BRUSSELS OFFICE UPDATE
CED WORKING GROUPS AND BOARD TASK FORCES
CED GENERAL MEETING NOVEMBER 2025

WG Education and Professional Qualifications (EPQ)

- **WG meetings:**
  ➔ Latest meeting: 1 September
  ➔ Upcoming meeting: TBC, November/December

Implementation Report on the Professional Qualifications Directive and Skills Portability Initiative

Due to shifting of units within the European Commission, the publication of the PQD Implementation report has undergone several delays and is now foreseen for the last quarter of 2025.

According to the latest minutes of the Group of Coordinators (GoC) meeting from June, the plan to improve and simply the recognition of qualifications, announced by the Union of Skills, will depend on the outcome of the published Implementation report. The GoC has also announced the planned adoption of the Skills Portability Initiative in 2026. This initiative includes considerations to further facilitate, expand and modernize recognition processes for regulated professions, such as through the use of digital tools. It will also examine new common rules regarding the recognition process and validation of qualifications of third country nationals.

The WG therefore stands ready for any needed reaction on the upcoming publication of the Implementation report as well as any stakeholder consultations on the Skills Portability Initiative.

Quality of the dental workforce and standards of foreign dental diplomas

The latest WG meeting was dedicated to discussing the quality of dental workforce and standards of foreign dental diplomas, based on the memo shared by the KNMT to the Board meeting in May.

As agree at the latest Board meeting in May, the discussion raised by KNMT was taken up by WG EPQ and ideas of actions to be taken to address these issues were exchanged during the September meeting.

The discussion gravitated around three main outlined topics:

- the introduction of language on mandatory continuing professional development under the PQD
- the inclusion of additional supporting clinical training modules and language testing as mandatory requirements for registering under the national competent authority.

- The strengthening of wording on clinical experience under the PQD and the reiteration of the CED position, outlined in the consultation response submitted in September 2024

However, according to an EU court ruling, Member States are authorised to integrate mandatory additional year(s) of clinical training after the completion of undergraduate studies, applying only for graduates from the national state taking the decision (as a Member State competence). This mandatory clinical year cannot apply to incoming dentists having graduated from other EU Member States.
Initiatives to create mandatory CPD schemes and harmonise the content of CPD courses remain also a Member State competence, as well as determining requirements for language testing.

The WG agreed to develop a policy or guidance paper on strengthening clinical training and CPD. This paper would include clear rules or guidance on the need to integrate additional clinical training following the completion of undergraduate studies, as well as life-long CPD.
The nature and content of such a document is yet to be determined and to be discussed with ADEE for the harmonization of CED-ADEE positions on key issues.
Members also discussed the possibility to request a meeting with the relevant Commission Head of Unit dedicated to PQD issues, to discuss issues of CPD and clinical training.

External Relations
CED President and WG Chair attended the ADEE Meeting and ADEE 50th anniversary in August in Dublin. The CED is planning to attend a second ADEE GED Taskforce event, to be jointly organised by the Danish Dental Association in Copenhagen in February 2026.

Dental specialities and Periodontology
A letter requesting clarifications on the required process for introducing an official request to integrate periodontology as a recognised speciality under the PQD was sent to the European Commission Unit in charge of the PQD.

WG eHealth

- **WG meetings:**
  ➔ Latest meeting: 16 October, hybrid
  ➔ Upcoming meeting: TBC

TEHDAS2 Public Consultation:
The Working Group discussed the TEHDAS2 second public consultation on the European Health Data Space, focusing on secondary use of health data. Three draft guidelines were examined: the draft Guideline on fees related to the EHDS Regulation,

draft Guideline for health data access bodies on penalties for non-compliance related to the EHDS Regulation, draft Guideline for Health Data Access Bodies on Implementing Opt-Out from the Secondary Use of Health Data.

A summary of the drafts was presented and noted that similar concerns arise across all three guidelines. Members expressed strong concern about the growing administrative and financial burden imposed on small healthcare providers. The need to defend small enterprises was also emphasised, which risk being overwhelmed by new obligations.

There was general agreement that the secondary use of dental data offers limited benefit to dentistry and that harmonization of national data systems would be extremely costly and of questionable necessity.

