

Council of European Dentists

MANUAL OF DENTAL PRACTICE 2015

Germany

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The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists¹ in April 2013. The work has been undertaken by Cardiff University, Wales, United Kingdom. Although the unit had editorial control over the content, most of the changes were suggested and validated by the member associations of the Council. This is an updated version of the 2014 edition which had two missing paragraphs related to the Ethical Code.

About the authors²

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

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

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

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

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

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

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

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

Professor Jonathan Cowpe graduated in dentistry from the University of Manchester in 1975. Following training in Oral Surgery he was appointed Senior Lecturer/Consultant in Oral Surgery at Dundee Dental School in 1985. He gained his PhD, on the application of quantitative cyto-pathological techniques to the early diagnosis of oral malignancy, in 1984. He was appointed Senior Lecturer at the University of Wales College of Medicine in 1992 and then to the Chair in Oral Surgery at Bristol Dental School in 1996. He was Head of Bristol Dental School from 2001 to 20004.

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

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

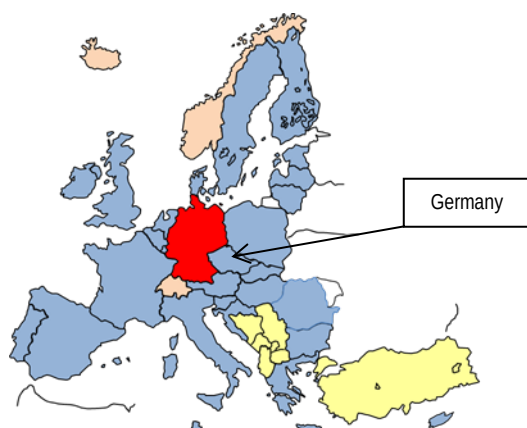
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Germany



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In the EU/EEA since	1957
Population (2013)	80,523,746
GDP PPP per capita (2012)	€29,773
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 134 funds. There is also wide use of private insurance. In 2013, there were 43 private health insurance funds plus a rising number of insurance companies offering supplementary health insurance outside of their core business. Dental fees, both inside and outside sick funds and insurance based care, are regulated.

Number of dentists:	88,882
Population to (active) dentist ratio:	1,163
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 for all dentists practising in the health fund system.

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*, with approximately 600 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 the representatives of each state 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 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. In 2013 there were 134 in the country. There are also private insurance organisations (43 in 2013).

Approximately 90% of the population are members of a state-approved sick fund, which provides a legally prescribed standard package of healthcare.

The sick funds are "not for profit" organisations. Membership is mandatory for all employees with an income of less than €4,350 gross/month. As of January 1st, 2009, premiums are the same across all statutory sick funds (15.5%) and are split fairly equally between employers (47%) and employees (53%). Individuals whose monthly gross income exceeds a certain amount (€4,462.50 in 2014) may opt out of the state-approved insurance system and join a private insurance scheme. For self-employed persons and certain groups of professionals (e.g. civil servants) membership of a private insurance scheme is mandatory.

Private insurance schemes 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 in contrast to state-approved sick funds dependants cannot be co-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 legislation, responsibilities are split between the federal level and the regional level of the *Länder*.

	Year	Source
% GDP spent on health	11.3% 2011	OECD
% of this spent by government	76.5% 2011	OECD

Oral healthcare

Public health care

The key organisations in oral healthcare delivery are:

<i>Sick funds</i>	In January 2013, there were 134 state-approved sick funds in Germany, organised broadly into five main groups. The number of state-approved sick funds has decreased considerably over the last years, due to changed regulation regarding minimum number of members etc., but also due to an increasing consolidation of the market (mergers or closures of sick funds). They are self-governing not-for-profit insurance bodies, jointly managed by employers' and employees' representatives. They generally insure employees whose incomes exceed a specified amount. Their dependants (non-working spouses and children) are usually co-insured under the same contract.
<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 17 self-governing regional authorities, which every dentist has to be a member of in order to give dental treatment to patients within the framework of the social security system. The KZVs are the key partners of the sick funds, holding budgets and paying dentists.
<i>KZBV</i>	This is the national legal entity of KZVs, which together with the sick funds defines the standard package of care benefits within the legal framework. It also provides support services to the regional KZVs.
<i>Dental Chambers</i>	The 17 Dental Chambers (Zahnärztekammern) at the Länder level are the traditional professional associations (legal entities). It is their responsibility to represent the interests of the profession, but also to protect the public's health. Every dentist has to be a member of a Dental Chamber.
<i>BZÄK</i>	The Bundeszahnärztekammer 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 statutory 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*, (one for each state, with two for North Rhine-Westphalia, the largest state). They represent all dentists who are entitled to give treatment to patients within the framework of the statutory health insurance system.

