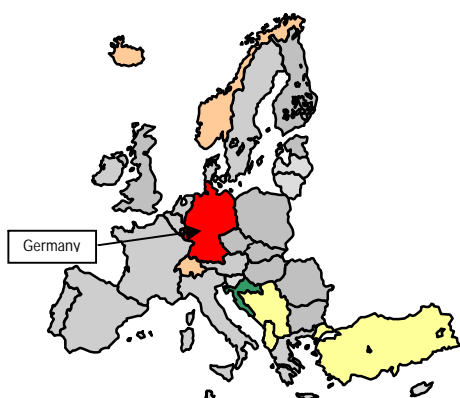


Germany



Date of last revision: 1st October 2008

In the EU/EEA since	1957
Population (2008)	82,221,808
GDP PPP per capita (2007)	€28,314
Currency	Euro
Main language	German

There is a long established insurance based healthcare system of "sick funds", which are not for profit organisations. Almost 90% of the population belong to one of the 355 funds. There is also wide use of private insurance. Dental fees, both inside and outside sick funds and insurance based care are regulated.

Number of dentists:	83,339
Population to (active) dentist ratio:	1,247
Members of Dental Association:	100%

The use of dental specialists and the development of dental auxiliaries are both well advanced. The national federation of Chambers is known as the Bundeszahnärztekammer (BZÄK) and all dentists must be a member of the local Chamber.

Continuing education for dentists has been mandatory since 2004.

Government and healthcare in Germany

Germany is one of the founder members of the EU. Its Federal system of government delegates most of the responsibility for expenditure and many policy decisions to the regional level which also has additional powers to raise local taxes.

The capital is Berlin.

There is a bicameral Parliament, which consists of the Federal Assembly or *Bundestag* (603 seats; elected by popular vote under a system combining direct and proportional representation; a party must win 5% of the national vote or three direct mandates to gain representation; members serve four-year terms) and the Federal Council or *Bundesrat* (69 votes; state governments are directly represented by votes; each has 3 to 6 votes depending on population and are required to vote as a block).

Elections for the Federal Assembly are held every 4 years (or less). There are no elections for the Bundesrat; the composition is determined by the composition of the state-level governments so the Bundesrat has the potential to change any time one of the 16 states (*Länder*) holds an election.

The President of Germany is elected for a five-year term by a Federal Convention including all members of the Federal Assembly; the Chancellor (equivalent to Prime Minister) is elected by an absolute majority of the Federal Assembly for a four-year term.

There is a long-established statutory health insurance system where health care depends on membership of a "sick fund". Sick funds are state-approved health insurance organisations, and there are currently 253 in the country. As well as the state-approved sick funds there are also private insurance organisations.

The majority 87.5% of the population are members of a sick fund, which provides a legally prescribed standard package of healthcare.

The sick funds are not 'for profit' organisations, which employees with incomes less than €4,012.50 gross/month must join. On average the premiums paid are 14.8% of total income up to a maximum of €4,012.50 (in 2007), of which the employer and employee each contributes 50%. If an individual is already a member of a sick fund, when their income exceeds the minimum, they may retain their membership or change to a private insurance scheme. However, the self-employed, and those whose income exceeds the minimum when they take up their appointment, are excluded from membership.

Most of those who are not members of legal sick funds are members of private insurance schemes, which are regulated by insurance law only and may thus offer more flexible packages of care. For example, the schemes carry all the financial risks of treatment or reimburse only a defined percentage of the costs and the premiums vary according to the level of cover required and the age or past health of the member. Membership of a private sick fund is also a personal contract, so dependants must be separately insured.

The actual provision of health care in the statutory system is managed jointly by the sick funds, and the doctors' and dentists' organisations. As with many other aspects of German government, this takes place at both the Federal level and at the regional level of the *Länder*.

	Year	Source
% GDP spent on health	10.9% 2007	BZÄK
% of this spent by government	76.9% 2006	OECD

Oral healthcare

Public health care

The key organisations in oral healthcare delivery are:

<i>Sick funds</i>	There are over 350 sick funds in Germany, organised broadly into five main groups. They are self-governing state-approved not-for-profit insurance bodies, jointly managed by employers' and employees' representatives. They generally insure employees and their dependants whose incomes are less than a specified amount.
<i>Private Insurances</i>	These are 'for-profit organisations' which may insure those who are not compulsory members of a sick fund. The activities of the private insurance companies are only regulated by general insurance law.
<i>KZVs</i>	KZVs are the 22 self-governing regional authorities, which every dentist has to be a member of in order to treat patients in the social security system. The KZVs are the key partners with the sick funds, holding budgets and paying dentists.
<i>KZBV</i>	This is the national legal entity, which together with the sick funds defines the standard package of care benefits within the legal framework. It also provides support services for the regional KZVs.
<i>Dental Chambers</i>	The 17 Dental Chambers (<i>Zahnärztekammern</i>) at the Lander level are the traditional professional associations (legal entities) with the overall responsibility for defending the interests of the profession, but also with a duty to protect the public's health. Every dentist has to be a member of a Dental Chamber.
<i>BZÄK</i>	The <i>Bundeszahnärztekammer</i> is the voluntary union of the Dental Chambers at a national level. It represents the common interests of all dentists on a national and international level

The delivery of oral health care in the legally based system is organised by the Federal dental authority (the *Kassenzahnärztliche Bundesvereinigung* or *KZBV*) nationally, and locally by the regional dental authorities (the *Kassenzahnärztliche Vereinigungen*, or *KZV*) in partnership with the sick funds. There are 17 KZVs within the 16 German *Länder*; KZVs (one for each *Länder*; with two for Nordrhein-Westfalen, the largest state). They represent all the dentists who can treat patients covered by a 'sick fund', and are therefore members.

