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Editorial

Paediatric Dentistry as a Specialty in Europe : Recognition and Development

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Introduction

The recognition of the speciality of paediatric dentistry throughout Europe has been enshrined in the constitution of the European Academy of Paediatric Dentistry since its founding in 1990. This has been considered as one of our main priorities and it was in 1998 that the Council appointed for the first time a task force from members of the EAPD Board: Constantine Oulis (President), Martin Curzon (Secretary.), Goran Koch (Past President), and Luc Martens (president Elect), to coordinate all the appropriate actions towards the recognition of our speciality within Europe. In particular the goals of the Task Force were to: 1) work closely with the Academy towards the fulfilment of our goal 2) develop a document on why Paediatric Dentistry as a speciality is needed 3) develop a strategic plan which we could all follow in every country and 4) approach the relative committees of the EU; by this way to influence the recognition of dental specialties in Europe. In addition at the 4th EAPD Congress in Sardinia there was the first Workshop entitled: "The need for the Specialty of Paediatric

Dentistry in Europe and what EAPD has accomplished". As a result of that workforce, EAPD developed a comprehensive plan, in which all the aforementioned goals should be taken care of. This was an attempt to lobby all parts of dentistry in the EU (Community-Academia-Profession) and establish our speciality in the rapidly changing scene of dentistry. Parallel to that approach, every paediatric dentist should contribute towards achieving recognition of our Specialty within every European Country, as it has been well established that this brings about substantial improvements in the dental care of all children.

Much has been achieved in the past years for our speciality but much still needs to be done. There will be a special symposium entitled: 'Paediatric Dentistry in Europe: Past, Present and Future' at the Congress of the European Academy of Paediatric Dentistry in Dubrovnik in 2008. The aim of this paper is to review the current status and legislation for the recognition of Dental Specialties in EU and to present the ongoing actions

towards the establishment and recognition of our Specialty within Europe.

Dental Specialties in Europe

What is a Specialist and what is a Specialist Training in EU? "A specialist dentist is a dentist trained beyond the level of a general dental practitioner (GDP) and authorized to practice as a specialist with advanced expertise in a branch of Dentistry. Every specialized practice may include clinical, teaching, administrative, research and advisory tasks" (Report of the Council of European Chief Dental officers, 1994). In the same report it was further stated that "a specialty is a nationally or internationally recognized branch of dentistry for which a structured postgraduate training program exists". According to article # 2 of the Directive 78/687 EEC, the training leading to a diploma, certificate or other evidence of formal qualifications as a practitioner of specialized dentistry shall meet at least the following requirements. It shall:

- (a) comprise theoretical and practical instruction;
- (b) be a full-time course of a minimum of three years' duration supervised by the competent authorities or bodies;
- (c) be in a university centre, in a treatment, teaching and research centre or, where appropriate, in a health establishment approved for this purpose by the competent authorities or bodies;
- (d) involve the personal participation of the dental practitioner training to be a specialist in the activity and in the responsibilities of the establishments concerned.

We have to keep in mind that all the above principles were referring to the

two recognized specialties in EU, Orthodontics and Oral Surgery, but also for every new specialty that will be recognized in the future.

Do we need more Specialists in EU? Dentistry, like other health professions is expanding rapidly in a world in which changes are seen in the management and financing of health care, the demography of the population and their medical and dental needs as well as in the public's expectations about "quality of life". In general terms, we need dentists capable of treating patients from childhood to old age. Is a GDP capable and competent to meet all these needs? The answer is no because "A Dentist after his/her five years training is in most cases a "primary oral health provider", who does not have the competences to face all these needs and especially those of the children.

The above is verified by the statements included in the ACTDP's Document (Advisory Committee on the Training of Dental Practitioners: Report # XV/E/8011, adopted 10/11/1998), according to which:

"The primary aim of dental education is to ensure that a new graduate is capable of carrying out independent dental practice without harm to patients using modern, appropriate, effective and currently accepted methods of treatment". And because "The rapid expansion in knowledge required of dental students must be compensated for by reducing students' involvement in less relevant training programs and ensuring that excessive or unnecessary detail is not expected of them in the course of their examinations and assessments".

Therefore, there is a need for further postgraduate education of new graduates in the form of extra training as

"Vocational training (VT)" or in postgraduate clinical programs.

According to the General Dental Council of the UK :

"The primary dental degree or diploma represents only the first stage in an educational continuum which should last throughout a dentist's practising life. Graduation is usually followed at an early stage by a period of vocational training which under current proposals may evolve into a two-year period of general professional training. Some dentists may then choose to undertake a period of specialist training". (The First Five Years: A Framework for Undergraduate Dental Education. General Dental Council, Second Edition, August, 2002).

