

## EDITORIAL

# The Last 15 Years: The Association for Dental Education in Europe's (ADEE) Leading Role in the Education of the European Oral Health Workforce (2010/2025)

M. C. Manzanares Cespedes<sup>1</sup>  | D. Murphy<sup>2</sup>  | C. Paganelli<sup>3</sup>  | J. Field<sup>4</sup> 

<sup>1</sup>Universitat de Barcelona, Barcelona, Spain | <sup>2</sup>The Association for Dental Education in Europe, Dublin Dental University Hospital, Dublin, Ireland | <sup>3</sup>Dental School University of Brescia, Brescia, Italy | <sup>4</sup>Cardiff University, Cardiff, UK

**Correspondence:** D. Murphy ([denis.murphy@adee.org](mailto:denis.murphy@adee.org))

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## ABSTRACT

This paper is an updated and translated version of 'La Educación de los Profesionales de la Salud Oral en Europa: la Visión de la *Association for Dental Education in Europe* (ADEE)', published in Spanish in 'Dental Tribune' in 2022. Commencing with a brief recap on ADEE's mission and earlier achievements, the paper continues by outlining how ADEE drew on these successes to further advance the education of oral health professionals' education within Europe and beyond. At the core of all these activities resides a drive and passion for consensus, collaboration and collegiality, attributes that have served ADEE and its members well for half a century.

## 1 | Introduction

Previous monographs have outlined the early development and activities of The Association for Dental Education in Europe (ADEE), documenting the Association's history and milestones. This paper aims to provide an update for the period from 2010 to 2025, which has not yet been recorded by ADEE for archival purposes. The paper will identify and document key milestone activities during this period to ensure they are recognised and preserved.

## 2 | The Association for Dental Education in Europe (ADEE) Leading the Education of the European Oral Health Workforce

The Association for Dental Education in Europe (ADEE) was founded in Strasbourg (France) in 1975. ADEE's first congress

brought together 39 participants from 18 countries and paved the way for numerous subsequent meetings and initiatives [1, 2] that will culminate in our association's 50th birthday in Dublin in August 2025. ADEE now represents more than 200 institutions and associations dedicated to higher education in oral health from 77 countries, most belonging to the European region of the World Health Organisation.

Since its inception, the ADEE has had the core objective of promoting the advancement of Dental Education in Europe. Initially, like many scientific societies, its efforts were concentrated on establishing a Directory of Faculties and holding an annual congress to enable convergence within and beyond Europe [3]. Once well established, the official publication of the Association appeared in 1997; the *European Journal of Dental Education* [3]. The journal has, since that time, significantly contributed to the global dissemination of the latest advances in the education of Oral Health Professionals (OHPs).

In addition to publishing articles of impact on dental education, it has been the organ of diffusion of the initiatives of harmonisation of dental education carried out by ADEE.

### 3 | A Conceptual Evolution: From the ‘Profile and Competencies of the European Dentist’ to the ‘Graduating European Dentist’

One of ADEE’s most impactful early initiatives was the European Dental Education Thematic Network ‘DentEd’, which (through three successive SOCRATES/ERASMUS projects; DentEd, DentEdEVOLVES and DentEd-III) represented a collaborative effort of analysis and harmonisation of the education of dentists in the European Union, spanning 9 years from 1998 and 2007 [4, 5]. These projects facilitated the implementation of the successive Bologna Process Declarations [6] and European Higher Education Area (EHEA) [7] in the field of Oral Health Professional (OHP) Education, coinciding with the publication of the Sorbonne Declaration in 1998 [8] and that of Bologna in 1999 [9]. The DentEd and Bologna objectives were closely aligned—and aimed to

- Facilitate student and faculty mobility, making Higher Education more inclusive and accessible.
- Harmonise Dental Education in the European Higher Education Area to make it attractive and globally competitive.

