



Council of European Dentists

Since its inception in 1961, the CED has been championing the highest standards in oral health, and it now represents over 320,000 European dentists. Its President, **Dr Wolfgang Doneus**, sets out the remit of the organisation and the vital work it carries out across the continent

Could you explain the CED's mission? How has it developed since it was established in 1961?

The Council of European Dentists (CED) was established in 1961 as the EU Dental Liaison Committee to advise the European Commission on matters relating to dentistry. We changed our name to the CED in 2006 when we also became a non-profit organisation under Belgian law. The volume of our work since the 1960s has grown in proportion to the importance of the EU in areas impacting European dentists, particularly health, internal market and education policies. Today, our main goals are promoting high standards of dentistry, dental care and oral health in Europe.

Representing over 320,000 dentists across Europe, the CED is composed of national dental associations and chambers from 30 European countries. What benefits are brought about by bringing together these associations?

The CED brings together dental organisations from 26 EU Member States; all EU countries are represented with the exception of Romania, which we hope to remedy soon. All our members meet twice a year for the CED General Meeting, which is the highest decision making body of our organisation. The General Meeting adopts CED resolutions and other policy, prepared in advance by our Working Groups and Task Forces. These are composed of experts on specific issues and meet as necessary during the year.

We are also open to dental associations from countries that are official candidates for EU accession, and from countries who have signed the EEA agreement; they may apply for observer status in the CED. This allows

them to attend and participate in debates of the CED General Meetings, and to receive and exchange information under the same conditions as our full members. This has proven invaluable, particularly for dental associations from the new EU Member States, as they were able to follow developments in dentistry in the EU before their accession to the Union.

To what extent do you promote partnerships between your members?

Through our plenary meetings and through work in our Working Groups and Task Forces we are able to stimulate discussion and build consensus among European dentists about issues that affect them both at national and EU level. We find that this builds a strong sense of joint purpose and solidarity among dentists, all to the benefit of European dentistry. It also allows the CED to serve as a real voice for practising European dentists in Brussels and across the EU by providing their expertise to decision makers and allowing them to make the best possible decisions in the interest of European health.

What do you see as the biggest challenge facing dentists today?

We are concerned at the apparent trend across Europe to regulate and sometimes over-regulate healthcare, imposing more and more rules to which dentists must comply. We feel that many of these regulations, which often do not differentiate between primary care and hospital care, do not necessarily result in increased patient safety or greater quality of dental care. Rather, they require dentists to devote much of their working time to administration, keeping them from their core tasks which are treating and interacting with patients. We would therefore hope that whenever new regulations are drafted, dentists are consulted in advance,

and the total cost of compliance is considered. Dental science in Europe is primarily a liberal profession and we believe that the self-governing character of liberal professions should be respected.

Could you outline some of the strategies you are employing to promote high standards of oral health and dental care?

High standards of oral health and dental care are at the very heart of our policy work. This goal is reflected in everything that we do. For instance, we believe that to achieve high standards of oral health in the EU the European population needs to have access to highly qualified workforce of professional dentists. To ensure this we are contributing to the assessment of the Directive on mutual recognition of professional qualifications (Directive 2005/36/EC) and have suggested to the Commission to update the list of study subjects which have to be included in all European dental study programmes. We believe that the list needs to include more subjects and especially subjects that are relevant today and reflect the scientific and technological progress and demographic changes of the recent years. As an example, we have proposed that genetics, biomaterials and dental implantology should be studied by every dental student in the EU.

By what measures is the CED promoting high standards of oral healthcare and effective patient safety-centred professional practice across Europe?

The CED believes that high standards in dentistry are primarily the ethical responsibility of the individual dentists providing dental care, and through them, of professional associations. In our Code of Ethics for Dentists in the European Union, which we adopted in 2007 and which amended

previous versions from 1965, 1982, 1998 and 2002, we listed the general principles which all dentists should respect in their professional work. These principles, including considering the patient's best interests as paramount, contributing to the wellbeing of society, and practising according to sound scientific knowledge and skills which dentists must continue updating throughout their professional lives, underpin professional codes in all EU countries. However, the national codes necessarily reflect different cultures, traditions and needs of the public and patients in the various countries; we do not believe that harmonising them at EU level would be beneficial.

In what way are you involved with the European Institutions and Parliament?

As mentioned earlier, the CED was initially established to advise the European Commission; we continue to take this role of an advisor and a partner to the European Institutions very seriously. The CED is a member of the European Health Policy Forum, a group of stakeholders that work with the Commission on developing new EU health policy. We also participate, together with representatives of Member States and other European healthcare associations, in the Working Group on Patient Safety and Quality of Care, the Working Group on Healthcare Professionals and the Medical Devices Expert Group. We also regularly contribute to the risk assessment work of Commission-administrated scientific committees: Scientific Committee on Consumer Safety (SCCS), Scientific Committee on Health and Environmental Risks (SCHER) and Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR). Furthermore, we maintain constant dialogue with the Members of the European Parliament (MEPs), particularly in connection with the

Parliament's legislative work, and we provide the MEPs with concrete proposals for amendments that we hope are eventually reflected in final versions of European legislation.

