January 2008

// A-Z OF CED TOPICS 2008

This document is designed to give CED members a brief overview of the topics that the association is currently dealing with. For each topic, background information – particularly relating to the European institutions – is provided; then the activities of the CED over the last few years are described; followed by projected CED activities in 2008.

For more information on each topic, please see in particular the CED Updates prepared regularly on each topic and available in the members-only section of the website. See also the CED newsletter: CED info.

Abbreviations: COM = European Commission; EP = European Parliament; ECJ = European Court of Justice.

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// AMALGAM

Institutional background


CED activities


2008

CED will reply to the public consultation on the preliminary opinions of the two scientific committees (deadline: 22 February 2008). CED should develop a medium-term strategy for communicating CED position and scientific committee opinions particularly to MEPs, since amongst EU institutions the EP is most critical of amalgam. CED will re-launch amalgam waste questionnaire within membership and evaluate how effectively waste is being dealt with. CED will monitor developments in other countries (particularly Sweden, Denmark, Norway due to their recent moves to restrict the use of amalgam) and assess trends in rest of the EU.

Link to public CED amalgam page. Link to members-only amalgam page.

// COMPETITION IN PROFESSIONAL SERVICES

Institutional background

Publication in 2004 of Commission’s “Monti report” on competition in professional services and follow-up report in 2005. Series of ECJ judgments on competition in professional services. EP Resolution in 2006 critical of fixed and recommended fees. Studies commissioned by COM examining certain types of regulation in certain professions in certain countries in 2006/7, which are yet to be published.
CED activities

Since the dental profession has not been targeted by the Commission’s activities, CED activities have been largely internal consultation and discussion of the need for certain types of regulation that could be seen as anti-competitive (in the area of fees, entry restrictions, business structure, advertising). CED Working paper 1 in November 2004 and working paper 2 in November 2005 examine EU developments, extent of regulation in the dental profession, and de-regulation trends in different Member States. Monitoring of emerging case law and developments in other professions. Topic dealt with by Internal Market Task Force.

2008

CED will continue to monitor new case law, developments in the dental profession in different Member States, and developments in other professions, including studies to be published by the Commission.

Link to public CED competition policy page. Link to members-only competition policy page.

// CROSS-BORDER HEALTH SERVICES – DIRECTIVE

Institutional background


CED activities

Successful lobbying to exclude health services from Services Directive. CED submitted position paper in reply to health services consultation in January 2007 and has discussed patient mobility and related issues extensively internally. Internal Market Task Force has analysed early drafts of new Directive.

2008

CED will undertake full analysis of impact of new draft Directive, once officially published, with the particular help of the Internal Market Task Force, but with input from broader CED
members. Political roundtable being organised by CED, along with CPME (originally scheduled for 21 January 2008 but postponed due to delay in publication of Directive). Some key objectives will be to ensure that healthcare not be treated like a commodity; explain to decision-makers the impossibility of legislating for clinical quality; prevent EU-wide clinical standards; promote healthcare close to home; explain importance of patient information on risks of dental tourism.

Link to overview of EU action on Commission website.  Link to CED members-only health services page.

// DENTAL EDUCATION

Institutional background

Coordination of minimum training conditions to ensure mutual recognition of dental diplomas: Directives 1978/686 and 687 (and various amending Directives over the years). Consolidation of these and similar Directives covering 800+ professions through the “Professional Qualifications Directive” (PQD) 2005/36. Series of recommendations + resolutions on dental training over the years by Advisory Committee on the Training of Dental Practitioners (ACTDP), which was abolished through PQD. Beyond the EU: Bologna process on reforming higher education in Europe – particular concern for health professions is pressure to introduce “2-cycle structure”. N.B. This topic is closely related to: mobility of professionals.

CED activities

CED input and lobbying on original 1978 Directives and PQD. CED Resolution in November 2005 on profession’s objections to 2-cycle approach within the context of Bologna. CED Resolution in November 2007 on the profile of the future dentist. Surveys on scope of activities of dental auxiliaries in different countries; and on extent of Bologna implementation by dental schools. Topic dealt with by WG Education.

2008

CED will elaborate its position on the competences that the EU dentist will need in the coming years, complementing the CED Resolution adopted in November 2007. CED will liaise with ADEE and provide input to the updating of their “profile and competences” document. CED will develop a strategy for updating outdated Annexes to the PQD. CED will complete assessment of extent of Bologna implementation in dental schools across the EU, particularly in terms of 2-cycle approach.