Such a need, of course, applies not only in order to practice dentistry but to enter a specialist training as well and after graduation all dentists should undergo a minimum of 2 years structured and controlled postgraduate education in general dentistry, away from Dental Schools, prior to either fully independent general dental practice or entry into specialist training" (report of the Council of European chief Dental Officers, 17/10/94). A first degree, in other words, should be followed by one or two years of VT and continuing professional development of a GDP, who has to be supported by specialists and other allied dental professionals.

Based on the above and after 1993, and an interval of years as a voluntary scheme, a one-year period of VT within approved general dental practices became a mandatory requirement for the new dental graduate (who is willing to work in the National Health Service) in UK. The same situation now exists in Germany (with 2 years) and very shortly it is going to be established in Italy , while in many other countries VT does exist but on a voluntary basis.

Besides VT, in which the new graduate is mainly equipped with experience, skills and attitudes which will be beneficial to the individual dentist as well as to the patients, many countries have established post graduate clinical programs and produce specialists to meet the expanded and extra needs of the society. In general terms, in order for a specialty to be recognised, three requirements should be fulfilled on a scientific, professional and social level.

- On a scientific level, the subject should be broad enough so that the distinction between the pre-and post - graduate level of training is profound and there are post-graduate educational centres accredited to provide such training,
- On a professional level, there should be a considerable number of specialists available; their role should primarily be established through referral from other dentists,
- On a social level there should be treatment needs that require the expertise of the specialist either at a private practice, hospital or special centre for appointment of concurring situations (or complex cases) and for serving special medical teams and patient needs (Children's Hospital). It is generally agreed that the successful and controlled integration of specialties in EU can only benefit the GDP, the specialist and the patient.

The number and the type of specialities required within each EU country should be based on several parameters: number of dentists, population ratio to number of dentists, demography and treatment needs of the population, number of other specialists etc. Within narrow limitations to the above prerequisites, Paediatric Dentistry may be one of the first specialities that can be

recognised in every country and within Europe without creating serious disturbance in the field.

Is there a necessity for the specialty of Paediatric Dentistry to be recognized in Europe? Paediatric dentistry, contrary to other specialties, confines itself to a specific age group, thus, setting itself apart. Consequently, the range of activity that Paediatric Dentistry involves itself with has to do with behavioural and developmental changes in all aspects of a child's growth. This task requires knowledge and expertise in order to be successful.

Another characteristic that differentiates the specialty, while at the same time makes its recognition mandatory, is its close association with primary oral health care. The complete application of services that promote and preserve oral health, prevent oral disease and injuries, and supply treatment to acute and chronic oral diseases could be the definition of primary oral health care. The Paediatric Dentist and the GDP are considered the only professionals who can provide primary oral health care. The Paediatric Dentist deals with ages 0-18 years, and the GDP with ages over 18.

In primary oral health care, a dentist is required to: 1) make initial evaluation during the first contact with the patient trying to resolve as many health problems as possible, 2) coordinate the actions among therapists of other specialties for more complex situations, 3) refer the more complex cases to specialists that deal with a problem, 4) function as an advisor for the patient and his/her family, 5) be responsible for the maintenance of the patient's health through prevention and systematic recall examinations. Who can deny that all these tasks are fully served by the speciality of Paediatric Dentistry?

Primary oral health care is characterised by four key phrases that also define the goals and range of our services as: first contact, constant service, co-ordinated actions and total care. In medicine, these matters are fulfilled by Pathology and Paediatrics, while their equivalent in dentistry is by General Dentistry and Paediatric Dentistry

Current situation of Dental Specialties in Europe and the EU.

The present situation in European countries is a complex one. Europe now consists of two main groups of countries, those within the European Union (EU) and the other countries many of whom work in close association with the EU, such as Norway and Switzerland. There is no uniformity of recognition of paediatric dentistry as yet even within the EU. This is because various countries have taken many different approaches not only to paediatric dentistry but to the larger question of whether there should be recognised specialties within dentistry. In some countries there remains only one speciality, oral surgery and in others perhaps two, usually oral surgery and orthodontics. In addition there remains sometimes substantial opposition to the creation of specialties, often from the GDPs.

Within the continent of Europe there are at present various levels of recognition. In some countries there is full recognition, that is to say paediatric dentists are recognized throughout academia, hospital service, public dental health services and in private, or general dental, practice. In other countries the speciality in private practice is not possible but is recognised by government within hospital or university service. Yet another variation concerns which part of government recognises our speciality. In some countries it is all government departments, in others it

may be the Ministry of Health and in yet others the Ministry of Education.

