

## **BRUSSELS OFFICE UPDATE**

### **CED WORKING GROUPS AND BOARD TASK FORCES**

### **CED BOARD MEETING MARCH 2026**

#### **WG Education and Professional Qualifications (EPQ)**

- **WG meetings:**
  - ➔ Latest meeting: 3 February 2026
  - ➔ Upcoming meeting: TBC

The latest WG meeting took place on 3 February 2026 and welcomed the participation of Eliska Jandová, the Vice-President of External Affairs of EDSA.

#### **Public Consultation & Call for Evidence on the Skills Portability Initiative**

The biggest development the WG has been focusing on is the development of the Skills Portability Initiative. The Skills Portability Initiative was announced in March 2025 under the Union of Skills, and a consultation questionnaire as well as calls for Evidence for each of the action point below were open for input between 5 December and 27 February.

As a reminder, the Skills Portability Initiative can be considered as part of the current Commission's simplification efforts of EU policies and regulation, including efforts to improve and extend the EU Single Market and the free movement of persons and professionals.

It aims to address the limited portability of qualifications and skills across the EU, by making skills more transparency and facilitating the mobility of workers across the EU. It's goal regarding regulated professions was also to address current barriers leading to lengthy and cumbersome process for the automatic recognition of diplomas.

The initiative is considering 3 actions:

Action 1) facilitate worker mobility through improved transparency of skills and qualifications, and digitalisation;

Action 2) facilitate, modernise and expand recognition for regulated professions through the use of digital tools;

Action 3) establish common rules to simplify procedures for the recognition of qualifications and skills of third-country nationals

The consultation and calls for evidence were seeking to collect evidence and information on foreseeable and effective measures for improving recognition of skills and the automatic recognition principles in place for regulated professions.

The CED submitted its input on Friday 27 February for the public consultation, as well as general feedback for the calls for evidence to Action 2 and action 3.

The CED response focused on several main points, including:

- The clarification and strengthening of clinical training requirements under the PQD
- The incorporation of a list of practical competence
- The clarification of a ratio between theoretical and practical education
- The better harmonisation and understanding of various credit systems and their use in different Member States, and the explicit mention of an equivalent minimum 300 ECTS credits under the PQD
- progressive extension and promotion
- The use European Digital Credentials for Learning (EDC) and accreditation schemes for continuing professional development (CPD) with the end goal of developing common recognition agreements of frameworks for EU-acquired CPD credits.
- The establishment of digital authenticity measures and fraud-proof digital credentials
- The establishment of common tools for providing proof of equal and common clinical training skills
- Support to the Commission's suggestion develop adaptation periods and aptitude tests for third-country nationals in the process of applying for the recognition of their qualifications.

### **Implementation Report on the Professional Qualifications Directive**

The long awaited [PQD implementation report](#) (for which the WG submitted a CED response to the related consultation in September 2024) was published on 20 February 2026. The publication was also accompanied by a more in-depth [Commission Accompanying Working Document](#).

The report highlights that dentistry remains the 5th most mobile profession in the EU. More importantly, both documents positively reflect a number of points highlighted multiple times by the CED and other stakeholders in dentistry. This includes concerns by dental professionals regarding shortening considerations of the minimum duration of studies, clinical training standards and clinical skills requirements, patient safety, the integration of a combination of training subjects and competences, interdisciplinary collaboration and training.

This is a positive development that will hopefully reflect on future EU policy making in the field of dental education. The WG will continue careful monitoring of the file.

### **Clinical Training Requirements & ADEE and CED Joint Workshop, Copenhagen**

As a follow-up of an initial ADEE workshop for the update of the Graduating European Dentist curriculum framework in February 2025 in Dublin, a second workshop was organised on 26 February 2026 in Copenhagen, Denmark.

At the occasion of this year's edition, the CED took part in the event as well as contributed to its logistical organisation, in cooperation with the Danish Dental Association, who kindly hosted the event.

This year's edition was also based on the suggestion for a direction and the need for a European-wide consensus by the CED regarding undergraduate training requirements. This goal of the event was to continue discussions remaining from the previous version in 2025 as well as attempt to come to a common agreement on advocacy request to be advanced on the side of the EU Commission and other EU institutions, including with the prospect of a possible future revision of the PQD.

