



**Council of European Dentists**

# **MANUAL OF DENTAL PRACTICE 2014**

**France**

**\*\*\*\*\***

**Authors:**

**Dr Anthony S Kravitz OBE**

**and**

**Professor Alison Bullock**

**Professor Jon Cowpe**

**with**

**Ms Emma Barnes**

*Cardiff University, Wales, United Kingdom*

© The Council of European Dentists  
February 2014

The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists<sup>1</sup> in April 2013. The work has been undertaken by Cardiff University, Wales, United Kingdom. Although the unit had editorial control over the content, most of the changes were suggested and validated by the member associations of the Committee.

#### **About the authors<sup>2</sup>**

**Dr Anthony Kravitz** graduated in dentistry from the University of Manchester, England, in 1966. Following a short period working in a hospital he has worked in general dental practice ever since. From 1988 to 1994 he chaired the British Dental Association's Dental Auxiliaries' Committee and from 1997 until 2003, was the chief negotiator for the UK's NHS general practitioners, when head of the relevant BDA committee. From 1996 until 2003 he was chairman of the Ethics and Quality Assurance Working Group of the then EU Dental Liaison Committee.

He gained a Master's degree from the University of Wales in 2005 and subsequently was awarded Fellowships at both the Faculty of General Dental Practice and the Faculty of Dental Surgery, at the Royal College of Surgeons of England.

He is an Honorary Research Fellow at the Cardiff University, Wales and his research interests include healthcare systems and the use of dental auxiliaries. He is also co-chair of the General Dental Council's disciplinary body, the Fitness to Practise Panel.

Anthony was co-author (with Professor Elizabeth Treasure) of the third and fourth editions of the EU Manual of Dental Practice (2004 and 2009)

President of the BDA from May 2004 until May 2005, he was awarded an honour (OBE) by Her Majesty The Queen in 2002.

**Professor Alison Bullock:** After gaining a PhD in 1988, Alison taught for a year before taking up a research post at the School of Education, University of Birmingham in 1990. She was promoted to Reader in Medical and Dental Education in 2005 and served as co-Director of Research for three years from October 2005.

She took up her current post as Professor and Director of the Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) at Cardiff University in 2009. With a focus on the education and development of health professionals, her research interests include: knowledge transfer and exchange; continuing professional development and impact on practice; workplace based learning.

She was President of the Education Research Group of the International Association of Dental Research (IADR) 2010-12.

**Professor Jonathan Cowpe** graduated in dentistry from the University of Manchester in 1975. Following training in Oral Surgery he was appointed Senior Lecturer/Consultant in Oral Surgery at Dundee Dental School in 1985. He gained his PhD, on the application of quantitative cyto-pathological techniques to the early diagnosis of oral malignancy, in 1984. He was appointed Senior Lecturer at the University of Wales College of Medicine in 1992 and then to the Chair in Oral Surgery at Bristol Dental School in 1996. He was Head of Bristol Dental School from 2001 to 2004.

He was Dean of the Faculty of Dental Surgery at the Royal College of Surgeons in Edinburgh from 2005 to 2008 and is Chair of the Joint Committee for Postgraduate Training in Dentistry (JCPTD). He has been Director of Dental Postgraduate Education in Wales since 2009. His particular interest now lies in the field of dental education. He was Co-ordinator for an EU six partner, 2-year project, DentCPD, providing a dental CPD inventory, including core topics, CPD delivery guidelines, an e-learning module and guidelines (2010-12).

**Ms Emma Barnes:** After completing a degree in psychology and sociology, Emma taught psychology and research methods for health and social care vocational courses, and later, to first year undergraduates. Following her MSc in Qualitative Research Methods she started her research career as a Research Assistant in the Graduate School of Education at the University of Bristol, before moving to Cardiff University in 2006, working firstly in the Department of Child Health and then the Department of Psychological Medicine and Clinical Neurosciences.

In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development for medical and dental health professionals, and knowledge transfer and exchange.

<sup>1</sup> CED Brussels Office, Avenue de la Renaissance 1, B - 1000 Brussels, Tel: +32 - 2 736 34 29, Fax: +32 - 2 732 54 07

<sup>2</sup> The authors may be contacted at [AnthonyKravitz@gmail.com](mailto:AnthonyKravitz@gmail.com)



## France



In the EU/EEA since	1957
Population (2013)	65,657,000
GDP PPP per capita (2012)	€27,177
Currency	Euro
Main language	French
The social insurance system is established by law and is divided into 3 major branches, the Sickness Funds, Pensions and Family. These are managed independently of the state. Most oral healthcare is provided by 'liberal practitioners' according to an agreement called the Convention. Almost all dentists practise within the Convention.	
Number of dentists:	41,505
Population to (active) dentist ratio:	1,582
Members of CNSD:	36%
Members of ADF	65%
The use of recognised specialists was limited to orthodontics but since 2011 oral surgery and oral medicine has been recognised. There are no clinical dental auxiliaries.	
Continuing education has been mandatory since 2004.	

Date of last revision: 3<sup>rd</sup> January 2014

### Government and healthcare in France

France is a democratic republic with a President, elected by universal suffrage. There is a bicameral Parliament or Parlement, which consists of the Senate or Sénat (348 seats - members are indirectly elected by an electoral college to serve nine-year terms; elected by thirds every three years) and the National Assembly or Assemblée Nationale (577 seats - members are elected by popular vote under a single-member majoritarian system to serve five-year terms). There is a third chamber, *le Conseil Economique, Social et Environnemental*, the Economic, Social and Environmental Council, with an advisory function, composed of representatives of the associations and the professional world.

Although the organisation of government is centralised, two political and administrative structures exist below the national level where there are 22 regions and 101 departments (including 5 overseas: French Guyana, Martinique, Guadeloupe, Reunion, Mayotte). Most French institutions exhibit strong liberal traditions and this is mainly reflected in the medical and dental professions.

The Overseas Territories, (Polynésie Française, Wallis-et-Futuna, Terres Australes et Antarctiques Françaises) are fully part of the French Republic. However, territorial governments are totally independent in the field of health.

