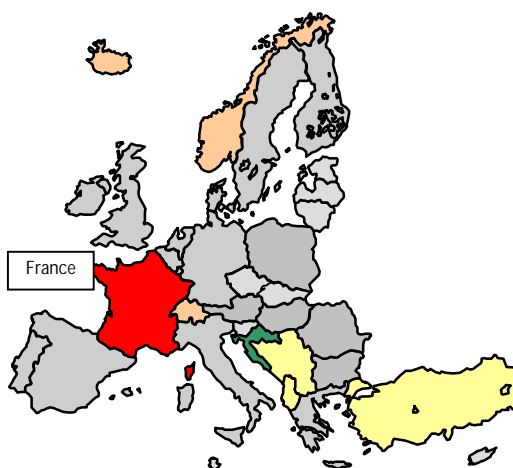


## France



Date of last revision: 1<sup>st</sup> October 2008

In the EU/EEA since	1957
Population (2008)	63,753,140
GDP PPP per capita (2007)	€27,312
Currency	Euro
Main language	French

The social insurance system is established by law and is divided into 3 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. Most oral healthcare is provided by 'liberal practitioners' according to an agreement called the Convention. Almost all *chirurgien-dentistes* (dental surgeons) - 98% - practise within the Convention.

Number of dentists:	40,968
Population to (active) dentist ratio:	1,556
Members of CNSD:	50%

The use of recognised specialists is limited to orthodontics and there are no clinical dental auxiliaries.

Continuing education has been mandatory since 2004.

## 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* (331 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 et Social*, the Economic and Social Council, with an advisory function, composed of representatives of the associations and the professional world. The liberal professions are represented and two dental surgeons have a seat within this Council.

Although the organisation of government is centralised, two political and administrative structures exist below the national level where there are 22 regions and 100 departments (including 4 overseas). Most French institutions exhibit strong liberal traditions and this is mainly reflected in the medical and dental professions.

The Overseas Territories (Nouvelle Calédonie, Polynésie Française, Wallis-et-Futuna) 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 due to the last health reform, and now 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 on the text, including the new annual budgets of the sickness funds. Then the Caisse controls the application of the bill and negotiates conventions with each representative of health discipline, including the dental profession.

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 CANAM (*Caisse Nationale d'Assurance Maladie des Professions Indépendantes*) for independent professionals; and the UCCMA (*Union des Caisses Centrales de la Mutualité 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 including dental treatment for themselves and their dependants.

	Year	Source
% GDP spent on health	11.1% 2006	DREES
% of this spent by governm't	79.8% 2005	OECD

DREES: Direction de la recherche, des études, de l'évaluation et des statistiques, Ministère de la Santé

Generally, hospital expenses are paid by an individual's insurers, and primary care costs directly by the patient who is then reimbursed by the sickness fund, in part or in full.

In 2006, approximately 93.1% of hospital expenses were covered, compared with 67.3% of expenses for ambulatory

care and medicines.

## 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). Almost all dental surgeons (99%) in France practice 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 necessary care (conservative treatment and sealants) are free as well.

For conservative and surgical treatments the practitioner must charge fees within the agreement 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, 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 and is then issued with a form with which to reclaim the relevant amount from the *Caisse*. There is no restriction on how often treatment can be received.

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 *Caisse*s and complementary insurances. The fees for conservative and surgical care are set by the Convention. For prosthetics there is a different scale of fees. These fees have not been reviewed since their creation on 1<sup>st</sup> January 2000.

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

	Year	Source
% GDP spent on oral health	0.60%	2004 CECDO
% of OH expenditure private	15.4%	2006 DREES

### Private insurance for dental care

Approximately 90% of people use 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.

### 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.

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	2006 WHO
DMFT zero at age 12	56%	2006 OECD
Edentulous at age 65	38%	2006 OECD

"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 20 years. Fluoride toothpastes are sometimes freely given to children in the framework of education campaign.

## 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 (in common with medicine). 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 required to practise.

Year of data:	2008
Number of schools	16
Student intake	1,047
Number of graduates (2004 data)	900
Percentage female (2004 data)	55%

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:

*Diplôme d'état de chirurgien dentiste* (Dental Surgeon) – before 1972  
or  
*Diplôme 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 the legally required diploma. 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.

Cost of registration (2008)	€ 354
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Practitioners have to pay an annual charge in order to remain on the register.

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.