The main functions of the KZVs are:

- ✚ to ensure the provision of dental care to all members of sick funds and their dependants
- ✚ to supervise and control the duties of its member dentists
- ✚ to negotiate contracts with regional associations of sick funds
- ✚ to protect the rights of member dentists
- ✚ to establish and manage committees for the examination and admission of dentists, and the resolution of disputes
- ✚ to collect the total fees from the sick funds and distribute them to member dentists
- ✚ to keep the dental register
- ✚ to appoint dental representatives on admission, appeal and contract committees and for regional arbitration courts

Benefits in the legal system

In principle, membership of a statutory sick fund entitles all adults and children to receive care from the statutory health insurance system. For radiographic investigation, examinations, diagnoses, fillings, inlays, oral surgery, preventive treatments, periodontology and endodontics, the sick funds pay 100% of the cost of the care. Advanced treatment such as crowns and bridges, attract a contribution of 50% and orthodontics for children, 80%. Implantology is not included in the benefits. In a typical year approximately 75% of adults and 70% of children use the system.

Before seeking general care from the state oral health system the patient must have a voucher from the sick fund. This voucher is both a certificate to demonstrate entitlement to care, and if care is given is also the dentist's claim form. The patient hands the voucher to the dentist at the first visit. The dentist then treats the patient without charging them and forwards the completed vouchers quarterly to the KZV, which checks the invoices, sends them to the 'sick funds', collects the money from the 'funds' and pays the total amount to the practitioner.

Since January 2004, for each dental visit per quarter, adult patients must pay a €10 "practice fee", which the dentist has to transfer to the legal sick funds.

For prosthetic treatment all legally insured persons may choose between a private health insurance or the statutory scheme – but it is mandatory to be insured in one or the other.

Oral re-examinations would normally be carried out for most adult patients on an annual basis.

	Year	Source
% GDP spent on oral health	0.80%	2004 BZÄK
% OH expenditure private		

Private insurance for dental care

Persons not required or not entitled to participate in the statutory scheme can apply for insurance cover from a private health insurance company – for example, freelance workers and members of the liberal professions, civil servants and employees with incomes above the limit for

compulsory insurance. The content of cover is contractually agreed and flexible - that is to say part cover can be taken out if required.

As at the end of 2006, 8.5 million people had comprehensive private health insurance policies. In 2008, there were about 48 private health insurers, with the legal form either of public limited companies or of mutual insurance funds, organised on a cooperative basis. The private health insurance companies differ appreciably in economic significance and size - the three largest companies, with some 3.3 million comprehensively insured persons, account for more than 40% of the total.

Less than 2% of all dentists in private practice treat only patients with private insurance schemes, that is to say they have no contract with the statutory sickness funds.

The Quality of Care

The standards of dental care are monitored by a federal committee on guidelines for dental care (the *Gemeinsame Bundesausschuss*). Both the sick funds and the federal authority for dental care (the *Kassenzahnärztliche Bundesvereinigung*) are represented on this committee. Its main role is to establish within the legal framework the range of treatments which are necessary and can be legally provided as a part of the sick fund system. This includes approving new treatments or the use of new materials. Another responsibility of the committee is to determine the value of any treatment relative to other items of care.

Routine monitoring is carried out by the *KZV* and consists of checking invoices and the amount of work provided by each dentist. Those carrying out substantially more or less than the average of particular treatments are required to explain the anomaly. Other measures of quality are patient complaints and expert opinion procedures.

For dentists in free practice the controls for monitoring the standard of care are those described above. The same monitoring framework also applies for patients who pay the whole cost of care themselves; their bills do not need to be submitted to any external body for approval, but influence is exercised by the insurance companies who reimburse the invoices. The threat of patient complaints has a direct effect on the quality of care for most dentists.

Domiciliary (home) care is undertaken by dentists in free practice for their patients at home, or they may have a contract with a residential home for the elderly or another institution.

Health data

		Year	Source
DMFT at age 12	0.70	2005	WHO
DMFT zero at age 12	70.1%	2005	DMS IV
Edentulous at age 65	22.6%	2005	DMS IV

"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

DMS IV refers to Micheelis, W., Schiffner, M.: Vierte Deutsche Mundgesundheitsstudie (DMS IV). Institut der Deutschen Zahnärzte, Deutscher, Zahnärztleverlag, Köln 2006

Fluoridation

There is no water or milk fluoridation, however there is extensive salt fluoridation. 69.2 % of all consumed table salt contains fluoride as an additive.

Education, Training and Registration

Undergraduate Training

To enter dental school a student has to have passed the general qualification for university entrance (*Abitur/ Allgemeine Hochschulreife*) and a successful result in a Medical Courses Qualifying Test.

All but one of the dental schools are publicly funded and are part of the Colleges of Medicine of Universities. There is only one private dental school, in Witten-Herdecke. The undergraduate course lasts 5 years.

Year of data:	2006
Number of schools	31
Student intake	2,547
Number of graduates	1,539
Percentage female	60%

In 2006, there were about 2,030 places at the publicly funded dental schools, for entry each year (thus, excluding any figures for the private university at Witten-Herdecke). However, more students actually enter dental schools, because there are more applicants and dental schools are forced to accept the excess students (*Numerus Clausus*) who pass the entrance examinations. So, the real number of students entering dental schools is over 2,500, and the estimated number of all dental undergraduates is approximately 13,600.

Quality assurance for the dental schools is provided by control mechanisms and regulations of the universities, and the Ministry of Science and Education in each state.

Qualification and Vocational Training

Primary dental qualification

The main degree which may be included in the register is: *Zeugnis über die zahnärztliche Staatsprüfung* (the State examination certificate in dentistry).

Vocational Training (VT)

In order to register as a dentist and provide care within the legal sick fund system, a German dentist with a German diploma must have two years of approved supervised experience. This is in addition to the five years of a university dental training. A dentist can then apply to the admission committee of the *Kassenzahnärztliche Vereinigungen (KZV)*.

The conduct of an independent dental practice providing treatment under the statutory health insurance scheme demands extensive professional and management knowledge and skills: knowledge of law applicable to health insurance practitioners and to the profession, as well as of management, of educational skills for the training of dental auxiliaries, organisational talent in the conduct of a practice and familiarity with the institutions involved in dental self-government and their functions. Hence work as an assistant is intended principally to prepare young dentists to cope

with the many different kinds of problems associated with the running of a practice of their own.

There is no obligatory formal training for the assistants – however, courses on a voluntary basis are offered to assistants where a broad and systematic knowledge in all aspects of running a practice are offered by most of the dental chambers. There is no leaving examination - it is sufficient to prove the participation as an assistant for two years, to the admission committee. Assistants working only part time have to do more than 2 years.