A Joint Declaration, to be co-signed by all participating stakeholders is currently being prepared and will be disseminated by all organisations, for advocacy purposes.

### **Dental specialities and Periodontology**

At the latest meeting, the WG also discussed the updates regarding efforts towards the recognition of Periodontology under the PQD.

Member views strongly diverged on this topic and is still to be discussed by the WG. The WG Chair, CED President, and Policy Officer, took part in a meeting with the European Federation of Periodontology on 9 January to discuss the envisioned way forward for the future recognition of Periodontology as a third European specialty.

The CED received an official letter by the EFP enquiring on steps forward to be carried out by the EFP.

Lastly, the CED submitted an article at the end of 2025 to the Spanish iSanidadental Journal in prevision of the publication of their iSanidadental Yearbook 2025.

This article was approved and guided by the Spanish Dental Association.

The journal and CED article entitled "Towards a European and unified body of dentists: harmonising dental specialities for better oral health", was [published](#) on 23 February.

### **WG eHealth**

- **WG meetings:**
  - ➔ Latest meeting: 27 February, hybrid
  - ➔ Upcoming meeting: TBC

### **Digital Omnibus Consultation:**

The WG reviewed the Digital Omnibus proposal, noting the 13 March 2026 deadline for feedback. A primary concern was the shift from an objective to a subjective definition of personal data (Article 4). The WG warned that an "entity-specific" approach could allow companies to bypass GDPR via "technical blindness," potentially leading to "data laundering" through subsidiaries. Members reaffirmed that patient privacy must be prioritized over commercial interests, noting that big data sharing currently favors large corporations over independent dental practices.

Regarding Article 9 and 88c, the WG expressed skepticism over the "disproportionate effort" loophole, which allows sensitive data to remain in AI models if retraining is too costly. The group argued that AI "black boxes" make it technically impossible to guarantee data deletion. Furthermore, the WG opposed removing protections for "inferred health data" and relaxing the "strictly necessary" threshold for bias detection (Article 10.5). Such changes were identified as a strategic shift toward "general convenience" for developers, risking the commercialization of patient vulnerabilities.

### **Discussion on Previous CED Resolution Paper (2018) on e-Health:**

The WG addressed the update of the 2018 Resolution to ensure alignment with the EHDS framework. The revised draft includes a "Digital Workflow" section tailored to the dental sector and aligns e-Prescription and Data Protection policies with current CED positions. Outdated recommendations were removed while core professional principles were retained for legal clarity.

## **WG Dental Materials and Medical Devices (DMMD)**

- **WG meetings:**

- ➔ Latest meeting: 10 February, online
- ➔ Upcoming meeting: TBC

### **Medical Devices Regulation Proposal**

The Working Group discussed the MDR proposal, focusing primarily on the shift toward indefinite certificate validity (Article 56). While the removal of the 5-year limit was welcomed, concerns were raised regarding the potential for regulatory inconsistency. It was noted that terms such as 'periodic reviews' and 'exceptional cases' remain subjective, granting Notified Bodies excessive discretion. To ensure a predictable framework, the WG called for objective definitions of 'exceptional cases', suggesting they be restricted to Class III devices, and urged for stakeholder consultation to establish reasonable review intervals.

Regarding clinical evidence and equivalence (Article 61), the WG noted that the proposal offers greater flexibility by facilitating reliance on predicate devices without contractual agreements. While this shift could significantly reduce certification costs for incremental dental innovations, the absence of precise definitions for 'similar materials' and 'technical equivalence' was identified as a significant risk. The WG emphasized that standardized EU definitions for 'technical identity' are essential to prevent divergent interpretations and to maintain a level playing field across the Union.

The discussion then addressed the horizontal definition of 'Well-Established Technologies' (WET), which aims to apply proportionate requirements to stable, low-risk designs. Despite supporting the move toward a more structured approach, the WG expressed concern over qualitative descriptors such as 'simple' and 'common.' It was argued that without measurable criteria or a clear 'Positive List,' these terms could lead

to inconsistent assessments by Notified Bodies, potentially undermining the intended administrative relief for dental manufacturers.