The social insurance system was established by law in 1945 and is divided into three major branches, the Sickness Funds (*Assurance Maladie*), Pension (*Retraite*) and Family (*Allocations Familiales*). Each of these is managed by Councils which are independent of the state. The councils are made up of representatives of the employers and employees who finance the systems. The *Caisse d'Assurance Maladie* of the sickness branch, is administered by a board with an elected president and a government-appointed director. Social security is a "private law association", under the control of the state.

The social insurance system was changed in 2004, as a result of the last health reform, and functions in the following way. The government prepares every year - in Autumn - a bill (*projet de loi de financement de la sécurité sociale*) and submits it to

the Parliament. The Parliament discusses and votes the text, including the new annual budgets of the sickness funds. Then the Caisse controls the application of the bill.

Within the *Assurance Maladie* there are three major *Caisse*s: the CNAMTS (*Caisse Nationale d'Assurance Maladie des Travailleurs Salariés*), which covers salaried workers and their dependants (82% of the total population); the RSI (*Régime social des Indépendants*), for independent professionals; and the MSA (*Mutualité Sociale Agricole*) for agricultural workers. The *Assurance Maladie* itself is funded by personal contributions and income tax.

All citizens have an equal and constitutional right to receive healthcare, and the system is organised in the same way throughout the country. Every individual is automatically affiliated to one of the three *caisses* according to their economic status. This obligatory insurance gives them the right to be totally or partially reimbursed for their health expenses for themselves and their dependants.

	Year	Source
% GDP spent on health	11.6% 2011	OECD
% of this spent by governm't	77.0% 2010	OECD

Generally, hospital expenses, as well as primary care costs, are partially or totally paid by *sécurité sociale* and complemented by additional individual insurance (private).

In 2011, the part of Social Security (sickness funds) in the funding of the "consumption of medical care and goods" was 75.5%. Hospital expenses represent more than half of the expenses of Social security and ambulatory care represent 21.1%.

## Oral healthcare

### Public compulsory health insurance

Most oral healthcare is provided by 'liberal practitioners' according to an agreement called the *Convention* (after negotiation between the representative professional unions of dentists and the Caisse). 98% of dental surgeons in France practise within the *Convention*. If a dental surgeon is not in the *Convention* then the patient cannot reclaim all or part of the cost.

All those legally resident in France are entitled to treatment under the *Convention*. Children and teenagers aged 6, 9, 12, 15 and 18 can benefit from a prevention examination covered 100% by health insurance (mandatory at 6 and 12). This examination is directly paid to the dentists by the Caisse. The following necessary care (conservative treatment and sealants) is totally covered as well.

For conservative and surgical treatments the practitioner must charge fees according to the Convention and the patient can reclaim up to 70% (limit set by the Caisse). For other treatments, eg orthodontics and prosthodontics, dental surgeons may set their own fees, having informed the patient of the estimated cost. The Caisse, (subject to prior approval for orthodontic treatments), usually covers a part of these fees on the basis of a scale which has not much changed in the last 40 years. The patient pays the whole fee to the dental surgeon, who then transmits electronically this information to Social Security to enable the refunding to the patient. There is no restriction on how often treatment can be received.

	Year	Source
% GDP spent on oral health	0.94% 2007	CECDO
% of OH expenditure private	95.0% 2007	CECDO

A Universal Sickness Insurance (*Couverture Maladie Universelle, CMU*) was created on 1<sup>st</sup> January 2000 to promote the access to care for the "weaker" part of the population. Practitioners are directly paid by Social Security *Caisses* and complementary insurances. The fees for conservative and surgical care are set by the Government. For prosthetics there is a different scale of fees. These fees have lastly been reviewed in 2006.

About two-thirds of the population visits a dentist at least once a year.

### Private insurance for dental care

In 2013, approximately 90% of people used complementary insurance schemes, either by voluntary membership or through the CMU to cover all or part of their treatment. There are many such schemes. The financial risk is taken by the insurance company. With regard to conservative and surgical care, these complementary insurances cover all or part of the fees not covered by mandatory insurance. For prosthetic and orthodontics, these complementary insurances cover *at least*

the 30% of the fees not covered by mandatory insurance (it means that complementary insurance may pay for more than 30%, depending on the scheme). It is to be noted that some of these schemes may cover more than the responsibility costs of the social security caisses.

There are two types of complementary insurance: the "mutuelles", covered by the "code de la mutualité" and for which the member, in most of the cases, has no need to provide a health questionnaire; and private insurances, covered by the insurance code and for which the members have, in most instances, to provide a health questionnaire. The dental surgeon has no role in selling those products.

A law passed in June 2013, provides for the generalisation of complementary health insurance and collective agreements to all employees and all enterprises in 2016, regardless of their size. This law will also apply to dentists and their employees.

### The Quality of Care

The statutes for social insured citizens allow patients to ask for the expertise of the treatment received to be examined, if he/she is not satisfied. Complaints can be sent either to the Social Security *Caisses*, or to the departmental Council of the *Ordre National*, or follow a normal legal procedure (see later). In case of litigation, the practitioner may be assisted by a colleague. No law provides for however a "guarantee of result".

Domiciliary care can be provided on request, by a limited number of patients, such as those ill or disabled. Once requested, a dental surgeon must provide this care.

### Health Data

	Year	Source
DMFT at age 12	1.20 2007	OECD
DMFT zero at age 12	56% 2007	CECDO
Edentulous at age 65	16% 2007	CECDO

"DMFT zero at age 12" refers to the number of 12 years old children with a zero DMFT. "Edentulous at age 65" refers to the numbers of over 64s with no natural teeth.

### Fluoridation

Fluoridated salt has been sold in France for more than 25 years. Fluoride toothpastes are sometimes freely given to children in the framework of education campaign, although these goods are largely available over the counter.