Dentists from EU member countries with an EU diploma are not required to have the additional two years experience.

Registration

Applications are made to the KZV for registration and have to be supported by degree certificates and a letter of good standing from the dentist's current registering body. In 2006 there were 1,754 admissions, 1,725 leavers.

The cost of registration is included within the subscription to the KZV.

Language requirements

There are no legal requirements to be able to understand German in order to communicate with patients. However, where there is justifiable doubt about the language competence of an applicant, he/she may be tested by the responsible health authorities.

Further Postgraduate and Specialist Training

Continuing education

In Germany there is an ethical obligation to participate in continuing education. The costs for participation in continuing education courses are deductible from income tax as a practice expense.


New legislation on health care (Gesundheitssystem-Modernisierungsgesetz, GMG 2003) introduced, from January 2004, compulsory CE and regular monitoring in the form of recertification, after a 5 years period. The content and amount of the compulsory CE was defined by the KZBV, in agreement with BZÄK, in June 2004. [The KZBV is the association of KZVs on a national level].

Postgraduate Master programmes

In recent years, postgraduate Masters studies have been established by the universities, mostly part-time alongside work, for example in implantology, functional therapy, periodontics, endodontics, orthodontics, surgery, aesthetics, lasers in dentistry. The courses cover about 60 – 120 ECTS (European Credit Transfer System in which 1 ECT = 25 to 30 hours workload) and the final examination is for a Master degree (MSc).




Specialist Training


Four dental specialties are recognised, although not in all seventeen Länder:

-  Oral Surgery
-  Orthodontics
-  Periodontology
-  Dental Public Health

Periodontology is only recognised in Westfalen.

Training for all specialties lasts four years and takes place in University clinics or recognised training practices, except dental public health, which trains in its own environment.

-  An orthodontist would receive the 'Fachzahnärztliche Anerkennung für Kieferorthopädie' (certificate of orthodontist), issued by the 'Landeszahnärztekammern' (Chamber of Dental Practitioners of the 'Länder'), as the outcome to training.
-  An oral surgeon would receive the 'Fachzahnärztliche Anerkennung für Oralchirurgie/Mundchirurgie' (certificate of oral surgery), issued by the 'Landeszahnärztekammern'.
-  For periodontists the same as for orthodontists and oral surgeons (certificate of periodontology issued by the Zahnärztekammer Westfalen-Lippe) is awarded.

-  For Dental Public Health the dentist will receive the title "Zahnarzt für Öffentliches Gesundheitswesen", if he has passed an examination at a academy for public health (Akademie für Öffentliches Gesundheitswesen).

In principle, there is no limitation in the number of trainees, because there are sufficient dentists in free practice with the permission to train a dentist in orthodontics or oral surgery. However, since all dentists who want to specialise have to attend one year at the university, there is in fact a limitation in the number of trainees. The trainee has the status of an employee and gets a salary from his or her employer (the dentist in free practice with the special permission to train specialising dentists, the university or a hospital).

After completion of the specialised training the trainee has to pass an examination organized and in the responsibility of the dental chamber. He or she then gets the approval as specialist. He or she is registered by the dental chamber as a specialist.

Workforce

Dentists

Between 1,500 and 1,600 new dentists graduate each year and the numbers of dentists are increasing. However, this growth has slowed in the early years of the century. The BZÄK believes that there are too many dentists (in 2008).

Year of data:	2008
Total Registered	83,339
In active practice	65,929
Dentist to population ratio*	1,247
Percentage female	39%
Qualified outside Germany	2,838

There is some small reported unemployment amongst dentists in Germany.

Movement of dentists across borders

In 2008 there were over 3,300 dentists from outside Germany registered although less than 90% were actually active. There are no figures for how many German qualified dentists are practising outside Germany.

Specialists

Specialists work mainly in private practice, hospitals and universities but those specialists in dental public health are largely located in the public dental service or are employed directly by the sick funds. There are many regional associations and societies for specialists.

Year of data:	2007
Orthodontics	3,309
Endodontics	
Paedodontics	
Periodontics	40
Prosthodontics	
Oral Surgery	2,048
Dental Public Health	480

There are no limitations on the ratio of specialists to other dentists in Germany and there is no compulsory referral system for access to them. In general, patients are referred from the general dentist to a specialist, however the patient may also visit the specialist without referral.

Auxiliaries

In Germany, auxiliary personnel can only work under the supervision of a dentist, who is always responsible for the treatment of the patient. They cannot practice independently.

The range of auxiliaries is fairly complex, leading progressively (with training) from chairside assistant (*Zahnmedizinische Fachangestellte*) to Dental Hygienist. Registered *Zahnmedizinische Fachangestellte* may qualify as *Zahnmedizinische Fachassistentin (ZMF)*, *Zahnmedizinische Verwaltungsassistentin (ZMV)*,

Zahnmedizinische Prophylaxeassistentin (ZMP) or Dental Hygienist. These registerable qualifications do exist in almost all *Länder* and are co-ordinated by the Bundeszahnärztekammer.

Year of data:	2007
Hygienists	350
Technicians	58,000
Denturists	0
Assistants	170,000
Therapists	0
Other	0

All figures estimated

Dental Chairside Assistants (Zahnmedizinische Fachangestellte)

The main type of dental auxiliary is *Zahnmedizinische Fachangestellte*. After 3 years in dental practice, attendance at a vocational school and a successful examination by the Dental Chamber they are awarded a registerable qualification.

Zahnmedizinische Fachassistenten

There are 3 grades of *Zahnmedizinische Fachassistenten*: ZMF, ZMP and ZMV, all specialisations of Dental Chairside Assistants (*Zahnmedizinische Fachangestellte*):

✚ *Zahnmedizinische Fachassistentin (ZMF)*: requires 700 hours training at a Dental Chamber, and their duties include support in prevention and therapy, organisation and administration, and training of *Zahnmedizinische Fachangestellte*.

✚ *Zahnmedizinische Prophylaxeassistentin (ZMP)*: requires a minimum 350 hours training at a Dental Chamber, and their duties include support in prevention/prophylaxis, motivation of patients and oral health information.