The WG also reviewed the proposed changes to Classification Rules (Annex VIII), which seek to classify all reusable surgical instruments as Class I. This clarification was deemed vital for the dental sector to avoid supply disruptions and unnecessary cost increases. However, it was also noted that for certain inherently invasive dental tools, a higher risk classification (Class IIa or IIb) might still be appropriate to ensure safety standards remain aligned with other surgical fields.

Regarding the reprocessing of single-use devices (Article 17), the WG discussed the new requirement for manufacturers to scientifically justify 'single-use' labels. A significant legal point was raised concerning 'refurbishment,' as any entity performing this role assumes full manufacturer-level liability. To protect dental professionals, the WG proposed that reprocessable devices be clearly marked to ensure a definitive distinction between routine sterilization and technical refurbishment. Finally, the WG took note of the efficiency measures in Conformity Assessment Procedures (Article 52), such as representative sampling and remote audits, aimed at reducing the burden on lower-risk devices.

Lastly, it was agreed that discussions regarding medical devices that may potentially fall under the WET category, considering their specific clinical use and risk profiles, will continue within the Working Group.

## **WG Oral Health (OH)**

- **WG meetings:**
  - ➔ Latest meetings: 26 January
  - ➔ Upcoming meeting: TBC

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

The WG has been discussing and advancing the draft CED White Paper on Oral Health Promotion and Oral Disease Prevention in Europe.

As a reminder, this paper acts 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", while integrating new and targeted EU recommendations.

A third version of the draft was presented to the WG on the 26 January, and a bibliography was integrated separately to the document.

As agreed by the WG, an expert was identified and invited to provide input and feedback on the third version of the draft. The CV was shared with members prior to the meeting. This expert, as suggested by the WG Chair, is Greek Professor William Papaioannou from the University of Athens. Prof. Dr. Papaioannou specializes in preventive and community dentistry. The draft was disseminated to him and the WG is currently awaiting feedback.

The WG also discussed the possibility of presenting the Paper for adopting at the November General Meeting in Brussels, in place of the May GM. The WG will take a decision in the upcoming months.

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

Following guidance from the Board at the latest BM in November 2025 to reconsider the scope of the foreseen CED policy paper on Obstructive Sleep Apnea, the WG agree on a new simplified version, to be presented at the March BM for approval.

Members discussed the mandate of dentists in relation to OSA and focused on the strong collaborative approach dentists must maintain with medical general and specialised doctors.

The WG agreed to amend the OSA Action Proposal Form, including by withdrawing the mention of chronic respiratory diseases and the role of the dentist in “diagnosing” OSA.

### **Vaccination**

As a member of the Coalition for Vaccination, the CED participated in the latest Coalition’s meeting on the 5<sup>th</sup> February. The event welcomed interventions from all three co-chairs (the European Federation of Nurses Associations (EFN) Standing Committee of European Doctors (CPME) Pharmaceutical Group of the European Union (PGEU)), as well as addresses from the Head of the Unit for Health Security of DG SANTE, a representative from the European Medicine Agency’s unit dealing with stakeholder engagement, and other participating organisations.

A Joint Statement was co-signed and published following at the close of the event on all websites and social media of Coalition members. The Statement called specifically for an increase of vaccination coverage and stronger measures to appropriately address misinformation across Member States. This Statement was developed, among other reasons, in response to recent U.S measures and recommendations by the U.S Centers for Disease Control and Prevention (CDC) regarding vaccination, and an increase in fear around vaccine uptake.

In parallel to the Coalition’s work, the CED was approached by a journalist from the online journal [VaccinesToday](#), an online information portal about vaccine-preventable diseases and a member of WHO’s network of vaccine-related websites, [Vaccine Safety Net](#). The Board was consulted, and the CED provided information and updates on the role of dentists in HPV vaccination campaigns, by stressing the major role of dentists in vaccine promotion, referral and awareness-raising on the link between HPV, cervical cancer and oropharyngeal cancers, particularly at the occasion of regular oral health check-ups with children and teenagers. The CED highlighted that there is not common practice of administering of vaccines by dental practitioners.

