CED – ERO 2025 Survey on Corporate Dentistry: Results

Replies received from 45 countries

Countries: Spain (ES), Portugal (PT), Czech Republic (CZ), Latvia (LV), Belgium – VVT (BE), Austria (AT), Malta (MT), Ireland (IE), Norway (NO), Hungary (HU), Croatia (HR), Switzerland (CH), Cyprus (CY), Slovakia (SK), Estonia (EE), The Netherlands (NL), Iceland (IS), Italy (IT), Lithuania (LT), France (FR), Denmark (DK), Germany (DE), Armenia (AM), Kyrgyz Republic (KG), Georgia (GE), Israel (IL), Sweden (SE), North Macedonia (MK), Greece (GR), Finland (FI), Luxembourg (LU), United Kingdom (UK), Poland (PL), Azerbaijan (AZ), Bosnia and Herzegovina (BA), Serbia (RS), Montenegro (ME), Slovenia (SI), Romania (RO), Russia (RU), Bulgaria (BG), Ukraine (UA), Kazakhstan (KZ), Albania (AL), Türkiye (TR)

Yes= green

No = red

Yellow = other reply

1) Open answer: In your country, is there an official definition of *Corporate dentistry* or *Dental chains*?

Is yes, how is it defined?

If no, how does your association define it?

ES	/
PT	In Portugal, there is no official definition of "Corporate Dentistry" or "Dental Chains." Additionally, our association does not have a formal definition for these terms. However, when these terms are used, they typically refer to networks of multiple dental clinics operated by a group or corporation rather than by individual practitioners. These organizations are generally owned by economic groups, and their leadership is often composed of professionals with backgrounds in management and business rather than healthcare. Depending on the specific business model, these corporate dental structures may have varying degrees of affiliation with insurance companies.
CZ	No, there isn’t
LV	NO. there is no any definition of chains or corporate dentistry. Dental association is not define it. Association's members are dentists, not clinics, praxis, etc. medical institutions. So - we are working with individual dentists.
BE	No, Chains of dental practices financed by non dental professionals

AT	No. Definition of the ADC: Dental offices or networks owned and operated by a company or a group of investors than by individual dentists. The dentists working there are typically employees. The focus is on efficiency and profitability. These organizations often own multiple dental practices located rather in big cities than in the countryside spread across different regions or even nationwide. Corporate dentistry may also lead to higher costs for patients in the dental implant field due to the multiple investors that need to receive a return on their investment.
MT	No .We do not have Corporate Dentistry in Malta
IE	No, we do not employ a definition within the Association, but it would probably be understood to refer to an enterprise which is owned, managed or heavily influenced by large corporations rather than individual dentists.
NO	No, there is no official/legal definition of the terms "Corporate dentistry" or "Dental chains" in Norway. In the NDA, we link corporate dentistry to ownership of dental practices, i.e. when investors/financial corporations are the owners. Dental chains are when the same clinic brand have several outlets/practices. We do not distinguish between different models of running the different outlets, like franchising, branches etc.
HU	Yes, in Hungary there are many dental chains operating in very different quality levels As a president of Hungarian dental Association, we are fighting against low quality dentistry, but not too much success
HR	No official definition. Possibility to invest the money in dentistry, many time from unknown source
CH	No, there isn't an official definition. Our association defines it as a group of dental offices that are not owned by dentists but by investors
CY	No. Its just dental offices owned by the same dentist most of the times in 2 or 3 different cities.
SK	Our chamber defines is as a multiple dental offices/clinics located on different addresses owned by a person/group/company who are not a dentist themself and profit is their top priority.
EE	No
NL	No, there is currently no official legal definition of corporate dentistry or dental chains in the Netherlands. However, in practice—and within the dental profession and policymaking context—the term dental service organisation/dental chain typically refers to a group of dental practices working together often supported by a centralized administrative structure handling tasks such as HR, finance, IT, procurement, and marketing.
IS	No. In Iceland, there is no official definition of Corporate Dentistry or Dental Chains. The Icelandic Dental Association has not defined these terms, and although some larger dental clinics operate one or two small dental praxis in rural towns, these are not considered or defined as dental chains in the Icelandic context.
IT	Corporate dentistry, broadly speaking, is defined in most general terms by the ownership of dental clinics. In this sense, corporate dentistry refers to dental care practices that are owned, managed, or affiliated entirely or in larger part with non medical business entities and investments funds, rather than being independently owned by individual dentists OR societies of dentists. Other inferences relating to culpability, deontological regulation, practice management and patient treatment are secondary to the ownership aspect.
LT	There is no clear definition in Lithuania of what corporate dentistry is. However, if the same owner operates more than 2 or more dental practices spread over more than 1 locality, we would consider that it can be classified as chain or corporate dentistry.

