BRUSSELS OFFICE UPDATE
CED WORKING GROUPS AND BOARD TASK FORCES
CED GENERAL MEETING, NOVEMBER 2026

WG Dental Materials and Medical Devices (DMMD)

- **WG meetings:**
  ➔ Latest meeting: 6 October, online
  ➔ Upcoming meeting: TBC

Medical Devices Regulation:

- **Update on legislative simplification:** as a reminder, on December 16, 2025, the European Commission proposed a targeted legislative revision to drastically simplify the Medical Devices Regulation (MDR) and In Vitro Diagnostic Regulation (IVDR).
- Currently, in the European Parliament, at the time of writing this document, the immediate political work is the consolidation of the large amendment package into compromise text and a SANT committee position, followed by plenary first reading. In Council, Member States will continue working towards a common position. The Parliament and Council must ultimately agree the same text under the ordinary legislative procedure; this may involve interinstitutional negotiations (trilogues) once negotiating mandates are in place. According to informal updates a plenary vote might take place in the first quarter of 2027, followed by trilogues.

CED Actions in relation to the MDR:

- The CED has so far:
  - **In start of 2026, provided a reply to the published proposal on the Have Your Say portal.** In particular, the CED expressed support for the elimination of the five-year validity period for certificates, viewing it as a significant step toward reducing the administrative burden on manufacturers. For healthcare providers and particularly for the dental sector, this transition is vital to ensuring the continuity of the supply chain and safeguarding the availability of essential medical devices without the pressure of unnecessary cost increases. While the abolition of the fixed 5 year validity period for certificates is a major regulatory advancement, the current wording may still introduce some regulatory uncertainties.
  - **In early summer, provided a set of amendments in relation to the European Parliament report on the legislation**, aimed at streamlining market

availability, reducing bureaucratic duplication, and ensuring that healthcare professionals such as dentists are kept well-informed in the event of potential medical device shortages. Furthermore, our proposals call for the establishment of clear criteria for equivalent devices, safeguarding access to safe, high-quality dental care. The amendments were disseminated to key MEPs involved in the file in July 2026.

- **Well Established Technologies (WET):** in end of August 2026, CED was approached, as member of the Medical Devices Coordination Group (MDCG), to provide suggested questions for a Q&A document on WET. The document is going to be prepared by NBCG Med (the Notified Bodies Coordination Group), along with the European Commission and other MDCG configurations. As a reminder, two delegated acts on well-established technologies (WET) under the Medical Devices Regulation were published earlier this year, and the Q&A will focus on them. Well-established technologies are relatively simple devices, with common and stable designs that don't evolve much, well-known safety and clinical performance characteristics, and a long history on the market (as such, a lot of dental medical devices can fall under this category). The WG prepared a few questions which were submitted, by the deadline of 11 September.
- **Following the WG meeting of 6 October, additional set of points was prepared for the main MEPs** as work on the compromise amendments is progressing (over 800 amendments were prepared by MEPs in relation to the revision of the legislation). The CED points reflect the WG discussion on WET, implant information and traceability, and reprocessing/single use, and identify corresponding amendment references. As part of the discussion on the key points, member ANDI's concerns in relation to dental abutments and hemostatic sponges were also considered.

WG eHealth

- **WG meetings:**
  ➔ Latest meeting: 15 October, hybrid
  ➔ Upcoming meeting: 11 February 2027, hybrid

Digital Omnibus on Data:

- **Updates on legislation and WG actions:** The European Union's Digital Omnibus text affecting the GDPR is not expected before 2027, in terms of final adoption. During the latest WG meeting, members were informed that the European Parliament's position was still pending and that progress in the Council had been delayed by disagreements among Member States, including on provisions concerning trade secrets under the Data Act.
  The Working Group considered it important to compare the Parliament and Council positions and assess their implications for dental professionals before determining the CED's approach. As such, the Digital Omnibus on data will be a priority for the upcoming Working Group meeting.

- **Statement with PGEU and other associations:** the CED was invited to join a co-branded statement on the Digital Omnibus calling on the European Parliament and the Council to ensure that simplification measures do not weaken the protection of sensitive health data, patient confidentiality, professional secrecy or trust in healthcare. In particular, the statement addresses the use of health data in AI development, profiling, the commercial use of inferred health information and the limits of pseudonymization. The co-branded text was launched in September.

