards.

It was noted that the Association proposed adding the statement “while any mouthguard is better than no mouthguard”. The rationale provided was that certain groups of patients may be unable to afford custom-made solutions and that such devices are not always practical in cases of mixed dentition. The Association underlined that the Paper should avoid implying that custom-made mouthguards are the only acceptable option.

A second comment concerned the sentence “Encourage insurance companies to include CMSs as obligatory for their coverage for specific sports.” The Association considered this wording problematic and recommended that it be amended or removed. The justification given was that requiring insurance companies to mandate custom-made mouthguards could hinder the participation of amateur and volunteer sports groups, particularly in disadvantaged areas.

The Board was informed of a proposal submitted by the Hellenic Dental Association to amend the title of the Working Group on Patient Safety, Infection Control and Waste Management. The proposal suggests renaming the group to Patient Safety, Infection Control and Sustainability.

The rationale provided indicates that while waste management remains a critical component of dental healthcare, it is more accurately addressed within the broader and more comprehensive framework of sustainability. The revised title is intended to better reflect the Working Group’s current scope and its evolving priorities.

**Paper on vaccination policy:**

It was noted that the paper on vaccination policies for dentists and other dental professionals, supported by the 2023 CED survey responses, has been published in the Expert Review of Vaccines, a MEDLINE-indexed peer-reviewed journal providing expert commentary on vaccine development, application, and clinical effectiveness.

<p>Board</p>	<ul style="list-style-type: none"> <li>• The Board further discussed the comments submitted by the Irish Association, with additional clarification provided regarding the rationale behind the proposed amendments.</li> <li>• Members noted concerns regarding affordability and practicality, particularly in publicly funded services and among underprivileged children, where custom-made mouthguards may not be feasible. For this reason, the Irish Dental Association proposed adding the statement “<i>any mouthguard is better than no mouthguard</i>” to avoid implying that custom-made devices are the only acceptable option.</li> <li>• Regarding the comment on encouraging insurance companies to make custom-made mouthguards obligatory for coverage, it was highlighted that such wording could unintentionally create barriers for amateur and volunteer sports groups, especially in disadvantaged communities. A broader reference to mouthguards was suggested as more appropriate.</li> <li>• While acknowledging the superior protection offered by custom-made mouthguards, the Board agreed that the Recommendation Paper should avoid appearing overly restrictive or protectionist.</li> </ul>
<p>Decisions</p>	<ul style="list-style-type: none"> <li>• The Board adapted the paper by accepting the proposed changes submitted through the comment form, to be voted on at the General Meeting.</li> <li>• The Board approved the proposed name change of WG PSICWM.</li> </ul>

<p>Working documents</p>	<ul style="list-style-type: none"> <li>• TEHDAS2 Consultation Guideline Summary (CED-DOC-2025-048-E)</li> </ul>
<p><b>TEHDAS2 Consultation:</b></p> <p>It was reported that the European Commission has launched a public consultation on TEHDAS2 (Second Joint Action Towards the European Health Data Space). Board Members were informed that TEHDAS2 aims to provide practical guidance, governance tools and technical specifications supporting the implementation of the EHDS, particularly regarding the secondary use of health data.</p> <p>It was highlighted that complying with the EHDS will require healthcare institutions to manage extensive administrative tasks, such as processing data access requests, contracts and invoicing. Concerns were raised that these obligations may significantly increase the administrative and financial burden on healthcare providers, particularly small and micro dental practices. It was further noted that such pressures may ultimately be passed on to patients through higher treatment costs.</p> <p>Additionally, the secondary use of dental data offers limited benefit to dentistry and that harmonising national data systems across Member States would be costly and of questionable necessity. Issues relating to cross-border data sharing, privacy risks and the financial and environmental impact of large-scale data infrastructure were also brought to the Board’s attention.</p> <p>The Board was informed that a common reply will be prepared for the TEHDAS2 public consultation on the Draft Guideline on Penalties for Non-compliance, reflecting the proportionality, financial and administrative concerns raised by the Working Group.</p> <p><b>Review of Previous CED Policy Papers on e-Health</b></p> <p>It was reported that several existing CED policy papers related to digitalisation and e-Health were reviewed during the Working Group meeting. Members noted that some documents require updating to ensure alignment with the EHDS and ongoing legislative and technological developments.</p> <p>Three documents are considered priority for revision: Dental Data Set and Access to Health Records, Online Evaluation of Dentists – Update, Data Sharing as part of e-Health</p> <p>It was underlined that the EHDS represents a substantial shift in how health data is accessed, shared, and reused in the EU. While the potential benefits for research and interoperability were acknowledged, the Working Group highlighted the need to address issues such as cost, data privacy and proportionality, especially for smaller practices. Members agreed that the revised CED positions should adopt a pragmatic and balanced approach, emphasising feasibility, scalability and proportionate implementation across Member States.</p> <p>The Board was informed that the 2018 Resolution on Data Sharing is considered the most outdated and will require significant revision. Updated drafts will be circulated for member review once prepared.</p> <p><b>Cybersecurity Task Force</b></p> <p>The Board was informed that the Polish Office for Registration of Medicinal Products has launched a Task Force on cybersecurity and medical devices, intended to produce a report for the MDCG by December in the context of the MDR revision. It was noted that while participation was discussed, the CED will not take an active role but will continue to follow developments through official updates.</p> <p><b>AI Liability and Healthcare</b></p> <p>The Board was informed that the Working Group agreed to continue examining the subject of AI liability at the next meeting, in order to assess whether developing a dedicated CED paper would be warranted.</p>	
<p>Board</p>	<ul style="list-style-type: none"> <li>• Board members discussed that the implementation of the EHDS is a highly complex and far-reaching initiative, and its future impact on dental practice remains uncertain. It was underlined that issues such as cybersecurity and artificial intelligence will be closely linked to the EHDS framework. It was highlighted that the practical value of the EHDS for dentistry may be limited, particularly for traditional dental practices, which could face significant administrative and financial burdens. Concerns were raised that the system may offer little added benefit compared to its overall cost and bureaucratic requirements.</li> </ul>

	<ul style="list-style-type: none"><li>• Members also highlighted that the only clearly beneficial application for dentistry might relate to oral cancer cases, especially the ability to access historical radiotherapy data (radiation dose and treatment location) that can be difficult or impossible to retrieve decades later. Several examples were shared illustrating how missing information can complicate treatment planning, particularly in urgent cases where surgical decisions need to be made quickly.</li><li>• Related to this, some members pointed out that incomplete patient information may expose dentists to legal risks, influencing clinical decisions such as avoiding extractions in irradiated patients and opting for more conservative pain-relief procedures. Difficulties in obtaining old records, especially from paper-based archives, were emphasised.</li></ul>
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**17. Any other business**

Dates and places of next meetings

- 13th March 2026, Brussels
- 21st May 2026, Limassol, Cyprus
- September 2026 (date TBC before FDI meeting in Prague)
- 26th November 2026, Brussels
- March 2027 (date TBC)
- 20 May 2027, Lithuania

The Board agree to consider a different room layout for future General Meetings, in case of difficulties raised by hosting countries.

**PRESIDENT**

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**BRUSSELS OFFICE**

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