

Minutes	Date: 14 November 2025
CED GENERAL MEETING	Venue: Sheraton Brussels Airport Hotel (Brussels National Airport, Brussels, Belgium, 1930)
	Time start: 09:00 Time end: 17:00
Chair	Freddie Sloth-Lisbjerg, CED President
Participants	See list attached
Representatives of the Brussels Office	Ainhoa Zamacona, Elif Dincher, Clara Luciani

1. Welcome, quorum and apologies		Rapporteur: Freddie Sloth-Lisbjerg
Working document	List of Participants	
<p>The President welcomed the participants to the CED General Meeting (GM), including guests, Prof Christopher Vernazza from the PRUDENT project, as well as Saulé Skinkyté (President) and Eliška Jandová (Vice-President of External Affairs) from the European Dental Students' Association (EDSA).</p> <p>The quorum was established. A total of 30 member associations were present, including 26 full members and 4 affiliate members. The Italian Dental Association AIO and the Swedish Dental Association sent their apologies in advance and were not present at the meeting.</p>		

2. Approval of the agenda		Rapporteur: Freddie Sloth-Lisbjerg
Working document	• CED-GM-A-2025-02-E/D/F	
<p>The agenda was approved.</p> <p>The order of Working Group presentations under the adopted agenda was shifted during the meeting, proceeding first with Working Groups presenting documents for adoption by the GM. The normal order under the adopted agenda was agreed to then be followed for the remaining WGs.</p>		

3. Notification of the minutes of the last General Meeting		
Working document	• Minutes of CED General Meeting in May 2025 (CED-GM-M-2025-01-E/D/F)	
The minutes were adopted by email prior to the meeting.		

4. President's report		Rapporteur: Freddie Sloth-Lisbjerg
Working document	• CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones (CED-DOC-2025-042-E)	
<p>The President highlighted in his report, the following points:</p> <p>1) The temporary composition of the Brussels' office, with Elif Dincher holding the position of Policy Officer until May 2026 and who is currently covering for Senior Policy Officer Nikoleta Arnaudova.</p>		

- 2) His recent participation in the following meetings and events:
- The Commission MDCG WG on Market Surveillance meeting between the CED and the dental technicians (European Federation for Dental Technicians and Independent Laboratory Owners, FEPPD) – 26 June. This meeting was also attended by CED members Edoardo Cavallé and Nicola Paolucci and CED policy officers Nikoleta Arnaudova and Clara Luciani
 - The 43rd Panhellenic Dental Congress in Athens, Greece, and the President's participation in a round table on the current EU Dental Actions – 2-4 October.
 - The ADEE Annual Meeting and 50th Anniversary event in Dublin, Ireland, alongside Board Director Katalin Nagy
 - The Federal Assembly and German Dental Days by the German Dental Association (BZÄK) in Berlin – 31 October. Here, the President extended his congratulations to the new BZÄK Board and particularly the election of current CED Board member, Romy Ermler, as new President of the German Dental Association.
 - Online discussion with ADEE management team, Denis Murphy and James Field, alongside Katalin Nagy on 7 October, to discuss future collaboration and the organization of a collaborative ADEE workshop on 26 February 2027 in Copenhagen.

3) The recent President's address for the European Journal for Dental Implantologists (EDI).

4) A presentation was carried out by the President on the topic of funding, following the discussion that was opened up at the May GM.

Members were informed that following the election of a new Treasurer, a Board Taskforce will be set up to discuss and come up with a concrete proposal on funding and sponsorship possibilities for the CED. Here, the President also gave a quick overview and insight into the current situation and climate for civil-society funding and EU grants in Brussels. Members were informed of recent important funding cuts to civil-society organisations operating public health advocacy activities in Brussels, that had been receiving operational grants by the Commission. The President highlighted the consequences of these cuts for the whole public health sector, for the Commission's priorities in the field of health and for the CED.

The President also briefly highlighted the publication of the provisional multi-annual financial framework 2028-2034, with the health budget being significantly side-lined under the new EU budget, showing a decrease in priority from the side of the Commission regarding public health.

5) The new CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones and the current records around human rights and medical neutrality violations globally. The President went over the background of the document and the call for action from the Norwegian Dental Association. Freddie Sloth-Lisbjerg presented this Statement for vote to the General Meeting.

6) The publication of a new Commission report on the role of healthcare in EU inequalities and poverty in September 2025. He highlighted the new data and statistics as well as the contradicting observations stemming from the report. This includes the highest level of unmet dental needs coming from Greece and Denmark, two countries who showcase, on the other hand, the most important amount of public spending surpluses across the EU.

7) The overview of the day's GM and the core topics to be covered, including oral healthcare financing, MDR, corporate dentistry, dental abutments, x-ray unit checks, education and clinical training, healthcare workforce crises, ageing and oral health, prevention, cancer and cardiovascular health and custom-made athletic mouthguards.

8) The next CED General Meetings are set to take place:
- On the 22-23 May 2026 in Limassol, Cyprus

<p>- On the 27 November 2026 at the Sheraton hotel in Brussels - On the 21-22 May 2027 in Vilnius, Lithuania</p>	
Heming Olsen-Bergem	Welcomed the CED Statement on Violations of Medical Neutrality and highlighted the importance of dentistry and the deterioration of oral care in conflicts and war zones. He pointed out the increasingly unstable situation in Europe and the important work of NATO medical in security planning.
Torben Schönwaldt	The new Chairman of the Danish Dental Association supported the President's report and highlighted the importance of obtaining more data behind unmet dental needs and oral healthcare. This would help better explain the presented numbers on Denmark for example.
The GM adopted the CED Statement on Violations of Medical Neutrality and Protection of Healthcare Professionals in Conflict Zones with 53 votes in favour.	