## Education, Training and Registration

### Undergraduate Training

Access to dental studies is open after Baccalaureat (12 years of primary studies). Access to dental faculties is by examination at the end of the first year (common to medicine, dentistry, pharmacy and midwifery). The number of students admitted to 2<sup>nd</sup> year is set annually by the Ministry in charge of Health together with the Ministry in charge of Education. The duration of dental studies is 6 years, ending with an examination. A thesis is necessary to obtain the title of doctor in dental surgery and is required to practise. It has to be presented within 18 months after the 6<sup>th</sup> year of dental curricula.

Year of data:	2011
Number of schools	16
Student intake	1,154
Number of graduates	917
Percentage female (2004 data)	55%
Length of course	6 yrs

*NB: the number of graduates does not include Lille and Nice*

The dental schools are all state funded.

The responsibility for quality assurance in the faculties is by the Ministry of Education, the Chancellor of the University and the Dean of the Faculty.

### Qualification and Vocational Training

#### Primary dental qualification

The degrees which may be included in the register are:

*Diplome d'état de chirurgien-dentiste* (Dental Surgeon) – before 1972

or

*Diplome d'état de docteur en chirurgie dentaire* (Doctor in Dental Surgery).

#### Vocational Training (VT)

There is no post-qualification vocational training.

### Registration

One of the functions of the *Ordre National* is to administer the registration of dental surgeons. It ensures that the dental surgeon has a diploma that is legally required. It also controls processes of de-registration for disciplinary or health reasons.

The list of dental surgeons is held primarily by Departmental Dental Councils, but a national list is also available. The Council has a consultative role in the monitoring of educational standards in the universities.

Practitioners have to pay an annual charge in order to remain on the register.

Cost of registration (2013) € 398

A further role of the *Ordre National* is to check the conditions of registration of foreign dentists (automatic recognition) including appropriate diploma and French language ability.

#### Language requirements

The president of the departmental section of the "Ordre" judges the language skills of the candidate.

### Further Postgraduate and Specialist Training

#### Continuing education

The ethical code gives the moral duty to every practitioner to undertake continuing education during his professional life.

In 2011, new arrangements were made introducing "Développement Professionnel Continu" (different from the EU CPD), for a duration of 1.5 days per year, per dentist. It is controlled by the Ministry of health and organised by different dental societies or associations.

#### Specialist Training

Since 2011, France has recognised three dental specialties: orthodontics, oral surgery and oral medicine.

- Orthodontics - Training lasts for 6 semesters, part-time and takes place in university clinics. A national specialist diploma is then awarded by the authority recognised competent for this purpose: "*diplôme d'études spécialisées d'orthopédie dento-faciale*". The professional title is: "*chirurgien-dentiste spécialiste qualifié en orthopédie dento-faciale*".
- Oral Surgery: training lasts for 8 semesters, part-time and takes place in university clinics. It is a specialty common to medicine and dentistry. A national specialist diploma is then awarded by the authority recognized competent for this purpose: "*diplôme d'études spécialisées en chirurgie orale*". The professional title is: "*chirurgien-dentiste spécialiste qualifié en chirurgie orale*".
- Oral Medicine: training lasts for 6 semesters, part-time and takes place in university clinics. It is a specialty common to medicine and dentistry. A national specialist diploma is then awarded by the authority recognized competent for this purpose: "*diplôme d'études spécialisées en médecine bucco-dentaire*". The professional title is: "*chirurgien-dentiste spécialiste qualifié en médecine bucco-dentaire*".

#### Stomatologists

**NB:** Stomatologists are doctors specialised in stomatological sciences (medical specialty). In 2013, only a few of them were still being trained. This specialty has now been replaced with a 4-year training, common to dentists and doctors, and the title is: *médecin spécialiste en chirurgie orale*.



## Workforce

### Dentists

In 2008 an increase to the student intake was decided by the public authorities, because of a predicted shortage of dental surgeons by 2015.

Year of data:	2012
Total Registered	46,104
In active practice	41,505
Dentist to population ratio*	1,582
Percentage female	40%
Qualified overseas	1,420

It was reported by the CNSD that there were no unemployed dental surgeons in 2013.

#### *Movement of dentists*

In 2012, about 3% of dentists practising in France had qualified abroad. There were 283 such new registrations that year.

Year of data:	2012
Total	1,420
EU graduates	776
EEA graduates	7
Convention d'établissement*	474
Others (Minister's discretion)	163

\*The Convention d'établissement is an agreement between foreign countries and France. The dentists authorised to practice are foreigners with French qualification.

It is not possible to identify the number of French dentists practising abroad.

### Specialists

As stated above, since 2011 there have been three dental specialties recognised in France – orthodontics, oral surgery and oral medicine. Those last two started two years ago.

About one dentist in every 20 specialises in orthodontics. Most orthodontists work in private practice. There is no referral system in France for access to dental specialists – patients may go directly to them.

Year of data:	2012
Orthodontics	1,981

In 2013, the first specialists in oral medicine and oral surgery were still being trained.

There are also specialists in maxillo-facial surgery but, as stated earlier, this is a medical specialty.

### Auxiliaries

In France no auxiliaries are allowed to work in the mouth. The only recognised auxiliary personnel are dental assistants, receptionists and dental technicians.

Year of data:	2010
Hygienists	0
Technicians	16,500
Denturists	0
Assistants	15,350
Therapists	0
Receptionists	4,786

### Dental Assistants

Dental assistants qualify after 18 months alternative training in dental practice and one of 7 schools. This training representing 590 hours is mainly governed by a "parity" body: the Commission paritaire nationale de l'emploi et de la formation professionnelle, CPNEFP. They do not have to register.

### Dental Technicians

Dental technicians (*prothésistes dentaires de laboratoire*) do not need to be registered. They undertake a minimum 3 years training in laboratories and schools. They have no direct contact with patients, working only under the prescription of the dental surgeon.

Most dental surgeons use independent laboratories and there were 4827 craft or industrial laboratories employing salaried workers in 2012. Some practitioners employ technicians directly in their own private laboratories.