It was felt necessary to imbibe dental education into the European three-cycle system (bachelor, master, doctorate) to ensure mutual recognition of qualifications and learning periods completed in member countries, and to implement a European quality assurance system in order to strengthen the relevance and quality of learning and higher education in Oral Health Sciences [10]. Through dialogue, collaboration, and a system of visits to dental schools, the three consecutive DentEd Thematic Network projects promoted harmonisation and convergence towards quality standards in dental and stomatological education, training, and service for the maximum benefit of the community. The objectives of the Task Forces established under the DentEd projects were:

- i. To develop a consensus profile of the European dentist
- ii. To develop a consensus approach to competencies and curriculum structure
- iii. Develop a common approach to the implementation of the European Credit Transfer System (ECTS)
- iv. Convene a Global Congress on Dental Education in 2007
- v. And ensure the continuation of the work of DentEd by merging its activities with those of ADEE.

The international taskforces and working groups of the DentEd Projects formulated a series of documents aiming at reaching a consensus on the profile and academic competencies that European dentists should have in order to comply with the EU Directive 2005/36/EC [11]. This Directive establishes the professional qualifications of the regulated profession of ‘Dental Practitioner’ and qualifies Oral health graduates to practice dentistry in all the countries of the European Union. Thus, the

‘Profile and Competencies of the European Dentist’ published in 2005 [12] and the ‘Profile and competencies of the European Graduate in Dentistry-version 2009’ [13] were the guidelines agreed by the ADEE for the successive adaptations of the curricula of the Faculties and Schools of Dentistry in Europe, following reforms promoted by the Bologna Process and the EHEA, as well as in other countries [14].

Since its inception, Annex V3 of the European Directive 2005/36/EC [11] ‘*Study programme for dental practitioners*’ is still based on a curriculum ideology grounded in discipline-based study, (basic sciences, advanced medical sciences, and subjects directly related to dentistry). In recent years, ADEE has directed its efforts to harmonise the education of European OHPs towards a definition based on observable learning outcomes, competencies, attitudes and skills, so as to train competent professionals to be members of multidisciplinary health teams. ADEE’s ethos today remains focused on educating the present and future Oral Health Workforce in accordance with the World Health Organisation’s Global Strategy on Human Resources for Health (Workforce 2030) [15], by applying the successive directives of the Bologna Process [5] and of the European Higher Education Area (EHEA) [6].

ADEE is constantly reviewing and renewing its vision for the comprehensive education of OHPs, including revising content and curricula, as well as researching topics such as student and academic wellness, learning and assessment [16]. In 2015, the ADEE Executive Committee proposed to the General Assembly the establishment of a new working group, in order to carry out a comprehensive review of the results of the activities based on the DentEd projects. The aim was to reach renewed consensus regarding the profile and competencies required for the future graduating dentists. This workstream resulted in the ‘Graduating European Dentist’ (GED) Project, defined by a new approach that better reflects the academic evidence and practices for the education and training of modern European graduates.

The ‘Graduating European Dentist’ Project Taskforce [17] employed a curriculum ideology inventory approach, to allow them to better understand the necessary approaches for preparing European dental students for graduation. The Taskforce proposed to re-group the competency areas and learning objectives into four ‘Domains’, each containing areas of ‘major competence’: Professionalism [18]; Safe and Effective Clinical Practice [19]; Patient-Centered Care [20]; and Dentistry and Society [21] (Figure 1). A review of the state-of-the-art methodology applied to teaching, learning and assessment was also published by all members of the Taskforce [22]. All these documents were subjected to a rigorous consultation process open to all international stakeholders involved in the education of dental professionals (educators and practitioners, students, national and international scientific and professional associations, regulatory bodies) so that the published texts reflected the consensus of the entire Oral Health Education community of practice.

Following publication in 2017, the curriculum papers saw increased popularity, with nearly 500 citations to date. However, the taskforce was aware of the need to make the curriculum more accessible and more dynamic. As a result, the online ‘GED Project’ [17] was created, to encourage new contributions and proposals concerning the GED ‘Domains’ as well as a curated

