Facilitating the mobility of dental specialists in Europe

Position paper on the review of Directive 2005/36/EC
Recognition of Professional Qualifications

SUMMARY

The European Federation of Periodontology (EFP) and the European Academy of Paediatric Dentistry (EAPD) fully support the European Institutions in their intention to improve the current framework to facilitate the mobility of professionals in Europe. With that aim, the EFP and the EAPD highlight that the revised Directive 2005/36/EC should adequately reflect the situation in the field of dentistry and support the automatic recognition of formal qualifications of specialised dentists for those dental specialties which are common to at least one third of EU Member States.

In its current form, Directive 2005/36/EC envisages a mechanism to update the list of medical specialties which can benefit from automatic recognition. However, it does not envisage a similar system for dental specialties. Therefore, the EFP and the EAPD call on the European Parliament and the Council of the EU to support the new mechanism introduced by the Commission in article 35/4, which allows for an update of the list of dental specialties (Annex V point 5.3.3) benefiting from automatic recognition in the Directive.

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In addition, the European Federation of Periodontology and the European Academy of Paediatric Dentistry call on the European Parliament and Council of the EU to ask the European Commission to review the situation of dental specialties in Europe and to update the Annex V point 5.3.3 to include dental specialties recognised in at least one third of EU Member States, such as periodontology and paediatric dentistry.

Only two dental specialties are currently listed in Annex V point 5.3.3, orthodontics and oral surgery, and therefore benefit from automatic recognition. However, due to scientific and technical progress in dental care, other specialties, such as periodontology and paediatric dentistry, have been recognised by a large number of EU Member States for some time. These dental specialties have the same right to mobility and automatic recognition as orthodontology and oral surgery. Updating Annex V point 5.3.3 is therefore necessary to facilitate the mobility of dental specialists in Europe and reflect the state of recognition in national legislations.

Why cross-border mobility of dental specialists is beneficial for the profession and patients in Europe

- The dental care sector is undergoing significant developments and is confronted with important challenges which call for an update of Directive 2005/36/EC.
- There is an explosion in new knowledge in dentistry (doubles every five years), due to recent scientific and technological advances, which has contributed to a general improvement in oral health. As a result, and as a consequence of the ageing population, patients' needs are changing. As the European population grows older, more people retain their teeth into their old age and this is creating more demand for complex preventative and restorative dentistry, as well as specialised care and treatment.

- Whilst the majority of mild to moderate cases may be managed by general practitioners, advanced diseases require complex interventions (such as surgery) and specialist skills and knowledge. The demand for timely diagnosis and management of complex cases is increasing.
- **In order to respond to this need, educational institutions and professional bodies are developing specialty training programmes (postgraduate curricula), on top of the standard undergraduate programme in dentistry. Many of these programmes attract foreign students who would benefit from greater mobility and automatic recognition of the professional qualifications.**
- **At the same time, dental specialties are increasingly being recognised by EU Member States to ensure the security of patients and a high standard of treatment. This trend is not currently reflected in the Directive which does not allow for an update of the list of dental specialties benefiting from automatic recognition. In the interest of patients, dental specialties should be better regulated in Europe and the mobility of dental specialists should be facilitated.**
- Professionals who have acquired new knowledge and developed new skills for the benefit of patients in EU countries, which recognise dental specialties, are not able to benefit from the automatic recognition of their qualifications in other EU countries where the same specialties are recognised and necessary. This hampers the mobility of professionals, services and skills across the EU internal market.
- Without regulation, there is a risk that professionals with limited specialty training perform treatments exceeding their knowledge and skills.

Dental knowledge is constantly evolving. Dental specialties, such as periodontology and paediatric dentistry, have been developed and recognised in EU countries for some time. The Directive should reflect this trend and allow for an update of the list of recognised dental specialties. The regulation of dental specialties in Europe and the free movement of specialists are highly beneficial for patients as they ensure that the highest quality of treatment is provided in all countries.