There are still some cases of illegal denturists/clinical dental technicians in 2013 – a few prosecutions are mounted each year by the CNSD and on each occasion the technician has been found guilty of illegal practice.



## Practice in France

Year of data:	2012
General (private) practice	36,994
Salaried private practice	522
Public dental service	2,828
University	393
Hospital	219
Armed Forces	48
Stomatologists	1132
General Practice	90%

### Working in Liberal (General) Practice

More than 90% of dentists work in "liberal practice"; that is on their own or in association with one or more other dental surgeons. Liberal practitioners earn their living entirely through fees from their patients.

It is compulsory for dental surgeons working in the same practice to be in a contract with each other. The *Ordre National* produces different types of collaboration and association agreements and has a register of agreed contracts. For a practice's employees the dental surgeon must respect the Employment Code (Code du Travail) which regulates in France all types of worker and covers equal employment opportunities, maternity benefits, occupational health, legal duration of work (35 h/week), minimum vacations and health and safety. Furthermore, they must respect the collective agreement which regulates the employment of all staff covering for example continuing education, and salary. Collective agreements are negotiated jointly by dental organisations and employees' unions.

A dental surgeon would usually look after about 1,500 patients on his "list". An adult patient would normally attend an average of about 1.5 times every year.

Dental surgeons working under the *convention* benefit from social advantages in the fields of retirement pensions and social protection.

#### Fee scales

Oral Healthcare in France is said by the CNSD to be penalised by a fee scale that is "out of date" and has not adapted to new techniques and new materials. It is estimated by CNSD that remuneration at the level of endodontic care in France is one and a half to two times less than in many other countries. Above all, remuneration takes little account of the practice cost of the technical platform, which complies with regulatory and societal demands.

In general, the percentage of available funding distributed to sectors of dentistry in France is 60% for general care and surgery, 35% for prosthetics and 5% for orthodontics.

Within the *Convention*, each refundable item of treatment is allocated to a price category or 'quotation'. This is established by a special commission attached to the Health Minister (*Commission de la Nomenclature Générale des Actes*

*Professionnels*). There are four types of 'quotation' each with a different monetary value set by the *Convention*, for surgery, orthodontics, conservation and prosthodontics, respectively.

However many item of treatment are not covered by health insurance. In 2014, a new fee scale/nomenclature (CCAM, *classification commune des actes médicaux*) will be implemented to be more in tune with the current practice.

#### Joining or establishing a practice

There are no rules which limit the size of a dental practice in terms of the number of associate dental surgeons or other staff. Dental surgeons can work on their own, in association or with an assistant-dental surgeon, but a dental surgeon may only have one assistant-dentist.

Premises may be rented or owned. Generally new practitioners buy the practice of a retiring dental surgeon. When negotiating the price three elements are included, the building, the equipment (which can be set against tax), and the right of access to the existing patient list. There is no state assistance for establishing a new practice, so dental surgeons must take out commercial loans with a bank. However, in some suburbs or special geographical areas, the practitioners can get tax deductions, depending on professional demography.

#### Standards/settlement

The Social Security Caisses ensure that the "conventioned" practitioner has coded the services provided according to the Nomenclature Générale des Actes Professionnels, and the actual fees. The practitioner is directly paid by the patient. Since 2003, patients present to every health professional (including dentists) a personal electronic card (*Carte Vitale*), which enables direct transmission of the treatment provided by the professional to the Health Insurance. This proves that the dentist has been paid by the patient and enables direct reimbursement to the patient. Some dentists employed by the Health Insurance (Advisors) may check the conformity of the treatments with the current state of the art.

### Working in the Public Dental Service

There is no real public dental service in France. However, a small number of practices are owned by the *Caisses*, municipalities, or insurance companies (*Mutuelles*). About 5% of dental surgeons work in these practices, are salaried, and can treat any kind of patient. The organisations that own these practices receive fees according to the *Convention*. The *Mutuelles* are regulated by a code (the *Code de la Mutualité*) which allows them, among other things, to advertise.

### Working in Hospitals

Most University Hospital Centres (CHU) have a dental service for every type of patient (in- or outpatients). Treatments can be provided by hospital practitioners, university-hospital practitioners and dental students. There also can be dental services in a CHU with no dental faculty.

The conditions which may be treated include maxillo-dental pathologies, oral pathologies and dental trauma. In some

regional hospitals, these facilities will include a “general odontology” department. The dental surgeons in charge of these departments are recruited through a national competitive examination. Dental surgeons employed in hospitals may be part- or full-time, and will usually have the title *Odontologiste des Hôpitaux* (Hospital Odontologist) and are also recruited through a national competitive examination. Hospitals also employ *Attachés*, who work only a few hours a week and may run their own private practice outside the hospital. Part-time odontologists may also work as liberal practitioners outside the hospital.

### Working in Universities and Dental Faculties

The education and training of dental surgeons is carried out in *Centres de Soins, d'Enseignement et de Recherche Dentaires* (CSERD: Dental Care, Education, and Research Centres). There are 16 such centres employing dental surgeons in University Hospitals. Their operation is financed jointly by the ministries responsible for education and health.

The Hospitals provide clinical experience and the universities theoretical and practical education. However, staff typically have a function in both hospital and university and receive a salary for each, as well as having some research responsibilities. Staff may be employed as:

*Assistants Hospitaliers Universitaires* are recruited through local competitive examinations and are appointed for a limited period of 4 years, without permanent tenure. They are

employed part-time (20 hours per week) and usually have a Master's degree in biological and medical sciences.

*Maîtres de Conférence des Universités - Praticiens Hospitaliers* who are recruited through national competitive examinations, less than 45 years old, and have tenure after one year as a trainee. The posts are either part-time or full-time and staff will normally have worked for at least two years as an assistant and have obtained a *Diplôme d'Etudes Approfondies* which is an additional Postgraduate Diploma.

*Professeurs des Universités - Praticiens Hospitaliers* (they do not teach), who are recruited through national competitive examinations, and are usually less than 55 years old. They work part-time and have spent at least three years as a *Maître de Conférence* and obtained a certificate of ability to conduct research (*Habilitation à diriger des recherches*) or a doctorate (*Doctorat d'Etat*).

