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**Brussels, 20 September 2011**

**Subject:** Green Paper – Modernising the Professional Qualifications Directive

The Council of European Dentists (CED) is the representative organisation of the dental profession in the European Union, representing over 327,000 practicing dentists from 32 national dental associations in 30 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient-safety centred professional practice across Europe and contributes to safeguarding the protection of public health.

#### **CED POSITION**

The CED welcomes the European Commission's initiative to modernise the Professional Qualifications Directive (PQD) and the opportunity to comment on the Green Paper. The PQD is currently one of the main concerns of the dental profession, as the evaluation process of the PQD has shown that the automatic recognition system does not work perfectly. In fact, although the PQD has succeeded in facilitating the free movement of professionals, it has not succeeded in monitoring the dental curriculum to cope with the evolution of scientific knowledge. Moreover, in some Member States, recent educational reforms are resulting in implementation of new educational solutions which might undermine the high standards of dental education and delivery of healthcare, jeopardizing patient safety.

In order to enhance confidence and to facilitate the principle of automatic recognition, the dental profession strongly recommends that the modernisation of the PQD takes into account the following:

1. The minimum duration of training for dentists should be expressed not only in years (5 years) but also in training hours (5000 hours), in order to safeguard against part-time training and the proliferation of "weekend diplomas" by private Universities. It is highly regrettable that proposal 4.2.2 of the Green Paper (Clarifying minimum training periods for doctors, nurses and midwives) does not cover dental practitioners (*see amendments 4 and 5 of Annex I "CED proposal for legislative amendments" attached for further details, hereinafter Annex I*);
2. Annex 5.3.1 of the PQD should reflect the scientific and technological advances in medicine as well as in educational sciences, and a minimum list of competences should be added in a new annex (*see amendments 9 and 10 of Annex I for further details*);
3. The principle of automatic recognition should apply to the dental specialties which are common to at least two-fifths of Member States, in order to facilitate the mobility of dental practitioners and ensure high quality of specialist dental care. It is highly regrettable that this possibility is only foreseen in the PQD for medical specialties (*see amendment 1 of Annex I for further details*);

4. The language regime under Article 53 of the PQD should be clarified (*see amendment 8 of Annex I for further details*);
5. The dental practitioners' activities should be better described under Article 34, paragraph 3 second subparagraph of the PQD (*see amendments 6 and 7 of Annex I for further details*);
6. The principle of partial access should not be applied to the dental profession or to any other health profession;
7. Professional organisations should be consulted on a regular and official basis as they are the experts in their own field; a specific mechanism to consult with relevant stakeholders should not therefore be deleted from the PQD;
8. The use of the IMI system should become compulsory for purposes of administrative cooperation between competent authorities, establishing mandatory deadlines for replying;
9. The extension of the recognition procedure to cover third-country qualifications may give rise to abuses of the system in the form of "*forum shopping*" and would be excessively burdensome for competent authorities in the host Member State.

The CED appreciates the work that has been carried out by the Commission (DG Internal Market) to date. The CED hopes that the abovementioned points are taken into consideration and looks forward to contributing further to the modernisation of the PQD.

Yours sincerely,



Dr. Wolfgang Doneus

President of the Council of European Dentists

**Document attached:** Annex I "*CED proposal for legislative amendments*".





## DETAILED CED POSITION REGARDING THE GREEN PAPER

### 2. NEW APPROACHES TO MOBILITY

#### 2.1 The European Professional Card

##### **Question 1: Do you have any comments on the respective roles of the competent authorities in the Member State of departure and the receiving Member State?**

The CED welcomes the new approach to the professional cards by the Commission, particularly making the cards voluntary for the professional and substituting an e-certificate for a costly and outdated plastic card. However, since the work developed by the Steering Group on Professional Cards is not yet concluded, it is difficult to foresee the practical implementation of this new approach without a more detailed analysis of the case studies referred to in the Green Paper. The CED therefore reserves the right to take a different position in this regard.