### Stomatologists

Stomatologists are doctors specialised in stomatological sciences (medical specialty). They provide the same care as qualified dental surgeons, plus cervical and facial surgery. The duration of their training is 6 years (medical studies) plus 4 years of specialist internship. They then obtain a diploma of doctor in medicine plus a diploma of qualification (DES Diploma of Specialised Studies).

In 2008 they were still being trained. There is no minimum time before they gain "Acquired Rights" to work in other EU countries – it depends on the recognition of this medical specialty in the host country.

The professional title is: "*Médecin spécialiste qualifié en stomatologie*"

### 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.

Since 2004 and the law reforming health system, continuing education is mandatory for the dentists. A body, composed of colleges (Ordre, Unions, University) controls the respect of the law and sets the subjects of the training as well as the content of the proposed training sessions. It sets as well the credits - points to be acquired: 800 in 5 years with at least 150 per year.

#### Specialist Training

France has only one recognised dental specialty - Orthodontics. Training for orthodontics lasts for four years, part-time and takes place in university clinics. A national specialist diploma is then awarded by the authority recognised competent for this purpose: "Certificat d'études cliniques spéciales, mention orthodontie".

The professional title is: "*chirurgien-dentiste spécialiste qualifié en orthopédie dento-faciale*".

The Ordre, University & other professional organisations (including CNSD) agreed to introduce the specialty of Oral Surgery as soon as legislation permits. Legislative arrangements were under discussion in 2008.

Oral Maxillo-facial surgery is a specialty under the Medical Directives. They receive the title: "*Médecin spécialiste qualifié en stomatologie*" (as noted above).

## 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:	2008
Total Registered	44,537
In active practice	40,968
Dentist to population ratio*	1,556
Percentage female	37%
Qualified overseas	660

It was reported by the CNSD that there were no unemployed dental surgeons in 2008.

#### *Movement of dentists*

In 2008, 1056 "foreign" dentists were practising in France.

Year of data:	2008
Total	1,056
EU graduates	541
EEA graduates	2
Convention d'établissement*	348
Others (Minister's discretion)	165

\* 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*

Only one dental specialty is recognised in France – orthodontics. 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 specialists – patients may go directly to them.

Year of data:	2008
Orthodontics	1,937

There are specialists in Maxillo-Facial Surgery, but, as stated earlier, this is a medical specialty. Oral surgery in due course will become a dental 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:	2005
Hygienists	0
Technicians	19,500
Denturists	0
Assistants	15,000
Therapists	0

#### *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 under the prescription of the dental surgeon.

Most dental surgeons use independent laboratories and there were 4,950 craft or industrial laboratories employing salaried workers in 2008. Some practitioners employ technicians directly in their own private laboratories.

There is a reported problem in the France with illegal denturists/clinical dental technicians – a few prosecutions are mounted each year by the CNSD and on each occasion the technician has been found guilty of illegal practice.

#### *Dental Assistants*

Dental assistants qualify after 2 years alternative training in dental practice and one of 7 schools. This training is mainly governed by a "parity" body: the Commission Nationale de Qualification (CNQAOS). They do not have to register.

## Practice in France

Year of data:	2008
General (private) practice	35,180
Salaried private practice	544
Public dental service	2,389
University	276
Hospital	250
Armed Forces (2004 data)	42
Stomatologists (2007 data)	1331
General Practice	87%

### Working in Liberal (General) Practice

Most 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 an employment code which regulates 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 normally 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 real cost which they say should be calculated depending on the technical difficulty and time required for each treatment.

On the other hand, prosthetic fees are higher in France than in other countries but the coverage by statutory insurance is very small. 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 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.

#### *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.

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. The value of the last factor is based upon the previous three or four years of accounts. 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.

#### *Standards*

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. A signature proves that the dental surgeon has been paid by the patient and is required for reimbursement to the patient. The dental surgeons *Conseil* of the *Caisses* 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 mutual 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

Every University Hospital Centre (CHU) has 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 Masters degree in biological and medical sciences.

*Maitres 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* 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 *Maitre 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 work as dental surgeons within their own practice.

### Working in the Armed Forces

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

## Professional Matters

### Professional associations

The main professional union for dental surgeons is the *Confédération Nationale des Syndicats Dentaires* (CNSD) founded in 1935, encapsulating 100 departmental unions, representing about 50% 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. (OK) 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.

	Number	Year	Source
Ordre	44,537	2008	CNO
ADF	20,800	2008	ADF
CNSD	15,000	2007	CNSD

### 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 finality 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 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.