Other practitioners may also take part in the training of dental surgeons. They are recruited directly by the hospital centre or university and work as *Chargés d'Enseignement* (junior lecturer) for theoretical or clinical courses or as *Attachés Hospitaliers* for limited periods. These practitioners, as well as part-time *Hospitalo-Universitaires*, may also continue to work as dental surgeons within their own practice.

### Working in the Armed Forces

There were 48 full-time dental surgeons serving in the Armed Forces in 2012 – but the number of females is not recorded.



## Professional Matters

### Professional associations

	Number	Year	Source
ADF	30,053	2012	FDI
CNSD	15,000	2012	CNSD

The main professional union for dental surgeons is the *Confédération Nationale des Syndicats Dentaires* (CNSD) founded in 1935, encapsulating 100 departmental unions, and representing about 36% of the practising dental surgeons in France.

It is the privileged partner with the government in planning oral healthcare. The CNSD is also conventional partner with the Caisses and is recognised as the representative union by the public authorities; as such, the CNSD is able to deal with every aspect of dental health politics.

The CNSD through its structures and commissions supports and defends the dental practitioners, by analysing all issues influencing dental practice. On this basis, it defines strategies and politics in the fields of:

- ✚ Initial dental education
- ✚ Professional capacity
- ✚ Professional demography
- ✚ Professional practice and definition of the relationship with public authorities and social structures
- ✚ Continuing education
- ✚ Oral health prevention
- ✚ Taxes
- ✚ Pension
- ✚ Training of the dental staff
- ✚ International affairs

The *French Dental Association* (ADF), founded in 1970, embraces the whole dental profession in France (liberal dental surgeons, specialists, academics, hospital, individual members of professional unions, scientific societies etc).

The ADF is managed by a *conseil d'administration*, composed of all the member organisations and a board of 12 directors elected for 3 years. A general assembly defines the action programme every year, upon a proposal of the board of directors.

Statutory commissions work on permanent issues (institutional, legal, technical) of the profession: annual congress organisation, continuing education, international affairs, information, professional legislation, hospital-university life. Advisory commissions work on specific issues such as health economics, medical devices, quality etc.

### Ethics and Regulation

#### Ethical Code

The organisation of the profession concerns the *Ordre National des Chirurgiens-Dentistes*, entrusted by law with a mission of public service.

The Order compulsorily covers all dental practitioners in France (departments and overseas territories included), whatever the form of practice, and its central objective is patients' and public health protection.

The law defines the competencies and the roles of the Order. It watches the respect of the principles of morality, probity, competence and devotion, essential to the practice of the profession and of the professional duties and rules observation enacted by the Code of Public Health and Ethical Code. It ensures the defence of the profession's honour and its independence. It studies questions and projects that are submitted by the Ministry for Health, or the Ministry for Education, and represents the profession with national and European authorities.

To achieve this, the Order has three main prerogatives:

- ✚ It controls access to the profession by registration process: administrative competence
- ✚ Its steps in the regulation of the profession according to legal methods: lawful competence
- ✚ It controls the profession and more specifically at a disciplinary level: jurisdictional competence.

The Order achieves its missions through departmental councils, regional or interregional councils and the National council. There are two levels of jurisdiction: the regional council (first level) and the disciplinary chamber of the national council (appeal level). Over all, the Conseil d'Etat can broker an appeal decision on its formal and proceeding aspects. Sanctions may be a simple warning, up to the banning from practice.

The Ethical Code covers the contract with the patient, consent and confidentiality, continuing education, relationships and behaviour between dental surgeons and advertising. It is included in the Public Health Code (Code de la santé publique).

Under normal judicial procedures, a court makes a judgement based on evidence from an expert witness.

All dental practitioners elect the members of their departmental councils. The members of the departmental council elect the regional councillors. The departmental councillors in a region or inter-region elect the National councillors.

#### Fitness to Practise/Disciplinary Matters

When it is a *conventional conflict*, the case of the dental surgeon is studied by a committee composed of *chirurgiens-dentistes conseils* and of representatives of professional organisations, which have contracted to the *convention*. There is no lay (non-dental) representation on the committee. Sanctions may be financial penalties up to temporary suspension or erasure.

#### Data Protection

By law, since August 2004 (*loi relative à la protection des personnes physiques à l'égard des traitements de données à caractère personnel*), France has implemented the Data Protection Directive.

Moreover, for health data protection, Articles 5, 5.1 and 5.2 of the Ethical Code give guidance for professional secret and

personal health data protection as well as for the dental surgeon and his employees. Consultation is not allowed online. The law and the Code of Ethics regulate health personal data protection and are the corner stones of a Charter edicted by the Ordre, whose aim is the regulation of publicity on professional websites, which is permitted.

A practitioner has to declare his computerised files to the CNIL (*Commission nationale informatique et liberté*); he also has to inform his patients that their files are computerised and that they have the right to know their contents.

#### Advertising

General guidance is given in Article R4127-215 of the Code of Ethics, which states that dental surgeons are "notably forbidden any form of direct or indirect advertising".

Article R4127-217 defines information that a dental surgeon is allowed to put in the telephone book as: "surname, first names, postal and electronic addresses, telephone and fax numbers, opening hours, speciality". Any entry that is charged for is considered as advertising and is thus forbidden.

Article R4127-218: also defines information that a dental surgeon is allowed to mention on a professional plaque at the entrance of a building, or practice: "surname, first names, speciality and diplomas recognized by the Conseil de l'Ordre". The dental surgeon may add the name and origin of his diploma, and the opening hours as well as the floor and telephone number of the practice. Practitioners who do not hold French diplomas must add references to origins.

Dentists are allowed to have websites for their practices in a very controlled and regulated framework by the Order.