The CED notes that in line with the proposal put forward by the Commission, the responsibilities of the competent authorities under the recognition procedure of the home (departure) Member States would substantially increase. This has several implications. First, it would be necessary to ensure that the competent authorities of the host (receiving) Member States retain the necessary powers of discretion in the process and should continue to have the right to scrutinise and demand all the necessary documents to conclude the recognition procedure. In other words, the recognition procedure should not be made automatic. Secondly, the competent authorities of the home (departure) Member States should have the necessary means and resources to adequately execute the tasks required under the procedure; the demands on the competent authorities particularly in those Member States which have traditionally provided large number of migrant professionals could increase disproportionately.

Finally, while the CED supports making the recognition procedure easier for the migrating professional, safeguards should be introduced to prevent cases of “forum shopping” in which a professional initiates the recognition procedure in several Member States at the same time.

The CED welcomes the proposal of having a system to allow consumers and employers to verify the validity of the e-certificate, e.g., through direct contacts with the competent authority.

##### **Question 2: Do you agree that a professional card could have the following effects, depending on the card holders' objectives?**

###### **a) The card holder moves on a temporary basis (temporary mobility):**

- **Option 1: the card would make any declaration which Member States can currently require under Article 7 of the Directive redundant.**
- **Option 2: the declaration regime is maintained but the card could be presented in place of any accompanying documents.**

The CED does not support **option 1** because the declaration regime and the pro-forma registration (Articles 6(a) and 7 of the PQD) are necessary and should be maintained for the following reasons:

- to allow the relevant body to enforce disciplinary sanctions in case of malpractice;
- to check if the applicant is fit to practice; and,
- to be able to inform the applicant about the professional rules and codes of conducts, since under Article 5(3) of the PQD, the applicant is subject to the rules of the host Member State.

The CED could support **option 2** under certain conditions:

- the card would in fact be an electronic certificate which would be obtained via the IMI system;
- the electronic certificate would be issued only for migrating professionals and only upon request (on a voluntary basis);
- no further administrative burdens would be imposed on the competent authorities;
- no additional cost for the competent authorities, the professional organisation or the dental practitioners;
- a proactive cooperation between the competent authorities and the professional organisations needed be ensured, particularly if the professional organisations would not be guaranteed direct access to the IMI system;
- data protection should be ensured at all levels (questions such as who should be granted access to the information in the host and home Member State, for how long, through which interface and what kind of information, should be resolved);

- competent authorities would continue to have the right to scrutinise and demand other documents than those specified under Article 7(2) of the PQD, particularly the ones included under point 4 of the Code of Conduct approved by the Group of Coordinators for the Directive 2005/36/EC which are considered as acceptable practice.

**b) The card holder seeks automatic recognition of his qualifications: presentation of the card would accelerate the recognition procedure (receiving Member State should take a decision within two-weeks instead of three months).**

The CED is of the opinion that a two-week deadline is generally not sufficient. Currently, under Article 51(1) of the PQD, the procedure for examining an application for authorisation to practice a regulated profession must be completed within three months after the date on which the applicant's complete file is submitted. If the two-week deadline was to be applicable only for the recognition of the diploma (bearing in mind that the recognition procedure has two different stages between which the Directive should make a clear distinction: first, the recognition of the diploma and second, granting the access to the profession), the CED would support this exception. The two-week period should only start after the applicant's complete file is submitted, as per reference to Article 51(2) of the PQD.

**c) The card holder seeks recognition of his qualifications which are not subject to automatic recognition (the general system): presentation of the card would accelerate the recognition procedure (receiving Member State would have to take a decision within one month instead of four months).**

As in the previous answer, the CED is of the opinion that a one-month deadline is not sufficient, particularly if in the absence of a reaction of the competent authority within the deadline the consequence is that the service can be provided.

