



MAY 2008

## // CED RESOLUTION

# PATIENT SAFETY

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COUNCIL OF EUROPEAN DENTISTS (formerly EU Dental Liaison Committee)

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## // INTRODUCTION

The dental profession is committed to providing safe dental care, which is necessary for ensuring good general health, and aims to minimise risks and establish an open culture of patient safety, in which practitioners can learn from their own and others' experiences.

A number of international studies in recent times have concluded that action is needed to reduce the number of adverse events that occur in the health sector. Various international bodies, such as the World Health Organization (WHO), the Organisation for Economic Cooperation and Development (OECD) and the Council of Europe, have sought to identify patient safety risks and develop recommendations to help prevent adverse events. The European Commission has stressed the importance of patient safety as a political issue at EU level and is preparing proposals on patient safety in 2008. These proposals should build on the international work already done and should primarily seek to recommend action for Member States to implement in their health systems. It has to be remembered here that in accordance with the EC Treaty it is Member States which are primarily responsible for the organisation of healthcare services.

## // PATIENT SAFETY IN THE DENTAL HEALTHCARE SETTING

It is essential that action to improve patient safety at national, European and international level take into account the various healthcare settings in which patients are treated, since the types of patient safety risk and most appropriate ways of minimising them may vary according to healthcare setting. Most dental care in Europe is provided in liberal practice, in small structures, and in an environment where the dentist generally has complete individual responsibility for the whole procedure of care of the patient.

The risk of adverse events is present throughout that whole procedure, relating, for example, to diagnosis, faulty equipment, general safety of the practice, poor communication with the patient or other health professionals, inadequate infection control or waste management. It is important to remember that in the field of medical care "zero risk" does not and cannot exist.

Reduction of adverse events and improvement of patient safety is most effectively achieved through prevention, and preventive action to reduce adverse events is in turn a facet of high quality healthcare. Quality cannot be promoted through force or sanctions from outside. It must be ensured that new measures ostensibly to improve patient safety, which can often add to the bureaucratic burden in the dental practice, do not hinder dentists from spending sufficient time with each patient, as this is an important parameter of high quality. The dental profession in every Member State has self-regulatory functions in promoting high quality, and

works, when necessary, with its respective governments in a co-regulatory context to achieve the same objective. The dental profession seeks to promote quality in many ways, including providing for continuing professional development to keep skills up to date; establishing local study groups for dentists and dental practices to learn from each others' experiences; developing systems for reporting adverse events or near misses; and ensuring compliance with infection control and waste management laws. Much of this is implemented already in Member States, although action to improve patient safety is an ongoing preoccupation.

## // PATIENT SAFETY IN THE CROSS-BORDER CONTEXT

Particular patient safety issues arise where dental healthcare services are provided in a cross-border context, where either the patient or professional leaves their country of affiliation or of establishment.

In the case of patient mobility, the trend of dental tourism, where patients travel long distances for often extensive but quick treatment, is one where patient safety comes under considerable threat. Pre-treatment planning and post-treatment care, which are essential parts of high-quality health services, cannot easily be undertaken in this context. Also, communication between patient and professional, which is all-important to quality of care, can be hampered due to language difficulties. Better information needs to be made available to patients on the potential risks, and this sort of health tourism must not be promoted.

In the case of professional mobility, quality standards, and thereby patient safety, is promoted through coordinated minimum training requirements for all Europe-trained dentists, provided for in Directive 2005/36. Beyond this, it is important that communication between competent authorities in different Member States be improved to ensure that consistent under-performance or, in rare cases, malpractice of mobile professionals can be more easily identified. Also, given the centrality of effective communication to safe healthcare services, it is essential that competent authorities be able to ascertain whether a health professional's language knowledge is adequate.

## // ROLE OF THE CED

The CED is well placed to act as a liaison between its national member organisations to facilitate exchange of knowledge and experience on improving patient safety; and to recommend corresponding action.

The CED is able to communicate the dental profession's expertise in dealing with patient safety to the EU institutions and contribute to EU-level projects, such as the European Network on Patient Safety (EUNetPaS).

## // CED RECOMMENDATIONS TO ITS MEMBER ORGANISATIONS

The CED recommends that its member organisations:

- Seek to ensure that patient safety is part of undergraduate and post-graduate dental training curricula, to strengthen further the patient safety culture in healthcare.
- Encourage their dentists to be actively aware of the various elements of their professional practice where patient safety can be compromised.
- Encourage their dentists and the rest of the dental team to participate in continuing professional development relating to patient safety, to keep knowledge and skills up to date.
- Ensure that dentists have a knowledge of languages necessary for practising in their country, in particular in order that they be able to communicate with patients and other professionals.
- Seek to ensure that patient data is safely stored and available to health professionals as and when required, in accordance with national law.
- Ensure official registration of qualifications of dentists.
- Ensure transparency of the qualifications and competences of all other members of the dental team, as required by national law.
- Consider establishing “study groups” to provide a forum for local dentists to discuss experiences openly and learn from each other.
- Seek to introduce national systems for voluntarily and anonymously reporting adverse events, near misses and problems with medical devices, to enable all dentists to learn from their own and others’ experiences.
- Promote the CED code of ethics and national ethical codes, since strong ethics underpin high quality and safety.

**Adopted unanimously by the CED General Meeting on 17 May 2008**