✚ *Zahnmedizinische Verwaltungsassistentin (ZMV)*: requires a minimum 350 hours training at a Dental Chamber, and their duties include support in organisation, filing and training of *Zahnmedizinische Fachangestellte*.

There is no available data about numbers of each group.

Dental Hygienists

To become a hygienist a student needs to undertake 3 years training and examination as a dental chairside assistant and 300 - 700 hours training and examination as ZMP or ZMF first. There is a further 800 hours training, followed by examination by the dental chamber.

Their duties include advice and motivation of patients, in prevention, therapeutic measures for prophylaxis and scaling of teeth.

They are normally salaried.

Dental Technicians (Zahntechniker)

Dental technicians are also not permitted to treat patients. They train for 3 years, 40% in vocational school and 60% in the dental laboratory. After a successful examination by the Chamber of Handicraft they are awarded a registerable qualification. However, only those who run a technical laboratory register (with the dental technicians' guild).

A dentist may employ a Zahntechniker but most use independent laboratories. They produce prosthodontic appliances according to a written prescription from a dentist. They do not deal directly with the public.

Practice in the Germany

Year of data:	2008
General (private) practice	63,000
Public dental service	450
University	2000
Hospital	200
Armed Forces	450
General Practice as a proportion is	96%

All figures estimated

Working in Free (Liberal or General) Practice

In Germany, dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general and specialist treatments are said to be in *Free Practice*. More than 60,000 dentists work in this way, which represents 95% of all dentists registered and practising. Most of those in free practice are self-employed and earn their living through charging fees for treatments. Very few dentists (less than 2%) accept only private fee-paying patients.

Once registered with a KZV a dentist in free practice may treat legally insured persons and claim payments from the sick fund via the regional KZV.

Fee scales

Fees are not nationally standard. Negotiations between the national association for dental care (the KZBV) and the major sick funds establish the standard care package for people insured with legal sick funds. Using a points system, relative values are allotted to each type of treatment. It is then up to the regional associations and sick funds to decide the monetary value of each point for payments in each region.

For private patients, whether insured or not insured, the levels of private fees payable are governed by federal law (*Gebührenordnung für Zahnärzte - GOZ*). Under this law the different types of treatment are described and a value in Euros is set. Depending on the difficulty of the treatment required the dentist may increase the basic value of his invoice by up to 3.5 times the recommended value. 2.3 times is the average fee for an average difficult treatment with the extra time needed. Over 2.3 times, the invoice must include evidence to justify the increase. An invoice higher

than 3.5 times needs written agreement from the patient. Although there is no direct link between the GOZ and the private insurances, the private insurances co-ordinate their fees with the GOZ system and reimburse for treatment up to 3.5 times the standard fee.

Joining or establishing a practice

There are no rules which limit the size of a dental practice in terms of the number of associate dentists or other staff. Premises may be rented or owned, but any obligations to the owner of the practice must not influence the clinical autonomy of the dentist. There is no state assistance for establishing a new practice and dentists must take out commercial loans or other contracts with a bank.

There are no special contractual requirements for practitioners working in the same practice but a dentist's employees are protected by National and European laws for equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

Dentists can set up completely new practices, they can buy existing practices or they can buy into existing joint practices. In 2006 (old German states), 19% of all new establishments were new solo practices, 52% were acquisitions of an existing solo practice and 29% were practice partnerships, either establishing a new practice partnership or joining an existing one. By buying an existing practice they usually buy a list of patients as well.

Establishing a new practice means to acquire totally new patients. Since 2007 limitations on establishing a practice in a special location were abolished for dentists practising under the statutory health insurance scheme. That means that a dentist may establish his or her practice wherever he or she chooses, with only financial considerations being a limiting factor. There are still planning provisions necessary but no limitations of provision with one exception – a licence to practice as a statutory health insurance dentist expires at the age of 68 years.

Practices are usually sited in offices or private houses or apartments, not in shops or malls.

Number of patients on a "list" of a full-time dentist has been estimated at about 1,000.

Working in the Public Dental Service

There is a public dental service to oversee and monitor the healthcare of the total population. The care provided is restricted to examination, diagnosis and prevention. The service employs dentists as *Zahnarzt für öffentliches Gesundheitswesen* and its size is stable. Working in the public dental service requires postgraduate training and examination by an academy of public health. Currently the specialty of dental public health is represented in all but one of the 16 *Länder*.

The quality of dentistry in the public dental service is assured through dentists working within teams which are led by experienced senior dentists, and the complaints procedures are the same as those for dentists working in other services.

In general there is more part-time work available in the public dental service than in other types of dental practice, and working hours are more flexible, or are shortened to reflect the length of the school day and the percentage of female dentists working in the public dental service is much higher. They are permitted to work in liberal practice as well as in public health.

Working in Hospitals

About 200 dentists work in hospitals, all Oral Maxillo-Facial Surgeons. Because Oral Maxillo-Facial Surgeons may register with either a dental or a medical chamber – and probably most register with a medical chamber, there is no accurate data relating to actual numbers.

Surgeons who need in-patient care for their patients with severe diseases may use beds in public or private clinics/hospitals, but they are working in free practice and are not employed by the hospitals. Very few dental ambulatories with employed dentists exist, for example some owned by the sick funds (AOK). So, there are normally no restrictions on seeing other patients in private practice.

Working in Universities and Dental Faculties

Over 2,000 dentists work in universities and dental faculties as employees of a university. With the permission of the university, they may carry out some private practice outside the faculty. As all dental schools are combined with dental clinics for outpatient and inpatient care, almost all employees at universities and dental faculties treat patients in the associated polyclinics and clinics.

The main academic title in a German dental faculty is that of university professor. Other titles include university assistants, *Oberarzt*, and academic dentists. There are no formal requirements for postgraduate training but professors usually qualify for the title through a process called *habilitation*. This involves a further degree, a record of original research and earning the “right to teach” by delivering a special lecture to the faculty. Professorships are mostly filled by external candidates through competition. Apart from these there are no other regulations or restrictions on the promotion of dentists. The complaints procedures are the same as those for dentists working in other areas, as described earlier.

Their salaries differ considerably from assistant to professor. Since professors have the right to treat patients privately their private incomes will augment the normal salary paid by the university.