## **2.2 Focus on economic activities: the principle of partial access**

**Question 3: Do you agree that there would be important advantages to inserting the principle of partial access and specific criteria for its application into the Directive?**

The principle of partial access should not be applied to the dental profession or to any other health profession. Public health and patient safety are overriding reasons of general interest which justify an exception to this principle. Partial access implies partial skills and competences and as such poses a real risk to the public. Dentists should be explicitly exempted from application of the principle of partial access.

## **2.3 Reshaping common platforms**

**Question 4: Do you support lowering the current threshold of two-thirds of the Member States to one-third as a condition for the creation of a common platform? Do you agree on the need for an Internal Market test (based on the proportionality principle) to ensure a common platform does not constitute a barrier for service providers from non-participating Member States?**

Dental practitioners fall under the principle of automatic recognition and therefore the minimum training requirements established in Article 5.3.1 of the PQD apply. Creation of a common platform which could grant holders of lower professional qualifications ("mini-dentists") access to the EU labour market would result in a clear threat to patient safety and would adversely affect the quality of dental treatment provided in the EU. It would also create confusion and inequalities among the patients. Consequently, the CED is strongly opposed to the application of the principle of common platforms to the dental profession, regardless of the threshold and of the relevance of an Internal Market test.

## **2.4 Professional qualifications in regulated professions**

**Question 5: Do you know any regulated profession where EU citizens might effectively face such situations? Please explain the profession, the qualifications and for which reasons these situations would not be justifiable.**

The dental profession is regulated in all Member States. Therefore, the question put forward does not apply to dentistry.

### **3. BUILDING ON ACHIEVEMENTS**

#### **3.1 Access to information and e-government**

**Question 6: Would you support an obligation for Member States to ensure that information on the competent authorities and the required documents for the recognition of professional qualifications is available through a central online access point in each Member State?**

The CED supports the proposal of having a central on-line access point in each Member State with complete information on competent authorities and required documents for the recognition procedure. The CED suggests that this online access point also includes complete information about professional organisations in each Member State. This information will facilitate the integration of the migrant in the host Member State. In addition, dental practitioners always need to contact professional organisations before, or after, they start working in the host Member State (e.g., to receive the license to practice, to receive information about professional ethical codes and disciplinary sanctions, to acquaint themselves with CPD obligations and to register for CPD courses, etc.). If required by the Commission, the CED could provide an initial list of professional dental organisations in each Member State.

The CED also supports the **first option** proposed by the Commission, i.e. building on the existing National Contact Points (NCP) foreseen under Article 57 of the PQD which already inform and assist professionals seeking the recognition of their qualifications. The CED welcomes the idea that NCPs could organise the online access point.

**Would you support an obligation to enable online completion of recognition procedures for all professionals?**

The CED views this possibility with some reservations because the procedure to be followed by migrating professionals has two different stages between which the Directive should make a clear distinction: first, the recognition of the diploma and second, granting the access to the profession. The second stage should be only carried out in-person, not online, for the following reasons:

- a) the need to check linguistic knowledge which is fundamental in the health sector – an online procedure is not sufficient to check language skills since written tests can easily be done by someone else than the applicant.
- b) the possibility of forging qualifications and other documents – it is more difficult to recognise online if a diploma has been forged or not. The use of general document formats such as PDF does not provide sufficient guarantees for authenticity and veracity of documents;
- c) the need to check the applicant's identity – competent authorities and professional organisations cannot always work with digital signatures. At some point – during the second stage – the applicant might be, by necessity, asked to produce an identity card or a passport to confirm his or her identity.

#### **3.2 Temporary mobility**

##### **3.2.1 Consumers crossing borders**

**Question 7: Do you agree that the requirement of two years' professional experience in the case of a professional coming from a non-regulating Member State should be lifted in case of consumer crossing borders and not choosing a local professional in the host Member State? Should the host Member State still be entitled to require a prior declaration in this case?**

The dental profession is regulated in all Member States. Therefore, the case presented in the Green Paper and the question put forward does not apply to dentistry.

