

Mr. B.J. Bruins Minister of Health, Welfare and Sport Pb 20350 2500 EJ Den Haag The Netherlands

Brussels, 19 March 2018

**RE**: Dental Hygienists in the Netherlands

Honourable Minister, Dear Mr Bruins,

I am contacting you on behalf of the Board of the Council of European Dentists (CED) regarding the role of dental hygienists in the Netherlands.

The CED is a European not-for-profit association which represents over 340,000 dentists across Europe. The association was established in 1961 and was known as the EU Dental Liaison Committee (EU DLC) until 2006. It is currently composed of 32 national dental associations from 30 EU and EFTA countries. The CED aims to promote high standards in oral healthcare and dentistry with effective patient-safety centred professional practice.

The CED is strongly advocating that in order to ensure the best oversight of treatment and continuing care at all times, there is a need for the dentist to have a leadership role. The dentist is responsible for patients' oral health and the outcome of the clinical treatment and therefore is the only professional able to decide which interventions shall be delegated to the members of the dental team. This is particularly relevant in light of the risks related to the complexity of individual patients' circumstances, including the need to consider drug interactions when treating those with multiple conditions. Dental hygienists have a very valuable role as part of the dental team and should focus on prevention and maintenance after treatment by the dentist, as well as education of patients about oral health.



We encourage you to consider **Article 36 of Directive 2005/36/EC** (Recognition of Professional Qualifications ('PQD')), which clearly states the competences of a dentist. Further, according to the judgement of the European Court of Justice in the case C-437/03 it is not allowed to pursue the profession of dental practitioner for persons who do not satisfy the training requirements imposed by that article in respect of pursuing that profession under that title.

We are unconvinced that the intended ministerial decree would be in the best interest of patients and fear a loss of holistic patient care. It is difficult to see how the holistic approach to patient care can continue. Dental conditions are so multifactorial and interrelated that a piecemeal approach to care can only be problematic. Even more, it could lead to great inefficiencies where patients first see a dental hygienist and then a dentist for the same or similar problem. Additionally, patients visiting dental hygienists directly may receive information only about the procedures that the dental hygienist can propose to carry out. Dental hygienists cannot be expected to inform patients about treatments that are outside their scope of practice. It is possible that the presentation of limited options could result in patients not being aware of the full range of possible treatments and so not being able to give informed consent. This is evidently also a patient safety concern.

In the particular case of allowing dental hygienists to take x-rays, the CED would like to highlight that Council Regulation 2013/59/Euratom on laying down basic safety standards for protection against the dangers arising from exposure to ionising radiation states that "[a] high level of competence and a clear definition of responsibilities and tasks among all professionals involved in medical exposure is fundamental to ensure adequate protection of patients undergoing medical radiodiagnostic and radiotherapeutic procedures." Since dental hygienists can only diagnose caries but do not have the competences to diagnose all the anamolies and diseases that could appear on an x-ray, it cannot be advised that dental hygienists carry out x-rays independently.

Lastly, we would like to point out that Title II, Article 5 of the PQD introduces the principle of free provision of services. Can the ministry elaborate how it will check the validity and comparability of diplomas of dental hygienists from other EU member states wanting to work in the Netherlands? What is the envisioned procedure and who will regulate it? And what is the procedure for quality assurance of the work done by dental hygienists in general?



I thank you in advance for taking the time to consider our letter and look forward to hearing about the progess of the discussions in the Netherlands.

Sincerely,

Marco Landi CED President

cc: Dr Wolter Brands, KNMT President