

## CED Position

# Dental Workforce

May 2023

## I – INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and is now composed of 33 national dental associations from 31 European countries. The CED's core mission is to promote the interests of the dental profession in the EU. This includes focus on priority issues for dentistry, including workforce challenges, a topic that gained increasing prominence in the last decades. In November 2022 the CED adopted a *White Paper on workforce challenges for dentistry* which addresses in detail some of the main aspects of this complex issue.

The issue of dental workforce challenges corresponds to the overall trend that Europe has been facing when it comes to healthcare professionals, with uneven distribution of numbers across and within countries. This became even more noticeable during the COVID-19 pandemic, further exacerbating any existing shortages and imbalances in the healthcare workforce. The looming problem of healthcare staff shortages across the EU was also highlighted as an issue of growing concern in the EU State of Health 2021 Companion Report<sup>1</sup>. As such, there is a continuous effort to improve the status quo, including through concrete EU-level activities. Examples include funding under the EU4Health Programme 2021-2027<sup>2</sup> for establishing a reserve of medical and healthcare staff, but also initiatives such as the SEPEN 2017-2018<sup>3</sup> (Support for the health workforce planning and forecasting expert network), encouraging exchange of information on national workforce challenges, and offering support to countries for the implementation of national workforce planning policies.

Improving the situation on health workforce challenges also fits some of the broader, high-level EU activities and objectives of relevance to public health. The European Health Union<sup>4</sup>, launched by the European Commission to ensure better responses to health crises, includes improving the resilience of Europe's health systems among its main objectives. Achieving this objective would require strengthening the EU's healthcare workforce, an indispensable building block of a resilient healthcare system. Furthermore, ensuring a robust healthcare workforce also corresponds to one of the principles of the European Pillar of Social Rights, stating that 'everyone has the right to timely access to affordable, preventive and curative healthcare of good quality.'<sup>5</sup> Ensuring that high quality healthcare is accessible also means establishing the right conditions and stimuli for building and maintaining a well-balanced health workforce across countries.

## II –WORKFORCE CHALLENGES FOR DENTISTRY: A SNAPSHOT

Workforce challenges for dentistry are defined by the planning and the distribution of dental healthcare professionals between and within countries. In some cases, there are differences in the numbers of dental professionals in rural and urban areas. Gender and age imbalances within the profession are also reported. Another noticeable trend is the pull towards choosing corporate dental chains as a place for work, with young and newly graduated dentists being frequently approached for such opportunities.

The dental workforce is also impacted by other factors. For the dental profession, societal factors include the discrepancy in wages and opportunities between and within European countries. Furthermore, owning a dental practice is at times perceived as less appealing both among the new and future generations of dentists as well as dentists who already own a dental practice. This is due to the persistent regulatory challenges and the highly demanding nature of managing and maintaining a dental practice. On the other hand, the changing nature of European demographics is also a societal factor that is already impacting the dental workforce: the ageing population and declining birth rates require reprioritisation of oral health needs. Furthermore, the increased focus on improving prevention and overall oral health literacy will also reduce the need for specific treatments in the future.

<sup>1</sup> European Commission, State of Health Companion Report 2021, [https://health.ec.europa.eu/system/files/2022-02/2021\\_companion\\_en.pdf](https://health.ec.europa.eu/system/files/2022-02/2021_companion_en.pdf)

<sup>2</sup> European Commission, EU4Health programme 2021-2027 – a vision for a healthier European Union, [https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union\\_en](https://health.ec.europa.eu/funding/eu4health-programme-2021-2027-vision-healthier-european-union_en)

<sup>3</sup> European Commission, Health Workforce – Overview, [https://health.ec.europa.eu/health-workforce/overview\\_en#sepen---support-for-the-health-workforce-planning-and-forecasting-expert-network-2017--2018](https://health.ec.europa.eu/health-workforce/overview_en#sepen---support-for-the-health-workforce-planning-and-forecasting-expert-network-2017--2018)

<sup>4</sup> European Commission, European Health Union, [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/promoting-our-european-way-life/european-health-union_en)

<sup>5</sup> European Commission, European Pillar of Social Rights, Principle 16 'Health', [https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles\\_en](https://commission.europa.eu/strategy-and-policy/priorities-2019-2024/economy-works-people/jobs-growth-and-investment/european-pillar-social-rights/european-pillar-social-rights-20-principles_en)

An important factor for workforce challenges is the nature of the dental team – its composition and functioning. Delegation is mentioned frequently by governmental policymakers, as a way to meet the heightened societal oral health needs. Since dentists are highly qualified and educated and therefore engage in highly complex actions as part of the diagnosis and treatment of a patient, it is crucially important to ensure that they remain the leaders of the dental team. Therefore, in the context of the dental workforce, delegation means “no substitution” and permanent supervision, always under the leadership of the dentist.

Education is a steppingstone for resolving workforce challenges in dentistry. As such, the update of the Annex V.3/5.3.1 of the Directive 2005/36/EC<sup>6</sup> (Professional Qualifications Directive) introducing competences, is of utmost importance. Furthermore, it is necessary to ensure that each country educates and trains the right number of dental professionals for its own population and healthcare system needs. This would improve the existing imbalances in the numbers of dental professionals within and between countries. It is also important to ensure that the new and future generation of dental professionals are fully equipped to deal with the challenges of modern dentistry. This means focus on the knowledge and skillset for providing high quality oral health care but also on the right eSkills as well as on the required expertise for managing a practice, administration, and legal matters. It is also crucial to ensure that future dentists are equipped with the awareness and skills required to manage their relationship with the patient in an ethical manner, regardless of whether they work on self-employed or employed basis.