##### **3.2.2 The question of "regulated education and training"**

**Question 8: Do you agree that the notion of "regulated education and training" could encompass all training recognised by a Member State which is relevant to a profession and not only the training which is explicitly geared towards a specific profession?**

The CED is of the opinion that the definition of "regulated education and training" under Article 3(1) (e) of the PQD should be maintained as it is, particularly as it relates to the regulated professions, to avoid increasing legal uncertainty and decreasing the quality of education of professionals having access to the EU labour market. For the dental profession, we consider the notion of "regulated education and training" irrelevant as the PQD clearly lists the minimum training requirements for basic dental training.

### **3.3 Opening up the general system**

#### **3.3.1 Levels of qualifications**

**Question 9: Would you support the deletion of the classification outlined in Art 11 (including Annex II)?**

The CED does not support the deletion of the classification outlined in Art 11 (including Annex II) as it offers a clear reference to evaluate and recognise professional qualifications, so helping the mobility of EU professionals. The deletion would mean a considerable increase in bureaucracy so as to explain and defend qualitative assessments. It would also make it more difficult for the migrating professionals to foresee whether their professional qualifications would be recognised.

#### **3.3.2 Compensation measures**

**Question 10: If Article 11 of the Directive is deleted, should the four steps outlined above be implemented in a modernised Directive? If you do not support the implementation of all four steps, would any of them be acceptable for you?**

The CED does not agree with the deletion of Article 11 and is therefore not answering this question.

#### **3.3.3 Partially qualified professionals**

**Question 11: Would you support extending the benefits of the Directive to graduates from academic training who wishes to complete a period of remunerated supervised practical experience in the profession abroad?**

The CED does not support this proposal as in our opinion the PQD is not the correct legislative instrument to regulate the mobility of graduates. The CED is of the opinion that the PQD legislates on the mobility of fully qualified professionals rather than students or trainees; consequently, we do not believe that provisions to facilitate the free movement of graduates should be included in the Directive.

At the same time, the CED believes that the PQD should not be used as a way of avoiding Member States' rules, particularly when the host Member State's rules on becoming a fully qualified professional are less stringent than those of the home Member State.

### **3.4 Exploiting the potential of IMI**

**Question 12: Which of the two options for the introduction of an alert mechanism for health professionals within the IMI system do you prefer?**

- **Option 1: extending the alert mechanism as foreseen under the Services Directive to all professionals, including health professionals? The initiating MS would decide to which other MS the alert should be addressed.**
- **Option 2: Introducing the wider and more rigorous alert obligation for MS to immediately alert all other MS if a health professional is no longer allowed to practise due to a disciplinary sanction? The initiating MS would be obliged to address each alert to all other MS.**

The IMI system is a useful tool for exchange of information between competent authorities and the CED supports its further development. However, the experience of CED members with the IMI reveals that in some Member States (e.g., Italy), the IMI system still does not function as well as envisioned; gaps in IMI functionality should therefore be identified and corrected. In addition, the CED supports making the use of the IMI compulsory and establishing mandatory deadlines for replying.

The CED supports the introduction of an alert mechanism for health professionals within the IMI system in the interest of patient safety. The CED prefers **option 2, to be initiated only in those cases where a dental practitioner has lost his/her right to practice.** Option 1 would in our opinion not ensure that the information reaches the competent authority of the host Member State as it is unlikely that the competent authority of the home Member State would be aware to which Member State the practitioner intends to move. Furthermore, in case of temporary mobility, the experience of CED members reveals that, in most cases, professional organisations of the host Member State are unaware that dental practitioners are providing services in their territory due to the fact that dental practitioners do not notify competent authorities in the first place or that competent authorities do not inform professional organisations about the migrant providing temporary services.

While supporting the introduction of an alert mechanism, the CED would also like to note that due to the different disciplinary systems across Member States, an alert by itself might not be sufficient to prevent a practitioner subject to even the most severe disciplinary sanctions from practicing in some Member States.

