



Introduction

Welcome to the 3rd issue of CED EU Info of 2012. This issue is divided in two sections: the first section provides updates on EU topics relevant to the dental profession and the second section contains more general information regarding EU policy.

SECTION I – EU TOPICS RELEVANT TO THE DENTAL PROFESSION

DIRECTIVE ON THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS (PQD)

On 25 April, the European Parliament (Internal Market and Consumer Protection committee - IMCO) held a hearing on *Growth & Mobility: Modernising the Professional Qualifications Directive* ([web stream](#), [presentations](#)). The debate, attended by the CED, focused on the modernisation of the minimum training requirements, the partial access for regulated professions, common training principles and the European professional card. The Rapporteur, MEP Bernadette Vergnaud (S&D, France) expressed her great fear of using the principle of partial access for the regulated professions. She supported the professional card but stressed that further clarification was required as to its standardisation, reliability, flexibility, exhaustiveness, personnel data and voluntary nature. She also favoured the assessment of language knowledge by competent authorities or language professionals /institutions rather than associations. Ms Vergnaud is expected to publish her draft report in July (see EP timetable [here](#)).

On 30 May, the Environment, Public Health and Food Safety Committee (ENVI) held a [first exchange of views on the PQD](#). The Rapporteur, MEP Anja Weisgerber (EPP, Germany), expressed during the meet-

ing the need for high quality training in medicine and dentistry, supporting the cumulative conditions of 5 years and 5000 hours for the minimum duration of basic dental training. Ms Weisgerber is expected to publish her opinion on the PQD before the end of this month.

On 30 May, the Competitiveness Council met to discuss the PQD ([web stream](#), [background note](#)). The debate focused on the European Professional Card and on a transparency exercise to reduce the number of regulated professions and/or remove unjustified regulatory barriers. Concerning the latter, the Commission mentioned that it intends to prepare a Communication to help Member States in their evaluation exercise on regulated professions. The goal is to develop a common methodology that Member States could use to decide if a profession needs to continue to be regulated or not.

On 7 June, the health professions covered by the sectoral regime of the PQD (doctors, dentists, nurses, midwives, pharmacists and veterinarians) [agreed on 7 joint amendments to the Commission's proposal on the PQD](#). These joint amendments relate to the principle of partial access, language knowledge, delegated acts, common training frameworks and the former recital 44 of the PQD.

MEDICAL DEVICES

In the aftermath of the PIP breast implant affair, the Commission has proposed a [Joint Plan of immediate](#)

[actions](#), proposing a number of measures to be taken by Member States under the existing legal framework for medical devices and mainly related to notified bodies. The Commission now intends to adopt by the end of the year an implementing regulation on the designation and supervision of notified bodies under Directives 90/385/EEC and 93/42/EEC and a recommendation on the audits performed by notified bodies in the field of medical devices on which consultation with stakeholders has already started. The Commission is also planning to send a questionnaire on market surveillance to the Member States and is mapping the vigilance systems and the situation on patient registers in Member States. Meanwhile, the European Parliament voted on 14 June in favour of [a resolution on PIP breast implants](#) (see pages 227-232) calling for a number of changes to the existing legislation on medical devices. The Commission is planning to adopt the legislative proposal for a new medical device regulation which will replace Directives 90/385/EEC and 93/42/EEC on 26 September.

EUROPEAN STANDARDISATION

On 31 May, the Danish EU Presidency announced that an agreement has been reached on the proposed regulation on European Standardisation. The Presidency stated that "the agreement will improve conditions for participation of business and stakeholders in the

development of standards, ensure that standards reach the market faster, which will shorten the time span from idea to production, and boost the development of European standards for services.” Danish Minister of Business and Growth further confirmed that “the regulation creates the foundation for the development of more European standards for services” which “can contribute to innovation and growth, which is much sought after in Europe.”

The regulation is expected to enter into force on 1 January 2013, following a vote in the European Parliament plenary sitting scheduled for 10 September and a formal approval by the Council.

While the regulation as agreed reportedly restricts the right of the Commission to request the development of European standards in the delivery and organisation of services in several sectors, including healthcare, this restriction will likely not affect further development of market-driven standards. European Committee for Standardisation (CEN) has already initiated or completed work on a number of standards in healthcare services, including on aesthetic surgery services, chiropractor services, quality management system of health services, hearing aid technicians services, osteopath services and quality criteria health checks.

DENTAL AMALGAM

On 11 June, the [Environmental Council adopted conclusions](#) to prepare two international negotiations on the management of chemicals, including the intergovernmental negotiating committee on mercury, Punta del Este, Uruguay, 27 June – 2 July 2012. The EU emphasized its commitment to protecting human health and the environment from releases of mercury and its compounds by minimising and, where feasible, ultimately eliminating

global anthropogenic mercury releases to air, water and land. It reiterated that it will continue their international efforts to reduce mercury emissions and exposure on a global scale, taking into account the availability of alternatives or reduction measures. Finally, it stressed the importance of continuing to participate actively in negotiations on all elements of the future global mercury convention, aiming at an ambitious overall outcome prior to the twenty-seventh regular session of the Governing Council/Global Ministerial Environmental Forum (UNEP) in 2013 (see points 10-12 of the conclusions).