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 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 maintain 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. The sick funds offer full compensation for all medically necessary conservative and surgical dental treatment as well as necessary orthodontist care for persons aged less than 18. Persons under 18 are also entitled to receive certain prophylactic treatments free of charge. Dental treatments exceeding the pre-defined scope of necessary care as well as dental prostheses are subject to co-payments of the insured person. Those co-payments can be reduced if the patient takes measures to maintain healthy teeth. In a typical year approximately 75% of adults and children use the system.

Before seeking general care from the statutory health system, the patient must have a voucher from the sick fund. This voucher is both a certificate to demonstrate entitlement to care, and also the dentist's claim form for reimbursement of the care provided. The patient hands the voucher to the dentist at the first visit. The dentist then treats the patient and quarterly forwards the completed vouchers 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.

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

Usually, most adults have their oral health checked on an annual basis.

	Year	Source
% GDP spent on oral health	0.11% 2011	OECD
% OH expenditure private	No data 2007	CECDO

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, this applies to freelance workers and members of the liberal professions, civil servants and employees with incomes above the limit for compulsory insurance. The scope of coverage is subject to individual agreements between the insurance company and the patient. This implies that coverage can be flexibly adjusted to each individual's needs.

By the end of 2012, about 9.8 million people were covered by comprehensive private health insurance policies. As of June 2013, there were 43 private insurers exclusively offering health care coverage, with the legal form either of public limited liability companies or of mutual insurance funds, organised on a cooperative basis. In addition, there is a growing number of insurers offering health care coverage outside of their core business. The private health insurance companies differ appreciably in economic significance and size - the four largest companies, with some 4.5 million comprehensively insured persons, account for more than 50% of the total.

Less than 2% of all dentists in active practice treat only patients with private insurance schemes, that is to say they have no contract with the statutory sick 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 determine the range of medically necessary treatments which are to be covered by the statutory sick fund system. This includes the approval of 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. Dentists providing substantially more or less than the average of particular treatments are required to explain the anomaly. Other measures of quality assurance 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 to 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 payment. The threat of patient complaints has a direct effect on the quality of care for most dentists.

Domiciliary (home) care is provided both by self-employed dentists for their respective patients, or by those contracted with a residential home for the elderly or another institution.

Health data

	Year	Source
DMFT at age 12	0.70 2009	WHO
DMFT zero at age 12	70.1% 2007	CECDO
Edentulous at age 65	23.0% 2007	CECDO

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

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

Fluoridation

There is no water or milk fluoridation, but extensive salt fluoridation. In 2010, 68.3% of all consumed table salt contained 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 achieved a successful result in a Medical Courses Qualifying Test.

Year of data:	2012
Number of schools	30
Student intake	2,222
Number of graduates	1,813
Percentage female	61.9%

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 offering undergraduate training, in Witten-Herdecke. The undergraduate course lasts 5 years and 6 months.

In 2012, there were about 2,100 places at the publicly funded dental schools, for entry (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 who pass the entrance examinations (*Numerus Clausus*). So, the real number of undergraduate students entering dental schools was over 2,200, and the estimated number of all dental under-graduates was over 13,000.

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 to 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 statutory sick fund system, a German dentist with a German state exam pass must have two years of approved supervised experience, in addition to the five and a half years of dental training at university. 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, 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 are offered on a voluntary basis by most of the dental chambers providing a broad and systematic knowledge in all aspects of running a practice. There is no leaving examination – proof of participation in two years (full-time) assistant training is sufficient.

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 2012, there were 1,195 new admissions, while in the same year 1,561 approved dentists stopped being active in their own practice, due to retirement, change of employment status or for other reasons.

The cost of registration is included in the subscription fee payable to the KZV (€100 in 2013).

Language requirements

There are no national regulations regarding the necessity for German language skills for non-German dentists who want to practice in Germany. Those matters are usually decided at *Länder* level and a number of states have introduced compulsory language tests over the last few years. In 2013, however, it was decided to introduce uniform regulations on language requirements nationwide in the near future.