A further complexity is that prior to the break-up of the communist dominated eastern European countries many of them did have the speciality of paediatric dentistry, albeit within government salaried employment. Once the Soviet era had past many of those countries, such as East Germany ceased to recognise paediatric dentistry. But a number of the excommunist countries have regained the speciality, such as Croatia , Slovenia , Poland but others as yet have not.

We now have several tiers of recognition. The top tier is those countries that have recognised paediatric dentistry fully at all levels and the most recent recognition has occurred in Italy . These countries are shown in the accompanying table as Group I Recognition Achieved, with their date of recognition. Also listed in this table is an indication of the approximate number of specialists in paediatric dentistry registered for specialist practice. Obviously this number is by no means up to date and entirely accurate as it will change regularly as specialists retire or graduate from postgraduate programs.

Countries that recognise paediatric dentistry but within hospitals or universities, Group II Partial Recognition, include: Ireland , The Netherlands and Belgium . Elsewhere in Scandinavia, paediatric dentists in Denmark work within the Universities and the Dental Public Health Services but are not recognised for practice. However, negotiations are continuing to establish paediatric dentistry in Denmark . In Greece paediatric dentistry is recognised by the Ministry of Education but not the Ministry of Health so that specialists hold academic rank but cannot call themselves specialists in private practice, even though there are a

substantial number of 'paediatric dentists' working with children.

Group III comprises countries with Recognition Pending, which are those that are seeking to attain a speciality status but have not be able to so to date. Some are apparently close to this situation, such as Cyprus .

Finally all the other countries of Europe , Group IV No Recognition, do not recognise our speciality as yet and while there is a desire from within those practitioners who limit their practice to children, the recognition of paediatric dentistry does not seem likely in the near future. Now that a number of countries within the European Union have recognised paediatric dentistry this will make recognition that much easier in these other countries.

Legislation in EU regarding Recognition of Dental Specialties.

According to the two EU Sectoral Directives which coordinate the Dental Profession and issued in 1978 (78/686 and 78/687), there are only two dental specialties (orthodontics and oral surgery) recognised in the EU. Based on the above it means that only these two Specialties under certain minimum criteria are automatically recognized in EU and holders of the Professional titles of Orthodontist and Oral Surgeon can freely move and work within EU by using these titles. All other Specialties, Postgraduate Diplomas and Professional Qualifications are covered by the Directives of the General System (92/51 and 89/48). The difference between the two (Sectoral vs General system) is that in the later, it is up to each country to examine the titles and the qualifications of another EU country and to ask for compensation measures (tests, extra training etc) in case they are not equivalent to the Diplomas provided by the host country.

According to these old Directives (article 32, 78/687), it was enough if "two or more member states have had a recognized specialization under the same standards they could apply and ask for the initiation of the process for inclusion of the specialty into the Directives". Based on the above, our EAPD efforts over the years had focused on that article and how to succeed to have Paediatric Dentistry recognized at least in two EU Countries, in order to apply and start the process of recognition in all EU countries. Unfortunately, the answer received to a letter sent to the secretariat office of the Internal Market was very discouraging and suggested we avoid such a process which had never been initiated. Looking at the issue of specialty recognition throughout Europe there are many questions arising with the most important being as to whether more recognised specialties are needed in the EU as exist in UK and Sweden . The general feeling in Europe concerning recognition of more specialities is not very promising, or encouraging.

The issue of "Specializations under perspective" has been on the agenda of many professional European Groups such as the "Council of European Dentists (CED)" formerly "Dental Liaison Committee", and "The Advisory Committee for Dental Education and Training". The Dental Liaison Committee (DLC) on the question: Possible adoption of further Dental Specialties to the Dental Directives" accepted the Working Group's position stating: "The working group recommends the DLC not to promote establishment of further dental specialists" (28/07/1998).

The Advisory Committee on Training of the Dental Practitioner (ACTDP) at its plenary meeting on October 1999 appointed a working group with a mandate among the others "to examine the possibilities for further

Specializations in Dentistry". The issue was never brought for serious discussion on the table and there was no position written. However, at the plenary meeting of ACTDP on November 10th, 2000 and in an attempt to convince the internal market's Commissioner not to abolish the ACTDP, the plenary session members unanimously adopted a position paper in which among the other arguments it was stated that: "...there is a strong need for further work by the Advisory Committee towards convergence. As part of a future work plan ACDP supports consideration of the need for further Specialization in Dentistry)". Unfortunately, the Advisory Committee was then abolished and we lost the only good sign we had in favour of Specialties recognition.