Domains	Areas of competence
Professionalism	<ul style="list-style-type: none"> <li>• Ethics</li> <li>• Law</li> <li>• Professional attitudes and behaviours</li> </ul>
Safe and effective clinical practice	<ul style="list-style-type: none"> <li>• Evidence based practice</li> <li>• Management and leadership</li> <li>• Team working and communication</li> <li>• Audit and risk management</li> <li>• Education and training (including CPD)</li> </ul>
Patient Centred Care	<ul style="list-style-type: none"> <li>• Knowledge based</li> <li>• Clinical Information gathering</li> <li>• Diagnosis and treatment planning</li> <li>• Therapy, establishing and maintaining oral health</li> </ul>
Dentistry in Society	<ul style="list-style-type: none"> <li>• Dental public health</li> <li>• Prevention and health promotion</li> <li>• Inter-professional collaboration</li> <li>• Health Advocacy</li> </ul>

**FIGURE 1** | ‘The Graduating European Dentist’ [14] Domains and Areas of competence.

collection of useful literature and a set of educational tools. Other aspects relevant to Oral Health education have been developing after the publication of the GED, the first being the outcomes of the Sustainability Working Group, which published in 2021 an initial proposal for a new ‘Domain’ aimed at implementing sustainability in new dental curricula [23]. This was followed by new proposals for competencies and learning objectives, as well as education and assessment methods so that the incorporation of sustainability follows the outline established by the 2017 GED Project [24, 25]. Most recently, and following multi-stakeholder collaboration (driven through collaboration with the International Association for Dental Research, and the European Dental Students Association), the GED curriculum framework developed a 5th domain: Research [26]. Since that time, other Working Groups are also approaching the task-force for assistance in preparing new proposals to enrich the *Corpus* of GED documents with new learning objectives linked to essential competencies for Oral Health Professionals, such as Prosthodontics, Tooth Wear, Wellbeing, and Equality, Diversity and Inclusion. The successes and advanced projects and outputs associated with the GED Project are reported in a 7-year review paper, in 2025 [27].

#### 4 | Further Development of Annex V.5

In 2019, the European Commission, through the Directorate General for Internal Market, Industry, Entrepreneurship and SMEs (GROW) initiated a review process of the European Directive [10, 28–29]. The report of this study, in which ADEE was consulted as an expert group, included ADEE proposals for improving the curriculum that should be applied to the European Directive Annex in order to harmonise the competences in terms of knowledge, skills, aptitudes and attitudes of the OHPs who are entitled to practise under the Directive throughout the European Union. The final text of the Commission Delegated Directive (EU) 2024/782 of 4 March 2024 [29] amended Directive 2005/36/EC to include minimum training requirements for the dental practitioners in implantology,

gerodontology, interprofessional collaborative care, dental public health–community oral health, practice management, genetics and genomics, immunology, regenerative medicine/dentistry and digital technology in dentistry.

#### 5 | O-Health-Edu, the ERASMUS+ K-2 Funded Project

In 2019, a consortium coordinated by Université Clermont-Auvergne, and involving membership by the Universities of Barcelona, Brescia, Cardiff, Malmö, Paris, Riga, Semmelweis (Budapest) and Sheffield, together with ADEE, was awarded an ERASMUS+KA203 (Strategic partnerships for Higher Education) Project entitled O-Health-Edu [30]. It aimed to establish a ‘New Vision for Oral Health Professional Education in Europe’. The proposal of the O-Health-Edu project was to better understand the state of oral health education in the EU and to develop a set of online tools that will support the aggregation, research and presentation of data on Oral Health Professional Education programs in Europe, as well as guide the development of new curricular documents.

The project had three comprehensive strategic objectives (SOs):

- i. To provide a diagnosis of the situation of dental education in Europe.
- ii. To enable a shared understanding and common vision of OHP education priorities for the future among all stakeholders (students, academics, practitioners, patients, public administrations, industry) and European policymakers.
- iii. To set priorities for a strategic vision and support the necessary changes in OHP education in 2030.

The achievement of these three strategic objectives was evidenced by the progressive delivery of outputs over the three-year lifecycle (2019/2022) of the Project. O-Health-Edu

established a total of 13 of these tangible elements that were made available by means of the O-Health-Edu website [28]. Some of the intellectual outputs were presented in the form of publications (such as a scoping review of the state of OHP education in Europe [31]). The advancement of the project required the creation of 'Articulate' [32], a specific glossary of the terminology that defines the main concepts used in the education of OHPs, which is available via Open Access in English and is currently being reviewed for translation to Spanish.