In Member States such as Spain and France, a dental practitioner can only lose his/her right to practice on the basis of a Court ruling (a disciplinary sanction is only enforced by a Court ruling). These cases need to be taken into consideration.

### **3.5 Language requirements**

**Question 13: Which of the two options outlined above do you prefer?**

- **Option 1: Clarifying the existing rules in the Code of Conduct.**
- **Option 2: Amending the Directive itself with regard to health professionals having direct contact with patients and benefiting from automatic recognition.**

The CED supports **option 2**. The CED believes that particularly for healthcare professionals the knowledge of the host Member State's language(s) is necessary and justified for reasons of patient safety. Healthcare professionals should be able to communicate with their patients in a proper way (to obtain informed consent, to inform them about the procedure and the risks, to explain treatment options, etc.) and understand fully the information given by the patients. Misinterpretation in healthcare can lead to fatal errors.

As the vast majority of dental practitioners are self-employed, the control by employers of linguistic knowledge practically does not exist. Hence, to access the profession, a control of language skills needs to be made by competent authorities or professional organisations before dental practitioners first come into direct contact with patients. Therefore, the documents required under point 16 - "Linguistic knowledge" - as acceptable practice on the Code of Conduct approved by the Group of Coordinators for the Directive 2005/36/EC should become enforceable and incorporated in Article 53 of Directive 2005/36/EC (see *amendment 8 of Annex I for further details*).

## **4. MODERNISING AUTOMATIC RECOGNITION**

### **4.1 A three-phase approach to modernisation**

**Question 14: Would you support a three-phase approach to the modernisation of the minimum training requirements under the Directive consisting of the following phases:**

- a) The first phase to review the foundations, notably the minimum training periods, and preparing the institutional framework for further adaptations, as part of the modernisation of the Directive in 2011-2012;**
- b) The second phase (2013-2014) to build on the reviewed foundations, including, where necessary, the revision of training subjects and initial work on adding competences using the new institutional framework;**
- c) The third phase (post-2014) to address the issue of ECTS credits using the new institutional framework?**

The revision of the PQD under the ordinary legislative procedure is a good opportunity to perfect both the foundations of the PQD and to modernise its contents where possible, while guaranteeing the involvement of all interested parties. Specifically, in order to maintain high common standards of dental training at EU level, the CED would support the revision of the minimum training requirements for dental practitioners during the first phase.

The CED therefore supports that **during the first phase** the Commission reviews the following:

- i. the foundations, preparing the institutional framework for further adaptations, as part of the modernisation of the Directive in 2011-2012;
- ii. the minimum duration of training for dental practitioners under Article 34(2) so that it is expressed not only in years (5 years) but also in the number of training hours (5000 hours). These cumulative criteria would safeguard against part-time training and the proliferation of "weekend diplomas" by private universities. The education of dental graduates having completed their studies in 5 years but have only attended classes two or three times a week is not comparable to the education of those graduates who attended classes five times a week, and regularly and continuously participated in working groups and practical work with patients. Furthermore, dentistry is a complex and highly demanding branch of medicine, which encompasses the prevention, diagnosis and treatment of all pathologies and anomalies of the hard and soft tissues of the mouth, its appendages and the stomatognathic system, including anatomical and functional rehabilitation. Such branch calls for complex medical and scientific knowledge which can only be achieved with 5 years comprising of at least 5000 hours of full-time theoretical and

practical study. The 5000 hours criterion should be implemented in a flexible manner by Member States and universities.

It is highly regrettable that dental practitioners are not treated in the PQD in the same way as doctors, nurses and midwives. If the need for cumulative criteria is clearly recognised and understood by the Commission for medicine, nursing and midwifery, it is unclear why the logic of this approach should not extend to dentistry. Dental practitioners carry out public health duties and have a personal responsibility to contribute to the society's wellbeing and to promote the oral health of the community. This new criterion is not therefore unreasonable or capricious. It is justified on the basis of patient safety and societal needs.