#### Indemnity Insurance

Liability insurance has been compulsory for all health professions since March 2002. For CNSD members, it is included as a part of association membership as a group insurance. Different insurance companies provide professional civil liability cover for a dental surgeon's patients during his working life. There are different prices for different types of practice.

For example, a liberal practitioner who is a CNSD member will pay €260 annually, plus a €225 implant supplement, (plus €92 for private legal assistance, €72 for professional legal assistance, and €531 for sinus filling), while non- members will be charged €350 for civil and professional liability, or €990 with implantology or €1,098 with sinus filling. (All these are 2013 fees).

This insurance does not cover dentists for working abroad, except for a maximum duration of 2 months in EU countries + Andorra + Switzerland (for temporary practice or for dentists migrating and acquiring new insurance).

In 2012, professional liability insurance was reformed for all liberal health professionals including dentists: a new tax has been implemented to pool insurance risks for all professionals. This new contribution from €15 to €25 (€20 for dentists) serves to create a special fund to support the major claims/accidents exceeding €8 million (or €3 million for an historical claim).

#### Corporate Dentistry

Dental surgeons may run practices as corporates, on their own or in association with others. However, a non-dentist cannot be a part or full owner of a practice, *except* in the case of a Société d'Exercice Libéral (SEL, which is an incorporated practice), where an *ayant-droit* (legal successor) of a dead dentist can inherit the practice for five years. After that time, and if the *ayant droit* is not successful in the practice, he or she must sell his or her participation. This is a relatively new rule.

Other than this, when a dental surgeon dies, non-dentist successors do not have the right to own a practice. However, they can be allowed by the Ordre National to contract with a dental surgeon manager during a variable time, allowing them to sell the practice in the best possible way, or if one of the successors had started a course in dental education, to wait the end of the course.

#### Tooth whitening

By decision of 9 July 2013, the National Security Agency for Drug (ANSM) suspended the sale, distribution and use of dental whitening or bleaching products with hydrogen peroxide concentration higher than 6%.

### Health and Safety at Work

An individual who, in a public or private care or prevention establishment, practises a professional activity exposing him/her to contamination risks, has to be immunised against Hepatitis B, diphtheria, tetanus, and poliomyelitis (it means anybody working in the practice, staff or dental surgeon). This is supervised by the *Health General Direction*.

#### Regulations for Health and Safety

For	Administered by
Ionising radiation	Institut de radioprotection et de sureté nucléaire (IRSN)
Electrical installations	Local town planning authority
Waste disposal	Directions Regionales des Affaires Sanitaires et Sociales (DRASS)
Medical devices	Health General Direction
Infection control	Health General Direction

#### Ionising Radiation

Training in radiation protection since 2007 is part of the undergraduate curriculum, as an additional compulsory module to be validated in the 5<sup>th</sup> year. Since 2004, this training in radiation protection of patients (continuing education) has been mandatory for all existing practitioners and every dentist should have been qualified by June 2009. This qualification must be renewed every 10 years.

Since 2009, the equipment must be declared with the IRSN (see above) and the declaration signed by a PCR (Person

Competent in Radioprotection), is valid for the lifetime of the radiation tube -25 years. A PCR must be designated by each dentist. Moreover, technical inspections of sources must be performed externally.

Since 2011, quality controls of the radiological chain must be carried out internally and externally.

There are regulations restricting who collects the waste to registered or licensed carriers.

#### Hazardous Waste

The EU Hazardous Waste Directive (requiring amalgam waste to be collected as hazardous waste) has been incorporated into French law. Amalgam separators have been legally required since 1998 in all units, requiring the collection of 95% of the weight of the amalgam in waste water.

## Financial Matters

### Retirement pensions and Healthcare

As non-salaried workers liberal dental surgeons contribute to a special retirement scheme, the CARCDSF (*Caisse Autonome de Retraite des Chirurgiens-Dentistes et des Sages-Femmes*) which is a *caisse* attached to the Ministry of Social Affairs. A basic dentists' retirement pension scheme has been established by law since 1948. It has been amended by the "Complementary Retirement Scheme" in 1955. The CARCDSF is administered by a board whose members are elected jointly by contributors and beneficiaries.

The normal retirement age for salaried workers in France is 65, but liberal dentists can practice beyond that age and there is no legal age limitation.

### Taxes

There is a national income tax, and also a general social tax (*Contribution Sociale Généralisée - CSG*) and an additional tax on salaries called the *Contribution destinée au Remboursement de la Dette Sociale* (RDS) which was initially planned to be implemented until 31<sup>st</sup> January 2014 (regularly postponed by government). CSG and CRDS are based on gross salaries, indemnities, allocations and bonus. They are calculated before social security salaried contributions and other contributions.

Income tax is progressive, commencing at 5.5% with earnings from €5,964 then in bands taxed at 14%, 30%, 41% (from earnings above €70,831) and 45% on earnings over €150,000.

There is a tax called the *contribution exceptionnelle sur les hauts revenus* introduced in 2012. It is collected and paid alongside income tax.

This rate of the tax is 3% on income between €250,001 and €500,000, while those with an income above €500,000 pay at the rate of 4% on any income above the threshold.

#### VAT

From January 1<sup>st</sup> 2014, new VAT rates applied:

- the normal rate was increased from 19.6% to 20% (alcohol, tobacco etc, and the rate charged to dental surgeons for equipment, materials and instruments)
- the middle rate was increased from 7% to 10% (transportation and restaurants..)
- the reduced rate was reduced from 5.5% to 5% (food)
- the super-reduced rate remains at 2.2% (refundable drugs).

