

CED ACTIVITIES INFO

Issue 2 – April 2012

COUNCIL OF
EUROPEAN DENTISTS



Introduction

*This issue will be the first in a series of newsletters not only updating you on CED activities but also taking a closer look at CED Working Groups and Board Task Forces, their policy priorities for 2012-2013 and, most importantly, the experts that make their work possible. The first edition is dedicated to the **CED Working Group Education and Professional Qualifications**. Section I continues to report on the political activities of the CED President, Board members and to summarise the work of the other CED Working Groups, Board Task Forces and the Brussels Office. In Section III, CED member associations share their positions on current issues.*

HEALTHY MOUTH, HEALTHY LIVING, HEALTHY AGEING CED EVENT IN THE EURO- PEAN PARLIAMENT

On 26 June 2012, the CED will organise an event, hosted by MEP Cristian Silviu Buşoi and entitled **"Healthy mouth, healthy living, healthy ageing: Investing in prevention is the most cost-effective approach to healthcare"** in the European Parliament. Featuring health professionals' and patients' perspectives, the event will explore links between general and oral health, the need for prevention in the context of healthy ageing, and the importance of an interdisciplinary approach and cooperation between different health professionals in treatment of diseases. More information will be available and registration will open in May.

SECTION I – CED INTERNAL ACTIVITIES CED PRESIDENT

LETTERS FROM DG SANCO

In April, the CED received the European Commission's (DG SANCO) comments to the CED Guidelines to interpret and implement the [Council Directive 2011/84/EU](#) concerning tooth whitening products as well as to the CED draft template to report undesirable effects. These documents were developed by the CED

Working Group Tooth Whitening and will be presented by this WG at the May General Meeting.

CED WORKING GROUPS (WG)

WG AMALGAM

On 26 March, WG Chair Susie Sanderson, CED member Stuart Johnston and CED Policy Officer Sara Roda attended the Commission **stakeholders' workshop** where [BIOIS](#) presented its *"Study on the potential for reducing mercury pollution from dental amalgam and batteries"*. The CED has contributed vigorously to the discussions supporting option 1 of the study (which recommends an improvement in the enforcement of EU waste legislation regarding dental amalgam), and challenged option 3 (which recommends banning the use of mercury in dentistry).

On 4 April, the **WG met in London** to discuss and prepare the CED response to the BIOIS study. The WG concluded that the study is *"significantly flawed and unbalanced"* and that it *"attempts to suggest inappropriately that a highly complex situation can be solved with an overly simple solution"*. The WG criticised the fact that *"much of the data it relies on is based on a survey requesting information from 27 disparate countries which, as CED has previously discovered, is almost impossible to access with accuracy."*

(...) Regardless of the acknowledged estimations, assumptions and rough guesses, more worryingly the report contains dangerous speculation and inaccuracies of fact." In its response, the **CED urged the Commission to take a more balanced view than that which was represented in the BIOIS study.**

WG EHEALTH

On 12 March, the **WG met in Brussels** to prepare a draft CED resolution on eHealth, to discuss the CED membership in the Commission-led [eHealth Stakeholders Group of users and industry representatives](#), which will provide a platform for stakeholders to contribute to the development of legislation or policy related to eHealth, and to analyse the implementation of the [SNOMED CT classification](#) in the different EU countries.

On 23 March, the **WG met on-line** to conclude the draft resolution on eHealth which will be considered for adoption at the May General Meeting. The next WG meetings will take place in Brussels (11 June 2012) and on-line (10 September 2012).

On 29 March, **WG member Dr Jørn Jorgensen attended the eHealth Stakeholders Group** on behalf of the CED. The objective of this first meeting was to define the role of the Group and its members; discuss the policy context; and establish the work programme for 2012 and the modus operandi of the group.



WG INFECTION CONTROL

On 4 April, the WG met in London to discuss the issue of dental unit water samples testing positive for *Legionella pneumophila*. The WG intends to organise a seminar to debate pathogenic species contamination, but will request specific guidance from CED members on this matter at the May General Meeting.

CED BOARD TASK FORCES (BTF)

BTF COMMUNICATIONS

On 18 April, BTF Communications met in Brussels to review the progress on reaching the goals listed in the 2012 Annual Communications Work Plan. BTF noted the development of new communications tools available to CED members through the CED website and agreed that fact sheets on policy issues should be developed to support members in their contacts with policy makers. BTF members supported the plans for organising a meeting of national dental association communications officers in the second half of 2012 and agreed that changes to CED questionnaires should be envisaged to make the results more accurate and useful. They also suggested regularly organising discussion evenings with a small number of MEPs to present to them the positions of European dentists on current political issues.

CED OFFICE

HEALTH FIRST EUROPE ROUNDTABLE EVENT

On 24 April, CED Policy Officer Sara Roda attended an invitation-only roundtable event in the European Parliament on behalf of the CED President. This event was organised by [Health First Europe](#) (HFE) and sponsored by MEP Christofer Fjellner, (EPP, Sweden) to discuss the future of patient safety in Europe and HFE's recommendations on patient safety and on healthcare associated infections.

SECTION II – CED WG EDUCATION AND PROFESSIONAL QUALIFICATIONS (WG EPQ)

HISTORY

WG EPQ was established in May 2003. Over the years, it has helped develop CED policy related to the minimum training requirements for dental practitioners, the profile of a future dental practitioner, the competences required to practice dentistry in the EU, continuous professional development, the impact of the Bologna process on dentistry and many other aspects related to dental training and professional qualifications.

HOW DOES IT WORK?

The current **WG mandate** was adopted by the CED General Meeting (GM) in May 2011. Every two years the GM (where all CED members are represented) has the possibility to renew, amend or end the mandate of the WG. On the basis of this mandate, the WG EPQ has developed several policy papers and resolutions to defend high quality of dental training in Europe and represent the interests of the dental profession during the review of the Professional Qualifications Directive (PQD).