Working in the Armed Forces

There are over 450 dentists working full time for the Armed Forces, an unreported (but small) number female.

Professional Matters

Professional associations

	Number	Year	Source
Bundeszahnärztekammer	65,929	2008	BZÄK

Zahnärztekammern (Dental Chambers)

Zahnärztekammern (or Dental Chambers) are the traditional bodies which represent the interests of dentists working in all of the oral health systems. Every dentist has to be a member of a Dental Chamber. The Chambers are also responsible for other defined legal tasks. There are 17 Dental Chambers in 16 *Länder* and also, in some parts of the country, some subdivisions of the chamber, which work at a more local level. They are democratically elected organisations with strong traditions of self-regulation. Their main duties are:

- + to create and maintain uniform professional ethics
- + to advise and support members
- + to organise and promote dental undergraduate and continuing education, including the training of auxiliaries
- + to represent professional interests to authorities, legislative bodies, associations and in public
- + to monitor the professional duties of its members
- + to assure a dental emergency service
- + to support quality assurance and continuing education
- + to arbitrate disputes between dentists, and between dentists and patients

The Bundeszahnärztekammer (BZÄK)

The *Bundeszahnärztekammer* - BZÄK, *Arbeitsgemeinschaft der deutschen Zahnärztekammern e.V.* (German Dental Association), is the professional representative organisation for all German dentists, at federal level. Members of BZÄK are the dental chambers of the federal states ("Länder"), which send delegates to the Federal Assembly, the supreme decision-taking body of the *Bundeszahnärztekammer*. The Presidents of the dental chambers of the federal German states form the BZÄK-Board, together with the federal President and the Vice-presidents.

The *Bundeszahnärztekammer* represents the health-political and professional interests of the dentists. In 2003, its supreme mission was to strive for a liberal future-orientated health care system, with the patient as centre of its efforts and objectives in the dental field, and with the objective of establishing and developing a relationship between dentist and patient without any outside influence.

Since 1993 the Bundeszahnärztekammer has also had its own representation in Brussels, with a full-time office based near the European Commission. This office also handles the administrative functions of the Council of European Dentists.

Related bodies

Zahnärztliche Mitteilungen (zm) is published twice a month. It is a communication means of both the German Dental Association and Federal Dental Authority (KZBV). It informs about the topics of national and international professional politics, health and social politics, of topical scientific findings and innovations as well as of dental events and meetings. It offers services covering the whole range of dental subjects: dental exercise, dental management, and dental economy.

Institut der Deutschen Zahnärzte (IDZ) the Institute of German Dentists is an institution of both the German Dental Association and Federal Dental Authority. The task of the IDZ is to initiate and implement research and practice-

oriented work in the interest of the professional politics, and to act as a scientific advisory body for BZÄK and KZBV in their fields of activities.

Zahnärztliche Zentralstelle Qualitätssicherung (ZZO)

Agency for Quality in Dentistry in the IDZ gives advice and support to BZÄK and KZBV in all matters of dental quality.

The Freier Verband Deutscher Zahnärzte e.V. (FVDZ)

The FVDZ (Liberal Association of German Dentists) is the largest liberal professional association of dentists in Germany. Since it was established in the 1950s, the FVDZ has advocated a liberal health policy in Germany, vis-à-vis politicians and the German Parliament - a health policy which is centred around the patient. In addition to its activities at national level, FVDZ plays an active role in European and international professional dental policy. The FVDZ is active in the Council of European Dentists, as well as being an associate Member of the European Regional Organisation of the Fédération Dentaire Internationale (FDI).

The objective of the FVDZ is to promote and represent the professional interests of German dentists in accordance with the principles set out in the following preamble:

- + The purpose of the Liberal Association of German Dentists is to safeguard the free exercise of the dental profession in the best interest of the patients.
- + Dentists can only discharge their professional and ethical duties to their full extent if they can practise freely, without patronisation and with financial security.
- + It is the objective of the Liberal Association of German Dentists to further the confidential relationship between patients and dentists that is necessary for dentists to discharge their professional duties.
- + The Liberal Association of German Dentists wishes to enforce these basic demands in the statutory dental corporations too.



The entire profession is called upon to help in realising these basic demands.

Ethics and Regulation

Ethical Code

Dentists in Germany must work within an ethical code which includes the relationships and behaviour between dentists, contracts with patients, consent and confidentiality, continuing education and advertising, although the latter is very strongly regulated. This code is administered by the regional dental chambers and varies slightly from region to region. The BZÄK provides a sample ethical code on which variations may be based.

The contract with the patient is usually verbal, but for complex treatments or those requiring prior approval from the sick funds, for example crowns and prosthodontic appliances, written consent and payment terms must be recorded. All treatment carried out must be recorded by the dentist and must demonstrate informed consent.

Fitness to Practise/Disciplinary Matters

If a patient complains about treatment, both the Dental Chamber and the KZV have grievance committees. Following a complaint a second opinion is sought from an experienced, impartial dentist, appointed by the local dental chamber. If this dentist judges that the original care was unsatisfactory then the work must be repeated at no extra charge to the patient. Under both grievance procedures the dentist has a right of appeal to the *grievance committee*.

For serious complaints about malpractice the dental chambers have installed *boards of arbitration and courts of professional law*. The sanctions from the court of professional law may be: an oral or written rebuke or admonition, administrative fine (up to €50,000), or temporary or permanent withdrawal of licence. Heavier sanctions are very seldom.

Advertising

A dentist may inform the public about his professional qualifications and priorities, key aspects of his activity and of the equipment in his practice. The information must be factual, adequate, verifiable and not misleading. The regulations on advertising in dentistry were very much softened and liberalised in 2001/02 through judgements of the Federal Constitutional Court, (*Bundesverfassungsgericht*).

The Electronic Commerce Directive has not been implemented, because existing regulations in Germany are even stronger.

Data Protection

A dentist is obliged to maintain professional secrecy. The duty of preserving medical confidentiality is an element both of the dentists' professional codes and of the criminal law. The duty of secrecy applies to all facts that have been entrusted or become known to the dentist in his or her capacity as a medical or dental practitioner. Professional secrecy must be observed not only by the dentist himself or herself, but also by his or her employees and agents and by persons working in the practice.