Other Intellectual outputs were aimed to inform various interested parties (future and present students and academia, patients, OHPs, oral health industry, decision-makers) by providing them with an interactive map [30] in which Oral Health Schools and Programs (70 Dentistry and 24 Dental Hygiene belonging to 25 countries) presented the relevant aspects of their educational programs. Fact Sheets—entitled the 'Good to Know' series (Figure 2) and Frequently Asked Questions were prepared in various languages by the members of the consortium, to guide current and future students on relevant aspects of their education as future Oral Health Professionals [30]. Finally, an online short CPD program titled MATCHEd [30] was created, drawing on the experiences of the pan-European O-Health-Edu team, to help Oral Health Educators to prepare future research in Health Workforce Education.

The New Vision for Oral Health Professional Education in Europe [33] was published as a consensus paper at the end of the O-Health-Edu project and embodied a longitudinal vision with a multi-stakeholder perspective to deliver OHP (Oral Health Professionals) education, represented in Figure 3 [33]. It was designed to act in the best interests of both students and patients and sit within the context of a wider strategy for general health. It aligned with the then existent World Health Organisation milestones (2016) and resolutions (2021) and EU4Health program (2020) objectives and paves the way for future ADEE initiatives related to Global Oral Health.

Two consensus papers constituted the corollary of the O-Health-Edu's comprehensive analysis of Oral Health Professional Education in Europe, which for the first time included not only Primary Dental Degree Programs, but also Dental Hygiene and Postgraduate Education. The first part [34] reported the data provided by the respondents that populated the voluntarily completed O-Health-Edu Datahub, while the second part [35] objectives were, first, to provide an overview of common practices in curriculum structure, the availability of facilities, staffing (faculty) and quality assurance processes, and then to consider how the existing program structures aligned to stakeholders ADEE's, and EU's guidance documents.

As a final result of this Project, ADEE and the O-Health -Edu consortium members invited nine European Stakeholders: the



FIGURE 2 | Good-to-know factsheets.



**FIGURE 3** | Infographic created to represent the O-Health-Edu Vision for Oral Health Professional (OHP) Education in Europe.

Council of European Dentists (CED); the Council of European Chief Dental Officers (CECDO); the European Association for Public Dental Health (EADPH); the European Dental Student's Association (EDSA); the European Dental Hygienist Federation (EDHF); the Forum of European Heads and Deans of Dental Schools (FEHDD); the Platform for Better Oral Health in Europe; the Pan-European Region of the International Association for Dental Research along with the O-Health-Edu project team and the Association for Dental Education in Europe (ADEE) to sign a Charter [36] to support the New Vision for Oral Health Professionals' education [37].

## 6 | Postgraduate Education for Oral Health Professionals

ADEE also aims to achieve harmonisation and standardisation of Continuing Professional Development for OHPs. The DentCPD Project [38], launched in 2010 under the auspices of the European Union's Lifelong Learning Program, was an effort to achieve harmonisation and standardisation of Continuing Education programs across all European dental schools and faculties. ADEE's experience has also contributed to the development of other consensus documents on Continuing Professional Education, such as the 'Review of the Literature on Continuing Professional Education,' published in collaboration with the General Dental Council of Great Britain in 2019 [39].

The training of specialist dentists in the European Union is regulated by article 35 of the original version of the Directive EU 2005/36/EC10 [10] and it only establishes minimum requirements regarding the duration (3 years) of the training period and the requirement that it be carried out in an 'establishment accredited by the competent authorities or bodies', which in practice translates into different regulations regarding the number and variety of dental specialties recognised at the level of each member state. Since that time, ADEE Expert Working Groups have developed proposals for the harmonisation of specialist training. Of note is the consensus effort that began with the 1st European Consensus Workshop on Implant Dentistry University Education, held in Prague in 2008, well before the 'new' Directive 2024/782 [40]. This workshop proposed a competency development model adapted to the three levels of the Bologna Process and the European Directive for the implementation of implantology education [41, 42]. These consensus documents analysed the need to include implantology in the curriculum of dentistry degrees [43], including the most appropriate theoretical construct [40], competencies [44] as well as educational and assessment methods [45, 46].