5. Intervention from the PRUDENT project (Prioritisation, incentives and Resource use for sUstainable DENTistry) on oral health financing		Rapporteur: Christopher Vernazza
<p>Professor Vernazza, Head of the School of Dental Sciences of Newcastle University, as well as Director of Research and Senior Lecturer in Paediatric Dentistry, holding honorary roles at the British Society of Paediatric Dentistry, the Oral and Dental Research Trust, the Alliance for a Cavity Free Future and the FDI, delivered a presentation to the GM on the on-going PRUDENT project (Prioritisation, incentives and Resource use for sUstainable DENTistry), a Horizon Europe and UK Research and Innovation funded consortium project for the improvement of oral health financing.</p> <p>He presented an overview of the project, including main principles, partner countries, project questions and overall objectives of the project. He also presented the targeted work and goals of each 7 work packages as well as some preliminary results.</p> <p>The slides from the presentation have been made available on the CED website, under November GM.</p>		
Eddie Crouch	Welcomed the presentation and acknowledged the importance of the advancement of the PRUDENT project. He highlighted the importance of finding urgent solutions for strengthening oral health financing in the UK and establishing a plan to address the current NHS dental care crisis.	
Katalin Nagy	Welcomed the project and preliminary results and underlined the importance of focusing and further strengthening dental teams under the direction of the dentists, as mentioned in the presentation. She raised her current work and collaboration with dental hygienist representatives and the importance of strengthening and harmonising hygienists' skills across Europe.	
Alessandra Rossi	Inquired into the how the project was developed and how the limited scope of the project was defined, grouping together 12 countries. She therefore stressed the importance of collecting such data and information also for all other EU and European countries, as it could serve as important leverage for EU and national advocacy. She raised the question of the possibility of extending the project to other countries.	
Chris Vernazza	<p>Responded to previous questions and explained the limited resources and funding of the project. He highlighted that PRUDENT is a consortium of different universities, encompassing dental schools and economic faculties, as well as research institutes and one Government department. He explained how project partners were determined and chosen, including the need to identify universities with relevant expertise and sufficient resources to carry-out the project.</p> <p>He also reassured members as to the use of result outputs and on current considerations on ways to apply findings from the project to EU countries as a whole.</p>	
Hans de Vries	Responded to the data on the Netherlands, and confirmed that in order to increase the necessary capacity in oral healthcare, the number of dental training positions must be raised to 375. Shortening the length of the degree programme has little impact, and it has been decided to maintain the current six-year duration	

Chris Vernazza	Pointed out the faster progress of some work packages compared to others. He highlighted that the more advanced stage of work package 5 on modelling needs and supply already enabled them to outline preliminary findings on oral healthcare in the Netherlands.
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6. and 7. Report from the Brussels Office and Communications		Rapporteurs: Clara Luciani, Elif Dincher
Working documents:	<ul style="list-style-type: none"> • CED News Update II 2025 	
<p>Elif Dincher and Clara Luciani reported simultaneously on institutional and office updates and communications.</p> <p>Both Policy Officers presented updates to the GM on 1) the General Meeting highlights, 2) the latest institutional updates (including on the European Commission’s 2026 Work Programme, EU Omnibus packages, eHealth, ethanol, the Skills Portability Initiative), 3) updates from recent surveys and presentation of results from a recent questionnaire on x-rays dental check units, 4) recent CED presentations, 5) elections, 6) a short progress report on the European Manual of Dental Practice, and 7) communication updates, including the publication of the 2nd edition of the CED newsletter in October and a call for contributions for the upcoming winter newsletter in December. The deadline for contributions for the 3rd edition was set for Monday 1 December.</p>		

8. Finances		Rapporteurs: Ioannis Tzoutzas
<p>The Treasurer reported on the current financial situation and projections of the CED. He also took the opportunity to present the evolution of the CED finances in the past years.</p> <p>The CED is currently expecting a surplus for the year 2025 slightly higher than initially budgeted (around 20000 euros).</p> <p>Ioannis Tzoutzas shared that he checked the bank statements and found no irregularities. The Treasurer and the President stressed that CED finances are currently in a healthy situation. He finally expressed that it was an honour to hold the position of CED Treasurer for the past years.</p>		
Henner Bunke	Inquired about the situation of the CED savings	
Vasileios Stathopoulos	Thanked the Treasurer for his good job during his mandate and suggested that the savings should be used to carry more lobbying activities.	

9. CED Board Elections		Rapporteur: Freddie Sloth-Lisbjerg
Working documents	<ul style="list-style-type: none"> • Link to the candidacies on the CED website • Responsibilities and legal obligations of CED President, CED Treasurer and CED Directors (CED-DOC-2025-027-E) • Call for candidacies for CED Board elections in November 2025 (CED-DOC-2025-028-E) • Note on CED Board election procedure (CED-DOC-2025-029-E) 	
<p>The vote concerned the position of Treasurer with the mandate of November 2025 – November 2028, and 3 Board Directors, with the same mandate of November 2025 – November 2028.</p> <p>For the position of Treasurer, two candidacies were submitted, both running for a first mandate, Hans de Vries from the Dutch Dental Association (KNMT) and Christof Ruda from the Austrian Dental Chamber.</p>		

