



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Luxembourg

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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.

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 2004.

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

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

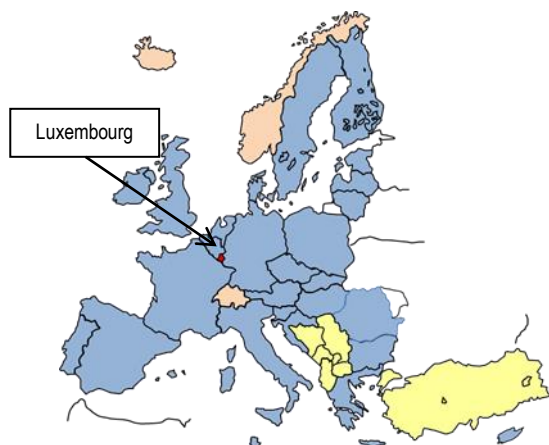
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Luxembourg



In the EU/EEA since	1957
Population (2013)	537,000
GDP PPP per capita (2012)	€60,028
Currency	Euro
Main language	Luxembourgish French & German

General health care is funded by contributions from employers, employees and the government. Dentists work for fixed fees, with the patient obtaining (variable) reimbursement, using their social security number as proof of entitlement. 100% of care is provided in general practice.

Number of dentists:	512
Population to (active) dentist ratio:	1,188
Membership of Dental Association:	90%

Specialists are not recognised. Dentists do have chairside assistants. Apart from technicians, no other auxiliaries are recognised. Participation in continuing education is mandatory by law.

Date of last revision: 29th January 2014

Government and healthcare in Luxembourg

Luxembourg is a Western European country sandwiched between Belgium, France and Germany. It is one of the smallest European countries in terms of both population and land area (2,586 sq km).

The year 963 is the starting point of the history of Luxembourg. The count Sigeftold made an exchange with the abbey of Treves and got the rock of "the Bock". He constructed on the ancient Roman castle called Lucilinburhuc (= small castle) a new castle. Around this castle a town fortress was developed during the centuries, which explains that the history of Luxembourg is dominated by foreign sovereignties, which wanted to control this important strategic point. After the Counts of Luxembourg arrived the Habsbourg from Spain, then the Bourgogne state, then the Netherlands. Following this, Luxembourg became an intermediate between the Kingdom of France and the German empire, and finally came the Habsbours from Austria.

The real creation of the Grand-duchy of Luxembourg was in 1815. The Vienna Act created two separate and independent entities: the Netherlands Kingdom and the Dukedom of Luxembourg. Since Guillaume I was the King of the Netherlands and Grand-duke of Luxembourg, this separation was not totally achieved. Guillaume considered Luxembourg as the 18th province of Netherlands rather than an independent state. But the subsequent period was characterised by gradual independence of Luxembourg. The Belgian revolution in 1830 caused a lot of problems and ended with the London treaty in 1839. Luxembourg lost more than half of its territory to Belgium at that time, but the treaty confirmed the statute of independence of the Grand-duchy of Luxembourg. Once more in 1867, the Treaty of London confirmed the perpetual independence of Luxembourg.

In 1921 the Grand-duchy created, together with Belgium, the "Union économique belgo-luxembourgeoise". In 1944 the governments of Belgium, Netherlands and Luxembourg commenced the foundation of the Benelux Customs Union. Luxembourg became the first European capital by hosting the siege of the CECA (communauté européenne du charbon et de l'acier) the starting point of the European Economic Community (CEE). In 1957, Luxembourg became one of the six founding countries of the CEE (later the European Union), and in 1999 it joined the euro currency area.

The capital is Luxembourg City, in which several EU/EC departments are situated, (such as the European Court of Justice, the European Bank of Investment, the European "cour des comptes" etc).

There is a unicameral Chamber of Deputies or *Chambre des Députés* (60 seats; members are elected by direct, popular vote to serve five-year terms).

There is one healthcare scheme, the *Caisse Nationale de Santé (CNS)*, which is made up of several sick funds. In the board of the *CNS* the representatives of employees and

	Year	Source
% GDP spent on health	8.2% 2009	OECD
% of this spent by government	90.9% 2006	OECD

employers have the same number of votes. The President of the *CNS* is a functionary sent by the government, so if the representatives of employees and employers do not find an agreement, the President can determine the outcome.

The evolution of the budget of the *CNS* is determined by law. It is funded by contributions from employers and employees, funded half and half by each. So, employees pay 3.05% of their salary for the sick fund and 8% for the pension fund - with the employer paying the same as the employees. For the state employees, there is no specific contribution for the pension (this is regulated by convention).