Link to public CED professional qualifications page.  Link to members-only professional qualifications page.
/// ETHICS

Institutional background

The COM has for some time been encouraging European professional associations to draw up codes of conduct against the background of cross-border movements of professionals throughout the EU. The COM launched a consultation in 2007 on the existence of codes of conduct in different service sectors, with a view to implementing the chapter on quality of services in the Services Directive (2006/123).

CED activities

CED Code of Ethics first drawn up in 1965 and was last updated in 2007. Its provisions are not binding, but the Code is a framework of reference for dentists in their cross-border practice. It contains general principles that underpin national codes of ethics. In 2007, CED replied to the COM consultation on codes of conduct, even though the dental profession is not covered by the Services Directive, in order to make the COM aware of the existence of the CED's Code.

2008

CED will seek to publicise its Code of Ethics, particularly amongst EU decision makers, as a demonstration of the dental profession’s commitment to high quality through robust ethics.

Link to CED Code of Ethics. Link to COM's 2007 consultation.

/// FLUORIDE

Institutional background

COM draft for a Regulation on the addition of nutrients to food (2003), EP voted at 1st reading to prohibit the addition of fluoride to food across the EU (by deleting it from a list of substances that could be added to food) (May 2005). Despite renewed attempts at prohibition by some MEPs, the Council rejected the prohibition and so fluoride may still be added to food. Finally adopted as Regulation 1925/2006.

CED activities

CED held meetings with various MEPs in 2005 to explain negative impact on oral health of banning fluoride. CED undertook membership survey on the extent of addition of fluoride to different foods.
2008
There are currently not developments in this topic.

Link to public CED fluoride page. Link to members-only fluoride page.

// LIABILITY OF SERVICE PROVIDERS

Institutional background
In the early 1990s, COM proposed legislation which would have led to a reversal of the burden of proof in all service sectors, including the healthcare sector – i.e. that providers of services would have to prove they were not negligent if treatment had been unsuccessful. EP and Member States opposed the proposal and it was dropped. Early drafts of an EP Resolution in mid-2007 contained the same principle. This was successfully removed from the final non-legislative EP Resolution adopted in September 2007 – it did not refer to a reversal of the burden of proof.

CED activities
CED successfully lobbied EP in mid-2007 – through letters at committee and plenary stage, and discussions with MEPs – for the deletion of the principle of reversal of the burden of proof and for other amendments. Topic monitored by Internal Market Task Force.

2008
There are currently no developments, but monitoring is necessary given the risk of the topic being revived.

Link to CED members-only page on liability of service providers.

// MEDICAL DEVICES

Institutional background
MDD review: Medical Devices Directive 93/42 (MDD). Directive was updated in 2007 through co-decision procedure.

Marketing of products: The COM published a draft Decision on a common framework for the marketing of products in February 2007 and the IMCO committee in Parliament adopted their report in November 2007. IMCO draft report had sought to treat all products equally, so that
also custom-made medical devices might have to carry EC marking. The EP plenary is due to vote in February 2008 on the IMCO report. N.B. This topic is related to: amalgam and tooth-whitening products, since both could be categorised as medical devices.

CED activities

MDD review: CED published position paper in 2006, proposed amendments to COM’s proposals and lobbied MEPs. A major amendment was adopted.

Marketing of products: CED successfully lobbied MEPs, writing to them explaining need to take into account the particular nature of custom-made medical devices. An amendment achieving this and supported by CED was partly adopted. Topic dealt with by WG Medical Devices.

2008

MDD review: CED will assess impact of amendments to MDD.

Marketing of products: CED will seek to ensure amendment from the committee stage is fully re-tabled so that for custom-made products only the manufacturer’s declaration of conformity will be required.

Link to CED public medical devices page, Link to members-only medical devices page, Link to consolidated text of MDD (select document under 01993L0042-20071011).

// MOBILITY OF PROFESSIONALS

Institutional background

Directives on the mutual recognition of dental diplomas: 78/686 and 78/687. Professional Qualifications Directive 2005/36, which came into force in October 2007. COM’s transposition guide to PQD – newest version August 2007. COM note on language testing from December 2006. HPCB project: Edinburgh Agreement from 2005 and Lisbon Agreement from 2007, memorandum of understanding regarding exchange of disciplinary information. The Ordre of French Pharmacists has in 2007 been leading a project to develop health professional cards and is currently seeking funding from the COM for this project. N.B. This topic is related to: dental education.