In absence of the strongly supported introduction of cumulative criteria for dental practitioners, the CED does not support any other amendments in relation to the minimum duration of training in the Directive;

- iii. the list of study subjects for dental practitioners (Annex 5.3.1 of the PQD), so that it reflects the scientific developments and demographic trends since its last amendment in 1978. The CED has first raised the need to update Annex 5.3.1 of the PQD with the Commission (DG Internal Market) in September 2009, asking for the adaptation of Annex 5.3.1 to scientific and technical progress in accordance with the regulatory procedure with scrutiny referred to in Article 58(3) of the PQD. Due to the complexity of the issue and also to the upcoming revision of the PQD, the Commission recommended to postpone the update of the Annex 5.3.1 until the revision of the PQD. During the evaluation process of the PQD, the CED once again alerted the Commission to the risks of having an outdated study programme for the delivery of dental healthcare, pointing out to the need of its update (*see CED Response to the Public Consultation on the Professional Qualifications Directive of 15 March 2011*). The CED would like to stress again the need to update the list of study subjects (*see amendment 9 of Annex I for further details*).

The CED fully supports the Commission in its intention to add competences using the new institutional framework **during the second phase**. The CED has already a strong and legitimate proposal, which has received the unanimous consensus of the dental profession and we hope will form the basis for this initiative (*see amendment 10 of Annex I for further details and the CED Resolution on Competences Required for the Practice of Dentistry in the European Union sent to the Commission on 15 March 2011 as attachment to the CED Response to the Public Consultation on the Professional Qualifications Directive*).

The CED notes with regret that the Green Paper only foresees an “*upstream involvement from competent authorities*” to assist the Commission during this stage. According to Article 59 of the PQD, professional groups should be consulted in an appropriate manner, and in particular under the comitology procedure<sup>1</sup>. Thus, professional organisations at national and EU level should be consulted in addition to the competent authorities, and particularly in relation to the update of Annex 5.3.1 and the insertion of professional competences in the PQD. The study programme and specifically professional competences will represent the basis for everyday work of the dental practitioners and will as such have a direct influence on the quality of the dental care provided to the patients. Professional organisations therefore cannot be excluded from the process as they are the real experts in this field.

In conclusion, the new institutional framework which will replace the current comitology procedure should not ignore the fundamental right to good administration which includes the right of every person to be heard, and, as a consequence, should establish a mechanism where professional organisations are consulted on a regular and official basis.

The CED fully supports the Commission's intention to address the issue of European Credit Transfer System (ECTS) **during the third phase**. The establishment of ECTS, aimed at promoting student mobility, may act as an instrument of convergence and harmonisation of basic dental training, contributing to automatic recognition of studies and diplomas for academic purposes only as well as to free movement of students in the EU. The recognition of professional qualifications for purposes of professional establishment shall continue to be based on certification by competent authorities such as Ministries of Health and national dental chambers.

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<sup>1</sup> The CED would like to point out that although the Commission recognises the importance that professional groups play in the recognition of professional qualifications (Article 59 of the PQD), the liaison of the professional groups with the Committee on the recognition of professional qualifications does not exist and this situation should be corrected.

## **4.2 Increasing confidence in automatic recognition**

### **4.2.1 Clarifying the status of professionals**

**Question 15: Once professionals seek establishment in a Member State other than that in which they acquire their qualifications, they should demonstrate to the host Member State that they have the right to exercise their profession in the home Member State. This principle applies in the case of temporary mobility. Should it be extended to cases where a professional wishes to establish himself?**

The CED welcomes the Commission's initiative to extend this principle to the cases where a professional wishes to establish himself. Therefore, the CED suggests an amendment to Annex VII explicitly requiring a document attesting the applicant's right to exercise the profession in his home Member State, such as the "certificate of current professional status".

**Is there a need for the Directive to address the question of continuing professional development more extensively?**

The CED does not support harmonisation of continuing professional development (CPD) at EU level and therefore does not feel that there is a need to address this issue more extensively in the PQD. Recital 39 and Article 22(b) of the PQD should be maintained as they are.