The sick funds provide membership for different occupational groups, for example, civil servants, private employees and workers. There are no differential contributions between funds.

A social security number is required for access to health care. This number is used for reclaiming charges. For visits to the doctor or dentist the patient pays the fee and then reclaims it.

Oral healthcare

The provision of dental care is covered by a detailed Act of Parliament. Everybody in Luxembourg is entitled to dental care partly paid for by the CNS, and all dentists must work within it (so there are no dentists who practice independently of the state system). Every dentist has an identification number, must use stationery from the sickness scheme and must charge the fees specified by the fund, unless a fee is not stated.

	Year	Source
% GDP spent on oral health	0.29% 2004	AMMD
% OH expenditure private	No data	

The *Caisse Nationale de Santé* and the different sick funds are responsible for reimbursements to the patient and are also responsible for negotiating the fees with the *Association des Médecins-Dentistes*. Some patients, because of the low reimbursements, subscribe to complementary private health insurances.

The *Contrôle Médical* gives prior approval for some treatments, and monitors care. Domiciliary care, when needed, is given.

There are a few private patients. Dental care is provided in general practice and there is no reported difficulty for access to care for patients.

Private insurance for dental care

It is possible to buy complementary private health insurance, for example to obtain health care abroad, including in some cases dental care. In the policies presently available, the insurance company takes the risk. The patient needs good oral health

before cover can begin, and the premiums are linked to age. Premiums are paid directly to the company and the dentist has no role in promoting the policies. There is great variation in the cover they offer and the ways in which premiums are charged.

The Quality of Care

The standards of dental care are monitored by an independent body called the *Contrôle Médical* which employs three dentists who check the standard of care provided. Dentists whose pattern and cost of care is significantly different from the average may be investigated. An adverse report can lead to disciplinary processes for the dentist.

An independent body, the *Commission de Surveillance* investigates eventual complaints.

Health data

	Year	Source
DMFT at age 12	0.63 2012	MoH
DMFT zero at age 12	No data	
Edentulous at age 65	No data	

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

Fluoridation

There are no formal fluoridation schemes in Luxembourg.

Education, Training and Registration

Undergraduate and Vocational Training

There are no dental schools in Luxembourg and students must train outside the country. Likewise, there is no post-qualification vocational training.

Registration

To register as a dentist in Luxembourg, a qualified dentist must have a recognised degree from an EU university or the "Diplôme d'Etat en médecine dentaire" of the Grand Duchy. Applications must be made to the Ministry of Health, and dentists must be registered before they can legally practice.

Cost of registration (2013)	€ 275
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Language requirements

There is a legal language requirement to ensure that the dentist understands patients. If a medical mistake occurs and it is due to not understanding the language the dentist engages in a civil responsibility.

Further Postgraduate and Specialist Training

Continuing education

Currently, a minimum amount of continuing education is required by law, but each dentist decides how much is needed for proper practise.

Historically, dentists either undertook their continuing education in Luxembourg (where AMMD organises continuing education) or they return to the dental school where they have been trained previously. They also can choose another dental school or courses.

Specialist Training

In Luxembourg no specialists are recognised and specialist training is not available.

Workforce

Dentists

Year of data:	2013
Total Registered	512
In active practice	452
Dentist to population ratio*	1,188
Percentage female	40%
Qualified overseas	512

Each year the total number of dentists increases by between 10 and 20. The dentist to population ratio has reduced in recent years, especially because of immigration, despite the population increasing. However, this population growth is increasing much less than in former years.

The dental association believe that the number of practitioners has reached saturation point and that Luxembourg continues to have an excess of dentists over need.

Movement of dentists across borders

By 2012 only a few non-EU/EEA national dentists were practising in Luxembourg. There is evidence that some relatively newly installed dentists leave the country again, sometimes after only one or two years' practice.

Most of the requests of non-EU/EEA nationals to practise in Luxembourg are refused because of low qualifications.

Specialists

No specialists are recognised as such and practice as a specialist is not allowed. It is also not permitted to describe a practice as, for example, "limited to orthodontics" on practice name plates or stationery.

Auxiliaries

No dental auxiliaries are permitted to work with patients, except as chairside assistants to dentists.

Year of data:	2013
Hygienists	0
Technicians	82
Denturists	0
Assistants	390
Therapists	0

All figures approximate

Dental Technicians

Dental technicians normally train in dental laboratories, with theoretical education and training taking place in special courses for technicians in a professional technical teaching school for other "artisan" professions. There is a special qualification (with diploma) for dental technicians. Only the diploma allows a qualified technician to own a dental laboratory.