<p>For the 3 Board Directors, 4 candidacies were received, including the candidacies of Charlotte Heuzé from the French Dental Association CDF (running for a second mandate), Katalin Nagy from the National Committee for Hungarian Dentistry (running for second mandate), Miguel Pavão from the Portuguese Dental Association (running for a second mandate) and Hans de Vries (running for a first mandate) were submitted. The President indicated that the number of candidates was subject to change, depending on the outcome of the election of the Treasurer.</p> <p>Ainhoa Zamacona reminded the delegates of the election process through the presentation of a few slides.</p>	
Freddie Sloth-Lisbjerg	<p>The President extended his gratitude and thanks, from himself and the CED Board, to outgoing Treasurer Ioannis Tzoutzas and recognised his dedication as Treasurer and in previous role as Board Director to the CED Board. He also wished him continued success in future roles.</p>
Decisions:	<ul style="list-style-type: none"> • Three election assistants were appointed: Ulrike Matthesius, Nicola Paolucci and Alfred Büttner • The vote for Treasurer took place with 40 votes in favour of Christof Ruda and 13 votes in favour of Hans de Vries. Christof Ruda was therefore appointed as Treasurer. • Christof Ruda accepted the appointment as Treasurer. • The vote for the position of Director 1 took place with 17 votes in favour of Charlotte Heuzé, 15 votes in favour of Katalin Nagy, 12 votes in favour of Miguel Pavão, 9 votes in favour of Hans de Vries. Charlotte Heuzé was appointed as Board Director. • Charlotte Heuzé accepted the appointment. • The GM then voted for the position of Director 2, with 20 votes in favour of Miguel Pavão, 19 votes in favour of Katalin Nagy and 13 votes in favour of Hans de Vries, and 1 invalid vote. Miguel Pavão was appointed as Board Director. • Miguel Pavão accepted the appointment. • The two remaining candidatures were placed on vote for Director 3. Katalin Nagy obtained 33 votes in favour, Hans de Vries obtained 19 votes in favour and there was 1 invalid vote. Katalin Nagy was appointed as Board Director. • Katalin Nagy accepted the appointment.

10. Oral Health		Rapporteur: Vasileios Stathopoulos
Working document	<ul style="list-style-type: none"> • CED White Paper on Ageing and Oral Health (CED-DOC-2025-037-E) • Updated Mandate of WG OH (CED-DOC-2025-046-E) 	
<p>The Rapporteur updated the GM on the following:</p> <p>The Working Group held its two online meetings since the last GM, on 30 June and 8 October.</p> <ul style="list-style-type: none"> • Policy papers: Ageing and Oral Health As previously presented to the GM at the last May GM, the WG OH has successfully finalised the CED White Paper on Ageing and Oral Health. The drafting work was led and coordinated by Kieran O'Connor. The WG also received input from chosen expert Gerry McKenna through written feedback to the paper. This paper fits into the general institutional ongoing efforts and activities in the field of healthy ageing and more generally the key issues around the topic of ageing. A few institutional activities were cited here: the recent High-Level Policy Conference for Ministers on the Future of Ageing and 		

Long-Term Care, led by the Danish Presidency and which took place at the end of October. The GM was also updated on the recent publication of Council Conclusions supporting older people on the labour market, as well as several previous publications around ageing and health ageing. As a summary, the White Paper calls policymakers and Commission officials to develop an oral health strategy for healthy ageing, and to redouble efforts around education, training and working conditions of the healthcare workforce dealing with the older population. The CED highlights the urgent need to include oral health under all current and future European health ageing policies and action plans.

- **Policy papers: Draft White Paper on Oral Health Promotion and Oral Disease Prevention**

The GM was also informed of a second policy paper, currently being drafted: the WG has started the work on a policy paper on oral health promotion and oral disease prevention. The work is being drafted and coordinated by Dr. Alessandra Rossi. It has already gone through a round of discussions and feedback on 8 October.

This paper ready is foreseen to be presented for discussion at the May GM next year.

Institutional interest has been observed around the topics of inequalities and health prevention and promotion with the launch, last February, of the MEP Interest Group on health inequalities, prevention and risk factors.

Continued monitoring of the European Parliament and Commission for any relevant activities.

- **Survey: Restorative dental materials following Regulation 2024/1849 on the phase-out of dental amalgam**

Recent launch of a CED survey on restorative dental materials following the European Regulation on the phase-out of dental amalgam, received by all associations by email

Member were reminded of the goal of the survey: To collect data and information on the situation regarding current public coverage, availability and affordability of fillings and restorative treatments, that are used as alternatives to amalgam, under national healthcare systems. It focuses on any relevant changes that may have been observed since the implementation of the amalgam ban and the start of the amalgam phase-out in member countries.

The GM was reminded that the deadline for submitting input was set for Friday 21 November. All results can be shared with other WGs, as relevant.

- **Call for Evidence: EU Cardiovascular Health Plan:**

The Chair also updated the GM on recent CED contributions to two calls for feedback from the European Commission.

Firstly, the WG responded to a call for evidence for the adoption of a EU Cardiovascular Health Plan by the European Commission. This Plan was one of the Health Commissioner's key priorities in this mandate, and follows the launch the previous major health plan, the EU Beating Cancer Plan in 2021. The WG prepared and submitted a CED response to the call on the 15 September. The Plan is foreseen to be adopted by the end of 2025.

In its response, the CED highlighted in its input the mutual close 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.

The role of dentists in the screening, prevention, and detection of oral and cardiovascular diseases was also highlighted, as well as the importance of treating oral diseases for the effective management and care of cardiovascular diseases.

The European Commissioner also recently announce that the Plan includes actions to be taken on the commercial determinants of health: he stressed that this includes measures to be taken on: tobacco, unhealthy and highly processed foods and alcohol.

The WG will continue monitoring this file, as relevant.

- **Call for feedback: Revised Tobacco Tax Directive**

Members were also informed of the recent WG submission to the call for feedback on the revised Tobacco Tax Directive, following the Commission announcement in July.

This revised Tobacco Taxation Directive expands the scope of the Directive with a much broader set of products: the introducing of tax on waterpipe tobacco, heated tobacco and other

manufactured tobacco, liquids for electronic cigarettes, nicotine pouches and other nicotine products (which may or may not contain tobacco).