VAT

On 15 May, [the Economic and Financial Affairs Council adopted conclusions on VAT](#) (see pages 16-19). The conclusions invite Member States to review their tax systems with the aim of making them more effective and efficient, and removing unjustified exemptions. The Commission’s position is to favour a restricted use of reduced rates of VAT. In this context will launch this year an assessment of the current VAT rates structure. The CED Board Task Force Internal Market will analyse the possible impacts of VAT in the dental profession at its next meeting on 25 June.

DATA PROTECTION REGULATION

On 29 May, the Civil Liberties, Justice and Home Affairs Committee (LIBE) held a [workshop](#) to discuss in detail the Data Protection Regulation ([programme and background documents](#)). The [LIBE first exchange of views](#) took place on 31 May and the timeline procedure is available [here](#). The Rapporteur, Jan Philipp Albrecht (Greens, Germany), is expected to publish his report by November 2012. The Industry, Research and Energy Committee (ITRE) and IMCO will provide opinion reports with Séan Kelly (EPP, Ireland) and Lara Comi (EPP, Italy) as respective Rapporteurs. In the

EU Council, the Regulation is being discussed in the Justice and Home Affairs Council, Working Party on Information Exchange and Data Protection. The CED Board Task force Internal Market will analyse this Regulation at its next meeting on 25 June.

eHEALTH

In May, an eHealth network of Member State representatives responsible for eHealth met in Copenhagen to begin to determine the minimum set of patient data required for interoperable Electronic Health Records (EHRs) across the EU. This network was created by Article 14(1) of the [Cross-border Directive](#) and the rules for its managements and functioning were laid down by the [Commission Implementing Decision 2011/890/EU of 22 December 2011](#). The Commission’s objective is to enable EU citizens to securely access their health information wherever they travel in the EU. In this sense, the [European Health Insurance card](#) is now being used in [epSOS pilot-project](#).

On 4 June, the Commission adopted a new [proposal for regulation on electronic identification and trusted services for electronic transactions in the internal market](#). This proposal intends to ensure mutual recognition of electronic identification across borders (eID) and to create an internal market for eSignatures and related online trust services across borders. In this context, it will provide a legal framework for electronic seals, time stamping, electronic document acceptability, electronic delivery and website authentication in order to ensure that these on-line trust services will work across borders and will have the same legal status as traditional paper based processes.

EU HEALTH POLICY FORUM

On 10 May, the [EU Health Policy Forum](#) met in Brussels to exchange views on the implementation of the EU health policy, focusing on the

[European Innovation Partnership on Active and Healthy Ageing](#), on chronic and communicable diseases, [on the European Health Technology Assessment network, on health workforce issues](#) and [HEIDI \(wiki and data tool\)](#). This Forum brings together 52 umbrella organisations representing European stakeholders in the fields of public health and healthcare. The CED is a member.

EU HEALTH WORKFORCE

On 18 April, the Commission adopted a [Communication on "Towards a job-rich recovery"](#) which was accompanied by a number of staff working documents focusing on specific sectors with a high potential for job creation, including an [Action Plan on for the EU Health Workforce](#). Its goals are to:

- *improve health workforce planning and forecasting* by launching a Joint Action to share good practices, develop forecasting methodologies and improve EU-data on health workforce (the CED is already an associated partner and further information will be provided below);
- *better anticipate future skill needs and skills mixes in the healthcare sector* by fostering partnerships between education/vocational training providers and employers through a Sector Skills Alliance to be set up in 2013; by promoting exchange of good practice on continuous professional development (to update skills and competences and promote retention of healthcare personnel through lifelong learning) through a review and mapping of national systems and practices in 2013; by developing recommendations for the training requirements of healthcare assistants (including educational support for informal carers) through setting up a pilot health case assistants expert network database by 21014;
- *stimulate exchange on recruitment and retention of health workers* by mapping recruitment and retention strategies with a view to ex-

change good practices; and,

- *support ethical recruitment of health workers* by supporting the implementation of the WHO Global Code of Practice on the international recruitment of health workers in the Member States.

JOINT ACTION ON PATIENT SAFETY AND QUALITY OF CARE (PaSQ)

PaSQ formally started on 1 April and a kick-off meeting was organised on 24-25 May in Roskilde, Denmark. The meeting brought together all partners of the Joint Action and allowed the work on individual Work Packages to start. Work Package 4, to which the CED will contribute as an associated partner, started discussing the definitions and the conceptual framework which will form the basis for identifying proven and innovative Safe Clinical Practices at clinical level, including in dental practices. In the next stage, practices will be shared among the Joint Action partners who might decide to adapt them to local circumstances and implement them at the local level.

2012 EURO HEALTH CONSUMER INDEX (EHCI)

On 15 May, MEP Christofer Fjellner (EPP, Sweden) hosted a seminar of the [Health Consumer Powerhouse](#) to present the [2012 edition of the EHCI](#). The 2012 edition ranked 34 national European healthcare systems on 42 indicators, covering five key areas to the "health consumer": i) patients' rights and information; ii) accessibility of treatment (waiting times); iii) medical outcomes, range and reach of services provided; and v) pharmaceuticals. The Netherlands received the highest score for the third consecutive year. For a quick and short overview see the [Index table](#).