Patient data protection in accordance with the Federal Data Protection Law is very important owing to these implications for medical professional secrecy.

Insurance and professional indemnity

Liability insurance is compulsory for dentists. Insurance is provided by private insurance companies and covers costs up to a predetermined maximum, usually €2 million. An average practitioner pays approximately €250 annually for the insurance. This insurance does not cover a dentist's practise in another EEU country, except in individual cases, or short-term treatments - but not for permanent activity.

Corporate Dentistry

Companies or non-dentists are not allowed to be the owner of a dental practice – the majority of owners have to be dentists. For several years there have been moves to ease and liberalise the types of professional practice, in order to allow more competition. Since 2007 the employment of dentists has been facilitated and for the first time the establishment of branch dental practices and practices where members with a variety of qualifications of the medical or dental profession work together in different locations have been allowed. This means, that mega-dental surgeries and practice chains with international investors have been facilitated.

Tooth whitening

Tooth whitening is covered by medical regulations in Germany, as whitening is considered as a medical device. This means that only a dentist (or a qualified auxiliary under supervision of the dentist) may apply the whitening products.

Health and Safety at Work

Infection control is regulated by law and has to be followed by the dentist and his or her team. The responsible health authorities monitor the compliance. Non-compliance causes sanctions.

Ionising Radiation

There are specific regulations about the radiation protection - the "Röntgenverordnung" (2003). Training in radio protection is mandatory for undergraduate dentists who then become the competent person in the practice. The dentist must undergo regularly (every 5 years) mandatory continuing training in radio protection. He/She has to participate in an eight hours course. The dental assistant is only allowed to do the technical execution under the direction of the dentist.

Radiation equipment must be registered. It is technically authorised by an expert and is controlled in 5 yearly intervals as well as where there are considerable changes of the radiation equipment.

Hazardous waste

There are regulations to cover the disposal of clinical waste (Richtlinie für Abfallversorgung in Einrichtungen des Gesundheitswesens).

There is a special Directive concerning amalgam separators (Richtlinie zur Indirekteinleiter-Versorgung), permission to

load used water into public systems. Amalgam separators have been obligatory since 1990.

Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Dental Chambers
Electrical installations	Factory Inspectorate
Infection control	The responsible health authorities
Medical devices	<i>Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM)</i> – the Federal Institute for drugs and medical devices
Waste disposal	Dental Chambers and local authority

Financial Matters

Retirement pensions and Healthcare

The normal retirement age is now 62 to 68, depending upon individual circumstances and preferences. At the age of 68 dentists treating patients insured in the legal sick funds have to retire.

Retirement pensions in Germany average 60% of the salary on retirement. Any additional (insurance) pension depends on the individual contract and the amount insured. Dentists in free practice are members of a so called *Altersversorgungswerk*, a special pension fund/pool for the liberal professions, especially physicians and dentists, which is organised and supported by the chambers. Some of these old age pension funds are organised in cooperation with the physicians' chambers, some are for dentists only.

Taxes

National income tax:

The highest rate of income tax is 45% on earnings over about €205,000 for single persons & €500,000 for married persons.

VAT/sales tax

There is a value added tax, payable at a rate of 19% on purchases.

Various Financial Comparators

Zurich = 100	Berlin 2003	Berlin 2008
Prices (excluding rent)	75.4	81.2
Prices (including rent)	71.9	78.2
Wage levels (net)	54.5	70.1
Domestic Purchasing Power	65.0	89.5

Source: UBS August 2003 & January 2008

Other Useful Information

<i>Main national associations and Information Centre:</i>	<i>BZÄK Brussels office</i>
<p>Bundeszahnärztekammer (BZÄK) Chausseestr. 13 10115 Berlin Tel: +49 30 40005 0 Fax: +49 30 40005 200 Email: info@bzaek.de Website: www.bzaek.de</p> <p>Kassenzahnärztliche Bundesvereinigung (KZBV) Universitätsstr. 73 50931 Köln Telefon: +49 221 4001 0 Telefax: +49 221 40 40 35 Email: post@kzbv.de Website: www.kzbv.de</p> <p>Freier Verband Deutscher Zahnärzte e.V. Bundesgeschäftsstelle Mallwitzstraße 16, 53177 Bonn Tel: +49 228 8557 0 Fax: +49 228 3406 71 Email: info@fvdz.de Website: www.fvdz.de</p>	<p>Bundeszahnärztekammer (BZÄK) Büro Brüssel 1, Avenue de la Renaissance 1000 Brüssel Belgien Phone: +32 2 7 32 84 15 Fax: +32 2 7 35 56 79 E-mail: info@bzak.be</p>
<i>Competent Authority:</i>	
<p>(For articles 2 & 3) Bundesministerium für Gesundheit Am Probsthof 78a 53121 Bonn Tel: +49 228 308 3515 Fax: +49 228 930 2221 Email: info@bmgs.bund.de Website: www.bmgs.bund.de/</p>	<p>(For specialist diplomas contact the <i>Zahnärztekammern</i> of the relevant "Länder")</p> <p>Lists available from the Bundeszahnärztekammer</p>
<i>Publications:</i>	<i>Employment bureaux, and other bodies or publications with information on vacancies for dentists:</i>
<p><i>Zahnärztliche Mitteilungen</i>, and regional dental journals (each <i>Zahnärztekammer</i> and <i>Kassenzahnärztliche Vereinigungen</i> publishes its own dental journal)</p>	<p><i>Employment bureaux:</i> Bundesanstalt für Arbeit Zentralstelle für Arbeitsvermittlung Villemombler Str. 76, 53123 Bonn GERMANY Email: Website: www.arbeitsamt.de/zav/</p>

Dental Schools:

The figures refer to places at the dental school for entry each year, due to [Numerus Clausus](#). The actual number of students may exceed these figures, because there are more applicants. However dental schools are forced to accept some more students.