In its response, the CED welcomed the revision of the Directive and welcomed the extension of its scope to novel tobacco and nicotine products.

This legislation will help support dentists' work, for example for support to smoking cessation and the treatment of tobacco-related diseases.

The GM was informed that the WG will continue monitoring the file and hope to see a further revision of the full EU tobacco legislation.

- **Future Project: Obstructive Sleep Apnea (OSA)**

The GM was updated on future projects, including on obstructive sleep apnea and on recent discussions on the specific role and needs of dentists within interdisciplinary efforts to improve the management and treatment of OSA. The Chair expanded on the topic of OSA and on the prevalence of obstructive sleep apnea and other conditions.

- **AMR**

The GM was also informed that CED representative to the Commission AMR One Health Network, Harry-Sam Selikowitz, will deliver a presentation on behalf of the CED at the stakeholder meeting on the 24 November. The presentation will focus on "Managing oral health in the context of AMR".

- **Revision of WG Oral Health mandate**

The Chair presented the revised WG Oral Health mandate for vote by the GM.

The amendments were presented by the Chair, including:

- The mention of the WG's new work around Obstructive Sleep Apnea and related activities.
- Amended wording on paragraph 4., regarding sugar consumption
- And finally, inclusion of the WG's intention to collect information and examples on all existing national initiatives and campaigns that are currently carrying out oral health prevention or promotion.

- **Institutional Updates: UN High-Level Meeting on NCDs**

Finally, provide members with a short institutional update:

The Political Declaration on NCDs and Mental Health and Well-Being, which was presented at the UN 4th High-Level Meeting on NCDs in New York in September now includes wording on oral health and oral diseases.

This final version follows extensive negotiations, including from the FDI.

According to the latest information that Chair had at present time, the text was rejected for adoption by consensus on 25 September following the US's objection. The text was foreseen to be presented for a formal vote in the format of a Resolution before the end of the year at the UN General Assembly.

Freddie Sloth-Lisbjerg	Presented the request for an amendment received from the Norwegian Dental Association on the White Paper on Ageing and Oral Health, accepted at the Board Meeting.
Doniphan Hammer	Highlights the need to distinguish initial undergraduate training from CPD when mentioning the need for mandatory training dedicated to oral care of frail older adults, in the paper. Also stressed the need to mention the use of AI and new technologies in this field of practice.
Vasileios Stathopoulos	Agrees on the importance of addressing new technologies and AI under future papers or future revisions.
Mick Armstrong	Opened up the discussion on the use of wording relating to universal health coverage (UHC) in WG documents and suggested the need for guidance from the GM.

Hans de Vries	Stated being in favour of the amended version of the mandate, agreed at the Board meeting.
Decisions:	<ul style="list-style-type: none"> The GM unanimously adopted the CED White Paper on Ageing and Oral health with 50 votes in favour, with accepted amendments shared in advance by email. The GM adopted the revised WG Oral Health mandate, with accepted amendments shared in advance by email.

11. WG Patient Safety, Infection Control and Waste Management	Rapporteur: Ioannis Tzoutzas
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Working document	<ul style="list-style-type: none"> CED Recommendation on Custom-Made Athletic Mouthguards (CED-DOC-2025-040-E)
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The Rapporteur updated the GM on the following:

- CED Recommendation on Custom-made-mouthguards:**

The GM was informed that the primary objective of the WG PSICWM was the drafting of a Recommendation Paper on athletic mouthguards. This document was finalised during the September 2025 meeting and was presented at the Board meeting on 13 November.

In this recommendation paper, the WG highlighted ways to prevent orofacial injuries in sports. Sports, whether recreational or competitive, bring clear benefits for physical and mental health, but athletes face a higher risk of dental and facial injuries, especially in contact sports. To address this, preventive oral care programs and protective devices, particularly custom-made mouthguards, are recommended.

These mouthguards help reduce injuries by absorbing impact forces, supporting the jaw, and protecting soft tissues. Using them is a shared responsibility of athletes, coaches, parents, sports organizations, and dental professionals. Contact sports like boxing, rugby, or basketball clearly have the highest need. Restricted contact sports such as soccer or gymnastics still carry some risk, and even in activities like surfing, cycling, or skiing, where the main concern is falls, mouthguards can still play a protective role. In conclusion, the use of custom-made mouthguards holds great importance across a wide range of different sports. Therefore, in order to promote their wider adoption, it is essential to engage with relevant stakeholders and ensure that the necessary steps are taken.

It was clarified that the edits highlighted in blue in the shared document reflect the changes proposed by the Irish Dental Association. It was explained that the first modification aimed to avoid implying that other types of mouthguards provide no protection. Accordingly, the statement “any mouthguard is better than no mouthguard” was added to the Recommendation Paper. Furthermore, it was indicated that the Recommendation focuses on two primary user groups, which are amateur athletes and professional athletes. Consequently, the wording “specific sports at professional level” was added, particularly in relation to insurance-linked requirements.

- Paper on vaccination policies for dentists and other dental professionals:**

The GM was informed that 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.

