

Regional European Organisation of the FDI

National Report

Country: FRANCE

Association: Association dentaire française, ADF

Venue: PARIS **Year:** 2014

I. Changes within the association and in its organisation

The French Dental Association (ADF) held its triennial elections on 5 April 2013 – Joël Trouillet and Jean-Patrick Druo were elected Secretaries General. It should be noted that the ADF is not presided over by a president but by two secretaries general.

II. Trends and developments

In professional politics

Demographics

There is a continuing increase in the number of newly-registered dentists, concomitant with the growing number of European practitioners coming to France. Among these, the number of Romanian and Spanish dental graduates is still rising. The number of Portuguese graduates is exploding, while Belgian graduates are now fewer.

The number of practitioners holding a French diploma is rising slightly, due to the arrival on the labour market of graduates who started their studies in 2008, when the *numerus clausus* was set at 1,047 students. A regular increase is therefore expected in the years to come.

In health politics

National health strategy

The French Health Minister has announced yet another reform of the health system, which she intends to present this summer. The French National Confederation of Dental Unions (CNSD – *Confédération Nationale des Syndicats Dentaires*), along with representative organisations of other liberal health professionals, has submitted a number of objections to the proposed reform, considering it to be too centred on hospital practice to the detriment of private practice.

In educational politics

Vocational training

Anti-Pessoa protest

The opening of a **private Portuguese university (Fernando Pessoa)** in La Garde in the South of France in November 2012 caused a general outcry in the world of healthcare professions. The university professes to “train” dentists, pharmacists, speech therapists, and dieticians and to deliver diplomas valid across the whole of the European Union and beyond. The training programme is fee-paying (€9,500 per year for dentistry). The university does not take into account the *numerus clausus* set in France for each of the medical professions it claims to teach, it does not have the necessary accreditations to provide training or deliver diplomas abroad, and it does not give any guarantees as to the quality or the content of the training. Despite the promises made to the dental profession by the authorities, the University of Pessoa, which has now become the CLESI (*Centre Libre d’Enseignement Supérieur International* or Free centre for international higher studies), continues its activities with complete impunity and has even opened a second dental school in Béziers, another town in the South of France.

At the instigation of the dental profession, in this instance fully united, over 3,000 demonstrators (dental students and private practitioners) took to the streets of Paris on 14 March 2014 to protest against the drift towards the commercialisation of healthcare professions and to denounce a so-called university that brushes aside the *numerus clausus* rule, has no accreditation from the Ministry of Education, and proves totally opaque when it comes to its teams of teachers and curricula. The demonstration, organised by the CNSD, received good coverage in the press.

The new Continuing professional development system

The DPC system (for *Développement Professionnel Continu*) is in its second year of existence but has not yet reached its full potential as the profession is still unfamiliar with it.

Continuing education reform

A new law on continuing education, employment and social democracy (“*Loi relative à la formation professionnelle, à l’emploi et à la démocratie sociale*”) published on 6 March 2014 is set to bring significant reforms to the continuing education system, including the creation of a single contribution (set at 0.55% of the payroll for companies with fewer than 10 employees) for the financing of the system, and the introduction of a personal training account (CPF for *Compte personnel de formation*).

The CPF system, which will be operational starting from 1st January 2015, will replace all existing accounts with a single account linked to an individual rather than to a work contract. A biennial interview with every employee to discuss his/her prospects for professional advancement will also be implemented, and will be completed every six years by a career review.

The new law, which concerns all salaried employees, will most certainly impact the continuing education of the staff employed in dental surgeries.

In the insurance system (public and private health insurance schemes)

Compulsory insurance and Dental agreement

A Joint classification of medical procedures (CCAM – *Classification Commune des Actes Médicaux*), which provides an exhaustive list of procedures, and sets the prices for dental procedures covered by the national health fund (*Assurance maladie* – compulsory insurance) while maintaining the possibility to freely set the prices of those which are not covered, **will come into force on 1st June 2014.**

The CCAM will replace the General classification of medical procedures (NGAP – *Nomenclature des Actes Professionnels*), which dates back to 1945. All the procedures that can be carried out by dentists, whether they are covered by the national health fund or not, will be listed and described. **Thus, dentists will have a classification that truly corresponds to the reality of their practice and that will definitively establish them as medical professionals.**

The CCAM will also provide a tool to revalue dental procedures, a tool better-suited to the logic of the national health fund financing system.

Moreover, the adoption of the CCAM confirms the revaluation of some early dental treatment procedures, the reimbursement of treatments carried out in response to painful emergencies, the partial refunding of implant-supported crowns, and the broader spectrum of 100%-refunded preventive dental examinations for pregnant women.

However, despite these various advances, two of the main problems in relation to dental fees remain: what the patients have to pay out of their own pockets has made access to dental more difficult, while preventive, conservative, and surgical procedures are still undervalued.

Since March 1988, the public authorities have ceased to revalue the basis for reimbursement of prosthetic and orthodontic treatment procedures. This basis has therefore not been revalued for 25 years! Worse still, with the increase in 1993 of the co-payment rate from 25 to 30%, the sums effectively reimbursed to patients have decreased!