Further Postgraduate and Specialist Training

Continuing education (CE)

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 for all dentists providing care in the statutory sick fund system. The content and amount of the compulsory CE was defined by the KZBV, in agreement with BZÄK, in June 2004. There is a great variety of different training offers and participation is rewarded with a predefined number of CE credit points, depending on the scope and type of the course. In principle, the dentist is free to choose among the training offers, but has to gain at least 125 CE credit points over a five years period. Non-compliance will lead to payment cuts on the part of the KZVs, or even withdrawal of the right to practise, in the statutory health care system.



For dentists exclusively providing care outside of the statutory system, there are no formal regulations as to the extent of continuing education.

Postgraduate Master's programmes

In recent years, postgraduate Master's 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 equals 25 to 30 hours workload) and the final examination is for a Master's degree (MSc).

Specialist Training

Three dental specialties are recognised throughout Germany

-  Oral Surgery
-  Orthodontics
-  Dental Public Health

The speciality "Periodontology" is only recognised by the dental chamber in the region Westfalen-Lippe.

Training for all specialties lasts four years and takes place in university clinics or recognised training practices, except Dental Public Health, which is trained 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 equivalent to the certificate 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* (Public Health Dentist), if he has passed an examination at an 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, the fact that all dentists who want to specialise have to attend university for one year limits access to specialist training. The trainee has the status of an employee and gets a salary from his or her employer (ie a dentist in free practice with the special permission to train specialising dentists, a university or a hospital).

After completion of the specialised training the trainee has to pass an examination organized under the responsibility of the dental chamber. He or she is then approved as a specialist and registered with the dental chamber as such.

Workforce

Dentists

During recent years, between 1,500 and 2,100 dentists a year received their dental approbation. Consequently, the number of active dentists is increasing. A change of legislation, effective from 2007, has led to an increase in the number of dentists employed in a practice rather than running their own practice.

Year of data:	2012
Total Registered	88,882
In active practice	69,236
Dentist to population ratio*	1,163
Percentage female	42%
Qualified outside Germany**	2,164
* active dentists only	
** excl. State of Schleswig-Jolstein	

There is some small reported dentist unemployment.

Movement of dentists across borders

In 2012, there were 2,164 dentists who qualified abroad active in Germany. There are no figures on how many German qualified dentists are practising outside Germany.

Specialists

Specialists work mainly in private practice, hospitals and universities while 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:	2012
Orthodontics	3,443
Endodontics	
Paedodontics	
Periodontics	
Prosthodontics	
Oral Surgery	2,552
Dental Public Health (estimated)	460

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

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 Dental Chairside Assistant (*Zahnmedizinische Fachangestellte*) to Dental Hygienist (*Dentalhygieniker*). Registered *Zahnmedizinische Fachangestellte* may qualify as *Zahnmedizinische Fachassistentin* (Specialised Chairside Assistant, ZMF), *Zahnmedizinische Verwaltungsassistentin* (Dental Administration Assistant, ZMV), *Zahnmedizinische Prophylaxeassistentin* (Dental Prophylaxis Assistant, ZMP) or *Dentalhygieniker* (Dental Hygienist). These registerable qualifications do exist in almost all *Länder* and are co-ordinated by the *Bundeszahnärztekammer* (BZÄK).

Year of data:	2011
Hygienists	550
Technicians	58,000
Denturists	0
Assistants	182,000
Therapists	0
Other	0
All figures estimated	

Dental Chairside Assistants (*Zahnmedizinische Fachangestellte*)

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

Specialisations of Dental Chairside Assistants

There are 3 types of specialisations of Dental Chairside Assistants (*Zahnmedizinische Fachangestellte*): ZMF, ZMP and ZMV.