Further consensus was reached on the competencies and structure of postgraduate education in other dental specialties [47–49], including the application of new educational methods and technologies to postgraduate courses [50, 51]. These contributions reflect ADEE's position that, in order to meet society's

growing need for dental treatments, harmonisation of the training of oral health professionals is required at all levels: graduate, postgraduate and specialist. This implies a common framework for collaboration between governments, universities, professional associations and international scientific organisations in the various specialties.

This experience has allowed ADEE to collaborate in the Working Groups in charge of the elaboration and dissemination of consensus documents on the competency profiles of other oral health professionals, such as hygienists, following the model established by the GED [52–56].

## 7 | ADEE's Contribution to the Quality Assurance of Dental Education in Europe

The DentEd Projects contributed to establishing a quality assurance system for dental education through an extensive program of visits to faculties [57] to harmonise the quality of dental education they were providing as their respective countries joined the European Union. ADEE has led more than 60 visits to various European Dental Schools and Faculties, first during the DentED Projects (1988–2007), and after 2007 as the ADEE School Visit Programme, and post 2016 under the name LEADER [58]. This ADEE project aims to implement the curricular recommendations and teaching and quality assurance strategies developed by the various Working Groups, which have led us to extend this activity globally in a collegial and collaborative manner.

In 2016, ADEE became an Associated Member of the European Association for Quality Assurance in Higher Education (ENQA [59]). ADEE thus participates in discussion at European and global level on issues concerning the quality of higher education: quality standards [7], accreditation of competences, micro-credentials [60], etc. Members of ADEE are frequently invited as experts to be part of the school visits that the various National Agencies for Quality in Higher Education establish for the accreditation or re-accreditation of Dental Schools and Schools of Dentistry and other related areas, such as Bioengineering. Many of these programmes are in accordance with the 'ENQA Quality Assurance Professional Competencies Framework' [61] and the Standards and Guidelines for Quality Assurance in the European Higher Education Area (ESG) [48].

## 8 | The Black Swan: The Global Community of Oral Health Educators' Response to the Pandemic

A black swan is defined as an event which has three characteristics: it is highly improbable; it has massive impact; and yet in a strange way, it appears almost inevitable after the event [62]. Zeng et al. [63] defined 'black swan' as a publication that reports a breakthrough discovery, while the most highly cited papers previously published in the same field are termed 'white swans'. Important scientific progress occurs when 'white swans' meet a 'black swan'.

However, by the beginning of 2020, a Black Swan forced the entire planet to reconsider the challenges posed by Global Health.

This was the emergence in Wuhan (China) of a new type of pneumonia of unknown aetiology in December 2019. The subsequent identification of the 2019-nCoV virus as the causative agent in January 2020 [64] precipitated a series of events that still today exert a remarkable influence on Oral Health Education. The declaration of an international emergency by the WHO [65], coupled with the aerosol transmission of the virus [66] and the rapid publication in both the general [67] and scientific [67] press of reports revealing that oral health professionals were among those at highest risk for both infection and transmission of the virus, prompted the ADEE Executive Committee to launch a series of initiatives to collaborate in the global pandemic effort and to coordinate our efforts with the Dental Education Associations at the global level.

On March 19, 2020, ADEE released a statement [68] emphasising the need to preserve the safety and health of all Oral Health Education stakeholders (students, faculty, staff and patients). ADEE urged its members to comply with and enforce the instructions, guidelines, and regulations issued by national authorities; to be prepared to provide psychological support to our students; to ensure that all decisions made were based on the best available scientific evidence and the best infection control protocols and the most up-to-date clinical practice; and to ensure that our students were not adversely affected in their academic progress because of the limitations caused by confinement. Above all, ADEE urged its membership to make an effort to disseminate all relevant reliable scientific information to the entire community of oral health professionals, both those responsible for patients' care and those in training.

Led by the Executive Committee, ADEE global membership responded by carrying out a selection and review task so as to publish in Open Access on the ADEE website [69] all information relevant to the pandemic, at a time when, it should be remembered, 'fake news' and malicious disinformation campaigns were creating panic and mistrust in the population and in our patients, which required us to support both our students and all health science professionals.

