



NOVEMBER 2007  
// CED RESOLUTION

# PROFILE OF THE DENTIST OF THE FUTURE

---



COUNCIL OF EUROPEAN DENTISTS (formerly EU Dental Liaison Committee)

President Dr Orlando Monteiro da Silva

T +32 (0)2 736 34 29

F +32 (0)2 735 56 79

[ced@eudental.eu](mailto:céd@eudental.eu)

[www.eudental.eu](http://www.eudental.eu)

## // INTRODUCTION

The main objective of the Council of European Dentists (CED), which represents over 300,000 dentists across Europe, is to promote high standards in dentistry and oral healthcare for European citizens. It is therefore committed to continually reviewing and updating its strategic plan in order to ensure that the profession meets oral healthcare needs in Europe both now and in the future.

The guiding principle of the CED with regard to the future of dentistry is that every European citizen should have access to high-quality oral healthcare provided by well-trained, skilled and fully competent dentists using the latest and most appropriate technology.

Over the past few years, health issues have moved up the European agenda. High-quality healthcare services are increasingly recognized as a priority issue for EU citizens.

The organisation and delivery of healthcare is the responsibility of individual Member States. At the same time, developments resulting partly from increasing cross border movement of patients and healthcare professionals have an impact on the health and social security systems of all EU countries.

The CED therefore welcomes the fact that the EU is seeking to develop an integrated Health Strategy<sup>1</sup> to tackle new challenges resulting from increasing social diversity, economic inequality, globalisation, ageing of the population and the impact of innovation and technological development. Dentistry has an important role to play within this new, overarching framework. The promotion of oral health should be an integral part of general health promotion for Europeans, as it is a determinant of general health and quality of life<sup>2</sup>.

Directive 2005/36 lays down minimum training requirements for dentistry, which is confirmed as a specific profession in its own right, requiring at least five years of full-time theoretical and practical training. The Directive also sets out a procedure for updating these dental training requirements in the future, in order to take account of scientific and technical progress.

In light of the above, the profile of the future dentist has to be redefined and concrete competences need to be developed and shall follow, on the basis of the following described characteristics and mission of the dentist of the future profile.

## // TRENDS IN ORAL HEALTHCARE AND IMPACT ON THE PROFILE OF THE FUTURE DENTIST

**Changing burden of oral diseases:** Despite the declining trend of dental caries in children and tooth loss in adults, other oral diseases and conditions such as root caries, periodontal disease, oral mucosal lesions, oro-facial trauma, oro-facial infection, oral manifestations of HIV/AIDS, oropharyngeal cancer and tooth erosion, continue to pose a serious public-health problem for adults<sup>2,3</sup>. Oral disease worldwide is the fourth most expensive ailment to treat<sup>4</sup>.

**Ageing population:** The number of elderly people presenting complex health conditions in addition to their cumulative dental problems is increasing. Knowledge of internal medicine is becoming more important for the medical management of such patients by dentists, who have to identify such clinical problems and collaborate efficiently with other health professionals, prior to starting dental treatment.

**Association between oral health and general health:** There is growing evidence<sup>2</sup> of an association between periodontitis and diabetes, heart disease, strokes and respiratory ailments. A number of problems in the mouth such as candidiasis, hairy tongue, HIV, Kaposi's sarcoma, non-Hodgkin lymphoma and xerostomia, are early signals of general diseases. Dentists have to deal with health care issues well beyond traditional oral healthcare and contribute to saving lives by detecting diseases at an early stage when treating their patients<sup>3</sup>. The scope of the dentist's practise will extend beyond an exclusive focus on the teeth and supporting structures, and so he should be equipped with knowledge of and training<sup>3,5</sup> in systemic disease pathophysiology.

**Increasing behaviour-related diseases:** The major risk factors for oral diseases are the same as for major chronic non-communicable diseases such as obesity, heart disease, cancers and diabetes. Up to 70 % of the risk factors for diseases is broadly behavioural, social, and environmental in nature, whereas only about 30 percent is genetic. Directing action at the common-risk factors is an effective and efficient way of reducing the burden of these diseases. The introduction of basic principles of behavioural sciences at an early point in the dental curriculum, integrated with the principles of basic medical sciences in clinical practice, is essential for the future general dentist<sup>6,7</sup>.

**Cultural diversity:** Most European countries have very diverse populations with citizens from a wide variety of ethnic and cultural backgrounds, each presenting unique dental care problems and attitudes<sup>7,8</sup>. Dental training should provide dentists with the competences necessary for meeting the challenges of such societies. In particular, highly developed communication skills are essential, in order to deal with the variety of cultural ideas and beliefs on disease occurrence and management of these patients.

**Science, research and technology:** The scientific and technological advancements incorporated into dentistry in recent years have improved dramatically the understanding of the causes and consequences of oral diseases and conditions while at the same time the knowledge from research in new materials, instruments and machines compete for time, in the crowded dental curriculum with traditional clinical skills. Dentistry should benefit from these advances and must be intimately involved in their development<sup>7</sup>.

## **// CONCLUSION**

- // The dentist of the future, in order to meet the growing more complex needs of the society, must contribute by reducing the burden of oral diseases, to maintaining and improving oral health, since the development and health of the oro-facial region are directly connected with general health and well-being and are essential for the quality of life of all Europeans.
- // The ultimate objective of the future dentist is to be competent in managing traditional as well as new challenges in oral health, which result from the aforementioned trends and he/she must be able to practise evidence-based, comprehensive dentistry independently, in group practice and in close collaboration with other health professionals. In addition, a more medical orientation of dental education is needed which will result in the need for curriculum changes in the content and form of the 5 years' dental training.
- // The CED is of the opinion that the basic knowledge and skills of tomorrow's dentistry as acquired during basic dental training should represent the first stage in an educational continuum that should last throughout a dentist's entire practising life and enable the dentist to prevent and treat all frequent oral diseases. Sound basic dental training must enable a practising dentist, on his own initiative, to partake in further training and professional development according to his needs.

**Adopted unanimously by the CED General Meeting on 30 November 2007**

## // REFERENCES

1. **Health in Europe:** A Strategic Approach. Discussion Document for a Health Strategy in EU (2007).
2. **Petersen PE.:** The World Oral Health Report 2003: continuous improvement of oral health in the 21st century - the approach of the WHO Global Oral Health Programme. *Community Dent Oral Epidemiol* 2003 ( 31 )
3. **Hobdell M., Petersen P.E. Clarkson J., Johnson N.:** Global goals for oral health 2020. *International Dental Journal.* 2003., (53/No.5)
4. **Sixteenth World Health Assembly:** Oral health: action plan for promotion and integrated disease prevention. Report by the Secretariat, March 2007
5. **Nils-Erik Fiehn.:** Perspectives on Dental Education in the Nordic Countries. *Journal of Dental Education*, 2002 (66)
6. **ADEA Commission on Change and innovation in Dental Education:** Competencies for the new General Dentist (2006).
7. **General Dental Council.:** The First Five Years. A Framework for Undergraduate Dental Education (2002).
8. **FDI Policy Statement:** Basic Dental Training. Adopted by the FDI General Assembly ,9/2003