CED activities

Active lobbying in relation to PQD during legislative procedure. Lobbying of COM in 2006 and 2007 on need to permit Member States to test language skills of dentists from other Member States before they are authorised to work (not before recognition of qualification, however). Good progress was made through meeting COM officials on this in September 2007.
Participation in the HPCB and meetings thereof, though in more of a monitoring role, since majority of CED members are professional associations rather than regulatory authorities. CED has also attended several meetings of the health professional cards project, but has been sceptical of the value of this. Topic monitored by Internal Market Task Force.

2008

CED should monitor transposition and implementation of PQD in Member States. CED will continue to monitor the HPCB project and to a lesser extent the health professional cards project.

Link to public CED page on internal market issues.

// PATIENT SAFETY

Institutional background

The COM has been looking at the issue of patient safety for a number of years, mainly through the Patient Safety WG within the HLG on medical care, but its activities have increased over the last couple of years. The Luxembourg Declaration in April 2005 is important. The COM has made it clear also that its Directive on cross-border health services will be supplemented later in 2008 with initiatives on patient safety: probably a Council Recommendation on patient safety and another on healthcare-associated infections. A public consultation in preparation of the general patient safety Recommendation is expected to be launched in early 2008. Other international bodies have done work on patient safety: Council of Europe, WHO, OECD and various projects have taken forward the agenda: Marquis, SIMPATIE. A new project to develop an EU patient safety network (EUNetPaS) won EU funding in late 2007. N.B. This topic is closely related to: cross-border healthcare.

CED activities

CED became a member of the HLG Patient Safety WG in March 2006, and created a CED working group on patient safety in May 2006. The CED WG has undertaken a questionnaire to establish the importance of patient safety in different countries and identify the various practices to improve patient safety. It has also sought to identify the most significant patient safety issues in dental care. Topic dealt with by WG Patient Safety.

2008

CED will adopt a Resolution expressing the dental profession’s commitment to patient safety and will seek active involvement in the EUNetPaS project and in the HLG Patient Safety WG. CED should continue to identify the particular challenges regarding patient safety in dental
care, so that these issues can be taken into account in EU decisions on patient safety. CED will respond to the Commission consultation on patient safety expected in early 2008.

**PUBLIC HEALTH**

Institutional background

EU has had competences in the area of public health only since the 1990s, and these competences are limited. White Paper on EU Health Strategy adopted by COM in November 2007 after several years of preparation, including public consultation in 2004 and 2006-7. EU Health Policy Forum created after 2001 to review EU work on public health. COM also published Green Paper on possible EU action to tackle tobacco smoke in 2007. Lisbon Treaty, signed by EU leaders in December 2007, extends EU competences in public health.

CED activities

CED has only recently moved into the area of public health. CED responded to the consultation in February 2007 on the EU Health Strategy, and hosted a workshop at an EU Presidency conference on EU health strategies in Lisbon in July 2007. CED responded to a consultation on the health effects of smokeless tobacco in September 2007. CED resolved in November 2007 to monitor EU tobacco policy.

2008

CED should continue to seek to communicate the importance of oral health to general health. It should monitor EU tobacco policy and report developments to the CED Board in an attempt to develop policy if necessary.

**TOOTH WHITENING**

Institutional background

The Cosmetics Directive limits the maximum permissible concentration of hydrogen peroxide (H2O2) in TWPs to 0.1%. This limit is unworkable. The Commission has attempted to raise the limit to 6%, which at the same time is too high for safe over-the-counter availability and too low if it is to be the overall upper limit of all legal TWPs. The Commission has sought advice from the Scientific Committee on Consumer Products (SCCP) from 1999 and most recently
requested an opinion in February 2007. The SCCP published its opinion in January 2008. In parallel with this, the Commission has been considering how best to regulate TWPs deemed unsafe for consumer use (e.g. whether they can be regulated as medical devices/medicinal products).

CED activities

WG was established in May 2006, after several years of inaction of previous WG. CED has responded to various information and expertise requests from the Commission beginning in 2005. CED pointed out to the COM their incorrect interpretation of the SCCP opinion of 2005, and in so doing stopped the COM’s plans to make 6% TWPs available over the counter. As a direct result of CED’s intervention, the COM approached the SCCP again for what is hoped will be a final opinion on the matter. Topic dealt with by WG Tooth whitening.

2008

WG will examine SCCP opinion and consider appropriate action. CED will continue to make its case to the COM for lower-strength TWPs to be available as cosmetics over the counter, but for the availability of higher-strength TWPs to be restricted, in order to protect users from the harmful effects of overuse and inappropriate use. CED believes higher-strength TWPs should be classified as medical devices.

Link to public CED tooth whitening page. Link to members-only tooth whitening page.