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 12 of the Code of Ethics which states that dental surgeons are "notably forbidden any form of direct or indirect advertising".

Article 13: defines information that a dental surgeon is allowed to put in the telephone book as: "surname, first names, address, telephone and fax numbers, opening hours, speciality". Any entry that is charged for is considered as advertising and is thus forbidden.

Article 14: defines information that a dental surgeon is allowed to mention on a professional plaque at the entrance of a building, or practice, with the professional title of "chirurgien-dentiste", and: "surname, first names and speciality". The dental surgeon must add the name and location of the establishment or examining board which awarded his/her diploma, and may add the opening hours and the floor and telephone number of the practice.

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 their working life. There are different prices for different types of practice.

For example, a liberal practitioner who is a *CNSD* member will pay €160 annually, plus a €215 implant supplement, (plus €80 for private legal assistance and €60 for professional legal assistance), while non members will be charged €400 for civil and professional liability *with* legal assistance (private and professional), or €795 with implantology and €235 and €630 respectively, without legal assistance (2008 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).

#### *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*'s 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*

Tooth whitening is considered as cosmetic and some products are available over the counter. The CNSD however, strongly advises dentists against selling these products (on regulatory, ethical and fiscal level).

### 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

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

#### *Ionising Radiation*

Training in radiation protection is now part of the undergraduate curriculum. Since 2004, this training is complemented with a mandatory training in patient radioprotection (continuing education) in which every dentist will have to be qualified by 19 June 2009 (this qualification will be renewed every 10 years).

The equipment has to be declared with IRSN (see above) and this declaration is valid for 5 years. France is still waiting for new rules to be applied to dentists as Radiation Protection Supervisors, planned in 2009 but not yet known.

#### *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.

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

## Financial Matters

### Retirement pensions and Healthcare

As non-salaried workers liberal dental surgeons contribute to a special retirement scheme, the CARCD (*Caisse Autonome de Retraite des Chirurgiens-Dentistes*) 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 since 1955. The CARCD is administered by a board whose members are elected jointly by the contributors and the 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 is 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.

The highest rate of income tax is 40% on earnings over €67,546.

### VAT

Normal rate: 19.6% (alcohol, tobacco etc, and the rate charged to dental surgeons for equipment, materials and instruments)

Reduced rate: 5.5% (food)

Super-reduced rate: 2.2% (refundable drugs)

### Various Financial Comparators

Zurich = 100	Paris 2003	Paris 2008
Prices (excluding rent)	79.2	94.5
Prices (including rent)	75.7	95.0
Wage levels (net)	56.0	58.0
Domestic Purchasing Power	64.5	61.0

Source: UBS August 2003 and January 2008

## Other Useful Information

<i>Main national associations:</i>	
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://cnsd.fr">http://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>
<i>Competent Authority and information centre:</i>	
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:europe@oncd.org">europe@oncd.org</a> Website: <a href="http://www.ordre-chirurgiens-dentistes.fr">www.ordre-chirurgiens-dentistes.fr</a>	Monaco: Collège des chirurgiens-dentistes de la principauté de Monaco 3 avenue Saint Michel Monte Carlo - MC 98000
<i>Publications with information on vacancies for dentists:</i>	
Le Chirurgien-Dentiste de France 54 rue Ampère 75017 PARIS Tel: +33 1 56 79 20 48 Fax: +33 1 56 79 80 25 Email: <a href="mailto:cdf@cnsd.fr">cdf@cnsd.fr</a> Website: <a href="http://www.cnsd.fr">www.cnsd.fr</a>	<i>Details of indemnity organisations:</i> MACSF, Service Assurance Dentaire 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 and pharmacy. The number of graduates refers to the calendar year 2007, the number of students to the academic year 2007-08.

Please note that the gap between the number of students and the number of graduates is due to the recent increase in the number of students (it takes 6 years to train a professional), and not to a high percentage of students' failure! Moreover, dental studies include a thesis to be presented within 18 months after the 6<sup>th</sup> year of dental curricula.