The case of Periodontology and Paediatric Dentistry

- Periodontal/gum diseases are the most prevalent chronic inflammatory diseases of humans, as recognised recently by the WHO, and a major cause of disability and social inequality. They lead to tooth loss and significant consequences for general health and contribute to escalating dental costs. Over 50% of the European population suffers from some form of periodontitis and over 10% have severe disease, with prevalence increasing to 70-85% of the population aged 60-65 years of age.[i] Increasing scientific evidence shows that periodontitis has a significant impact on major chronic diseases such as diabetes, cardiovascular disease, rheumatoid arthritis and pre-term labour/low birth weight.[ii]
- Despite a reduction of caries, some 30-50% of 5 year olds still suffer from dental caries in some European countries. In addition, as dental decay is linked to socio-economic status, the most deprived populations in Europe bear the largest burden of the disease. Finally, as more and more serious childhood medical conditions are now being treated (e.g. cancer in children), a large proportion of these children now survive the disease but with considerable dental morbidity. Their medical condition also requires them to be treated by dentists who have special knowledge of the disease, and its implication for the provision of safe dental care for children.
- **To meet this demand, periodontology (periodontics) and paediatric dentistry have developed as a stand-alone dental specialty in respectively nineteen and twenty-five EU countries, where national societies are actively operating. They dispose from a solid basis for high level quality assurance in education and training through the existing EFP and EAPD common curriculum. As a result, 12 countries**

<u>are already formally recognizing periodontology and paediatric dentistry as a professional specialty among EU Member States. This increasing trend should be reflected in the Directive.</u>

- Furthermore, not all countries where periodontology and paediatric dentistry are practiced offer high quality postgraduate training. At the same time, the growing disease burden and patient needs call for specialised care in all EU Member States. This situation has led to a need to update the Directive to facilitate the mobility of professionals and the automatic recognition of professional qualifications with the highest level of quality among different EU Member States.

Periodontal/gum diseases are the most prevalent chronic inflammatory diseases of humans and a major cause of disability. The provision of safe dental care to children requires them to be treated by dentists who have special knowledge of the diseases and their implications. In light of their importance, periodontology and paediatric dentistry are now recognised as dental specialties in twelve EU countries and exist respectively in nineteen and twenty-five EU countries. Their status is similar to that of orthodontics and oral surgery, which are currently recognized at the EU level. Therefore, periodontology and paediatric dentistry should be listed in the Directive.

EFP – The voice of periodontology in Europe

The European Federation of Periodontology (EFP) represents national periodontology societies from 26 European countries and more than 16.000 dentists dedicated to improving oral health and well-being through the clinical practice of the discipline. EFP national member societies actively work towards better recognition and a high standard of education and training for periodontology in European countries for the benefits of patients. As such, the EFP is running a peer-reviewed accreditation and quality assurance programme for 3 year full-time post-graduate periodontal university programmes based on an agreed common curriculum in line with European requirements contained in Directive 2005/36/EC. The programme currently comprises 12 training centres across Europe. As part of its role to contribute to the public debate, the EFP believes it is important to work in close cooperation with the European Institutions on issues of main relevance for dental specialists. As such, the EFP currently follows developments with regard to the recognition of professional qualifications and has responded to the public consultation open by the European Commission on the review of Directive 2005/36/EC in 2011.

EAPD – The voice of paediatric dentistry in Europe

The European Academy of Paediatric Dentistry is an organization of individuals whose primary concern is in the area(s) of practice, education and/or research specifically related to the specialty of Paediatric Dentistry. Its purpose shall be the advancement of the specialty of paediatric dentistry for the benefit of the oral health of children.

[i] König J, Holtfreter B, Kocher T. 2010. Periodontal health in Europe: future trends based on treatment needs and the provision of periodontal services--position paper 1. European Journal of Dental Education; Suppl 1:4-24.

[ii] Taylor GW. 2001. Bidirectional interrelationships between diabetes and periodontal diseases: an epidemiological perspective. Annals of Periodontology;6:99-112. Vergnes JN and Sixou M. 2007. Progressive periodontal disease and risk of very preterm delivery. American Journal of Obstetrics and Gynecology; 196: 135. Scannapieco FA, Bush RB, Paju S. 2003. Periodontal disease as a risk factor for adverse pregnancy outcomes. Annals of Periodontology; 8:70-8. Humphrey LL, Fu R, D.I. B, Freeman M, Helfand M. 2008, Periodontal disease and coronary heart disease incidence: a systematic review and metaanalysis. Journal of General Internal Medicine;23: 2079-2086. Ortiz P, Bissada NF, Palomo L, Han YW, Al-Zahrani MS, Panneerselvam A, Askari A. 2009. Periodontal therapy reduces the severity of active rheumatoid arthritis in patients treated with or without tumor necrosis factor inhibitors, Journal of Periodontology; 80: 535-540.