Mick Armstrong	A request was made for clarification on the absence of any reference to microchipped mouthguards, noting that these devices, as a recent innovation, enable the recording of cumulative impacts to assess potential brain injury. It was further suggested that this emerging technology may become increasingly relevant and could therefore merit consideration for inclusion.
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Philippe Decroock	Clarification was sought on the reasoning behind limiting the insurance-related recommendation to specific sports and to the professional level.
Freddie Sloth-Lisbjerg	He noted that concerns had been raised that, in the absence of a specification regarding professional athletes, unintended implications could arise for children or individuals from disadvantaged backgrounds. Accordingly, the explicit focus on the professional level was deliberately maintained.
Robin Foyle	Emphasised that the recommendation is not concerned with insurance providers reimbursing the cost of the mouthguard itself, but rather with their role in compensating injury in case of trauma. The intention is for insurance contracts with professional athletes to require the use of custom-made mouthguards instead of boil-and-bite models. Extending such a requirement to all amateur sports, including, for example, young children, was considered impractical and potentially discouraging for broader sporting participation, which underpinned the rationale for the amendment.
Doniphon Hammer	Raised a concern about the translation of the term 'agr��e', noting that it implies formal approval by a specific authority, whereas the English term 'qualified' is broader and simply denotes appropriate training. It was suggested clarifying which meaning is intended to avoid ambiguity in the document.
Decisions:	<ul style="list-style-type: none"> The GM adopted the CED Recommendation on Custom-Made Athletic Mouthguards 43 votes in favour, with accepted amendments shared in advance by email.

12. BTF Internal market		Rapporteur: Anna Lella
Working document	<ul style="list-style-type: none"> Final Results of the CED/ERO survey on corporate dentistry (CED-DOC-2025-044-E) 	
<p>The Rapporteur updated the GM on the following:</p> <p>It was first recalled that the documents prepared by the BTF Internal Market over recent years had been subsequently adopted by the General Meeting. Appreciation was expressed for the effective cooperation within the group, and it was noted that the outcomes of this work are expected to serve CED members in their respective lobbying activities.</p> <p>It was highlighted that the draft CED White Paper on workforce challenges for dentistry was developed and adopted by the GM in November 2022, followed by the draft CED Position on Dental Workforce adopted in May 2023.</p> <ul style="list-style-type: none"> In November 2024, two documents concerning corporate dentistry were finalised and approved: the CED Statement on Corporate Dentistry and the Dental Profession and the accompanying CED Document Supporting and Informing Young Dentists in Relation to Corporate Dentistry. Furthermore, it was noted that earlier this year, the CED Statement on Quality of Dentistry Across <i>Borders</i> was adopted. European Parliament Health Workforce Own-Initiative Report: The GM was informed that, currently, the European Parliament is drafting an own-initiative report to address health workforce crisis in Europe. The report, led jointly by the Committee on Public Health (SANT) and the Committee on Employment and Social Affairs (EMPL), is expected to be finalized in early 2026. It identifies six pillars for action, including improving working conditions, addressing regional inequalities, enhancing recruitment and training, supporting digital transformation, ensuring sustainable financing, and promoting ethical labor models. During the BTF IM meeting it was noted that the language in the draft overlaps significantly with CED concerns reflected in the existing White Paper on Workforce Challenges, including mobility, third-country 		

qualifications, and brain drain mitigation. While dentistry is not explicitly mentioned, the report lays a promising foundation, indicating that systemic workforce challenges across healthcare are being recognized and addressed.

After the discussion, it was agreed to establish communication with the relevant Rapporteur MEP, including the transmission of an official letter and relevant CED documents, to ensure that dentistry is duly considered as an integral part of the wider healthcare ecosystem and faces similar workforce challenges. In addition, members agreed that cooperation with relevant stakeholders should be strengthened and that existing formal collaboration structures should be leveraged more actively, in order to reinforce political visibility.

- **Corporate Dentistry: Task Force with ERO:**

It was recalled that following the presentation of the preliminary results at the May General Meeting, a joint survey on corporate dentistry was launched by the CED and ERO for their members. The survey was based on the CED survey from 2022 and was intended to broaden the response base in order to obtain a more comprehensive overview of corporate dentistry within the EU and the wider European region.

The survey received a remarkably broad geographical response, with 45 countries participating in total. This broad engagement is expected to significantly strengthen the credibility and impact of any subsequent publication.

Thomas Wolf, as member of the Task Force, has already proceed 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.

Based on the current survey findings, a scientific article is currently in preparation. Aim of the article is not only to inform stakeholders within the CED framework, but also to raise awareness among practitioners and decision makers in Europe who are not directly involved in organized dentistry.

The GM was informed that during the discussion in the BTF IM meeting, members emphasized that there is no uniform, legally or politically recognized definition of “corporate dentistry” in Europe. While the phenomenon is growing rapidly, particularly in certain Member States, regulatory approaches and interpretative frameworks vary considerably. In some jurisdictions, the term is understood merely as cooperation between multiple dentists, whereas in others it refers specifically to ownership structures involving non-dentist investors, private equity entities, or dental service organizations.

Members agreed that a balanced and clear definition would be beneficial. Such a definition should:

- Clearly distinguish between situations where corporate dentistry is understood simply as dentists cooperating and situations where it involves private equity ownership.
- Acknowledge potential risks such as profit incentives, lack of professional autonomy, fragmented continuity of care.
- Avoid stigmatizing legitimate partnerships between dentists.

Some results from the survey were shared. For example, over 85% indicated that a non-dentist may own a dental practice, and approximately 95% reported that dental chains are permitted in their country. Additionally, concerns persist regarding whether dentists retain sufficient control and professional authority within corporate practices. The survey findings indicate that, in most countries, having a dentist on the management team is not mandatory, raising important questions about professional autonomy and the ability of practitioners to influence clinical decision-making. Lastly, 37.2% of the respondents announce that since 2022 (the year when the previous CED survey was launched) there has been an increase in the percentage of dentists working for chains.