The legislative process within the EU concerning dental and medical, specialties is a complicated one involving much in the way of negotiations and paperwork. As more countries are moving towards the consideration of recognizing more specialties, so attitudes and times are changing. It is worth noticing that CED is not as it used to be. It is the only group representing the profession at the EU level, its opinion counts and any changes related to our profession have to go through CED and its office in Brussels . A new Directive (36/2005) regarding the professional qualifications is going to be in effect from October 2007, according to which many things will change in regard to movement of people, recognition of titles and Medical and Dental specialties recognition in general.

Briefly: The two countries requirement does not exist anymore, as: "The principle of automatic recognition of medical and dental specialties common to at least two Member States should continue to apply to all specialties recognised "only up to the date" of

adoption of this Directive". The recognition of more dental specialties among EU Countries will be coordinated by the Rules of the "General System".

On the other hand, new medical specialties benefit from automatic recognition and this condition "should apply after the date of entry into force of this Directive only to those new medical specialties common to at least two fifths of Member States". The "two fifth" condition for automatic recognition in other words does not apply to Dental Specialties. The only case for Dental Specialties to be automatically recognized under the new system is that the EU countries establish a system of automatic recognition under established common criteria. According to recital # 20 of the new Directive: "this Directive does not prevent Member States from agreeing amongst themselves on automatic recognition for certain medical and dental specialties common to them but not automatically recognised within the meaning of this Directive, according to their own rules".

Based on the above it is now up to two or more EU countries, if they have a specialty in common with the same curriculum guidelines and competences (as we have in EAPD), to mutually recognize this specialty. If two or more EU countries have the same specialty recognised with identical criteria they can promote the procedure for recognition of this specialty within the EU without making this recognition mandatory for the countries that do not wish to have this specialty. Therefore, it is up to the EAPD as well as to any other Scientific Organization, to start the process and in cooperation with their National Dental Association or authorities to recognize their specialties in common.

Another direction for Dental Specialties to be recognized among EU Countries is given by Article 15 of the new Directive,

in which waiving of compensation measures can be established on the basis of common platforms of a regulated profession. According to this article: " as a common platform is defined as a set of criteria of professional qualifications which are suitable for compensating for substantial differences which have been identified between the training requirements existing in the various Member States for a given profession". Given the absence of harmonisation and the differences which may therefore exist between the qualifications in the various Member States (in terms of duration and/or content of training), the Directive allows Member States to require a compensation measure from the migrant (an aptitude test or an adaptation period). In this context, the new provision on common platforms aims at facilitating the free movement of professionals, on the one hand by simplifying the case-by-case assessment of individual applications by the competent national authorities and, on the other hand, by providing increased legal security to the migrant concerning the outcome of his/her application.

As stated in our introduction much has been achieved but much still needs to be accomplished. This up-date serves as the background information for the discussion to be held in Dubrovnik and planning for our speciality throughout Europe.

Country	Paediatric Dentistry Recognition in Europe					Comments	
	Yes/No	Date	N*	Society	Ratio**		
Group I							
Sweden	Yes	1958	171			First recognition in Europe	
Bulgaria	Yes	1971	577	120	78		
Slovenia	Yes	1971					
Croatia	Yes	1971					
Serbia	Yes	1971					
Poland	Yes	1975	730	202	390		
Norway	Yes	1979	21				
Iceland	Yes	1985	4		15		
Great Britain	Yes	1996	225	800	500		
Lithuania	Yes	1999	67				
Italy	Yes	2006		500	450		
Hungary	Yes	N/A					Full implementation in 2008/09
Slovakia	Yes	N/A					
Group II							
Ireland	Partial		14	50		Hospital/Academia Academia Academia Academia Swiss Dental Association	
Greece	Partial			185			
Belgium	Partial						
Netherlands	Partial						
Switzerland	Partial		34				
Group III							
Denmark	Active			900			
Cyprus	Active						
Malta	Active						
Group IV							
Austria	No		4	42	68		
France	No						
Germany	No		15			Originally recognized in East Germany	
East Germany	No						
Spain	No				400		
Luxembourg	No						
Portugal	No				30		
Estonia , Latvia, Romania	N/A		N/A				

Provisional table as data is still being collected.

*= approximate numbers of specialists or potential numbers if recognition is achieved;

** = indicated numbers needed on ratio of 1:20,000 children (0-16 years);

NA= no information available;

Active= negotiations presently being conducted

Society= number of members of the national society including non-specialists