Concerns were also expressed about cross-border data sharing and privacy risks, with participants underlining the high financial and environmental costs of large-scale data infrastructure.

Discussion on Previous CED Policy Papers on e-Health:

The Working Group reviewed several existing CED policy documents related to digitalisation and e-Health. Members agreed that some of the previous documents require updates to ensure alignment with the **European Health Data Space** and the rapidly evolving legal and technological landscape in healthcare.

It was highlighted that the EHDS represents a major shift in the way health data is accessed, shared, and reused across the European Union. The regulation aims to improve cross-border healthcare, promote interoperability, and facilitate secondary use of health data for research and innovation. However, members noted that its implementation raises complex challenges, particularly regarding **costs,** interoperability, data privacy, and proportionality for dental practices and small healthcare providers.

The Working Group agreed that the current CED positions should reflect these realities by adopting a pragmatic and balanced approach, recognising the potential benefits of EHDS for improving data-driven healthcare and research, while also stressing the need for feasible, cost-effective and proportionate implementation across Member States.

Cybersecurity Task Force:

The Polish Office for Registration of Medicinal Products, Medical Devices and Biocidal Products launched a Task Force on cybersecurity and medical devices, aiming to produce a report for the MDCG by December, in line with the MDR revision. Participation in the Task Force was discussed during the Board meeting, where its objectives, timeline, and scope were reviewed. It was agreed that the CED would not take an active role but would continue to follow its developments through official reports.

WG Dental Materials and Medical Devices (DMMD)

- **WG meetings:**
  ➔ Latest meeting: 16 September, online
  ➔ Upcoming meeting: TBC

Medical Device Coordination Group (MDCG) Guidance on the health institution exemption'
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 (such as dental ones). The proposal was sent to the relevant contacts, next steps are yet to be communicated.

Meeting with MDCG Working Group on Market Surveillance on CAD/CAM:
As per previous information shared with the Board, on 26 June, the CED President, the WG DMMD Chair, Nicola Paolucci and Nikoleta Arnaudova 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. In August, CED contacted the Market Surveillance Working Group Chairs to check on any additional next steps and results from the discussion on the topic, and a reply was received indicating that the discussion is ongoing among the Competent Authorities.

CED draft reply to the call by the European Commission on Medical devices and in vitro diagnostics – targeted revision of EU rules

The WG was informed that this initiative seeks to simplify EU rules for medical devices and in vitro diagnostics. It aims to ensure availability of safe and innovative devices to safeguard a high level of patient safety, public health and healthcare.The aim is to simplify and streamline the regulatory framework, and make it more cost-efficient and proportionate, while preserving a high level of public health and patient safety and maintaining the overall structure of the current regulatory framework.
Members noted the ongoing difficulty in quantifying the scale of the problem of manufacturers not re-certifying devices under the MDR. The exact scale of the problem of non-recertified devices remains unclear, as most data comes from industry rather than dentists, and even then is not as robust as it should be.

It was noted that replacing one device within a treatment chain can cause significant problems, as dentists often rely on a sequence of different devices. While switching to another producer is sometimes possible, substitutes may not always be equivalent or CE-marked. Although hard figures are lacking, this issue was strongly underlined by from the wider medical field, showing that it is not limited to dentistry alone.
Members discussed the importance of ensuring that dental practices are recognised as healthcare institutions under the MDR. It was noted that such recognition could allow for certain exemptions and reduce regulatory burdens.

It was highlighted that MDR and REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals Regulation by the European Commission, (EC 1907/2006) may be in conflict, as MDR follows a risk-based approach (concentration dependent) while REACH applies a hazard-based approach. This creates challenges for certain materials, such as cobalt in very low concentrations, which are not considered problematic under MDR but are classified as dangerous under REACH.

Adverse Reactions Reporting Survey with NORCE
Members informed that the survey received additional replies after the preliminary results presented in Gdansk, showing large variation across countries. Significant differences were noted regarding dentists' awareness of mandatory reporting of adverse clinical and environmental reactions to dental materials under the MDR. Views also diverged on whether MDR reporting provides sufficient data, with several countries expressing no clear opinion. Most respondents considered a voluntary, producer-independent reporting system both useful and feasible, with health authorities or National Dental Associations seen as the main responsible bodies. Key concerns identified were lack of interest among dentists (48.1%), funding constraints (30%), and difficulties in informing practitioners (22%).