European Health Data Space:

- **Semantic Interoperability:** The CED received a request to reply to a **consultation prepared on behalf of the European Commission's DG SANTE and HaDEA**, as part of the project "Support Centre for the European Electronic Health Record Exchange Format (EEHRxF) and for the Interoperability and Security of Electronic Health Record Systems". This contract is carried out by EY in partnership with FORTH and aims to provide implementation support for the adoption and interoperability of EHR systems across Europe in line with the European Health Data Space (EHDS) Regulation.The survey focused on semantic interoperability and data harmonisation as essential foundations for meaningful, consistent and clinically safe cross-border EHR exchange. The input collected will support the identification of priority gaps, effective practices and concrete needs for tools, guidance and capacity-building in this area. It will directly inform the thematic workshop of this cycle and follow-up actions, including the consolidation of requirements and specifications, the definition of validation rules and the development of a digital toolkit for the format and harmonised components of EHR systems. The CED reply was submitted in advance of the deadline.

  On the same topic, **the Support Centre invited CED to join a webinar on the topic of semantic interoperability on 25 September**. The workshop was opened to all interested stakeholders on the topic and involved stakeholders working directly on standards development, technical implementation and clinical workflows critical to semantic interoperability, in relation to European Health Data Space. Chair Peter Kukolik and Senior Policy Officer Nikoleta Arnaudova attended the workshop.

  During the latest WG meeting, **the Support Centre also delivered a presentation on the upcoming consultation cycles** and the relevance of its work to dentistry.

- **Implementing acts on European Health Data Space:** The European Commission is tasked with adopting around twelve key implementing acts before the March 2027 deadline. These acts provide the granular technical, security, and operational specifications needed to execute the broad mandates of the European Health Data Space Regulation. The main upcoming and recently initiated

implementing acts are structured around three core areas: governance, primary data use, and secondary data use. The WG continues to monitor any published implementing acts and providing replies to the ones of relevance. As a reminder, CED replied to the consultations on the implementing acts focused on requirements for cross-border exchange of personal health data, and on identity management.

- **EHDS Stakeholder Forum:** the Working Group discussed the European Commission's call for applications to the EHDS Stakeholder Forum, with a deadline of 10 December 2026. The Forum will bring together stakeholders to: provide input and recommendations on EHDS implementation, including data access, data quality, interoperability, usability and artificial intelligence/ exchange knowledge, implementation experience and good practices/ identify emerging issues and priorities/ contribute stakeholder views on the development and uptake of the EHDS.

  Members supported the CED submitting an application, emphasizing the importance of ensuring the representation of dentists and other healthcare professionals in the implementation of the EHDS. The Forum would involve an initial three-year commitment, including meetings and contributions to relevant documents.

Discussion on previous CED resolutions on eHealth:

The Working Group reviewed proposed amendments to the CED resolution on the dental data set, adopted in 2019, with the aim of updating it in light of developments in digital health and the EHDS. The discussion focused particularly on the information that should be included in patient health records and the proposed dental dataset. Following extensive discussion of the proposed amendments, the Working Group reached agreement on the revised resolution. The updated version is presented for adoption under the number CED-DOC-2026-049-E/D/F.

The Working Group briefly considered the planned revision of the 2019 CED resolution on online evaluation of dentists. It was agreed that the text will be examined further at the upcoming WG meeting in February 2027.

WG Education and Professional Qualifications (EPQ)

- **WG meetings:**
  ➔ Latest meeting: 13 October, online
  ➔ Upcoming meeting: TBC

Fair Labour Mobility Package and the Skills Portability Initiative

The WG has been closely examining and analysing the new package of legislative proposals published under the so-called Fair Labour Mobility Package on Tuesday 15 September.

Prior to the launch of the package of legislative proposals, a report was recently published in August evaluating the key findings following the publication of the implementation report on the Professional Qualifications Directive (Directive 2005/36/EC).

The WG has particularly been focusing on the key proposals relevant to dentistry, particularly those under the Skills Portability Initiative.

This initiative spans across three of the five legislative proposals under the package. All three proposals are expected to have significant effects on the dental sector.

Further developments on these files are being closely followed by the WG, including the expected nomination of one or several future Rapporteurs to the file. The WG is also waiting on the starting date for negotiations.

The key three legislative proposals include:

- A proposal for a Regulation, the “Skills Portability Act”, introducing and improving tools for issuing digital qualifications and digital credentials (by the introduction of an EU Digital Wallet), thereby facilitating the comparability of qualifications across the EU. This proposal is to provide verifiable and functionable digital attestations, as well as reliable and comparable information on skills and qualifications. This is a general act for all qualifications and diplomas and does not particularly touch on regulated professions.