Aachen

Medizinische Fakultät an der
Rhein – Westf. Techn. Hochschule
Aachen, Universitätsklinikum
Paulwelsstrasse 30, 52074 Aachen
Tel: +49 241 800
Fax: +49 241 80 – 82 460
Email: info@ukaachen.de
Website: www.rwth-aachen.de

Number of students: 58

Berlin

Charité-Universitätsmedizin
Campus Virchow-Klinikum
Charité Centrum für Zahn-, Mund- und Kieferheilkunde
Augustenburger Platz 1
13353, Berlin
Tel: +49 30 450-562602
Fax: +49 30 450-562900
Email: ilona.wilken@charite.de
Website: www.charite.de

Campus Benjamin Franklin
Klinik und Poliklinik für Zahn-,
Mund- und Kieferheilkunde
Assmannshauser Strasse 4-6, 14197 Berlin
Tel: +49 30 8445-6266
Fax: +49 30 8445-6392
Email: ralf.radlanski@charite.de

Number of students: 90

Bonn

Zentrum für Zahn-, Mund- und Kieferheilkunde
Welschnonnenstr. 17,
53111 Bonn
Tel: +49 228 287-0
Fax: +49 228 287 22588
Email: mkg@uni-bonn.de
Website: www.zmk.uni-bonn.de/

Number of students: 70

Dresden

Universitätsklinikum Carl Gustav
Carus der Technischen
Universität Dresden, Zentrum für
Zahn-, Mund-, und Kieferheilkunde
Fetscherstrasse 74, 01307 Dresden
Tel: +49 351 458 2812
Fax: +49 351 458 5381
Email:
Website: www.uniklinikum-dresden.de

Number of students: 50

Düsseldorf

Zentrum für Zahn-, Mund- und Kieferheilkunde
der Heinrich-Heine-Universität,
Westdeutsche Kiefer-klinik Moorenstr. 5,
40 225 Düsseldorf
Postfach 101007, 40001 Düsseldorf
Tel: +49 211 811 6382
Fax: +49 211 811 9510
Email: D.Drescher@uni-duesseldorf.de
Website: www.kfo.uni-duesseldorf.de

Number of students: 54

Erlangen

Klinik und Polikliniken für Zahn-, Mund, und Kieferkrankheiten
der Universität Erlangen-Nürnberg
Glückstr. 11, 91054 Erlangen
Tel: +49 9131 853 4201
Fax: +49 9131 853 3603
Email: info@dent.uni-erlangen.de
Website: www.dent.uni-erlangen.de

Number of students: 97

Frankfurt

Zentrum der Zahn-, Mund- und Kieferheilkunde
des Klinikums der Johann Wolfgang Goethe-Universität
Frankfurt Theodor-Stern-Kai 7, 60590 Frankfurt am Main
Tel: +49 69/6301 1
Fax: +49 69/ 6301 6741
Email: d.heidemann@en.uni-frankfurt.de
Website: www.klinik.uni-frankfurt.de/zzmk/

Number of students: 96

Freiburg

Universitätsklinik für Zahn-, Mund- und
Kieferheilkunde
Hugstetter Str. 55, 79106 Freiburg i.Br.
Tel: +49 761/270 4701
Fax: +49 761/270 4788
Email: info@uniklinik-freiburg.de
Website: www.uniklinik-freiburg.de

Number of students: 84

<p>Giessen</p> <p>Med. Zentrum für Zahn-, Mund- und Kieferheilkunde an der Justus-Liebig-Universität Gießen Schlangenzahl 14, 35392 Gießen oder Tel: +49 641 99 46 200 or 201 Fax: +49 99 46 209 Email: geschaeftefuhrung@dentist.med.uni-giessen.de Website: www.uni-giessen.de</p> <p>Number of students: 64</p>	<p>Göttingen</p> <p>Zentrum Zahn-, Mund- und Kieferheilkunde der Universität Göttingen Robert-Koch-Str. 40, 37075 Göttingen Tel: +49 551 39 83 43 Fax: +49 551 39 12 653 Email: schliephake@med.uni-goettingen.de Website: www.med.uni-goettingen.de</p> <p>Number of students: 77</p>
<p>Greifswald</p> <p>Ernst-Moritz-Arndt-Universität Greifswald Zentrum für Zahn-, Mund- und Kieferheilkunde der Medizinischen Fakultät Rotgerberstrasse 8 17487 Greifswald Tel: +49 3834 86 71 30 Fax: +49 3834 86 71 71 Email: gmeyer@uni-greifswald.de Website: www.dental.uni-greifswald.de</p> <p>Number of students: 49</p>	<p>Halle/Saale</p> <p>Martin-Luther-Universität Halle-Wittenberg Medizinische Fakultät, Zentrum für Zahn-, Mund- und Kieferheilkunde Grosse Steinstrasse 19, 6097 Halle/Saale Tel: +49 345 557 37 63 Fax: +49 345 557 37 73 Email: hans-quenter.schaller@medizin.uni-halle.de Website: www.medin.uni-halle.de</p> <p>Number of students: 40</p>
<p>Hamburg</p> <p>Universitäts-Krankenhaus Eppendorf, Klinik und Poliklinik für Zahn-, Mund- und Poliklinik für Zahn Mund- und Kieferkrankheiten Martinistr. 52, 20246 Hamburg Tel: +49 40/4717 1 Fax: keine Angabe Email: kahl-nieke@uke.uni-hamburg.de Website: www.ukh.uni-hamburg.de/zentren.de.html</p> <p>Number of students: 80</p>	<p>Hannover</p> <p>Medizinische Hochschule Hannover Zentrum Zahn-, Mund- und Kieferheilkunde Klinik und Poliklinik für Mund-, Kiefer- und Gesichtschirurgie Carl-Neuberg-Straße 1 30625 Hannover Tel: +49 511 532 4748 Fax: +49 511 532 4740 Email: MKG-Chirurgie@mh-hannover.de Website: www.mh-hannover.de</p> <p>Number of students: 78</p>
<p>Heidelberg</p> <p>Universitätsklinik für Mund-, Zahn- und Kieferkrankheiten Im Neuenheimer-Feld 400 69120 Heidelberg Tel: +49 6221 56 6002 Fax: +49 6221 56 5074 Email: renate_sammet@med.uni-heidelberg.de Website: www.klinikum.uni-heidelberg.de</p> <p>Number of students: 81</p>	<p>Homburg (Saar)</p> <p>Universitätsklinikum des Saarlandes Universitätsklinik und Poliklinik für Zahn-, Mund- und Kieferkrankheiten Klinik für Mund-, Kiefer- und Gesichtschirurgie Gebäude 71.1 66421 Homburg/Saar Tel: +49 6841 162 - 49 22 Fax: +49 6841 162 - 49 55 Email: zmkwspi@uks.eu Website: www.mkg-homburg.de</p> <p>Number of students: 24</p>
<p>Jena</p> <p>Zentrum für Zahn-, Mund- und Kieferheilkunde an der Medizinischen Fakultät der Friedrich-Schiller-Universität Jena An der alten Post 4, 07743 Jena Tel: +49 3641 93 44 10 Fax: +49 3641 93 44 11 Email: jana.mierl@med.uni-jena.de Website: www2.uni-jena.de/med/kichi/</p> <p>Number of students: 57</p>	<p>Kiel</p> <p>Klinik für Zahnerhaltungskunde und Parodontologie im Universitätsklinikum Schleswig-Holstein Arnold-Heller Str. 16, 24105 Kiel Tel: +49 431 597 2781 Fax: +49 431 597 4108 Email: albers@konspar.uni-kiel.de Website: www.uni-kiel.de/konspar/</p> <p>Number of students: 65</p>