### III - CED POSITION

- The balance in the relationship between the dentist and the dental team members should be maintained, with the dentist as the team leader. Task delegation and no substitution should be continuously encouraged, with the permanent supervision of the dentist. This also includes any actions towards the future implementation of the WHO Oral Health Strategy and its Principle for ‘Innovative workforce models to respond to population needs for oral Health’ and its Strategic Objective 3, ‘Health workforce: Develop innovative workforce models and revise and expand competency-based education to respond to population oral health needs.’<sup>7</sup> Dentists are highly educated, highly skilled professionals. As such, their role cannot be substituted through lower skill, lower education professionals.
- Workforce planning must begin at national level, and all countries should be equipped and prepared to educate and train the right number of dental professionals for their own needs. National governments must base their workforce planning policies and decision-making on epidemiological data and clear information about the healthcare system and population requirements. The right tools for robust and regular data gathering on issues such as types of treatments, patients’ oral health needs, number and distribution of practicing dentists, preventative factors should be promoted and funded at national and EU level. At the supranational level, this also means incorporating healthcare workforce planning data and information into the European Semester<sup>8</sup>, the yearly cycle coordinating EU fiscal, social, economic and employment policy.
- Education is of crucial importance for solving the issue: it is therefore recommended for national governments to consider increasing the publicly funded dental courses if there is a need for more dentists within their specific health systems. The increase in dental courses (if needed based on the specific national needs) should also ensure that the same high-quality standards and criteria for dental education are being met.
- EU policymakers should prioritise the update of the Annex V.3/5.3.1 of the Directive 2005/36/EC (Professional Qualifications Directive) introducing competences. As a minimum, the update of the subjects listed would ensure more up-to-date relevance to current dental education.

<sup>6</sup> Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=celex%3A32005L0036>

<sup>7</sup> World Health Organisation, Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable disease, Annex 3, Draft global strategy on oral health, p.8 [https://apps.who.int/gb/ebwha/pdf\\_files/WHA75/A75\\_10Add1-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_10Add1-en.pdf)

<sup>8</sup> Council of the European Union, The European Semester explained, <https://www.consilium.europa.eu/en/policies/european-semester/>

- Universities should offer expanded education and trainings for dentists, incorporating skills such as digital skills and managing a practice and a team. Training and support for developing such skills should also be promoted and encouraged through national dental associations' activities.
- The recognition of dental qualifications (as per Directive 2005/36 EC), obtained outside the European Union must be complete and in accordance with the applicable EU requirements before a dentist may start practising dentistry for the first time in the European Union. The safety of patients and the need for high-quality dental care must not be undermined under any circumstances.
- Prevention should continue being prioritised and promoted within national healthcare systems, ensuring a reduction of costs, reducing the burden of disease and improving public health as a whole. There must be a political recognition that, for prevention to be successful, investment in prevention measures is a long term commitment. This also means prioritising the collection of in-depth data and information on the role of dentistry for prevention in other fields – for example, prophylaxis for children, geriatric care, oncology. Prevention programmes for oral health must acknowledge that dentistry goes far beyond caries treatment. As such, lack of governmental investment and actions on boosting prevention, ensuring regular check-ups and treatment would result in far-reaching consequences for oral health and public health alike.
- Prevention and oral health literacy should be encouraged through supranational initiatives in support of current and future national level actions. At Member State level, national prevention strategies should focus on ensuring that the basic oral health needs of citizens are addressed. Such strategies should also be based on concrete epidemiological data and information, but also on projections on the potential public health, societal and economic impact resulting from unmet oral health needs.
- National dental chambers and associations must have a strong role in the workforce decision-making and planning at country level.
- In light of the European Health Union's objective to improve resilience of Europe's health systems, dental workforce is of crucial importance. Better oral health means better public health. As such, national governments must prioritise the creation of policies supporting adequate remuneration (e.g., fair prices for the services performed) for dentists in all European countries. This would improve retention rates and contribute to balancing the existing discrepancies across Europe when it comes to dental professionals distribution.
- National governments should ensure that, as part of their health workforce initiatives and strategies, there are policies that also support appropriate workload, continuing education, favoring retention of the dental workforce. This should also include policies that can boost the purchasing power of individual practices, allowing for a level playing field with corporate chains. This is especially relevant since, frequently, corporate chains have more purchasing power and means for obtaining dental equipment and negotiating state funded contracts for dental services, as compared to individual practices.
- There is an increased awareness of the importance of attracting and retaining high-skilled workers in economically poorer/remote/rural areas across Europe. Initiatives such as the recent *European Communication on Harnessing Talent in Europe's Regions*<sup>9</sup> highlight the importance of incentivisation policies for high-skilled workers who choose to work in the abovementioned European regions. Examples include improved access to quality services and infrastructure, affordable housing and transport, trainings, early childhood education and care. These factors play a crucial role in retaining high-skilled workers and must be prioritised for healthcare professionals as well. Especially in relation to rural dentistry/dentistry in remote areas national governments should offer an expanded set of incentives, e.g., spouse career opportunities and children education that favour retention of healthcare workforce in terms of geographical distribution. This also includes regulations and financial incentives to influence the choice of practice location for new dentists.

### **Adopted at the CED General Meeting of 26-27 May 2023**

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<sup>9</sup> European Commission, Communication on Harnessing Talent in Europe's Regions, [https://ec.europa.eu/regional\\_policy/sources/communication/harnessing-talents/harnessing-talents-regions\\_en.pdf](https://ec.europa.eu/regional_policy/sources/communication/harnessing-talents/harnessing-talents-regions_en.pdf)