- The revision of the Professional Qualifications Directive (PQD). This proposal for a delegated act revising the PQD essentially introduces measures and tools for the digitalisation of the automatic and general recognition of qualifications. It seeks to prevent and identify the production of fraudulent documents, improve efficiency and transparency of recognition processes, reduce time and cost for the recognition of regulated professions, and improved cooperation between competent authorities and real-time digital data on procedures. This act also includes the replacement of the European Professional Card (which was not employed in the case of dentists) by the European Digital Recognition Solution (EDRS). This tool, to be used by all authorities, establishes a common digital infrastructure for managing administrative work, and for submitting and examining applications. The revised PQD is also foreseen to introduce reporting obligations for Member States under the Internal Market Information (IMI) system.
  Secondly, this act will also extend automatic recognition to other regulated professions, starting by the creation of a Common Training Framework (CTFs) for physiotherapists.

- A new Directive on the recognition of third-country qualifications. The main goals of the proposed Directive are to introduce common procedural minima for the recognition of qualifications of third-country nationals, and secondly, to extend automatic recognition of qualifications to some qualifications held by third-country nationals that are linked to pre-approved learning programmes that meet the EU minimum training requirements.
  Although the extend and possible effects of this Directive on dentistry are still being examined in detail by the WG, some key measures of interest by the WG include:
  - The establishment of a common legal framework, and common standards, for recognising the qualifications of third-country nationals and for simplifying and harmonising the recognition process of third-country qualifications.

- The extension of the automatic recognition system to third-country nationals
- The designation of “trusted review bodies”, which would be responsible for identifying and accrediting third-country programmes falling under automatic recognition
- The criteria considered for selecting training programmes in third-countries
- Provisions relating to the non-compliance to deadlines
- Measures establishing the possibility for submitting documents in any official EU language, as well as the use of automatic machine translation to translate documents through the European Digital Recognition Solution (EDRS)
- The avoidance and elimination of duplicate steps and multiple fees
- The acceleration of processing times for the review of recognition applications
- Considerations around partial access

The WG has therefore prepared an initial political statement on the Initiative, highlighting the CED’s main concerns and considerations around the proposed measures. This Statement is to be presented for adoption at the November General Meeting.

The CED has also been actively exchanging with the Federation of European Dental Competent Authorities and Regulators (FEDCAR), the Standing Committee of European Doctors (CPME), and the Pharmaceutical Group of the European Union (PGEU) on the file.

The WG will also consider preparing targeted amendments on the legislative proposals once negotiations start in the European Parliament.

These proposals are currently in the preparatory phase in the European Parliament. Rapporteur(s) to the files have not yet been appointed, and negotiations are still to begin on the texts. The Package has however already been referred to a main responsible committee, Employment and Social Affairs (EMPL). Two other Committees, IMCO (Internal Market and Consumer Protection) and LIBE (Civil Liberties, Justice and Home Affairs) have been designated as the committees for opinion.

Dental Hygiene and the Dental Team

The WG also carried out discussions at the latest meeting on the topic of current efforts, by European actors, including the European Dental Hygienists Federation, to develop a common curriculum for dental hygienists across Europe. The WG discussed the role and possible involvement of the CED within these table discussions, including of the topic of competences.

ADEE and EDSA General Meetings – Collaboration on Graduate Requirements

The CED, represented by Katalin Nagy and Clara Luciani, attended both the ADEE and EDSA General Meeting from 25-28 August in Budapest.

WG Chair, Katalin Nagy, participated as a speaker in an EDSA Panel event on the topic “If oral health is part of general health, why are dentists educated separately?”, alongside Prof. James Field, from the University of Cardiff, and Prof. Jean-Noël Vergnes, from the University of Toulouse.

Katalin Nagy also took part as a panel speaker in an ADEE Plenary Session dedicated to discussing the evolution of European oral health professions education, alongside Hungary EPP MEP Dr. András Tivadar Kulja, and a group of stakeholders from EDSA, FEDCAR, the Platform for Better Oral Health, the CECDO and ADEE.

The CED also took part in the ADEE stakeholder workshop on the Graduating European Dentist (GED) on the 24 September, in Dublin, Ireland. The workshop was an opportunity to discuss training hours under the mandatory 5 000 hours, as well as student placements, and finally, simulation.