FR	In France, Corporate dentistry Chains are declared as non-profit-making associations. They are 1901 associations (the year in which the legal framework governing associations in France was created). However, a number of satellite companies are systematically legally associated with the dental health centres: these have well-defined missions such as secretarial management, employee management, staff training, etc.
DK	No, and our association does not have a clear definition of a dental chain.
DE	Legal entities that offer dentistry through employed dentists
AM	In Armenia There Are No ""Corporate dentistry"" or ""Dental chains""....They are Not Allowed
KG	No. Probably network care
GE	No. For Association they are dental clinics.
IL	In Israel the HMO can open dental clinics. They are in fact dental chains that provide care to the population that is insured. No private chains try to compete with them.
SE	Yes, it's defined
MK	We have nothing against corporative dentistry. All countries should secure a uniform application of professional law by introducing compulsory membership in dental chambers for all kind of legal entities offering dental services in the interest of patients.And also it should be mandatory a dentist to be CEO of dental chains.
GR	NO. HDA considers dental chain a natural person or legal entity owning multiple dental practices.
FI	There is no official definition in Finland. In the Finnish Dental Association´s context, Corporate dentistry refers to an organization that operates multiple dental practices under a single ownership and centralized administration, typically offering standardized services and pricing across its locations.
LU	No
UK	The term used in the UK is 'dental corporate' or 'dental corporate body'. There is not really an official definition other than that the organisation has 'incorporated' i.e. is registered as a limited company, usually for tax reasons, and is set up in line with the requirements of the Dentists Act. This definition would include a multitude of small practices as well as large companies. For the purpose of this CED Survey, we would regard a dental corporate as an organisation with a Board structure, a corporate identity and a number of practices all using this corporate identity. Based on the size of some of the smaller dental chain, we have used 13+ practices as an approximate definition for the purpose of this exercise.
PL	In Poland there is no official, legal definition of neither corporate dentistry nor dental chains. The Chamber has not elaborated its own definition and has not taken any official position towards corporate dentistry / dental chains. The term corporate dentistry is typically understood as model of running dental care facilities which are owned by commercial entities rather than by individual dentists.

AZ	There's no official legal definition of corporate dentistry or dental chains in Azerbaijan. However, in practice, we consider corporate dentistry to be when one company owns or manages multiple dental clinics under a single brand or management system. These are often larger businesses with centralized administration.
BA	In Bosnia and Herzegovina, there is no official definition of corporate dentistry.
RS	At this moment, there are no dental chains in Serbia. The market is completely fragmented into small private practices without any centralized chains under a unified brand and management. We are aware of few medical centres that has dental practice within but it has fragment of spectre of dental services …Unlike Western Europe or the US, no Dental Service Organizations (DSOs) or franchise models exist here yet.
ME	There is no corporative dentist in our country.
SI	No
RO	NO. We recently started to have Dental Chains in Romania, after large Medical Services Suppliers purchased several dental clinics
RU	There is no official definition.
BG	We define dental clinics as medical institutions registered under the Bulgarian law.
UA	There is no official definition.official definition of Corporate dentistry or Dental chains in Ukraine. Although there is the system of Dental chains in the Ukraine
KZ	Network of Dental clinics
AL	No , there is no official definition for Corporate Dentistry or Dental Chains
TR	Yes, a regulation issued by the Ministry of Health has made it mandatory for healthcare institutions providing dental services in our country to be established as companies. This rule applies to polyclinics, centers, and hospitals, but excludes private dental offices. The same regulation also allows these institutions to open branches. Recently, there has been a trend of using the same name across different locations, creating the appearance of chain healthcare institutions through naming rights without ownership links to the main center. However, no official regulation has been introduced on this practice.

2) **Can a non-dentist own a dental practice?**

ES	PT	CZ	LV	BE	AT	MT	IE	NO	HU	HR	CH	CY	SK	EE	NL	IS	IT	LT	FR	DK	DE	AM	KG	GE	IL	SE	MK	GR	FI	LU

UK	PL	AZ	BA	RS	ME	SI	RO	RU	BG	UA	KZ	AL	TR

France: A non-dentists can own a dental practice in France; But, since 2024, the centre must be medically managed by a dental practitioner.

Denmark: An authorized dentist must own at least 51% of a clinic for the patient to be eligible for public subsidies

North Macedonia: there is no legislation that forbids no dentist to own dental office

United Kingdom: All registrants with the General Dental Council (GDC) can own dental practices: dentists, dental therapists, dental hygienists, clinical dental technicians, dental nurses, orthodontic therapists and dental technicians.