<p>Paris 5</p> <p>Université Paris V (René Descartes) Faculté de Chirurgie-Dentaire de Paris V 1 rue Maurice Arnoux 92120 Montrouge, Paris Tel: +33 1 58 07 67 02 Fax: +33 1 58 07 68 99 Email: <a href="mailto:gerard.levy@univ-paris5.fr">gerard.levy@univ-paris5.fr</a> Website: <a href="http://www.odontologie.univ-paris5.fr">http://www.odontologie.univ-paris5.fr</a></p> <p>Dentists graduate: 89 Number of students: 103</p>	<p>Paris 7</p> <p>Université Paris 7 (Denis Diderot) UFR d'Odontologie 5, rue Garancière 75006 Paris Tel: +33 1 57 27 79 78 Email: <a href="mailto:jean-jacques.hourcade@univ-paris-diderot.fr">jean-jacques.hourcade@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: 62 Number of students: 85</p>
<p>Bordeaux</p> <p>Université Victor Segalen Bordeaux II UFR d'Odontologie 16, cours de la Marne 33082 Bordeaux Cedex Tel: +33 5 57 57 1800 Fax: +33 5 57 57 3010 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: 66 Number of students: 93 (this university welcomes overseas French territory students)</p>	<p>Brest</p> <p>Université de Bretagne Occidentale Faculté d'Odontologie de Brest 22 avenue Camille Desmoulins 29271 Brest Cedex 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: 12 Number of students: 19</p>
<p>Clermont Ferrand</p> <p>UFR d'Odontologie 11 boulevard Charles de Gaulle 63000 Clermont Ferrand Tel: +33 4 73 43 64 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: 40 Number of students: 53</p>	<p>Lille</p> <p>Université de Lille 2 – Droit et Santé Faculté d'Odontologie Place de Verdun, 59000 Lille Tel: +33 3 20 16 79 00 Fax : +33 (0)3 20 16 79 99 Website: <a href="http://chirdent.univ-lille2.fr">http://chirdent.univ-lille2.fr</a></p> <p>Dentists graduate: 68 Number of students: 80</p>
<p>Lyon</p> <p>Université Claude Bernard Lyon 1 Faculté d'Odontologie Rue Guillaume Paradin 69372 Lyon Cedex 08 Tel: +33 4 78 77 86 00 Website : <a href="http://www.univ-lyon1.fr">http://www.univ-lyon1.fr</a></p> <p>Dentists graduate: 57 Number of students: 77</p>	<p>Marseille</p> <p>Faculté d'Odontologie 27 Boulevard Jean Moulin 13355 Marseille Cedex 5 Tel: +33 4 91 78 46 70 Fax: +33 4 91 78 23 43 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: 52 Number of students: 70</p>
<p>Montpellier</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: 41 Number of students: 58</p>	<p>Nancy</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: 43 Number of students: 57</p>

<p>Nantes</p> <p>Faculté de Chirurgie Dentaire–UFR d'Odontologie 1 Place Alexis Ricordeau, BP84215,44042 Nantes Cedex 2 Tel: +33 2 40 41 29 21 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: 54 Number of students: 70</p>	<p>Nice</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 Contact : <a href="mailto:scolarité-odonto@unice.fr">scolarité-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: 21 Number of students: 34</p>
<p>Reims</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: 32 Number of students: 76</p>	<p>Rennes</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: 33 Number of students: 56</p>
<p>Strasbourg</p> <p>Faculté de Chirurgie Dentaire Université Louis Pasteur – Strasbourg 1 1 place de l'Hôpital, 67000 Strasbourg Tel: +33 3 90 24 39 01 Fax: +33 3 90 24 39 00 Contact : <a href="mailto:dentaire@adm-ulp.u-strasbg.fr">dentaire@adm-ulp.u-strasbg.fr</a> Website : <a href="http://facdentaire.u-strasbg.fr/faculte/">http://facdentaire.u-strasbg.fr/faculte/</a></p> <p>Dentists graduate: 47 Number of students: 60</p>	<p>Toulouse</p> <p>Faculté de Chirurgie Dentaire UFR d'Odontologie Toulouse III – Université Paul Sabatier 3 chemin des Maraichers 31062 Toulouse Cedex 4 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: 53 Number of students: 70</p>

	No of 2nd year		Annual
	Undergrads		Graduates
	2008		2007
Paris 5	103		89
Paris 7	85		62
Bordeaux	93		66
Brest	19		12
Clermont Ferrand	53		40
Lille	80		68
Lyon	77		57
Marseille	70		52
Montpellier	58		41
Nancy	57		43
Nantes	70		54
Nice	34		21
Reims	76		32
Rennes	56		33
Strasbourg	60		47
Toulouse	70		53
Total	1,061		770