WORLD NO TOBACCO DAY

On 31 May, on the occasion of the World No Tobacco Day, the Commission published a [Eurobarometer survey on attitudes towards to-](#)

[bacco](#). On average, 60% of citizens support measures to make tobacco less visible and attractive, such as keeping tobacco products out of sight in shops or curbing the use of attractive flavours and colours. At the same time, other figures gave cause for concern: 28% of EU citizens aged 15 over smoke, and 70% of the smokers and ex-smokers took up the habit before the age of 18. Tobacco is the single largest cause of avoidable death in the EU, accounting for around 700.000 premature deaths each year. In order to reduce tobacco consumption in the EU, the Commission launched the EU's *"Ex-Smokers are unstoppable"* campaign in 2011 and intends to table its proposal to review the 2001 Directive on Tobacco Products in the second half of 2012.

EUROBAROMETER SURVEY ON PATIENT INVOLVEMENT

On 18 May, the Commission published a [Eurobarometer Qualitative Study on Patient Involvement](#) in healthcare. The study revealed that the term *"patient involvement"* is not understood by patients or practitioners in the same way. The main risks of patient involvement, mentioned by both patients and practitioners, are increased demands on practitioners' time, and the possibility of patients disagreeing with doctors' opinions. The internet has helped patients to have greater access to information about their symptoms and healthcare as well as about healthcare options. Patients in Eastern European countries were identified as most likely to be dissatisfied with their current level of involvement in healthcare and wanting to be more involved.

PARLIAMENTARY QUESTIONS RELATED TO DENTISTRY

The CED Brussels office compiled a series of questions related to dentistry brought forward by Members of the European Parliament to the Commission in 2012. These questions are available [here](#).

JURISPRUDENCE – EFTA COURT

The EFTA Court ruled last year – [Case E-1/11](#) – on the necessary language knowledge for practicing a profession in another country. The Norwegian Appeal Board for Health Personnel requested an Advisory Opinion of the EFTA Court to an appeal proceeding brought before them which concerned a refusal of the Norwegian Registration Authority for Health Personnel to grant the complainant (a medical doctor from Bulgaria) license to practice as a medical doctor in Norway. The Court concluded that Directive 2005/36/EC (PQD) precludes the authorities of EEA States from denying an authorisation as a medical doctor to a migrant applicant from another EEA State who fulfils the requirements under the PQD. However, an EEA State may make an authorisation conditional upon the applicant having knowledge of languages necessary for practising the profession on its territory. Moreover, an EEA State may suspend or withdraw an authorisation to pursue the profession of medical doctor based on information concerning the personal aptitude of a migrant doctor relating to the professional qualification other than language skills, only if such requirements are objectively justified and proportionate to achieve the objective of protecting public health and if the same information would also entail a suspension or withdrawal of authorisation for a national doctor. If such grounds for suspension or withdrawal are available to the competent authorities at the time of assessment, the authorisation may be denied.

SECTION II – GENERAL EU POLICY

TRANSPARENCY WEBSITE

On 7 June, the Commission launched a [new website](#) for EU citizens to better follow and participate in the EU decision-making proc-

esses. It provides quick access to information on legislation, impact assessments, experts groups and advisory committees, consultations, interest representation and lobbying, access to documents, and recipients of EU funds.

DG INFOSO BECOMES DG CONNECT

As of 1st July 2012, the Directorate General for Information Society & Media (DG INFOSO) will be renamed as Directorate General for Communications Networks, Content and Technology (DG CONNECT) to better represent the range of topics it works on (namely Digital Agenda for Europe).

ENLARGEMENT

On 24 April, the Commission adopted its [Monitoring Report on Croatia's accession preparations](#). This is a part of the regular 6-monthly monitoring as foreseen by the Accession Treaty. The Report assesses the progress made by Croatia and highlights the areas where further efforts are necessary before it becomes a Member on 1 July 2013. In the field of consumer and health protection, the Commission recommended continued efforts to upgrade, restructure and licence facilities for handling blood, tissues and cells in accordance with the EU technical requirements.

On 17 May, the Commissioner for Enlargement and European Neighbourhood Policy Štefan Füle and the Turkish Minister for European Affairs and Chief EU negotiator Egemen Bağış launched in Ankara the new Positive EU-Turkey agenda to bring fresh dynamics into the EU-Turkey relations. The agenda intends to enhance cooperation and to promote reforms in Turkey in areas of joint interest such as alignment with the EU legislation, political reforms and fundamental rights, visa, mobility and migration, trade, energy, counter-terrorism and dialogue on foreign policy.

On 22 May, the Commission adopted a [Report on Montenegro's progress in the implementation of reforms](#). The Report concludes that Montenegro has made further progress in the areas of rule of law and fundamental rights, including in the fight against corruption and organised crime and recommends that accession negotiations with Montenegro are opened in June 2012.

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