Most technicians are salaried and work in commercial laboratories. Fees are charged to dentists for the services. A small number of technicians work as salaried employees in practices.

Chairside assistants

There is no formal training or qualification for dental chairside assistants in Luxembourg. The dentist is responsible for the training qualification of his chairside assistant.



Practice in Luxembourg

Year of data:	2013
General (private) practice	448
Public dental service	3
University	
Hospital	
Armed Forces	1
General Practice as a proportion is	99%

Working in General Practice

Dentists are said to be in “general practice” (all dentists practice this way). Practitioners work on their own or as small groups, outside hospitals or schools, and provide a broad range of care. They are nearly all self-employed and earn their living through charging the prescribed fees for treatments.

Fee scales

A scale of fees, the *Nomenclature des actes et services des médecins et médecins-dentistes*, is published by the *Caisse Nationale de Santé*. For most items listed the fee stated must be charged. However for some items the dentist may, with prior approval from the *Contrôle Médical*, charge a higher fee. The list indicates whether or not prior approval is required for particular treatments. The *Contrôle Médical* is the body responsible for prior approval. Any items of dental care which are not listed in the *Nomenclature* may be charged at a reasonable rate. The patient pays the whole fee to the dentist and then reclaims the fee, or part of the fee, from their sick fund.

The sick fund's reimbursement for fixed and removable items covers a small part of the cost. The patient who wants to receive 100% of this sick fund reimbursement (and that is only a small part of the cost) must have attended a dentist at least once a year, the two years before treatment. Those who cannot satisfy this condition may only claim a smaller reimbursement. There are some items of care (prosthodontic) which will only be replaced under sick fund rules after a specific time period, for example a crown or bridge every 15 years. The *Contrôle Médical* keeps a database with records from the early 1980s to check this. The percentage of the population who attend at least once every two years is not published. Likewise, the number of patients a dentist normally sees is not known.

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.

However, most dentists work as single practitioners and almost all own the practice in which they work.

Practices must be owned by dentists and more and more dentists sometimes join together to share facilities. The equipment and premises of a dental practice can be bought and sold but there is no provision for selling the right to the patients' records.

There is no state assistance for establishing a new practice, so dentists usually take out commercial loans from a bank. Dental practices are normally in houses or apartments and may not be located in commercial buildings, for example, in shopping malls or within the same building as another dental practice.

There are specific contractual requirements between practitioners working in the same practice. Employees (chairside assistants, but not the dentists) are protected by the national and European laws on issues such as minimum wages, maternity benefits, occupational health, minimum vacations and health and safety.

Working in Public Clinics

There is no public dental service in Luxembourg although the Ministry of Health employs 3 dentists (2 of them part-time) who do not themselves provide care for patients. They undertake preventive services for children to 12 years and epidemiological surveys.

At a local level, in some towns basic dental inspections and health education in schools are done by dentists in general practice. Children identified as needing dental treatment will then have to visit the family dentist of their choice.

Working in Hospitals

In Luxembourg, hospitals are private and dental offices too. No dentist is working full time in a hospital. Some dentists practice occasionally special treatments - for instance treatments not possible under local anaesthesia (surgery, traumatology, disabled/handicapped people etc.)

The dentist and the hospital then charge the patient separately the fees for the care provided. To work in a hospital a dentist needs access to the hospital. Therefore, generally a dentist will ask a colleague who has the access to the hospital to do the sessions and to treat the patient.

Working in the Armed Forces

One dentist serves part-time in the Armed Forces in 2012.

Professional Matters

Professional associations

	Number	Year	Source
Association des Médecins et Médecins-Dentistes	410	2013	AMMD

The "Association des Médecins et Médecins-Dentistes" du Grand-Duché de Luxembourg (AMMD) is the single and only national medical and dental association. It was founded in 1904 and is a politically independent trade union regrouping all the doctors and dentists practising in the country. Even though membership is voluntary, it represents most Luxembourg doctors and dentists. The Association is administered by a board of 15 members, amongst which there have to be at least three specialists, three GPs and three dentists. The mandates come out of general elections held in the general assembly. The mandate covers a 4-year period. It is a more than 30-year-old tradition that the President is a specialist, the first of the two Vice-Presidents is a dentist, and the Secretary-General a GP. Inside AMMD, dentists have a special association for dentists, the "Association des Médecins-Dentistes".

The Association is the main negotiating body with the government and with the *Caisse Nationale de Santé*, for example, for the scale of fees, conventions and other regulations.