- ✚ *Zahnmedizinische Fachassistentin* (Specialised Dental Assistant, 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* (Dental Prophylaxis Assistant, ZMP): requires a minimum 400 hours training at a Dental Chamber, and their duties include support in prevention/prophylaxis, motivation of patients and oral health information.
- ✚ *Zahnmedizinische Verwaltungsassistentin* (Dental Administrative Assistant, 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 (Dentalhygieniker)*

To become a hygienist a student needs to undergo 3 years training, pass an examination as a dental chairside assistant, 300 - 700 hours training and an examination as ZMP or ZMF first, followed by a further 800 hours training and an examination conducted 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 are trained for 3 years, 40% in a vocational school and 60% in the dental laboratory. After a successful examination conducted 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* directly in his practice, 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 Germany

Numbers of dentists

Year of data:	2012
General (private) practice	66,157
General Practice as a proportion is	96%
Number of general practices	44,600
Year of data:	2008
Public dental service	450
University	2000
Hospital	200
Armed Forces	450
All figures estimated	

Working in Free (Liberal or General) Practice

The figures above for dentists in general practice comprise both self-employed dentists (53,767) and dentists employed in general practices (12,390).

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 this way, which represents about 96% 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 standardised. 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, the levels of private fees payable are regulated by federal law and set out in the *Gebührenordnung für Zahnärzte – GOZ*. In this fee scale, the different types of treatment are described and a number of reference points are allotted to each of those. In order to calculate the price for any dental service, the respective reference points have to be multiplied by the so-called “point value”, a fixed factor set at 5.62421 Euro cents (in 2013). Depending on the difficulty of the treatment required, the dentist may multiply the result with a factor of up to 3.5. A factor of 2.3 should indicate a treatment of average difficulty. If a factor higher than 2.3 is applied, the invoice must include evidence to justify the increase. An invoice with a factor higher than 3.5 requires a written agreement by 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 accordingly, if they accept the justification of the factor increase.

As of January 1st, 2012, the GOZ was reviewed for the first time since 1988. Certain newer forms of treatment were included in the fee scale while the prices for a few others were adjusted. Much to the regret of the dentists and their professional organisations, however, the point value was not changed. Hence, the vast majority of prices remain at the level of 1988.

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 2012, 12% of all new establishments were new solo practices, 61% were acquisitions of an existing solo practice and 27% were practice partnerships, either establishing a new practice partnership or joining an existing one. When existing practices are acquired, the predecessor's patient list is usually part of the deal.

Establishing a new practice means to acquire totally new patients. In 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. Earlier regulations regarding the maximum retirement age for dentists active under the statutory insurance system (68 years) have been abolished in the meantime.

Practices are usually located in offices or private houses or apartments, rather than in shops or malls.

The number of patients on a “list” of an average full-time dentist has been estimated at about 1,000. However, there are no reliable data available on this matter,

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.



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 most of the 16 *Länder*.

The quality of dentistry in the public dental service is assured through dentists working in 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. 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. Dentists with this speciality are permitted to work in liberal practice as well as in public health.

Working in Hospitals

A relatively small number of dentists work in hospitals, mostly as 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. 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.

The main academic title in a German dental faculty is that of university professor. Other titles include university assistants, Oberarzt (senior physician), and academic dentists.

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.

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 and a record of original research. Dentists teaching at universities have to earn the "right to teach" by giving a special lecture at 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.

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

Working in the Armed Forces

There are few dentists working full time for the Armed Forces, an unreported (but increasing) number female.

Professional Matters

Professional associations

Zahnärztekammern (Dental Chambers)

Zahnärztekammern (or Dental Chambers) are the traditional bodies which represent the interests of dentists whether active under the statutory insurance system or not. Every dentist has to be a member of a Dental Chamber. The Chambers are also responsible for other defined legal tasks.

	Number	Year	Source
Bundeszahnärztekammer	69,236	2012	BZÄK

There are 17 Dental Chambers in the 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 making 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. Its supreme mission is to strive for a liberal future-orientated health care system, with the patient at the centre, 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

The magazine *Zahnärztliche Mitteilungen (zm)* is published twice a month. It is a communication means of both the German Dental Association and Federal Dental Authority. 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) The Agency for Quality in Dentistry gives advice and support to BZÄK and KZBV in all matters of dental quality.

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 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 fulfill 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 fulfill 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.



Ethical Code

Dentists in Germany must work according to an ethical code which covers 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 rare.

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, (*Bundesverfassungs-gericht*).

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 due 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 for short-term treatments - but not for permanent activity.

Corporate Dentistry

Companies or non-dentists are not allowed to be the sole 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 for 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 the establishment of mega-dental surgeries and practice chains with international investors was facilitated.