Vasileios Stathopoulos	Clarification was requested regarding the objective of the data collection, Further inquiry was made as to whether there is a rationale, within the framework of the BTF
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	on Corporate Dentistry, for conducting this data collection every two to three years, and how the resulting information is intended to be applied.
Freddie Sloth-Lisbjerg	Emphasised that corporate dentistry and private equity involvement in the dental sector have been a longstanding concern for several National Associations. Reference was made to existing policy papers addressing these issues. Variations were noted across countries, with some allowing full private ownership and others prohibiting it. Concerns were expressed that, without monitoring, external entities could increasingly influence the practice of dentistry, potentially impacting patient care and the future professional environment for young dentists. It was further noted that collecting and sharing data serves to provide an overview of the situation across different countries, highlighting areas of concern while acknowledging that the issue may not be equally relevant in all member state.
Edoardo Cavalle	Expressed that presentation was well received and that the work of ERO and CED was considered important. It was highlighted that the continued cooperation is essential to achieve further outcomes and to ensure that these results can be effectively managed within each country's respective stations.
Eddie Crouch	Attention was drawn to developments in corporate dentistry in the United Kingdom, where corporate providers now deliver approximately 30% of dental services. It was explained that individual corporate bodies have been organised into the Association of Dental Groups, which is exerting influence on government, regulators, and policy-making processes. It was noted that the group represents employed dentists but is led by self-appointed executives and politicians. Expanding influence into Europe was highlighted, citing recent media appearances by the group's chief executive discussing collaborative work across European countries. It was emphasised that the situation requires close monitoring and that data collection serves as evidence to track rapid developments in the field.

13. WG Education and Professional Qualifications	Rapporteur: Katalin Nagy
<p>The Rapporteur updated the GM on the following points:</p> <p>The WG last met on 1 September for an online meeting, which relaunched discussions and activities for the upcoming year. The GM was informed of the planning of another meeting in the upcoming months.</p> <ul style="list-style-type: none"> • Quality of dental workforce and standards of dental diplomas The GM was informed that the WG has been considering developing policy activities regarding several topics. These key topics are based on a double concern raised by a member regarding: a) the quality of the dental workforce and b) standards of foreign dental diplomas. The WG therefore carried out discussions during its last WG meeting around three main topics, including: <ul style="list-style-type: none"> - Strengthening the wording and requirements on clinical training under the PQD for a better harmonised undergraduate curriculum - The creation of additional clinical training modules, language testing, institutional and professional support for incoming foreign-trained dentists as part of the registration process in European countries. The creation of additional support was discussed, including regarding language courses and testing, as well as courses and training on professional practice and wider knowledge on the functioning of the host country's healthcare and institutional system. - The expansion of mandatory or further encouraged CPD at country level. <p>Members were also informed that the WG has been discussing and considering the relevant competence of each topic as an EU – or MS competence. The WG will develop in the coming months one or several policy paper or guidelines on clinical training and life-long CPD. The WG is also considering contacting the European Commission with a request for a meeting.</p>	

- **External Relations: Collaboration with ADEE**

The WG determined the need to clarify the CED's requests regarding clinical training, including developing common positions on the number of hours, vocational training and other topics.

In relation to this, the WG has been actively collaborating with ADEE with an attempt to build a common consensus on required theoretical and clinical training at the completion of undergraduate studies.

This includes for example an attempt to determine a specific number of clinical hours or competence-based evaluation that would be mandatory for all undergraduate curricula.

Katalin Nagy informed the GM that she attended the ADEE Annual Meeting in Dublin in August and carried out preliminary discussions with the ADEE Board and Secretariat.

The Chair updated the GM on CED's participation in ADEE's future Taskforce workforce around the Graduating European Dentist Curriculum Framework, for building consensus around undergraduate training requirements on 26 February 2026.

The CED will however, this time, be co-organising the event, kindly hosted by the Danish Dental Association in Copenhagen.

The general goal was presented, as to try and determine a common position and approach to strengthening clinical and theoretical training requirements between all main European dental associations.

- **Dental Specialties - Periodontology**

Katalin briefly touched upon the topic of dental specialties, and specifically, specialties benefiting from automatic recognition under the Professional Qualifications Directive, thus currently oral surgery and orthodontics.

The WG and the Board agreed to contact the European Commission to obtain clarifications on the official process for introducing a request to integrate periodontology under the PQD.

The GM will be kept updated when more information is available. The discussion will then be taken up to GM level.

Members were invited to share any updates on the recognition of periodontology that may have recently taken place CED member countries.

- **EU Workforce Crisis Plan**

The Chair updated the GM on the important work being carried out by the European Parliament on the topic of workforce shortages and the health workforce crisis.

An event was organised by the Standing Committee of European Doctors (CPME) in March 2020 on this topic, accompanied by strong calls from nurses and pharmacist associations to address acute the ongoing health workforce crisis. This addresses serious workforce shortages, recruitment and retainment of workforce, poor working conditions, mental health issues, and many others.

In response, the European Parliament published a report destined to help develop a European plan to address the health workforce crisis. The report is currently under discussion in two Parliament Committees. The tabling of amendments to the document by elected representatives was possible up until 4 November.

As explained by the Chair, dentists are not the primary target of this report, as it focuses on the very specific issues and acute stress faced by the professions of medical doctors and nurses.

The European Parliament EMPL (Employment) and SANT (Sante/Health) Committees organised a joint meeting on the 26 October to discuss this report.

The Chair underlined that this file has mostly been monitored by the WG for the reasons cited previously.

Katalin Nagy however informed members that the WG and CED decided to co-sign and submit, jointly with the dental regulators' association FEDCAR, a request to include an additional amendment into the draft report. Members were presented with the submitted amendment on the screen.

FEDCAR and the CED contacted two MEPs, asking to have this additional point added to the report. The contacted MEPs were MEP Tilly Metz (from Luxemburg, the Greens), and MEP András Tivadar Kulja (from Hungary, European People's Party).

The CED received confirmation that the request was being examined.

