

## CED RESOLUTION

# PROFILE OF THE DENTIST OF THE FUTURE - KEY DRIVING FORCES IN DENTISTRY

May 2017

## I - INTRODUCTION

The Council of European Dentists (CED)<sup>1</sup> aims to promote high standards on oral healthcare and dentistry with effective patient-safety centred professional practice, and to contribute to safeguarding the protection of public health.

In the last decades, we have witnessed an immense progress in the prevention of caries in children, but damaged, missing or filled teeth are still the norm in Europe. Oral diseases remain amongst the most important health burdens: nearly half of the world population suffers from untreated dental caries, severe chronic periodontitis and total tooth loss.<sup>2</sup> Moreover, people still fail to realise that oral health is an integral part of general health, and this impact not only on quality of life, but also society and health systems through the associated economic costs.<sup>3</sup>

“Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex. Further attributes related to the definition state that oral health: is a fundamental component of health and physical and mental well-being; it exists along a continuum influenced by the values and attitudes of individuals and communities; reflects the physiological, social and psychological attributes that are essential to the quality of life; is influenced by the individual’s changing experiences, perceptions, expectations and ability to adapt to circumstances”.<sup>4</sup>

Many key drivers and new challenges are shaping today’s dentistry and will continue to influence the skills and competences of the dentist in the future. This resolution outlines the key driving forces and aims at ensuring that the profession continues to meet the oral healthcare needs of the population in Europe both now and in the future.

The guiding principle of the CED regarding the future of dentistry is that every European should have access to high-quality oral healthcare, and it must be provided by well-trained, skilled and fully competent dentists, using the latest and most appropriate technology in an evidence-based approach.

The Directive on the Recognition of Professional Qualifications (“the Directive”)<sup>5</sup> lays down minimum training requirements for dentistry, requiring at least five years and 5000 hours of full-time theoretical and practical training. The Directive also sets out a procedure via delegated

---

<sup>1</sup> The CED is a European not-for-profit association representing over 340,000 dental practitioners across Europe through 32 national dental associations and chambers in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession. The CED is registered in the Transparency Register with the ID number 4885579968-84.

<sup>2</sup> Kassebaum, N.J. et al., 2017. Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. *Journal of Dental Research*, 96(4), pp.380–387. Available at: <http://journals.sagepub.com/doi/10.1177/0022034517693566> .

<sup>3</sup> The State of Oral Health in Europe Report, Dr. Reena Patel, September 2012, <http://www.oralhealthplatform.eu/our-work/the-state-of-oral-health-in-europe/> and Executive Summary, <http://www.oralhealthplatform.eu/our-work/the-state-of-oral-health-in-europe/>

<sup>4</sup> FDI: FDI’s definition of oral health – What is oral health?, Retrieved from <http://www.fdiworldental.org/oral-health/vision-2020/fdis-definition-of-oral-health.aspx>

<sup>5</sup> [Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications](#) as amended by Directive 2013/55/EU of the European Parliament and of the Council of 20 November 2013 amending Directive 2005/36/EC on the recognition of professional qualifications and Regulation (EU) No 1024/2012 on administrative cooperation through the Internal Market Information System (‘the IMI Regulation’).

acts for updating these basic dental training requirements, in order to take account of scientific and technical progress (changes on Annex V.3/5.3.1 have been propose to the Commission by CED).<sup>6</sup> In addition, continuous professional development<sup>7</sup> should be encouraged by Member States.<sup>8</sup>

## II - KEY DRIVING FORCES IN DENTISTRY, ORAL HEALTH AND EUROPEAN HEALTH

Dentistry and oral health care face new challenges and must focus on the most important key driving forces. It is now accepted that oral health is an important part of general health<sup>9</sup> and that there are common risk factors with the major chronic non/communicable diseases. This is a reality that dentists must acknowledge together with the changing burden of oral disease, which poses important challenges when managing an ageing population and patients from different social environments.

To react to such challenges, and be able to propose treatment plans that fit the oral health needs of patients as well as aesthetic demands, dentists need to be aware of new trends in science, research and technology together with eHealth, while keeping in mind ethics and patient safety. Management skills and interprofessional collaboration<sup>10</sup> are also very important tools that dentists must have in order to face the future.

## III - THE PROFILE OF THE FUTURE DENTIST

The profile of the future dentist is constantly evolving and the expected competences and skills need to be updated and new ones created. In order to deal with the challenges of new developments in dentistry and changes in oral health needs, the basic education and training of the future dentist must be updated and enhanced with additional competences and skills, namely as:

### Oral health expert

- a) Knowledge of and training in diagnosing and treatment planning in a broader medical context. The scope of the dentist's practice should not be exclusively focused on the teeth and supporting structures, but shall be extended to cover the oral health needs of patients in a holistic approach.
- b) Knowledge on evaluation and treatment of oral diseases such as oral mucosal lesions, oro-facial trauma, infection, pain, manifestations of systemic disease, genetic and congenital diseases.