Tooth whitening

The EU Directive 2011/84/EU of September 2011, amending Directive 76/768/EEC, concerning cosmetic products, regulates the use of hydrogen peroxide and other compounds or mixtures that release hydrogen peroxide in tooth whitening or bleaching products. It establishes a new legal framework for products containing between 0.1% and 6% of hydrogen peroxide and prohibits the marketing of products containing over 6%. This means that only a dentist (or a qualified auxiliary under supervision of the dentist) may apply the whitening products. There are no reports of (continued) illegal practise.

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 radiation protection - the *Röntgenverordnung* (2003). Training in radio protection is mandatory for undergraduate dentists. The dentist must undergo regular mandatory continuing training in radiographic protection (every 5 years). 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 every 5 years, but extra controls are due every time major changes in the equipment are made (for example, if newer equipment is bought).

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

For	Administered by
Ionising radiation	Dental Chambers
Electrical installations	Factory Inspectorate
Infection control	The responsible health authorities
Medical devices	Bundesinstitut für Arzneimittel und Medizinprodukte (BfARM) – 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 62 to 68, depending upon individual circumstances and preferences.

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:

In 2013, there was a basic tax-free allowance (*Steuerfreibetrag*) of €8,131 for singles and twice as much for a married couple.

In addition to a basic allowance for low-income earners, there are numerous deductibles for taxes, such as deductions for raising children, commuting to work, paying for work uniforms, being a single parent, joining a trade union, contributing to private pension funds, selected insurance premiums, donating to charity, etc.

The starting rate for the lowest taxable income is 14%. The tax rate then rises progressively: so that for annual gross incomes between €8,131 and €13,469, the rise is steep, followed by a more gradual rise for incomes of up to €52,881. Incomes higher than this are subject to a tax rate of 42%. For top incomes of over €250,730 (€500,000 for married persons) the highest tax rate of 45% applies.

In addition, there is a so-called solidarity surcharge (5.5% of the income tax).

VAT/sales tax

The value added tax rate of 19% on purchases has applied since 2007. There is a reduced rate of 7% on certain items and services (including foodstuffs, books, medical, passenger transport, newspapers, admission to cultural and entertainment events, hotels and the costs of production of a dental prosthesis).

Various Financial Comparators

Berlin Zurich = 100	2003	2012
Prices (including rent)	71.9	62.5
Wage levels (net)	54.5	52.9
Domestic Purchasing Power	65.0	74.2

Source: UBS August 2003 and November 2012

Other Useful Information

Main national associations and Information Centre:		BZÄK Brussels office	
Bundeszahnärztekammer (BZÄK) Chausseestr. 13 10115 Berlin Tel: +49 30 40005 0 Fax: +49 30 40005 200 Email: info@bzaek.de Website: www.bzaek.de 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 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		Bundeszahnärztekammer (BZÄK) Büro Brüssel 1, Avenue de la Renaissance B-1000 Brussels Belgium Phone: +32 2 7 32 84 15 Fax: +32 2 7 35 56 79 E-mail: info@bzaek.eu	
Competent Authority:			
(For articles 2 & 3) Bundesministerium für Gesundheit Rochusstr. 1 53123 Bonn Tel: +49 228 308 3515 Fax: +49 228 930 2221 Email: info@bmg.bund.de Website: www.bmg.bund.de		(For specialist diplomas contact the dental chambers of the relevant "Länder") Lists available from the Bundeszahnärztekammer	
Publications:		Employment bureaux, and other bodies or publications with information on vacancies for dentists:	
Zahnärztliche Mitteilungen, and regional dental journals (each Zahnärztekammer and Kassenzahnärztliche Vereinigung publishes its own dental journal)		Employment bureaux: Bundesagentur für Arbeit Regensburger Str. 104 90478 Nürnberg Email: zentrale@arbeitsagentur.de Website: www.arbeitsagentur.de	



Dental Schools:

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

Aachen

Medizinische Fakultät an der
Rhein – Westf. Techn. Hochschule
Aachen
Universitätsklinikum
Pauwelsstrasse 30, 52074 Aachen
Tel: +49 241 800
Fax: +49 241 8888 100
Email: info@ukaachen.de
Website: www.ukaachen.de

Number of students: 60

Berlin

Charité-Universitätsmedizin
Campus Benjamin Franklin
Centrum für Zahn-, Mund- und Kieferheilkunde
Assmannshauser Strasse 4-6,
14197 Berlin
Tel: +49 30 450-5620
Fax: +49 30 450-562922
Website: www.charite.de