The effect of the confinements and the extreme precautionary measures applied to dental clinics and hospitals and the effects that the situation could have on the training of students led the ADEE Executive Committee to prepare a questionnaire [70] that was sent to 153 institutions, 69 of which responded. Educational activities, whether clinical, laboratory or theoretical, formative or summative evaluation activities, substitution of face-to-face activities by virtual ones, psychological support for students and staff, were the issues reported by that first emergency analysis, published in May 2020 [71]. The European Journal of Dental Education and its Editorial Board thus joined the joint effort of the scientific community to respond to the need for evidence on the impact of the pandemic on Oral Health Education by publishing a total of 161 articles in the period from March 2020 to the present.

ADEE made an enormous effort to instal all its activities into the virtual space, from the meetings of the different Committees and Working Groups, to the meetings of the Forum of European Heads and Deans of Dental Schools (FEHDD), which were maintained and expanded over time

and in cyberspace, with the October 2020 session [72], under the title ‘New clinical practice challenges arising from Covid in the clinical education environment’ being the first to be streamed live and available on demand viewing on the ADEE website. Given the success of this initiative, the sessions entitled ‘Leading with diversity, equity and inclusion. Can we make it happen?’, which took place in May 2021 [72] and ‘Resilience: From surviving to thriving in a time of change’, in June 2021 [72] adopted the same format, allowing the participation of numerous global colleagues. Another interesting initiative, in response to demand from our members, was to make virtual training content [73] available to our members in the form of Continuing Education Certificates (CPD) in order to facilitate the promotion of young academia.

The beginning of the lockdowns, in March 2020, applied in the different countries and continents, forced all the Scientific Societies to suspend meetings in face-to-face format and replace them by activities through virtual connection and later, in hybrid format. Despite all the difficulties it represented, this allowed the participation of both invited speakers and attendees at a global level in the activities of the associations dedicated to Dental Education: OFEDO-UDUAL [74], ACFO [75], ABENO [76], ADEA [77], SEAAD [78], ADEAP, KIDEE, ICD, IADR [79] to name those in which ADEE had the honour of participating and whose members participated in those organised by ADEE. This possibility, of any member of the Oral Health Educators Community, being able to participate in the events of the various Associations is one of the few positive experiences that the pandemic made indispensable and constituted the seed of new initiatives.

The organisation's determination to hold the Strasbourg Congress led ADEE to consider an online and virtual international meeting with the theme of ‘Networking for Dental Education’. In order to avoid participant burnout online, the activities of the conference [80] were stretched out over the Summer months. The year after, improvements in the pandemic situation allowed ADEE to deliver the 2022 Congress, which took place in Mallorca (Spain) and delivered in a face-to-face format—although some activities were broadcast via ‘streaming’. It was the opportunity to collaborate anew with our colleagues, the specialists in Oral Health Professional Education from all over the world, under the title ‘Reconnect, Rethink, Refresh, Rebuild’ [81]. Then in 2023, Liverpool maintained the streaming of some activities for a very successful person-to-person ‘Collaborative Education for a Digital Era’, followed by in person only attendance in 2024 at the meeting in Leuven ‘AI in Oral Health Professionals’ Education’, in which the number of global participants in attendance returned to pre-Covid levels.

## 9 | Oral Health Education in the Global Context

As part of the DentEd Project, led by Working Group IV, the third Global Congress in Dental Education was held in 2007 in Dublin (Ireland). This was an effort to compile the results obtained by the different Working Groups and a reflection on the future objectives that the dental education community had set itself, which was published in a supplement to the European Journal of Dental Education [82].

In 2016, in order to commemorate the 10th anniversary of the Dublin Congress and also to resume the initiative to re-establish collaboration among the global dental education community, a new Working Group was proposed for the organisation of a new Global Dental Education Congress, which took the name ‘Shaping the Future of Dental Education’ and united ADEE and ADEA (American Dental Education Association) in a new collaborative effort. Thus, in the spring of 2017 delegates from 50 countries met again in London for a new Global Congress [83] to discuss four thematic axes: the need, how and why to establish a new global network of Dental Educators; Interprofessional Education as an imperative for Dental Education; the Impact of new scientific and technological discoveries on traditional Dental Education and on Evaluation in a Global Context. A supplement [84] of the European Journal of Dental Education reported the results and proposals of the various Working Groups.