ANDI Questionnaire on dental abutments
ANDI drew attention earlier this year to the MDR classification of dental abutments (Class IIb) and haemostatic sponges (Class III), noting that the UDI recording obligations for such devices create unnecessary administrative burdens for dental practices. ANDI also questioned whether the risk profile of these products could be reassessed.
A brief set of questions was prepared for the CED members, 12 replies have been received.
ANDI highlighted that a revision of classification criteria for commonly used dental devices is needed, to better align risk classes with actual risk. The administrative burden on healthcare professionals from MDR Article 27(9) should be reduced. UDI requirements should apply only to implantable devices, not all dental materials.

WG Oral Health (OH)

- **WG meetings:**
  ➔ Latest meetings: 08 October
  ➔ Upcoming meeting: TBC

Prevention and accessibility of oral healthcare

On the 30 June, the WG initially discussed the drafting of a new policy document on prevention, following the merge of two WG workstreams. This paper is to act as an update of two outdated CED policy papers: the 2019 CED White Paper on Oral Care: "Prevention is better than cure" and the 2011 CED Resolution "For Better oral health of all EU citizens: Mutual Integration of Oral and General Health". This paper also plans to integrate new advocacy requests and pave out existing initiatives and policies in the field of oral health prevention in different EU countries.

A first version of the paper was presented and discussed at the WG meeting on 8 October. The paper is foreseen to be presented for adoption at the GM in May 2026.

In line with the target audience and objectives of this paper, as well as the scope of action following its adoption, the WG also received in June an update on the recent launch of the MEP Interest Group on Health Inequalities, Prevention and Risk Factors at the European Parliament and the possibilities of using such policy material for advocacy activities with this MEP interest group.

Amalgam

Alongside the drafting of the Prevention paper, the draft survey on dental fillings following the implementation of the amalgam ban was shortened and revised.

Following a Board decision on 24 September, the title was amended, and the survey was disseminated to all CED members. The objectives of the survey are to collect data and information on the situation under national healthcare systems of changes in public coverage, availability and affordability of fillings and restorative treatments following the implementation of amalgam ban in Member countries.

EU Cardiovascular Health Plan

The WG prepared and submitted on the 15 September a CED response to the European Commission call for evidence on the EU Cardiovascular Health Plan.

This response highlighted the mutual interaction between oral and cardiovascular health and called upon the European Commission to embed oral health across all aspects of the EU Cardiovascular Health Plan. This includes acknowledging the role of dentists in the screening, prevention, and detection of oral and cardiovascular diseases, as well as the importance of treating oral diseases for the effective management and care of cardiovascular diseases.

Tobacco

The WG prepared and submitted a CED response to the Call for Feedback on the adopted Commission Proposal for a revised Council Tobacco Taxation Directive (*Directive on the structure and rates of excise duty applied to tobacco and tobacco related products*). In its response, the CED welcomed the long-awaited revision of the Directive and the extension of its scope to novel and alternative tobacco and nicotine products. The WG also highlighted the positive efforts and support provided by these new measures to dentists' work, including the direct and primary responsibility of dental professionals in smoking cessation activities and the treatment of tobacco-related oral diseases, and specifically highlighted oral cancer and periodontal diseases.

This Call for Feedback followed the announcement by the European Commission on 16 July 2025 of the revision of the EU Tobacco legislation.

This announcement unveiled two major proposals, including the long-awaited revision of the Tobacco Taxation Directive (previously Council Directive 2011/64/EU on the structure and rates of excise duty applied to manufactured tobacco), and the creation of a new Tobacco Excise Duty Own Resource, with 15% of minimum excise rates of each country for manufactured tobacco and related products going towards the EU budget.

The revision of the Tobacco Taxation Directive expands the scope of the Directive to include a much broader set of products. This includes the introducing of excise duty rates for waterpipe tobacco, heated tobacco and other manufactured tobacco, liquids for electronic cigarettes, nicotine pouches and other nicotine products. The revised

Directive also includes an increase in minimum taxation rates for targeted products and harmonises excise duty rates for raw tobacco, in an effort to reduce illicit trade.