BTF Internal Market (IM)

- **BTF meetings:**
  ➔ Latest meeting: 12 March 2026
  ➔ Upcoming meeting: 18 November 2026, online

EU Health Workforce Crisis Plan- Own Initiative Report:
During the last meeting, the Chair provided an update on the 'EU Health Workforce Crisis Plan' Own-Initiative Report (INI), noting that dentistry was not specifically mentioned in the current draft. The final plenary vote was scheduled for May 18, 2026 but was postponed, and took place on 17 September 2026. The text prepared for plenary mentioned dentistry specifically in two sections:
'Promoting the role of primary care
60. Calls for greater support for general practitioners, nurses, primary dental care providers and the primary healthcare workforce, recognising their pivotal role in prevention, health promotion, early diagnosis, disease management and integrated physical and mental care; calls for this role to be supported by creating incentives for the establishment of general practice clinics and expanding training and education capacities for general medicine, including the generational renewal of the healthcare workforce; insists that EU funding should contribute to financing joint training and digital infrastructure to ensure comprehensive integration of primary care and specialist services, enabling, for instance, the establishment of tele-consultation networks that improve patient access to care and alleviate waiting times; encourages the promotion of prevention and health literacy from a young age to reduce the burden on the primary healthcare workforce; underlines the importance of continuous dialogue with social partners, healthcare workers and other stakeholders, and calls on the Member States to ensure comprehensive consultation processes with regard to any policy changes;'

Tackling inequalities in access to healthcare
41. Recommends the introduction at both EU and national level of incentives for making rare specialities attractive for doctors, nurses, midwives, dentists, pharmacists, paramedics and other medical or non-medical/healthcare professionals who complete

advanced education and training pathways, including in emergency situations and in areas that are difficult to cover, such as the many medical deserts across the EU;'

Joint statement on the Health Workforce Crisis Plan- Own Initiative Report with CPME, EFN, PGEU:

The CED was invited to join a co-branded statement with the doctors', nurses' and pharmacists' associations ahead of the plenary vote on the abovementioned Own-Initiative report. Following sign-off by the Board, CED agreed to join the initiative. The statement was launched shortly after the plenary vote.

The Statement is calling for the Commission and the Council to move towards translating the INI recommendations into a concrete strategy of policy and legislative measures needed to urgently address the ongoing worsening of the shortages of frontline healthcare professionals.

Supportive Courses for Foreign-Trained Dentists

During the last meeting, the Chair introduced the proposal from KNMT for the additional training for non-EU dentists to improve their adaptation to national healthcare systems. While the importance of ensuring educational quality was acknowledged, it was emphasized that professional regulation remains a national competency. The group discussed the legal constraints of imposing mandatory requirements on EU dentists, noting that any additional training must remain voluntary and not act as a barrier to the right to practice. Instead, the focus should be on addressing knowledge gaps regarding host countries' financial systems, patient rights, and ethical frameworks.

The consensus was that the CED should focus on sharing best practices and developing voluntary recommendations.

CED – ERO collaboration

Following the joint survey conducted with ERO in 2025, the results have been published in an academic article titled 'Corporate Dentistry in the European Union: Legal Frameworks and Structural Characteristics.' This publication provides a comprehensive analysis of the legal and structural impact of corporate actors within the EU dental sector. Further publications are upcoming, through the work and efforts of Dr Thomas Wolf.

WG Patient Safety, Infection Control and Sustainability (PSICS)

- **WG meetings:**
  ➔ Latest meeting: 1 October 2026, online
  ➔ Upcoming meeting: TBC

CBCT questionnaire: The WG prepared and launched a questionnaire on CBCT radiography and the relevant regulations in the summer period. It received 23 replies. Further action following the questionnaire was considered during the meeting, and will continue to be discussed in upcoming WG sessions. Members identified concerns about unnecessary radiation exposure, insufficient training, interpretation of CBCT images and potential overregulation.

Update of mandate: the WG prepared an updated to the existing mandate, prepared for vote at the November 2026 GM. It is available as CED-DOC-2026-054-E/D/F.

Developments of additional questionnaires: The Working Group supported revising an existing questionnaire from a few years ago, to obtain updated information on the provision of aesthetic treatments, particularly botulinum toxin (Botox) and hyaluronic acid fillers.The updated questionnaire should examine national regulations, professional qualifications, training requirements and patient safety considerations, while taking account the differences between countries and treatment types.

WG Oral Health (OH)

- **WG meetings:**
  ➔ Latest meetings: 21 September, online and 3 November, online
  ➔ Upcoming meeting: TBC

Prevention and accessibility of oral healthcare

The CED White Paper on Oral Health Promotion and Oral Disease Prevention in Europe has been finalised and is to be presented for adoption at the November General Meeting in Brussels.