The article, with the incorporated CED contribution, can be found [here](#).

### **Survey on restorative dental materials**

The initiator of the survey on restorative dental materials, disseminated in January 2026, presented initial results from the collected data. The survey received 22 from 22 CED member associations.

As an initial overall conclusion, it was highlighted that the Commission did not provide enough support following the ban on amalgam to address its consequences on public health accessibility.

However, the WG raised a number of limitations to the survey, relating for example to the nature of some of the questions, leading to some answers remaining open to interpretation, and the need to contextualise and collect additional data in order to clarify some of the findings.

Members highlighted for example the gap between legal and declared coverage and the realities of implementation in practice in the country.

Complementary information is to be collected in order to clarify a couple of points and help utilize the survey findings for advocacy purposes.

### **Sodium Fluoride**

Following discussion with the President and the Chairs of WG PSICWM and WG DMMD, the WG prepared and submitted a feedback in January to an important consultation on Sodium Fluoride by the European Chemicals Agency (ECHA).

As a reminder, this submission followed the announced by ECHA of the review of the classification of sodium fluoride under ECHA, triggered by a report by the French ANSES (French Agency for Food, Environmental and Occupational Health & Safety) analysing sodium fluoride as an endocrine disruptor and reproductive toxicant.

The CED's feedback to the consultation highlights the positive effects of sodium fluoride on dental health, focusing specifically on the preventative role of fluoride in dental care products, and preventative treatments.

The ECHA consultation is now closed and all received stakeholder feedback is being reviewed.

The WG will continue closely monitoring any developments and agreed to draft a full policy paper on sodium fluoride, to be uploaded on the CED website.

### **AMR**

WG member Harry-Sam Selikowitz, delivered on 24 November 2025 an online intervention on behalf of the CED addressing "*The Importance of Oral Health: Managing Oral Health in the Context of Antimicrobial Resistance*" to the European Commission AMR One Health Network.

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

- **WG meetings:**
  - ➔ Latest meeting: 15 September
  - ➔ Upcoming meeting: 9 March

### **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: 5 November
  - ➔ Upcoming meeting: 12 March

### **Update on EU workforce challenges initiatives:**

The Task Force members reviewed the European Parliament's Health Workforce Own-Initiative Report, drafted by the SANT and EMPL committees to address Europe's health workforce crisis by early 2026. This report focuses on six central pillars, including working conditions, regional inequalities such as medical deserts, and digital transformation. However, members expressed significant concern that dentistry is not explicitly mentioned, noting that the document predominantly addresses doctors and nurses. It was emphasized that excluding dentistry from EU-level workforce debates is problematic because dental shortages affect citizens just as medical shortages do, and the profession is an undeniable part of the wider healthcare ecosystem. Since the draft's language regarding mobility and brain drain overlaps with existing CED concerns, the group decided to send an official letter to the relevant MEPs, accompanied by the CED White Paper on Workforce Challenges, to ensure dentistry remains strategically visible in the early stages of the resolution. To further strengthen this influence, it was agreed to revitalize and more actively leverage cooperation with relevant stakeholders within the healthcare sector.

### **Update on corporate dentistry:**

The Chair provided an update on a joint survey conducted with ERO, which received responses from 45 countries. This broad geographical engagement is expected to strengthen the credibility of an upcoming scientific article led by Thomas Wolf, aimed at raising awareness among practitioners and decision-makers outside organized dentistry. During the discussion, members highlighted the lack of a uniform, legally recognized definition of “corporate dentistry” in Europe, which causes confusion in policy debates and makes statistical comparisons between countries inconsistent. While some jurisdictions view it as mere cooperation between dentists, others associate it with private equity and non-dentist investors. Consequently, the members agreed on the need for a balanced and clear definition that distinguishes between professional cooperation and private equity ownership. This definition should acknowledge risks such as profit incentives and threats to professional autonomy while carefully avoiding the stigmatization of legitimate partnerships between dentists.

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