The Chair also mentioned the current collaboration being carried out with the European Dental Hygienist Federation for the creation of a better harmonised dental curriculum across Europe.	
Vasileios Stathopoulos	Requested a clarification regarding the position on the role dental hygienists within the dental team.
Piret Väli	Highlighted that the issue of education planning for dental hygienists is under the competence of Member States. She also questioned the need to multiply the number of specialities, in the context of current or future shortage of dentists. This multiplication of specialities would lead to consequences regarding the task of general dentists.
Katalin Nagy	Supported the need to strengthen skills and training of dental hygienists. Expanded into the steps taken for periodontology, as a speciality currently already recognised in more than two-fifth of Member States, as required under the PDQ.
Henner Bunke	Highlighted being in favour of special training for chairside assistants, including for periodontal treatment. He however stated being opposed to strengthening academic training and expanding the scope of tasks of dental hygienists. These tasks must remain under the responsibility and direction of the dentist.
Katalin Nagy	Agreed that professional boundaries of dental hygienists must be clarified and determined at a European level.
Edoardo Cavallé	Called for caution on the topic and stated strong disparities across European oral care systems.
Heming Olsen-Bergem	Highlights, on the contrary, that the education and training of dentists should be addressed and a uniformized system should exist throughout Europe. He also stated being opposed to increasing the number of specialists and highlighted that the general dentist is the most important professional of the oral health system. The number of dental specialists that are needed should also be determined. Task shifting from the general dentist to the specialist dentist should be avoided.
Hans de Vries	Explained the recent experiment having taken place in the Netherlands, where dental hygienists practiced independently without the supervision or collaboration with a dentist. This experiment was dropped by the Government, in favour of a call for a closer collaboration between hygienists and dentists under the same dental team.
Saulė Skinkytė (EDSA)	Highlighted the importance of strengthening training for undergraduate dental students through a multidisciplinary patient approach, including focusing on periodontology training for all students. Saulė Skinkytė emphasized prevention and supported minimally invasive dentistry
Roman Šmucler	Called on countries to hold onto existing regulation controlling the responsibility and tasks of dental hygienists and maintaining the obligation for hygienists to collaborate with dentist.
Krunoslav Pavlovic	Reminder members that the European Federation of Periodontology (EFP) issued a couple of publications on the treatment of periodontal diseases and stated their position on the respective competence of periodontists and the competences of general dentists. The publications also state that dental hygienists hold a central role within the dental team for the treatment of periodontal diseases. Suggest the need for further discussions regarding definitions with the EFP.
Freddie Sloth-Lisbjerg	He clarified the previous CED position, still applying today: yes, to delegation, no to substitution. He, however, highlighted the need to recognize specialties that fall under the 2/5 rule, for the free movement of professionals between countries that already recognize these specialties. This does in no means impose the obligation for other countries to recognize these specialties.

14. WG Dental Materials and Medical Devices	Rapporteur: Edoardo Cavallé
Working document	<ul style="list-style-type: none"> • Final results from ANDI survey on dental abutments (CED-DOC-2025-045-E) • Final results from Adverse Reactions Reporting Survey (CED-DOC-2025-013-E)
<p>The Rapporteur updated on the following:</p> <ul style="list-style-type: none"> • CAD/CAM: <p>The GM was informed that, an online meeting on CAD/CAM systems was held on 26 June with participation from the CED, and representatives from FEPPD. The discussion was organised by the European Commission in its capacity as secretariat to the MDCG Working Group on Market Surveillance. No concrete conclusions or decisions were reached, as the use of CAD/CAM in dentistry is considered part of a broader practice context.</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. The discussion remains ongoing, and relevant updates will be communicated in due course.</p> • European Commission call for evidence on the MDR: <p>It was noted that, in the last WG meeting, members discussed the Call for Evidence on the targeted revision of the EU regulatory framework for MDR and developed a CED reply. The initiative aims to simplify and streamline the existing framework, making it more cost-efficient and proportionate while maintaining a high level of patient safety and public health protection.</p> <p>Members highlighted the persistent difficulty in assessing the scale of manufacturers failing to re-certify devices under the MDR, as reliable data remains limited. It was further noted that replacing a single device within a treatment chain can cause significant challenges, given that dentists often rely on a sequence of interdependent devices.</p> <p>The WG also underlined the importance of recognising dental practices as healthcare institutions under the MDR, as such recognition could enable specific exemptions and help reduce administrative and regulatory burdens.</p> <p>Finally, it was discussed that MDR and REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals Regulation) 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.</p> <p>In light of these discussions the working group prepared and submitted feedback to the call for the evidence.</p> • Adverse Reactions Reporting Survey with NORCE: <p>It was recalled that the survey had been developed in collaboration with the Dental Biomaterials Adverse Reaction Unit of NORCE, and that preliminary results were presented during the May General Meeting in Gdansk.</p> <p>It was noted that communication regarding the survey continued within the CED Working Group on Dental Materials and Medical Devices. Since that time, additional responses were received, revealing considerable variation across countries. It was confirmed that the survey has now been finalised.</p> <p>The main observations from the survey indicated that significant differences exist in dentists' awareness of the mandatory reporting of adverse clinical and environmental reactions to dental materials under the MDR. Additionally, opinions varied on whether the MDR reporting system provides sufficient data, with several</p> 	

countries reporting no clear stance. Furthermore, the majority of respondents considered a voluntary, producer-independent reporting system to be both useful and feasible, while health authorities or National Dental Associations were generally regarded as the most appropriate bodies to manage such a system. Finally, key challenges were identified, including lack of interest among dentists (48%), funding constraints (30%), and difficulties in reaching and informing practitioners (22%).

- **ANDI questions on the classification of Abutments (dental implants) and homeostatic sponges (collagen/gelatine-based) under the MDR:**

It was recalled that, under Article 27(9) of MDR 2017/745, Member States shall encourage, and may require, healthcare professionals to store and keep, preferably by electronic means, the UDIs (Unique Device Identifiers) of the devices with which they have been supplied. Additionally, it was noted that this recommendation has already been implemented by the Italian Ministry of Health, which requires healthcare professionals to register and store the UDIs of Class 2b implantable medical devices as well as Class 3 implantable and non-implantable medical devices.