WG members are appointed by CED members and CED observer associations at their discretion from experts with relevant experience and knowledge. At present, WG EPQ is composed of experts from 9 different countries, including the WG Chair (selected by the GM) and two Board liaisons (selected by the Board to supervise and report on the WG's progress to the Board).

Task forces can be created at the initiative of the WG Chair, with the approval of the CED Board and sometimes the CED General Meeting when it assumes high political importance. These task forces are active for limited periods of time and for precise issues requiring specific

expertise. Their members are selected on the basis of their expertise but they are no longer restricted to CED membership. At present, three task forces operate within WG EPQ:

- (i) **CED-ADEE taskforce**, in which both organisations – of dentists and of dental educators – are developing a joint proposal for a new Annex for the PQD which will combine competences, learning outcomes and subjects. CED and ADEE have already agreed on a joint amendment to Article 34/2 of the PQD;
- (ii) **the CPD task force** which is preparing a CED position on continuous professional development;
- (iii) **the nitrogen sedation task force** which has recently concluded drafting a resolution on nitrogen sedation that will be considered for adoption at the May General Meeting.

ROLE OF THE WG CHAIR

The WG Chair, **Prof Dr Kostantinos Oulis**, Professor in the Department of Paediatric Dentistry, University of Athens, dental practitioner and author of innumerable articles, has the responsibility to ensure that the WG's mandate is fulfilled and that the will of the CED members is correctly and timely translated in policy papers and resolutions. The WG Chair leads the WG's task forces and reports on the progress of the work of the WG to the GM twice a year. He attends all meetings of the WG and may represent the CED externally within the remit of the WG.

ROLE OF THE WG MEMBERS

The WG members attend the WG meetings and may attend the CED GM. They are at the heart of CED policy as they are responsible for drafting CED policy papers and resolutions. They represent the interests of the respective member or observer association within the WG. The current members of the WG are:

- **Dr Peter Engel**, CED Board member and Board liaison, dental prac-

tioner and President of the German Dental Association (Bundeszahnärztekammer), Germany;

- **Dr Marco Landi**, CED Board member and Board liaison, dental practitioner, ANDI - Associazione Nazionale Dentisti Italiani, Italy;
- **Mrs. Barbara Bergmann-Krauss**, Head of Agency for Quality in Dentistry, Institution of the German Dental Association, Germany;
- **Dr Edoardo Cavallé**, dental practitioner, ANDI - Associazione Nazionale Dentisti Italiani, Italy;
- **Dr Doniphon Hammer**, dental practitioner, CNSD - Confédération Nationale des Syndicats Dentaires, France;
- **Dr Stefaan Hanson**, dental practitioner and Executive Director of the Flemish Dental Association, Belgium;
- **Prof Dr Péter Hermann**, Professor in the Department of Prosthodontics, Faculty of Dentistry, Semmelweis University, and President of the Dental Section of the Hungarian Medical Chamber, Hungary;
- **Prof Dr Juan Seone Lestón**, Professor in the Department of Stomatology, University of Santiago de Compostela, Spanish Dental Association, Spain;
- **Dr Roland Svensson**, dental practitioner, Swedish Dental Association, Sweden;
- **Dr Piret Väli**, dental practitioner and President of the Estonian Dental Association, Estonia; and,
- **Prof Dr Alfonso Villa Vigil**, Professor in the Department of Surgery and Medical-surgical Specialties, University of Oviedo, and President of the Spanish Dental Association, Spain.

POLICY PRIORITIES 2012-2013

The WG has been contributing to the evaluation process of the PQD since 2010 through the preparation of several position papers and resolutions which call on the EU Institutions to update the minimum training requirements for dental practitioners. The focus of the WG will continue to be the modernisation of the PQD

(now in co-decision process), with emphasis on the dental curriculum changes which are linked to the challenges that dentistry faces today. The WG will also develop a position on continuous professional development as well as on vocational training, and will contribute to the ongoing projects related to healthcare workforce (e.g., [ESCO project](#) and other projects mentioned in the [Action Plan for the EU Healthcare Workforce](#)).

SECTION III – CONTRIBUTIONS BY CED MEMBER ASSOCIATIONS

DENTAL CARE FOR PEOPLE IN NEED OF NURSING ATTENTION AND FOR DISABLED PEOPLE IN GERMANY

In 2010, the German Dental Association (BZÄK), the Dental Authority (KZBV) and scientific organisations together developed a draft concept for the elderly and disabled people with the objective to improve the oral health for people in need of nursing attention and for disabled people by creating the necessary preconditions for better dental care. The need for nursing services for the elderly and disabled people impedes dental care, thus more time, and more dental staff is required for their treatment. Furthermore, general anaesthesia or sedation and sophisticated treatment plans must also be taken into consideration.

Prerequisite for the implementation of the “AuB-Konzept” would be indeed that the legislator creates a framework which fosters and promotes the initiative similar to the already existing dental prevention campaign for children and young adults. This prevention program is being carried out with obvious success and has resulted in remarkably better oral health for the relevant age groups.

The politics reacted and created a regulation in the Social Code

(SGBV) in the beginning of 2012 for dentists. Dentists treating disabled patients are now entitled to an additional fee for visits in nursing homes. This is a first step to compensate the practitioners for the extra effort, but unfortunately there is as yet no additional payment for preventive or therapeutic measures. Consequently, much work still remains to be done to improve oral health for people in need of nursing attention and for disabled people.

Contributed by BZÄK, Germany

If CED Members wish to receive further information about any of the items mentioned in the newsletter, please contact: ced@eudental.eu