Number of students: 80

Bonn

Zentrum für Zahn-, Mund- und Kieferheilkunde der Universität
Bonn
Welschnonnenstr. 17
53111 Bonn
Tel: +49 228 287-22413
Fax: +49 228 287 22588
Email: mkg@uni-bonn.de
Website: www.zmk.uni-bonn.de/

Number of students: 69

Dresden

Universitätsklinikum Carl Gustav
Carus der Technischen
Universität Dresden
Zentrum für
Zahn-, Mund-, und Kieferheilkunde
Fetscherstrasse 74, 01307 Dresden
Tel: +49 351 458 2713
Fax: +49 351 458 5381
Email: uzm@uniklinikum-dresden.de
Website: www.uniklinikum-dresden.de

Number of students: 57

Düsseldorf

Zentrum für Zahn-, Mund- und Kieferheilkunde
der Heinrich-Heine-Universität
Westdeutsche Kieferklinik
Moorenstr. 5
40225 Düsseldorf
Tel: +49 211 811 8819
Fax: +49 211 811 6280
Website: www.zmk.uni-duesseldorf.de

Number of students: 54

Erlangen

Mund-,Kiefer- und Gesichtschirurgische Klinik
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: 108

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
Website: www.med.uni-frankfurt.de/zahnklinik/

Number of students: 119

Freiburg

Universitätsklinik für Zahn-, Mund- und
Kieferheilkunde der Universität Freiburg
Hugstetter Str. 55
79106 Freiburg i.Br.
Tel: +49 761/270 4700
Fax: +49 761/270 20200
Email: info@uniklinik-freiburg.de
Website: www.uniklinik-freiburg.de

Number of students: 86

Giessen

Med. Zentrum für Zahn-, Mund- und Kieferheilkunde
an der Justus-Liebig-Universität Gießen
Schlangenzahl 14
35392 Gießen
Tel: +49 641 99 46 100
Fax: +49 641 99 46 209
Email:
Website: www.ukgm.de

Number of students: 71

Göttingen

Zentrum für Zahn-, Mund- und Kieferheilkunde
der Universität Göttingen
Robert-Koch-Str. 40
37075 Göttingen
Tel: +49 551 39 0
Fax: +49 551 39 12 653
Email:
Website: www.zmk.med.uni-goettingen.de

Number of students: 82



Greifswald Ernst-Moritz-Arndt-Universität Greifswald Zentrum für Zahn-, Mund- und Kieferheilkunde Walter-Rathenau-Str. 42 17489 Greifswald Tel: +49 3834 86 19600 Fax: +49 3834 86 50 10 Website: www.dental.uni-greifswald.de Number of students: 45	Halle/Saale Martin-Luther-Universität Halle-Wittenberg Universitätspoliklinik für Zahnerhaltungskunde und Parodontologie Grosse Steinstrasse 19 06108 Halle/Saale Tel: +49 345 557 37 62 Fax: +49 345 557 37 73 Website: www.medizin.uni-halle.de Number of students: 40
Hamburg Universitätsklinikum Hamburg-Eppendorf Zentrum für Zahn Mund- und Kieferheilkunde Martinistr. 52 20246 Hamburg Tel: +49 40 74 10 0 Fax: +49 40 74 10 40236 Email: info@uke.uni-hamburg.de Website: www.uke.uni-hamburg.de Number of students: 68	Hannover Medizinische Hochschule Hannover Zentrum Zahn-, Mund- und Kieferheilkunde Carl-Neuberg-Straße 1 30625 Hannover Tel: +49 511 532 -4763 Fax: +49 511 532-4740 Email: MKG-Chirurgie@mh-hannover.de Website: www.mh-hannover.de Number of students: 79
Heidelberg Universitätsklinik für Mund-, Zahn- und Kieferkrankheiten Im Neuenheimer-Feld 400 69120 Heidelberg Tel: +49 6221 56-0 Fax: +49 6221 56 5999 Email: contact@med.uni-heidelberg.de Website: www.klinikum.uni-heidelberg.de Number of students: 81	Homburg (Saar) Universitätsklinikum des Saarlandes Kliniken für Zahn-, Mund- und Kieferkrankheiten Kirrberger Str. 100 66421 Homburg/Saar Tel: +49 6841 160 Fax: +49 6841 162 - 49 54 Email: Website: www.uniklinikum-saarland.de Number of students: 25
Jena 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: Website: www.zzmk.uniklinikum-jena.de Number of students: 57	Kiel Universitätsklinikum Schleswig-Holstein Standort Kiel Klinik für Zahnerhaltungskunde und Parodontologie Arnold-Heller Str. 3 24105 Kiel Tel: +49 431 597 2781 Fax: +49 431 597 4108 Email: info@uksh.de Website: www.uksh.de Number of students: 67
Köln Zentrum für Zahn-, Mund- und Kieferheilkunde der Uniklinik Köln Kerpener Str. 32 50931 Köln Tel: + 49 221 478 0 Fax: + 49 221 478 40 95 Email: Website: www.zahnklinik.uk-koeln.de Number of students: 61	Leipzig Universitätsklinikum Leipzig Zahnkliniken Liebigstr. 10-14 04103 Leipzig Tel: +49 341 9721 000 Fax: +49 341 9721 219 Email: zzmk@uniklinikum-leipzig.de Website: www.uniklinikum-leipzig.de Number of students: 51