The success of this initiative led to a new meeting ‘Shaping the Future III’ [85] under the title ‘Oral Health a Global Perspective’, which this time merged with another successful ADEA initiative, the VI International Women’s Leadership Conference [86] and took place in Brescia (Italy) in April 2019. This collaborative action bore fruit again with numerous contacts and global participation, resulting in a new shared vision on Dental Education [87], the assessment of competencies in Dental Education on a global scale [88], Dental Education and Transprofessional Learning [89], the global impact of scientific and technical discoveries on Oral Health [90] and, relevantly, the reactivation of a global network of Oral Health development [91–93].

It was during the 74th World Health Assembly in May 2021 [94], which took place in the midst of the pandemic period, that Resolution WHA74.5 on Oral Health [95] was adopted. In this resolution, the Director-General was requested to develop, after consultation with Member States, a draft global strategy for the control of oral diseases [96]. This strategy was to form the basis of a Global Oral Health Action Plan, with clear and measurable targets reflecting progress to be achieved by 2030.

In response to the call for consultation made by Dr. Varenne [97], ADEE, together with members of the O-Health-Edu Project [28], the Forum of European Heads and Deans of Dental Schools (FEHDD) [98] and the International Federation of Dental Educators and Associations [99] drafted a joint response that developed the views of representatives of the Oral Health Education Community [100], explored the principles of the Draft, and proposed some ‘addenda’ to the strategic objectives, such as:

- Integrating Oral Health Educators into national Oral Health Governance structures, to better introduce oral health prevention and promotion competencies into the education of all health professionals through interprofessional education programmes.
- Improving overall oral health surveillance and improvement strategies by integrating oral health professionals into primary health care.
- Developing robust and reliable oral and general health surveillance and information systems so that decision making

is based on the best scientific evidence through the inclusion of oral health in primary health care programmes.

- Including oral health in national and international health research programmes.

Since 2023, ADEE in collaboration with ADEA has collaboratively led a regional associations response to the WHO Global Action Plan for Oral Health. ADEE and ADEA collaboratively facilitate the regular coming together of regional and associated associations such as SEAAD (South East Asia), KIDDE (Korea), ADELAC (Latin America and Carabean), ADEAP (Asia Pacific), IFDH (International Dental hygiene Federation), IFDEA (International), ABENO (Brazil) and more recently also including The Platform for Better Oral Health in Europe, EADPH (European Public Dental Health), FEMFO (Mexican Federation) and CONAEDO (South American Regional Accreditation) so as to enable a collaborative response for oral health professionals education.

The most recent activity brought the group together during the 2025 IADR conference in Barcelona, Spain, for discussions with worldwide and regional partners about how to ensure we maintain skills in research and critical thinking in our graduates. This builds on the work of ADEE in enabling a consensus view for Domain V (Research) and supporting working groups to develop agreed methods of teaching and assessment, and also exemplars of enablers such as the UK INSPIRE programme and Erasmus mobility. This work forms part of a wider collaborative action plan addressing the WHO's Oral Health Action Plan—ensuring OHP curricula are evidence based, contemporaneous and contextually relevant. With a vision, stressing the promotion of oral health as critical to general health and advocacy for universal health coverage, schools and programmes will need to carry out regular reviews of their curriculum and methods of teaching and learning. To assist in this regard, the Oral Health Professional Education Regional Associations are working together to empower and enable our members to participate at a national level in these critical discussions. This work is visible through the ADEE web site.

## 10 | Closing Remarks

The paper has identified and documented key milestone activities for ADEE during the past 15 years, demonstrating a growing community whose primary concern is the effective education and training of OHPs in modern times. As we move towards the next half of ADEE's first century, the way in which ADEE and its associated partners operate may look very different, especially with the rapidly advancing artificial intelligence tools. In any case, it is anticipated that ADEE's role in representing the voice of dental education in Europe will remain as important as ever—and the hope is that there is a growing convergence of stakeholder collaboration over the subsequent decades for the benefit of our future graduates and the future workforce—all in the interests of better oral health.

### Conflicts of Interest

The authors declare no conflicts of interest.

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