The ANDI survey was conducted to better understand the status quo and gather national perspectives, particularly regarding the classification of collagen-based hemostatic sponges and dental implant abutments. A brief set of questions was prepared for CED members, and the survey has now been finalised.

The results indicated that the current classification criteria for many commonly used dental devices may not accurately reflect their actual level of clinical risk, suggesting a need for revision. Furthermore, concerns were highlighted regarding the administrative burden placed on healthcare professionals by Article 27(9) of the MDR. The findings also suggested that UDI requirements should be limited to implantable devices, as applying them to all dental materials could be disproportionate and unnecessarily burdensome.

Finally, it was agreed that this topic will be further discussed at the WG DMMD level, particularly once the proposed revision of the MDR is launched, should there be interest in proposing concrete amendments.

David Muscat	Raised concerns regarding medical tourism and patient records related to dental implants. It was reported that patients who undergo treatment in non-EU countries often return without adequate documentation of the medical devices used, and foreign practitioners may not provide requested information regarding implant types. Reference was made to academic work on the management of implant patients in older age, highlighting that implant-related complications may arise 20–25 years post-treatment. The suggestion was made that CED could consider advocating for mechanisms or guidance to ensure that EU patients receiving treatment abroad are provided with proper documentation of materials and devices implanted, to facilitate continuity of care and future clinical management.
Freddie Sloth-Lisbjerg	Noted that dental tourism brings follow-up challenges, particularly in identifying implant systems used abroad. He mentioned a suggestion heard the previous day that AI technology might eventually allow an x-ray to determine which implant system was used.
Doniphan Hammer	Raised concerns regarding fluoride, noting parallels with previous issues related to cobalt. He underlined that fluoride presents similar risks, endocrine disruption and reproductive toxicity, and may fall under CMR classification. He referred to ongoing evaluations requested by the European Commission, including an analysis carried out in France, which indicated these potential effects. Concern was expressed that the Commissioner’s response appeared unclear and seemed to question the value of fluoride within prevention policy. The CED Board was called to adopt a science-based position to ensure proper preparation and avoid past issues encountered with cobalt, noting existing international scepticism toward fluoride.
Freddie Sloth-Lisbjerg	Noted that the issue of fluoride was first raised within the Board. It was acknowledged past hopes of avoiding further debate on fluoride but confirmed that the matter would be addressed. It was also indicated that the Board would revisit the topic in the future and

	explore possible approaches, including lobbying, while emphasising that it would require considerable work for dentists.
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15. WG eHealth	Rapporteur: Peter Kukolik
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The Rapporteur updated the members on the following:

- **Update on existing CED policy papers:**

It was recalled that, during the last Working Group meeting, members reviewed several existing CED policy documents related to digitalisation and e-Health. It was noted that some of these documents require updates to ensure alignment with the European Health Data Space (EHDS) and the rapidly evolving legal and technological landscape in healthcare.

It was further emphasised that the EHDS aims to improve cross-border healthcare, promote interoperability, and facilitate the secondary use of health data for research and innovation. However, concerns were raised regarding the complex challenges associated with its implementation, particularly in relation to costs, interoperability, data privacy, and proportionality for dental practices and small healthcare providers.

The Working Group agreed that current CED positions should adopt a pragmatic and balanced approach, recognising the potential benefits of EHDS for data-driven healthcare and research, while also stressing the need for feasible, cost-effective, and proportionate implementation across Member States. Accordingly, it was decided that, for the next General Meeting, updates would be made to the most outdated adopted policy paper, specifically the CED Resolution on Data Sharing as part of eHealth (2018), to better reflect the CED’s position in light of the EHDS Regulation.

- **AI Liability and Healthcare:**

The GM was informed that the Working Group will continue exploring the intersection of AI and healthcare liability, with the aim of developing a position paper to clarify CED’s stance and address the ethical, legal, and practical aspects of AI in healthcare.

- **TEHDAS2 Public Consultation:**

Regarding the TEHDAS2 public consultation, the GM was updated that the European Commission launched the consultation as part of the Second Joint Action Towards the European Health Data Space, coordinated by Finland’s Innovation Fund Sitra and involving 29 European countries. The objective of TEHDAS2 is to develop practical guidance, governance models, and technical specifications to support the implementation of EHDS, particularly focusing on the secondary use of health data for research, innovation, policy-making, and regulatory purposes.

It was noted that compliance with EHDS requirements will necessitate complex administrative processes for healthcare institutions, including management of data access requests, contracts, and invoicing, which may increase both financial and administrative burdens. Concerns were highlighted that such obligations could disproportionately affect small or micro dental practices and potentially result in higher treatment costs for patients.

The Working Group agreed that a common reply will be prepared for the TEHDAS2 public consultation, addressing administrative, financial, and proportionality concerns, and reflecting the specific implications for healthcare providers under the EHDS framework.

16. Any Other Business	Rapporteur: Freddie Sloth-Lisbjerg, Saulé Skinkyté, Eliška Jandová
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The GM was addressed by the European Dental Students’ Association (EDSA), with Saulé Skinkyté as new EDSA President and Eliška Jandová as incoming Vice-President of External Affairs.

Dates and places of CED next meetings:

- **22-23 May 2026, Limassol, Cyprus**
- 27th November 2026, Brussels

- 21-22 May 2027, Lithuania

The General Meeting was then concluded with a few words from Alexis Loizides from the Cyprus Dental Association and the projection of a video for the upcoming GM in Cyprus in May by the Cyprus Dental Association. The GM will take place in the Four Seasons Hotel in Limassol.

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