<sup>6</sup> CED Resolution on Annex V.3/5.3.1 of Directive 2005/36/EC  
<http://www.cedentists.eu/component/attachments/attachments.html?id=2806>

<sup>7</sup>CED Resolution on Continuing Professional Development of Dentist in the European Union, May 2013,  
<http://www.eudental.eu/component/attachments/attachments.html?id=2338>

<sup>8</sup>Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU, 9 Jan. 2015,  
[http://ec.europa.eu/health/workforce/key\\_documents/continuous\\_professional\\_development/index\\_en.htm](http://ec.europa.eu/health/workforce/key_documents/continuous_professional_development/index_en.htm)

<sup>9</sup>CED Resolution 'For Better Oral Health of All EU Citizens: Mutual Integration of Oral and General Health!', May 2011, <http://www.cedentists.eu/component/attachments/attachments.html?id=446>

<sup>10</sup>CED Resolution on the dental team, May 2015,  
<http://www.eudental.eu/component/attachments/attachments.html?id=2043>

- c) Knowledge of internal medicine. This has become imperative for dentists in managing medically compromised patients and older people who are presenting complex health conditions in addition to their cumulative dental problems. Dentists must be competent in identifying and managing such oral and medical problems, and collaborate efficiently with other health professionals.
- d) Knowledge of and training in treatment planning and patient follow-up. Dentists must be aware that evolution and knowledge leads to new treatment options with different types of intervention. The treatment of patient should be based on scientific evidence.
- e) Knowledge of and training in aesthetic oral rehabilitation as allowed by EU Directives meeting patient needs and expectations, using the most up-to-date tools and techniques, but not neglecting the treatment of the disease, treatment complications and patient safety.

### **Communicator**

- f) Knowledge of Languages: These are key instruments for the dentist to deal with the variety of cultural ideas and beliefs on disease occurrence and management of multinational patients, their relatives, colleagues and other health professionals involved in the provision of health care.
- g) Knowledge of Communication: Communication skills are extremely important to ensure that the dentist is able to explain the various treatment options and obtain a fully understood consent for the option decided upon assuring a trustful patient-dentist relationship. The need for obtaining consent must also be seen in the context of dealing with patients from a variety of social or cultural background.

### **Collaborator**

- h) Knowledge of and training on interprofessional and intraprofessional collaboration. This is the main key to improvement of patients' health, as common risk factors and different conditions could interfere with good oral health and with the quality of the dentist's intervention. It is essential to work together with other health professionals in order to find the adequate tools for the best treatment.

### **Manager/administrator/organizer**

- i) Knowledge of and training on interprofessional and practice management skills. Dentists must be trained and have the ability to apply organisational, managerial, financial, administrative and leadership skills

### **Health advocate**

- j) Knowledge of the principles of behavioural sciences at an early stage in the dental curriculum, complemented with introduction of basic medical sciences into clinical practice. This will equip dentists with strategies for community and patients' adherence to preventive measures and ease the understanding to intervene at common-risk factors for major chronic non-communicable diseases<sup>11</sup>.

---

<sup>11</sup>Knowledge in behavioural sciences is for a different purpose than basic sciences and they are not integrated.

**Scholar /researcher/teacher**

- k) Knowledge of the use of scientific and technological advances along with e-technologies. The future dentist must be proactive in searching for new scientific and technological developments in order to bring more benefits to patients. Lifelong learning and continuing education are essential

**Professional**

- l) Knowledge of the ethics and jurisprudence. Dentists working in a European legislative framework influencing dentistry and patients' rights, shall be knowledgeable and aware of the ethical principles and EU legislation applicable at a national and European Level.

**CONCLUSION**

The development and health of the oro-facial region are directly connected with general health and well-being and are essential for the quality of life of all people. In order to meet the increasing complex needs of society, the dentist of the future must contribute by reducing the burden of oral diseases, maintaining and improving oral health throughout the patient's life, handling and preserving the teeth of the elder.

The ultimate objective of the future dentist is to be competent in managing traditional as well as new challenges in oral health, which result from the aforementioned trends and he/she must be able to practise evidence-based and comprehensive dentistry independently or in group practice and in close collaboration with other health professionals, safeguarding ethics and patient safety. Also, the future dentist should be competent in management, economy, dental team supervision and leadership, interprofessional collaboration and human resources.

University training, including clinical training on patients, will provide the basis for a dental graduate to assess his/her own professional development needs throughout his/her practicing life and enable the dentist to prevent, diagnose and treat oral diseases. In addition, taking into account the growing integration of oral health in general health, a more medical orientation of dental education is needed which will result in the need for curriculum changes in the content and form of the 5 years' dental training as already proposed by the CED.<sup>12</sup>

The CED is of the opinion that the basic knowledge and skills of tomorrow's dentists as acquired during basic dental training should represent the first stage in a lifelong learning and continuing education that should last throughout a dentist's entire practising life.

**\*\*\***

**Unanimously adopted by the CED General Meeting on 26 May 2017**

---

<sup>12</sup> CED Resolution on Annex V.3/5.3.1 of Directive 2005/36/EC, December 2016, [http://www.hkdm.hr/pic\\_news/files/CED-DOC-2016-064-FIN-E%20\(1\).pdf](http://www.hkdm.hr/pic_news/files/CED-DOC-2016-064-FIN-E%20(1).pdf)