<p>Köln</p> <p>Zentrum für Zahn-, Mund- und Kieferheilkunde der Universität zu Köln, Kerpener Str. 32 50931 Köln Tel: + 49 221 478 4748 Fax: + 49 221 478 3892 Email: Gabriele.Haenisch@uk-koeln.de Website: http://cms.uk-koeln.de/zahnzentrum/content/index_ger.html</p> <p>Number of students: 66</p>	<p>Leipzig</p> <p>Zentrum für Zahn-, Mund- und Kieferheilkunde der Universität Leipzig Nürnberger Str. 57, 04103 Leipzig Tel: +49 341 9721 000 Fax: +49 341 9721 009 Email: zzmk@medizin.uni-leipzig.de Website: www.uni-leipzig.de</p> <p>Number of students: 51</p>
<p>Mainz</p> <p>Johannes Gutenberg-Universität, Klinik und Polikliniken für Zahn- Mund- und Kieferkrankheiten Augustusplatz 2, 55131 Mainz Tel: +49 6131 17 30 20 Fax: +49 6131 17 55 17 Email: Website: www.klinik.uni-mainz.de/ZMK</p> <p>Number of students: 98</p>	<p>Marburg a. d. Lahn</p> <p>Med. Zentrum für Zahn-, Mund- und Kieferheilkunde der Philipps-Universität Georg-Voigt-Str. 3, 35039 Marburg Tel: +49 6421 28 3203 Fax: +49 6421 28 3204 Email: mzzmk@med.uni-marburg.de Website: www.uni-marburg.de/zahnmedizin/</p> <p>Number of students: 30</p>
<p>München</p> <p>Klinik für Zahn-, Mund- und Kieferkrankheiten, Ludwig-Maximilians-Universität Goethestr. 70, 80336 München Tel.: +49 89 5160 9301 Fax: +49 89 5160 9302 Email: michael.ehrenfeld@mkq-i.med.uni-muenchen.de Website: www.dent.med.uni-muenchen.de</p> <p>Number of students: 124</p>	<p>Münster</p> <p>Zentrum für Zahn-, Mund- und Kieferheilkunde, Waldeyerstr. 30, 48149 Münster Tel: +49 251 83 470 04 Fax: +49 251 83 471 84 Email: ehmer@uni-muenster.de Website: www.uni-muenster.de/institute/zmk/</p> <p>Number of students: 105</p>
<p>Regensburg</p> <p>Klinikum der Universität Regensburg Klinik und Poliklinik für Mund-, Kiefer- und Gesichtschirurgie Franz-Josef-Strauss-Allee 11, 93053, Regensburg Tel: +49 941 9440 63 00 Fax: +49 941 9440 63 02 Email: torsten.reichert@klinik.uni-regensburg.de Website: www.uni-regensburg.de</p> <p>Number of students: 84</p>	<p>Rostock</p> <p>Universität Rostock, Medizinische Fakultät, Klinik und Polikliniken für Zahn-, Mund- und Kieferheilkunde, „Hans Moral“ Postfach 100888, 18055 Rostock, Tel: +49 381/ 494-6500 Fax: +49 381/ 494-6503 Email: zmk@med.uni-rostock.de Website: www.uni-rostock.de/fakult/medfak/zahn/zmk.htm</p> <p>Number of students: 25</p>
<p>Tübingen</p> <p>Zentrum für Zahn-, Mund- und Kieferheilkunde Klinik und Poliklinik für Mund-, Kiefer- und Gesichtschirurgie Osianderstr. 2 – 8, 72076 Tübingen Tel: +49 7071 29 86 174 Fax: +49 7071 29 34 81 Email: siegmar.reinert@med.uni-tuebingen.de Website: www.uni-tuebingen.de/mkg</p> <p>Number of students: 61</p>	<p>Ulm</p> <p>Universitätsklinik für Zahn-, Mund- und Kieferheilkunde Department für Zahnheilkunde Schwerpunkt Zahnerhaltungskunde und Parodontologie Albert-Einstein-Allee 11, 89081 Ulm Tel: +49 731 500 64101 Fax: +49 731 500 64102 Email: zmk.zahnerhaltung@uniklinik-ulm.de Website: www.uni-ulm.de/zahnmedizin</p> <p>Number of students: 54</p>
<p>Witten-Herdecke</p> <p>Universität Witten/Herdecke, Fakultät für Zahn-, Mund- und Kieferheilkunde Alfred-Herrhausen-Str. 50, 58448 Witten Tel: +49 2302 926 660 Fax: +49 2302 926 661 Email: dagmark@uni-wh.de Website: www.uni-wh.de</p> <p>Number of students: approx. 20</p>	<p>Würzburg</p> <p>Klinik und Polikliniken für Zahn-, Mund- und Kieferkrankheiten Pleicherwall 2, 97070 Würzburg Tel: +49 931 201 73 320 or 360 Fax: +49 931 201 73 300 Email: mkg@mail.uni-wuerzburg.de Website: www.uni-wuerzburg.de</p> <p>Number of students: 118</p>