As mentioned in previous discussions with the Commission, CPD for dental practitioners is executed very differently in each Member State: it is defined according to each population's oral needs, in a given time, and it can be obtained in different settings. In addition, each dental practitioner chooses his specific lifelong continuing education programme on the basis of his personal and professional interests, as well as his needs. The diversity of continuing education activities on offer and the principle of free choice by the dental practitioners themselves should therefore be maintained in line with each Member State's specific rules for CPD. These rules already meet dental practitioners' expectations and are adapted to national oral health needs. The principles of proportionality and subsidiarity should apply in this context.

### **4.2.2 Clarifying minimum training periods for doctors, nurses and midwives**

**Question 16: Would you support clarifying the minimum training requirements for doctors, nurses and midwives to state that the conditions relating to the minimum years of training and the minimum hours of training apply cumulatively?**

The CED would support clarifying the minimum training requirements for doctors, nurses, midwives and dental practitioners. As mentioned in our response to question 14, it is highly regrettable that this proposal does not cover dental practitioners. The minimum duration of training for dentists should be expressed not only in years (5 years) but also in training hours (5000 hours), in order to safeguard against part-time training and the proliferation of "weekend diplomas" by private Universities (*see amendments 4 and 5 of Annex I*). The new criterion of 5000 hours should be implemented in a flexible manner by Member States and universities.

In absence of the strongly supported introduction of cumulative criteria for dental practitioners, the CED does not support any other amendments in relation to the minimum duration of training in the Directive.

### **4.2.3 Ensuring better compliance at national level**

**Question 17: Do you agree that Member States should make notifications as soon as a new program of education and training is approved?**

The CED fully agrees that Member States should make notifications once a new programme of education and training is approved since it would improve transparency in relation to the new study programmes in dental education, it would give assurance to the students that their qualifications will be recognised in other Member States and it would increase confidence between Member States' competent authorities.

**Would you support an obligation for Member States to submit a report to the Commission on the compliance of each programme of education and training leading to the acquisition of a title notified to the Commission with the Directive?**

The CED fully supports this obligation for Member States and sees it as an effective instrument for ensuring the universities' compliance with the minimum training requirements of the PQD.

**Should Member States designate a national compliance function for this purpose?**

The CED agrees with this proposal since it would encourage Member States to apply high standards to new dental study programmes which would consequently result in high standards in dentistry and dental care.

The CED stresses, however, that professional organisations and competent authorities should have a clearly defined role in the proposed national compliance function.

#### **4.3. Doctors: Medical Specialists**

**Question 18: Do you agree that the threshold of the minimum number of Member States where the medical speciality exists should be lowered from two-fifths to one-third?**

The CED highly regrets that dental specialties are currently not treated equally to medical specialties in the PQD. The principle of automatic recognition should also apply to the dental specialties which are common to at least two-fifths of Member States, in order to facilitate the mobility of dental practitioners, to create incentives to innovation, to open the opportunities for development and recognition of new dental specialties, and to ensure that patients are better informed about the legitimate qualifications of dental practitioners.

The CED does not support lowering the threshold from two-fifths to one-third so as to ensure high quality of specialist dental care and not to encourage an undue fragmentation of the dental profession.

#### **4.8 Third country qualifications**

**Question 24: Do you consider it necessary to make adjustments to the treatment of EU citizens holding third country qualifications under the Directive, for example by reducing the three years rule in Art 3 (3)? Would you welcome such adjustment also for third country nationals, including those falling under the European Neighbourhood Policy, who benefit from an equal treatment clause under relevant European legislation?**

The CED does not support and sees no need for adjustments in the regulations concerning the recognition of third country qualifications. The three-year rule is necessary for reasons of patient safety and to ensure a minimum level of quality when providing healthcare. In addition, the extension of the recognition procedure to cover third-country qualifications may give rise to abuses of the system in the form of “forum shopping”, and would be excessively burdensome for competent authorities in the host Member State.

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