Obstructive Sleep Apnea (OSA)

At its latest meeting, the WG discussed the topic of obstructive sleep apnea based on guidance from the Board, in an attempt to clarify the specific role and needs of dentists within interdisciplinary efforts to improve the management and treatment of OSA. The WG is planning to submit once again an Action Proposal Form to the Board in November.

Antimicrobial Resistance

WG member Harry-Sam Selikowitz is to carry out a presentation on behalf of the CED at the AMR One Health Network meeting in Brussels on 24 November. This intervention is to touch upon the topics of oral health, AMR and One Health.

Ageing

The GM will be presented with the White Paper on Ageing and Oral Health for adoption at the November GM.

The WG was informed of the latest institutional activities in the area of ageing, including the adoption by the ECOSOC Council of Council Conclusions supporting older people in reaching their full potential in the labour market and society, as well as the Danish Presidency priority of supporting the future of ageing and long-term care.

Sugar

The WG has been discussing the future development a lobby package on sugar, for supporting NDAs in lobbying activities on sugar at a national level. This lobby package is still foreseen to be developed.

Future collaboration between the CED and the Standing Committee of European Doctors (CPME) on the topic of sugar is also being considered by the WG.

External affairs:

The WG was informed by email of the latest advancements regarding the Political Declaration of the fourth High-Level Meeting of the UN General Assembly on NCDs and Mental-health and Well-being. Following extended negotiations, the draft currently incorporates strong mention of oral health and the need to address oral diseases. The text was rejected for adoption by consensus on 25 September following the US's strong objection to the Declaration. The text is to be presented for a formal vote as a Resolution before the end of the year at the UN General Assembly.

The CED will take part in the next European Medicines Agency's (EMA) online HCPs POG meetings (meeting of eligible Healthcare Professionals Learned Societies Policy Officers' Group (POG)) on 20 October.

WG Patient Safety, Infection Control and Waste Management (PSICWM)

- **WG meetings:**
  ➔ Latest meeting: 15 September
  ➔ Upcoming meeting: TBC

Paper on mouthguards:

The WG discussed the draft position on mouthguards. It was agreed that the text will be submitted for voting at the November 2025 General Meeting.

In this recommendation paper, the CED focuses on preventive measures against orofacial injuries that athletes may encounter during sports activities. As is well known, whether recreational or competitive, sports and athletic activities provide substantial benefits for physical, mental, and psychological well-being. However, athletes are at an elevated risk of sustaining traumatic dentofacial injuries (TDIs), particularly in high-contact sports. The growing awareness of these risks has led to the development of preventive oral care programs and the recommendation of protective appliances, particularly custom-made mouthguards (CMSs). These devices are proven to minimize the risk of traumatic dental injuries by absorbing and redistributing the force of impacts, stabilizing the jaw, and separating oral structures to prevent soft tissue damage. For this reason, their adoption should be considered a shared responsibility among athletes, coaches, parents, sports organizations, and dental professionals.

Paper on vaccination policy

The paper on vaccination policies for dentists and other dental professionals (supported through the responses of CED members to the 2023 survey on the same topics) has been published in the Expert Review of Vaccines, A MEDLINE-indexed peer-reviewed journal providing expert commentary on the development, application, and clinical effectiveness of new vaccines.

BTF Internal Market (IM)

- **BTF meetings:**
  ➔ Latest meeting: 13 March
  ➔ Upcoming meeting: TBC

Corporate dentistry:

The Task Force on corporate dentistry of ERO and CED continues working on this topic. The survey on corporate dentistry remained open and was reshared with members who have not provided replies yet. At the time of writing of this document, the survey had received has 42 replies.

Thomas Wolf, as member of the Task Force, has already proceeded with the preparation of a first scientific article using data from previous surveys conducted by

CED. The first article is titled *Corporate dentistry in European Union: A cross-national survey of legal frameworks and market dynamics*, and uses data from the 2022 CED survey. The goal was to submit the manuscript to an international peer-reviewed journal (potentially the International Dental Journal).

CED Statement on Quality of Dentistry across borders:

Based on input from several BTF members, the BTF prepared a statement to reflect on some of the challenges and concerns of European dentistry specifically in relation to third country (foreign educated) dentists in relation to matters such as linguistic knowledge, professional ethics, familiarity with the healthcare system of their country of work. The document was adopted at the May GM.

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