### Various Financial Comparators

Paris Zurich = 100	2003	2012
Prices (including rent)	75.7	75.6
Wage levels (net)	56.0	55.6
Domestic Purchasing Power at PPP	64.5	58.9

Source: UBS August 2003 and November 2012

## Other Useful Information

<b>Main national associations:</b>	
Confédération Nationale des Syndicats Dentaires (CNSD) 54 rue Ampère 75017 Paris FRANCE Tel: +33 1 56 79 20 20 Fax: +33 1 56 79 20 21 Email: <a href="mailto:cnsd@cnsd.fr">cnsd@cnsd.fr</a> Website: <a href="http://www.cnsd.fr/">http://www.cnsd.fr/</a>	Association Dentaire Française (ADF) 7 rue Mariotte 75017 Paris FRANCE Tel: +33 1 58 22 17 10 Fax: +33 1 58 22 17 40 Email: <a href="mailto:adf@adf.asso.fr">adf@adf.asso.fr</a> Website: <a href="http://www.adf.asso.fr">http://www.adf.asso.fr</a>
<b>Competent Authority and information centre:</b>	
Conseil National de l'Ordre des Chirurgien-Dentistes 22 rue Emile Menier 75116 Paris FRANCE Tel: +33 1 44 34 78 80 Fax: +33 1 47 04 36 55 Email: <a href="mailto:europa@oncd.org">europa@oncd.org</a> Website: <a href="http://www.ordre-chirurgiens-dentistes.fr">www.ordre-chirurgiens-dentistes.fr</a>	<b>Monaco:</b> Collège des chirurgiens-dentistes de la principauté de Monaco 3 avenue Saint Michel Monte Carlo - MC 98000 Tel: +377 932 56666 Fax: +377 931 50954
<b>Publications with information on vacancies for dentists:</b>	
Le Chirurgien-Dentiste de France 54 rue Ampère 75017 PARIS Tel: +33 1 56 79 20 47 Fax: +33 1 56 79 20 25 Email: <a href="mailto:cdf@cnsd.fr">cdf@cnsd.fr</a> Website: <a href="http://www.cnsd.fr/">www.cnsd.fr/</a>	<b>Details of indemnity organisations:</b> MACSF, Service Assurance Dentaire 10 cours du Triangle de l'Arche 92919 LA DEFENSE CEDEX Tel: +33 1 71 23 80 92 Fax: +33 1 71 23 88 92 E-mail: Website: <a href="http://www.macsf.fr">www.macsf.fr</a>

## Dental Schools:

Number of students: this is the number in the 2<sup>nd</sup> year of the curricula, since the 1<sup>st</sup> year is common to medicine, dentistry, pharmacy and mid-wives. The number of graduates refers to the calendar year 2011, the number of students to the academic year 2010-2011.

Dental studies include a thesis to be presented within 18 months after the 6<sup>th</sup> year of dental curricula.

	No of 2nd year		Annual
	Undergrads		Graduates
	2010-11		2011
Paris 5	194		111
Paris 7	94		89
Bordeaux	93		73
Brest	26		25
Clermont Ferrand	62		55
Lille	108		NK
Lyon	91		84
Marseille	70		56
Montpellier	59		60
Nancy	79		64
Nantes	73		66
Nice	39		NK
Reims	72		48
Rennes	64		55
Strasbourg	68		59
Toulouse	70		72
<b>Total</b>	<b>1,262</b>		<b>917</b>
Number of graduates does not include Lille & Nice			



<p><b>Paris 5</b></p> <p>Université Paris V (René Descartes) Faculté de Chirurgie-Dentaire de Paris V 1 rue Maurice Arnaud 92120 Montrouge, Paris Tel: +33 1 58 07 67 00 Fax: +33 1 58 07 68 99 Email: <a href="mailto:louis.maman@parisdescartes.fr">louis.maman@parisdescartes.fr</a> Website: <a href="http://www.odontologie.univ-paris5.fr">http://www.odontologie.univ-paris5.fr</a></p> <p>Dentists graduate: 111 Number of students: 194</p>	<p><b>Paris 7</b></p> <p>Université Paris 7 (Denis Diderot) UFR d'Odontologie 5, rue Garancière 75006 Paris Tel: +33 1 57 27 87 12 Fax: 33 1 57 27 87 01 Email: <a href="mailto:jgregory.aupiais@univ-paris-diderot.fr">jgregory.aupiais@univ-paris-diderot.fr</a> Website: <a href="http://www.univ-paris-diderot.fr/formation/ListeMED.php">http://www.univ-paris-diderot.fr/formation/ListeMED.php</a></p> <p>Dentists graduate: 89 Number of students: 94</p>
<p><b>Bordeaux</b></p> <p>Université Victor Segalen Bordeaux II UFR d'Odontologie 16, cours de la Marne 33082 Bordeaux Cedex Tel: +33 5 57 57 30 00 Fax: +33 5 57 57 30 10 Email: <a href="mailto:admin.odonto@u-bordeaux2.fr">admin.odonto@u-bordeaux2.fr</a> Website: <a href="http://www.u-bordeaux2.fr">http://www.u-bordeaux2.fr</a></p> <p>Dentists graduate: 73 Number of students: 93 (this university welcomes overseas French territory students)</p>	<p><b>Brest</b></p> <p>Université de Bretagne Occidentale Faculté d'Odontologie de Brest 22 avenue Camille Desmoulins 29238 Brest Cedex 3 Tel: +33 2 98 01 6489 Fax: +33 2 98 01 6932 <a href="http://www.univ-brest.fr/ODONTOLOGIE/Welcome.html">http://www.univ-brest.fr/ODONTOLOGIE/Welcome.html</a></p> <p>Dentists graduate: 26 Number of students: 25</p>
<p><b>Clermont Ferrand</b></p> <p>UFR d'Odontologie 11 boulevard Charles de Gaulle 63000 Clermont Ferrand Tel: +33 4 73 17 73 00 Fax: +33 4 73 17 73 09 Email: <a href="mailto:ufr-odontologie@u-clermont1.fr">ufr-odontologie@u-clermont1.fr</a> Website: <a href="http://webodonto.u-clermont1.fr">http://webodonto.u-clermont1.fr</a></p> <p>Dentists graduate: 55 Number of students: 62</p>	<p><b>Lille</b></p> <p>Université de Lille 2 – Droit et Santé Faculté d'Odontologie Place de Verdun, 59000 Lille Tel: +33 3 20 16 79 50 Fax: +33 (0)3 20 16 79 51 Email: <a href="mailto:phdupas@univ-lille2.fr">phdupas@univ-lille2.fr</a> Website: <a href="http://chirident.univ-lille2.fr">http://chirident.univ-lille2.fr</a></p> <p>Dentists graduate: Number of students: 108</p>
<p><b>Lyon</b></p> <p>Université Claude Bernard Lyon 1 Faculté d'Odontologie Rue Guillaume Paradin 69372 Lyon Cedex 08 Tel: +33 4 78 77 86 80 Fax: +33 4 78 77 86 96 Email: <a href="mailto:claire.guichard@univ-lyon1.fr">claire.guichard@univ-lyon1.fr</a> Website: <a href="http://www.univ-lyon1.fr">http://www.univ-lyon1.fr</a></p> <p>Dentists graduate: 91 Number of students: 84</p>	<p><b>Marseille</b></p> <p>Faculté d'Odontologie 27 Boulevard Jean Moulin 13355 Marseille Cedex 5 Tel: +33 4 86 13 68 68 Fax: +33 4 86 13 68 40 Contact: <a href="http://www.univmed.fr/public/contact/mail.asp">http://www.univmed.fr/public/contact/mail.asp</a> Website: <a href="http://www.univmed.fr/odontologie/">http://www.univmed.fr/odontologie/</a></p> <p>Dentists graduate: 56 Number of students: 70</p>
<p><b>Montpellier</b></p> <p>Faculté d'Odontologie Université Montpellier 1 545 avenue du Professeur J.L. Viala 34193 Montpellier Cedex 5 Tel: +33 4 67 10 44 70 Fax: +33 4 67 10 45 82 Website: <a href="http://www.odonto.univ-montp1.fr/">http://www.odonto.univ-montp1.fr/</a></p> <p>Dentists graduate: 60 Number of students: 59</p>	<p><b>Nancy</b></p> <p>Faculté de Chirurgie Dentaire UFR d'Odontologie 96 av de Lattre de Tassigny, BP 50208 54004 Nancy Cedex Tel: +33 3 83 68 29 50 Fax: +33 3 83 68 29 81 Contact: <a href="mailto:webmaster@uhp-nancy.fr">webmaster@uhp-nancy.fr</a> Website: <a href="http://www.odonto.uhp-nancy.fr/">http://www.odonto.uhp-nancy.fr/</a></p> <p>Dentists graduate: 64 Number of students: 79</p>