Ethics and Regulation

Ethical Code

Dentists in Luxembourg have to work within an ethical code which covers: relationships and behaviour between dentists, the contract with the patient, consent and confidentiality, and advertising. This code is administered by the *Collège Médical*. Members of the board include doctors, dentists and pharmacists. The *Collège Médical* will also arbitrate between dentists, if there is a relationship or behavioural problem.

Outside the sick fund system a patient may complain to the *Collège Médical*, but only about matters of professional behaviour rather than the quality or quantity of care. Within the sick fund a patient may complain to a *Commission de surveillance* which may transmit the complaint to a board headed by a judge.

For other problems, the Court of Justice is available for the complainant. Likewise, a dentist who has a complaint against upheld is may be referred to the Court. Ultimately, the right to practice can be removed. There is also an appeal mechanism.

Data Protection

Luxembourg has enacted the Directive on Data Protection and during 2003 the Association discussed with the government how the regulations would operate within medical and dental practice.

Advertising

Advertising is not allowed. The *Collège Médical* and the AMMD are analysing the situation, with a view to permitting, in the future, standardised websites.

Indemnity Insurance

Indemnity insurance is compulsory for all dentists working in Luxembourg. Some companies may cover and allow working in a location close to a cross border, but this is exceptional.

Tooth Whitening

The EU Cosmetics Directive of 2011 has been enacted, but tooth whitening is considered a medical act, and is therefore limited to dentists to provide. There are reports of some activity by non-dentists, which are pursued by an officer of the Ministry of Health for the illegal exercise of dentistry, with appropriate punishments.

Health and Safety at Work

There is no requirement on dentists to ensure that inoculations, for such as Hepatitis B are completed by their staff, but this is recommended.

Regulations for Health and Safety

For	Administered by
Ionising radiation	Under the authority of the Health Administration, controlled by Private Company.
Electrical installations	No information available
Waste disposal	"Sharps" must be given to a pharmacy for disposal, clinical waste is to be incinerated.
Medical devices	Under the authority of the Health Administration, controlled by a Private Company.
Infection control	The Health Administration

Ionising Radiation

There are specific regulations about ionising radiation. The EU Directive has been enacted. Equipment has to be inspected at least every 3 years (this is paid for by the dentist). Then there is a new authorisation for 3 years, until the next inspection.

Hazardous Waste

The EU Hazardous Waste Directive has been incorporated into law and is actively enforced. Amalgam separators are legally required.

Financial Matters

Retirement pensions and Healthcare

The retirement age in Luxembourg is 65 years. Contributions are at a rate of 8% from the employee and 8% from the employer. Dentists, doctors and lawyers belong to the same sickness fund, called the Caisse Nationale de Santé.

To collect a full pension, the amount of which depends on how much has been paid in, the professional must have worked for at least 40 years. For any benefit, payments for at least 15 years must have been made. A dentist may retire and collect a pension from the age of 60, provided at least 35 years contributions have been made.

Dentists may continue working beyond the age of 65.

Taxes

Income tax rates are progressive. They vary from 0% up to 40%. A 7% surcharge for unemployment fund applies on the income tax due. This surcharge for employment is 9% for taxpayers in tax class 1 or 1A, with a taxable annual income exceeding €150,000 (or €300,000 for taxpayers in tax class 2). So, the highest rate of income tax is effectively almost 50%.

VAT

The standard rate of VAT is 15%. An intermediate rate of 12% applies to wines, advertising and printed marketing materials. A reduced rate of 6% applies to gas and electricity, and a special 3% rate applies to printed materials, ebooks, water, pharmaceuticals, most food products, medical equipment, passenger transport, newspapers, admission to cultural, sporting and entertainment events, hotels, restaurants and radio and television broadcasting services.

Exemptions include some financial services and health and medical services.

Various Financial Comparators

Luxembourg Zurich = 100	2003	2012
Prices (including rent)	75.3	83.3
Wage levels (net)	75.4	82.9
Domestic Purchasing Power at PPP	88.6	78.7

Source: UBS August 2003 and November 2012

Other Useful Information

Main national association & information centre:	Competent Authority:
<p>Association des Médecins-Dentistes Association des Médecins et Médecins-Dentistes (AMMD) 29 rue de Vianden L-2680 Luxembourg Tel: +352 444 033 Fax: +352 458 349 Email: secretariat@ammd.lu Website: www.ammd.lu</p>	<p>Médecin-Dentiste auprès de la Direction de la Santé Villa Louvigny Allée Marconi L-2120 Luxembourg Tel: +352 478 1 Fax: +352 467 962 Email: Website: www.ms.etat.lu</p>