Mainz Johannes Gutenberg-Universität, Klinik und Polikliniken für Zahn- Mund- und Kieferkrankheiten Augustusplatz 2 55131 Mainz Tel: +49 6131 17 3041 Fax: +49 6131 17 66 02 Email: Website: www.unimedizin-mainz.de Number of students: 98	Marburg a. d. Lahn Med. Zentrum für Zahn-, Mund- und Kieferheilkunde der Philipps-Universität Georg-Voigt-Str. 3, 35039 Marburg Tel: +49 6421 58 63 20 0 Fax: +49 6421 58 63 20 4 Email: mzzmk@med.uni-marburg.de Website: www.uni-marburg.de/zahnmundkiefer/ Number of students: 69
München Ludwig-Maximilians-Universität Klinik und Poliklinik für Zahn-, Mund- und Kieferkrankheiten Goethestr. 70, 80336 München Tel.: +49 89 5160 9301 Fax: +49 89 5160 9302 Email: Website: klinikum.uni-muenchen.de Number of students: 119	Münster Westfälische Wilhelms-Universität Münster, Zentrum für Zahn-, Mund- und Kieferheilkunde, Waldeyerstr. 30, 48149 Münster Tel: +49 251 83 45 50 0 Fax: +49 251 83 47 89 4 Email: Website: www.uni-muenster.de Number of students: 115
Regensburg Klinikum der Universität Regensburg Klinik und Poliklinik für Mund-, Kiefer- und Gesichtschirurgie Franz-Josef-Strauss-Allee 11 93053 Regensburg Tel: +49 941 944 0 Fax: +49 941 944 44 88 Email: Website: www.uniklinikum-regensburg.de Number of students: 86	Rostock Universität Rostock Klinik und Polikliniken für Zahn-, Mund- und Kieferheilkunde Stempelstr. 13 18057 Rostock Tel: +49 381/ 494-65 01 Fax: +49 381/ 494-65 09 Email: zmk@med.uni-rostock.de Website: www.med.uni-rostock.de Number of students: 25
Tübingen Eberhard-Karls-Universität Tübingen Zentrum für Zahn-, Mund- und Kieferheilkunde Osianderstr. 2 – 8 72076 Tübingen Tel: +49 7071 29 82 15 2 Fax: +49 7071 29 57 89 Email: Website: www.medizin.uni-tuebingen.de Number of students: 72	Ulm Universitätsklinikum Ulm Department für Zahnheilkunde Albert-Einstein-Allee 11 89081 Ulm Tel: +49 731 500 64 00 0 Fax: +49 731 500 63 00 22 Email: Website: www.uniklinik-ulm.de Number of students: 54
Witten-Herdecke (PRIVATE) Private Universität Witten/Herdecke Zahnklinik Alfred-Herrhausen-Str. 45 58448 Witten Tel: +49 2302 926 600 Fax: +49 2302 926 661 Email: Website: www.uni-wh.de Number of students:	Würzburg Zahnklinik der Universität Würzburg Pleicherwall 2 97070 Würzburg Tel: +49 931 201 0 Fax: +49 931 201 73 300 Email: mkg@mail.uk-wuerzburg.de Website: www.uk-wuerzburg.de Number of students: 102