<p><b>Nantes</b></p> <p>Faculté de Chirurgie Dentaire–UFR d'Odontologie 1 Place Alexis Ricordeau, BP84215,44042 Nantes Cedex 1 Tel: +33 2 40 41 29 01 Fax: +33 2 40 20 18 67 Contact: <a href="mailto:accueil.odontologie@univ-nantes.fr">accueil.odontologie@univ-nantes.fr</a> Website: <a href="http://www.odontologie.univ-nantes.fr/">http://www.odontologie.univ-nantes.fr/</a></p> <p>Dentists graduate: 66 Number of students: 73</p>	<p><b>Nice</b></p> <p>Faculté de Chirurgie Dentaire UFR d'Odontologie Pôle Universitaire Saint Jean d'Angély 24, avenue des diables bleus 06357 Nice cedex 4 Tel: +33 4 92 00 11 11 /62 Fax: + 33 4 92 00 12 63 Contact : <a href="mailto:scolarite-odonto@unice.fr">scolarite-odonto@unice.fr</a> Website : <a href="http://portail.unice.fr/jahia/page19.html">http://portail.unice.fr/jahia/page19.html</a></p> <p>Dentists graduate: Number of students: 39</p>
<p><b>Reims</b></p> <p>Université de Reims Champagne-Ardenne Unité de formation et de recherche d'odontologie 2 rue du Général Koenig 51100 Reims Tel: +33 3.26 91 34 55 Contact: <a href="mailto:scol.odontologie@univ-reims.fr">scol.odontologie@univ-reims.fr</a> Website: <a href="http://www.univ-reims.fr/index.php?p=143&amp;art_id=265">http://www.univ-reims.fr/index.php?p=143&amp;art_id=265</a></p> <p>Dentists graduate: 48 Number of students: 72</p>	<p><b>Rennes</b></p> <p>Faculté de Chirurgie Dentaire de Rennes UFR d'Odontologie 2 avenue du Professeur Léon Bernard (Bat 15) 35043 Rennes Cedex Tel: +33 2 23 23 43 41 Fax: +33 2 23 23 43 93 Contact : <a href="mailto:secretariat.doyen-odonto@univ-rennes1.fr">secretariat.doyen-odonto@univ-rennes1.fr</a> Website: <a href="http://www.odonto.univ-rennes1.fr">http://www.odonto.univ-rennes1.fr</a></p> <p>Dentists graduate: 55 Number of students: 64</p>
<p><b>Strasbourg</b></p> <p>Faculté de Chirurgie Dentaire Université Louis Pasteur – Strasbourg 1 1 place de l'Hôpital, 67000 Strasbourg Tel: +33 3 68 85 39 02 Fax: +33 3 68 85 39 00 Contact : <a href="mailto:doyen.dentaire@unistra.fr">doyen.dentaire@unistra.fr</a> Website : <a href="http://facdentaire.u-strasbg.fr/faculte/">http://facdentaire.u-strasbg.fr/faculte/</a></p> <p>Dentists graduate: 59 Number of students: 68</p>	<p><b>Toulouse</b></p> <p>Faculté de Chirurgie Dentaire UFR d'Odontologie Toulouse III – Université Paul Sabatier 3 chemin des Maraichers 31062 Toulouse Cedex 9 Tel: +33 5 62 17 29 29 Fax: +33 5 61 25 47 19 Email: <a href="mailto:resdental@adm.ups.tlse.fr">resdental@adm.ups.tlse.fr</a> Website: <a href="http://www.dentaire.ups-tlse.fr/">http://www.dentaire.ups-tlse.fr/</a></p> <p>Dentists graduate: 72 Number of students: 70</p>