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.

It adopts a broad approach to the field of oral health prevention, addressing the current burden of oral diseases, challenges relating to healthy longevity and oral health, the existing life-course prevention framework, oral cancer prevention, comprehensive population-level strategies, the effective toolbox applied to clinical prevention, the need for further evidence-based policies by strengthening available data, indicators and research and financing and workforce issues.

Finally, it provides key recommendations for policymaking around improving prevention and accessibility of oral healthcare.

Obstructive Sleep Apnea (OSA)

The CED White Paper on Obstructive Sleep Apnea is being finalized and will be presented for adoption at the CED General Meeting in Brussels in November.

It focuses on the strong collaborative approach dentists must maintain alongside medical and specialised doctors, and as such, the supportive role of dentist within interdisciplinary teams of healthcare professionals.

The paper provides an overview of the prevalence and complexity of obstructive sleep apnea, as well as an outline of existing clinical guidelines for diagnosis and treatment, improvements needed in the appropriate training of healthcare professionals on OSA conditions and management, and finally the role of the dentist in the integrated management of OSA, including general dentists as well as orthodontists and oral maxillofacial surgeons.

It also outlines recommendations for the development of comprehensive EU guidelines aimed at clarifying and harmonising the role and scope of practice of dentists, within the multidisciplinary team of healthcare professionals responsible for the management of OSA.

The objective of the paper is to clarify and shed light on the role and mandate of the dentist in the supportive management of OSA, alongside an umbrella of involved healthcare professionals.

The paper was shared and received input from an external expert, Dr Micheline De Meyer, from the European Academy of Dentists in Sleep Medicine (EADSM) at the Vrije Universiteit Brussel (VUB). The paper was also endorsed by the Academy.

Tobacco

The Chair of the Working Group was invited to participate in an international event on tobacco, the 11th European Conference on Tobacco Control (ECTC 2026), hosted by the European Network on Smoking and Health (ENSP) in Istanbul, from 4-6 November. The Chair delivered a presentation on tobacco consumption and oral health. In advance of this event, the CED signed and supported the global initiative “Protect Children from Nicotine Addiction”.

The WG has also been following institutional developments relating to tobacco, including the postponement of the Council of the European Union’s adoption of the Tobacco Tax Directive until 9 November, due to ongoing Swedish opposition to the text and the Swedish elections in September, preventing further advancement on text negotiations.

Survey on restorative dental materials

Additionally, the WG has also been working on developing a second survey on restorative dental materials, in follow-up of the first version, disseminated at the beginning of the year.

Sugar and Non-Communicable Diseases (NCDs)

Following the CED policy event on the 25 March, and within the context of the preparation of initiatives under the EU Cardiovascular Health Plan, the WG prepared a Lobby Package on Sugar, for use by CED national dental associations.

This lobby package included a fact sheet compiling figures on sugar production and consumption in Europe and its oral health effects, as well as a template letter to support

national dental associations in any planned or new advocacy and outreach activities to national Ministries of Health or Agriculture or other relevant institutions.

The lobby-package was shared with CED Members and is accessible to Members on the CED website, under “Communication” and “Lobby-Packages”.

Ageing and Oral Health

Following the adoption of the CED White Paper on Ageing and Oral Health in November 2025, the WG is now seeking to collect information and updates on any national developments or recent measures improving the availability, accessibility or coverage of oral health services to older persons, as well as any national programme addressing ageing and oral health.

For this purpose, the WG is developing a short questionnaire to be disseminated to CED Members.

AMR

WG member Alessandra Rossi was confirmed as the new CED representative to the European Commission AMR One Health Network from the 1 July. She was appointed in place of the previous CED representative, Harry-Sam Selikowitz.

Cardiovascular Health Checks

The WG has also been closely monitoring the development of the EU’s Cardiovascular Health Plan. This included the adoption of a proposal at the end of September for a Council Recommendation on Cardiovascular Health Checks (for which the WG submitted a CED consultation response last May).

The proposed Recommendation remains very broad and promotes the development and implementation of cardiovascular health checks and screening by Member States. The Proposal leaves countries the responsibility to individually develop and tailor their programs depending on the prevalence and specificities of CVDs in their respective countries, as well as to specific high-risk or vulnerable population groups.

No specific mention to the possible role undertaken by dental professionals in initial cardiovascular screening, or of the importance of oral health in cardiovascular health, was mentioned in the text. The text also fails to address the essential involvement of interdisciplinary healthcare professionals.

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