

Dental education in the European Union



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This article, an extract from a lecture given by the author in Poznan, Poland, in May 2005, gives an overview on the history of dental education in Europe since the inception of the European Union. It focuses on the efforts to raise the standards of education, improve harmonisation and reflects on the challenges of the recent expansion of the European Union.

Dental education in Europe has developed in a fragmented and diverse fashion. When the European Economic Community was formed some standardisation of education was required to allow freedom of movement for health professionals.

The sectoral directives were promulgated and developed advisory to the countries and the commission of Europe. The training directive 78/687/EEC describes the curriculum and syllabus sufficient to "provide (the dentist) with the skills necessary for dental practice". They were not prescriptive but allowed individual schools and competent authorities to interpret them as they wished. The Advisory Committee on the Training of Dental Practitioners (ACTDP) was established by directive 78/688/EEC, consisting of representatives from Profession, University and Competent Authority. The ACTDP successfully worked on the creation of the directives.

However, the directives have been interpreted in a diverse way throughout the EU. They have failed to promote core educational or training outcomes or identifiable convergence. As a consequence an agreed

set of Clinical Competences was established by the Dental Advisory Committee.

In dentistry there are definable clinical skills and competences without which a dentist would be unable to provide basic dental care and without which patient safety could not be assured. They describe what a new EU dental graduate should be able to do (competently) on completion of his or her dental training. Competences are outcome orientated and relate to basic standards expected of clinical training. Vocational training is specifically excluded. Competences were developed throughout the continuum of education with papers on specialisation, postgraduate and pre-specialist training. Unfortunately this work ceased when the Advisory Committee was abolished in 2001.

The existing Dental Directives needed to be supplemented with a voluntary peer influenced process of convergence towards higher standards and this resulted in the DentEd Thematic Network Project, which pooled intellectual resources and shared innovations and best practices. Regular plenary meetings were held and reports were a catalyst for change in many countries. DentEd has continued to refine and develop.

However the demise of the Advisory Committee left a void which was only partly

met by DentEd. Now the burden for continuing the developments in dental education has been taken up by The Association of Dental Educators in Europe (ADEE). ADEE's ongoing work on competence continues to attempt to achieve harmonisation but allow regional or national variation.

The difficulties posed by a non-universal approach to education were graphically illustrated when the EU expanded in 2004. The applicant countries were visited by teams from the sectoral professions. Candidate countries sought freedom of movement and the imperatives of free movement were more compelling than convergence in standards of training. Another part of the EU bureaucracy TAIEX (Technical, Assistance, Information, Exchange) was responsible for the visits. With the exception of Malta and Cyprus all the applicant countries presented problems including:

- Title – Stomatology
- Length of Course
- Medicine v Dentistry
- Practical Experience
- Competences
- VT
- Specialisation.

So no-one (except Malta and Cyprus) conformed to the Directives and all needed

modifications to Curriculum, Diploma, Title etc. Reports made recommendations for action linked to the problems identified and all the countries have modified their training. The Diplomas entered in Annexes A & B of 78/686/EEC were agreed on entry to the EU. Therefore graduates will benefit from automatic recognition; but most graduates for the next five years will not have been trained under these directives. Therefore transitional arrangements have been enacted. Poland for example has seen a considerable number of dentists move to the UK (155 between May and December 2004). No current graduates from Poland comply with EU training standards therefore registration depends on three consecutive years practice in the past five years; or the possibility of an assessment panel.

Dentists and the EU have enjoyed freedom of movement since 1988 and proposals for change are afoot; hopefully based on a desire for improvements in the quality and training of EU dentists rather than political demands for service delivery. 

Dr WR Allen OBE
Director of FDI – World Dental Congress and Partners
Former Rapporteur to Advisory Committee on the
Training of Dental Practitioners, UK

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