Could you offer an example of how the CED has developed and executed policy in order to achieve its objectives?

Most of our policy work does not consist of campaigns with clearly defined start and end dates; rather, our work is a continuous process that can go on for many years. For instance, the European Parliament is currently considering the draft Directive on the implementation of patients' rights (the Cross-border Directive). This Directive has a long history, starting in the decision to exclude healthcare from the so-called Services Directive in 2006 due to the particular social value of healthcare. The CED contributed to that decision by building a strategic coalition with other European associations of healthcare professionals and by lobbying Member States, MEPs and the Commission.

When the first draft of the Cross-border Directive was presented by the Commission in the summer of 2008, the CED immediately convened a meeting of the Task Force Internal Market, whose members met in Brussels, analysed the text of the proposal from the perspective of dentists and drafted a CED resolution on the issue. This resolution was discussed and adopted by all CED members at the next General Meeting, confirming the dentists' position on cross-border healthcare: safe and high quality dental treatment should be based on continuity of care and a strong dentist-patient relationship.

Dental treatment often requires a series of visits to the dentist to properly execute it and to provide follow-up care, particularly in case of complications. When patients seek treatment abroad, the overall quality of care is difficult to ensure. Patients should therefore have access

to complete and impartial information about the possible negative consequences of receiving treatment abroad and should not be coerced or encouraged, for instance through advertisements by commercial entities promoting cheap dental tourism across the EU.

The CED position of 2008 was used as the basis for developing specific amendments within the Task Force for the many reincarnations of the draft Directive: the European Parliament's first reading report, the Council common position and the parliamentary committee's second draft report which is currently being discussed. We were satisfied to see that a number of our proposals found their way into the Directive, either word for word or in principle, and we continue to participate in the process which we hope will lead to the adoption of the Directive within the next few months.

The adoption will not mean the end of our work: we intend to continue to contribute to the Commission's work in developing implementation measures for the Directive, implementing the Directive at national level, and evaluating the functioning Directive which is likely to follow five years later. In 10 years' time I could imagine us working towards a possible review of the Directive to iron out any glitches.

What criteria ensure the CED is based on principles of openness and transparency?

The CED strives to operate in a democratic and transparent way, which includes our internal communications with our members and our communications with the Institutions.

Our policy is developed and adopted in a very democratic way. All our member organisations have a right according to our Statutes to nominate



an expert to any of our Working Groups. In addition, our resolutions, which represent our overarching policy direction, are adopted by the General Meeting, often following a spirited discussion. We are continually developing new ways of keeping all our members informed and involved in policy work even between the General Meetings, which is often challenging but ultimately rewarding.

We are registered in the European Commission's voluntary Register of Interest Representatives and all our representatives in their contacts with the Commission abide by the Code of Conduct for interest representatives. This includes correctly identifying ourselves in contacts with EU staff, declaring our interests and providing information that is unbiased, complete, up-to-date and not misleading. We see this not only as an ethical obligation but also as an investment in building long-term relationships, built on trust and mutual respect, with the officials. I am convinced that in the long term we would not be able to do our work effectively if we behaved in a less than ethical manner.

Where do you see the CED in the future? How do you see its role developing?

The core role of the CED was, is and should remain aggregating the expertise of our members on dentistry and oral health, translating it into policy they can agree to and transmitting it to the European Institutions. We are bombarded with new issues vying for our attention every day, and one of the biggest challenges for our organisation in the future is in developing the ability to differentiate among these issues and to focus on the ones with the greatest potential impact on patient safety and quality of dentistry in the EU. I hope that we will be able to maintain and strengthen our voice in Brussels by providing timely and relevant input into European legislation and other initiatives.

Is there anything noteworthy or pertinent you wish to add?

I would like to encourage anybody who is interested in European dentistry to take a look at our publication, EU Manual of Dental Practice, which is available to the public free of charge on our website (www.eudental.eu). The EU Manual provides an overview of dental practice and regulations in the EU and in selected other countries. It includes information – accumulated for the EU and per country – on education and training of dentists, dental workforce, registration of dentists, monitoring of standards in disciplinary procedures, professional liability insurance systems and procedures for patient complaints. We found the EU Manual to be a very useful source of information, both for dentists wishing to temporarily provide services or move to another EU country, and for patients seeking dental treatment abroad.

www.eudental.eu



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