Another consequence of the disengagement of the national health fund, and of its refusal to acknowledge the advances made in dentistry, is the higher amounts that our patients have to pay out of their own pockets. Nowadays, no prosthetic or orthodontic treatment can realistically be carried out for the benchmark rates set by the national health fund. Indeed, the basis for reimbursement for e.g. a prosthetic procedure is often even lower than what the laboratory charges just for the manufacture of the prosthesis!

Dental procedures with set prices account for about 65% of the activity of any given French dental surgery but for only 35% of the surgery's income, and have not been revalued for eight years. Twenty years ago, expenses represented 45% of a surgery's income. They now represent 65%, which is the highest percentage for all medical professions!

Considering that operating costs also add up to 65%, it is impossible for a French dental surgery to function without freely-set fees. Indeed, without these, the quality of patient reception and of care could never have improved in an ever-more secure environment, and medical advances could never have been integrated into care.

However, the system is on its last legs. The fees set by the agreement with the national health fund are among the lowest in Europe and are totally disconnected from the operating costs and expenses of dental surgeries, whilst freely-set fees cannot increase indefinitely.

It is for all these reasons that, at the beginning of the year, the CNSD organised a vast communication campaign to denounce 25 years of non-revaluation of conservative treatments. The campaign was officially launched on 23 January 2014 with a press conference, and carried out through various actions, with dentists refusing to stay on call, keeping their surgeries shut, not electronically transferring their patients' reimbursement forms to the national health fund services (as is the normal procedure), taking part in street marketing activities (pavement graffiti), and making sure posters and stickers were displayed in strategic places (national health fund branches, town halls, public administration offices, etc.). Over 33,000 patients signed a petition to show their support to these actions, which received wide national and local coverage in the press (radio, TV, and written press) where the CNSD was expressly mentioned.

The Ministry for Health responded immediately by submitting the draft decree governing the organisation of permanent access to care (on-call services) and we are currently in negotiation with the relevant authorities. The CNSD has asked dentists to continue to refuse to be on the on-call rotas until the implementation decree has been published.

Complementary insurance

Charter of good practices

The law that, for the first time ever, enables insurance companies (complementary insurance), because of their major contribution to the funding of health care, to take part in the health agreement negotiations with the medical professions, and the development outside of any rules of a number of healthcare networks, have made it necessary to establish a framework for the relations between insurance companies and dentists.

The framework is provided by a charter signed by the CNSD in July 2013, which also underlines the wish to promote relations and partnerships between dental unions and insurance companies in order to achieve, with the national health fund (compulsory insurance), the structural reform desired by all parties concerned.

III. Further information (activities, concerns ...)

The next ADF Annual Dental Meeting (*Congrès de l'ADF*) will take place from Tuesday 25 until Saturday 29 November 2014 at the Palais des Congrès de Paris, Porte Maillot, and will focus this year on "Our mouth, the mirror of our health" (*"La bouche, l'expression de notre santé"*). One of its great strengths is to combine in one single venue a five-day scientific programme, including over one hundred sessions and 600 speakers, with a four-day international exhibition that brings together 400 exhibitors over 22,000 sq. m.

In 2013, 14 sessions out of the 115 scheduled in the Conference were either given in or translated into English, thus increasing, if need be, the international dimension of the event. A number of sessions also meet the compulsory continuing professional development (DPC) requirements.

The ADF and sustainable development

The project of a corporate societal responsibility approach for the dental profession was initiated by the ADF in 2011.

Following a vast national study conducted by the French Dental Association at the beginning of 2012 among all private dentists in France, the ADF decided to define a **strategy of social and environmental responsibility for the dental profession** and published a Charter of Commitment. A practical guide to sustainable development was published for the ADF 2012 Annual Dental Meeting, where a dedicated stand offering numerous activities was set up to raise awareness to environment-related issues, and where dentists were invited to sign a commitment to sustainable development. The practical guide lists a number of simple and easy-to-follow measures for the dental practice, including how to reduce waste and recycle more, how to make the transition to green energies, and how to be a responsible manager and disseminate good practices. New tools are going to be developed such as online guides and checklists. A group of experts will also be set up to work on sustainable development in relation to hygiene and asepsis (namely to find ways of reducing the overconsumption of single-use products).

A second national survey conducted in September and October 2013 confirms the dental profession's growing awareness of environmental issues.

For more information and to download the documents (in French) mentioned above, visit the "What we do" section of the ADF website at www.adf.asso.fr.

The Virtual Museum of Dentistry (*Musée Virtuel de l'Art Dentaire*)

As it was impossible to create a real museum such as those that exist in other capitals of the world, the idea came up of a virtual museum of dentistry. The museum, initially imagined by the French union of retired dentists, and supported by the CNSD, the ADF, the French national governing body for dentistry (*Conseil de l'Ordre*) and the French national academy of dentists, will be hosted by the interuniversity health library (BIUS – *Bibliothèque interuniversitaire de Santé*) of the University of Paris 5. The principle of the museum is to present dental practices of the past through short texts, engravings from old books representing dental instruments, and high definition photographs of the numerous tools and materials from the very big collection possessed by the dental profession, which found no place to be exposed. The virtual museum should provide a novel, educational, and pleasant way of exploring the history of dentistry. Students have been invited to help with the inventory of the documents and pictures, which they may use in their theses.