Bosnia and Herzegovina: What we have observed through our work with dental professionals, clinics, and polyclinics is that it's possible for a single person to effectively own the premises and equipment, and then lease them to a corporate dentistry entity. That entity can carry out dental activities in that space based on authorization from the Ministry of Health.

3) Are dental chains allowed in your country?

ES	PT	CZ	LV	BE	AT	MT	IE	NO	HU	HR	CH	CY	SK	EE	NL	IS	IT	LT	FR	DK	DE	AM	KG	GE	IL	SE	MK	GR	FI	LU

UK	PL	AZ	BA	RS	ME	SI	RO	RU	BG	UA	KZ	AL	TR

Malta: no experience of it in Malta

Croatia: group dental office

North Macedonia: they are not forbidden and there is no legal regulation

Luxembourg: we are trying to annulate this possibility

Serbia: Dental chains are not prohibited as it is but law is that way written that it is nearly impossible make business that way.

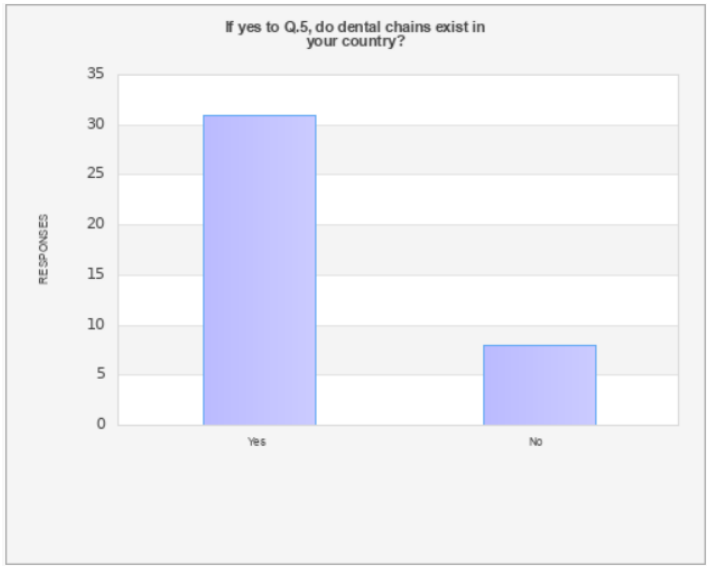
Albenia: Are not prohibited. By dental chain i mean Same dental clinic brand opened in various locations!

4) If yes to the previous question, do dental chains exist in your country?

Cyprus: small chains of 2-3 dental offices in different clinics

Azerbaijan: Several chains are active, especially in Baku and other major cities.

Albenia: In the form mentioned above



5) If yes, what are the rules regarding the ownership of a dental chain?

ES	These are the same rules as for any private clinic
PT	Currently, there are no restrictions on the ownership of dental chains in Portugal.
CZ	No special law. Just they have to have one experienced Dentist- 5 years after school.
LV	The rules for individual clinics or chain are the same - it should be created and running according to the Ministry of health & health Inspection's regulations for all.
BE	No rules
AT	Not really, the law only regulates that there may be no objections against the applicant. Beyond there are no rules regarding the ownership, but corporate dentistry/dental chains are by law only possible, if a formal procedure for getting a licence based on the needs of the population by regional administrative authorities is absolved successfully (§§ 3a, 3b Krankenanstalten- und Kuranstaltengesetz - KAKuG). The government abolished legal possibility for Austrian Dental Chamber to inhibit founding of dental chains in 2024.
MT	/
IE	They are governed by general company law provisions and there are no rules relating to the care provided which do not apply generally to licensed dentists. The Dentists Act 1985 appears to prohibit incorporation of practices, but this is not enforced by the regulatory body, the Dental Council of Ireland.
NO	In Norway, we have free establishment of dental clinics in the private sector. The rules for ownership of dental chains are no different from the rules applying to other dental clinics.
HU	No particular rules, mainly financial possibilities
HR	/
CH	There must be a responsible dentist with an authorisation to practice. Ownership and authorisation to practice as a dentist are not related. Anyone can own a dental office. Only dentists with an authorisation can practice
CY	there are no specific rules
SK	The same as by owning a single dental office as a legal entity/person. https://www.skzl.sk/wp-content/uploads/2021/11/Postup_pre_vydanie_povolenia_pre_PO.pdf https://www.skzl.sk/manazment-praxe/
EE	no rules , only for licence to work there need to be presented diplomas of the dentists.
NL	Ownership by non-practitioners is possible (e.g. dental chains), but medical responsibility must always remain with a dentist, registered in the Dutch Healthcare Professionals Register (BIG register).
IS	/
IT	/
LT	There is no special requirements regarding ownership

FR	Opening and running a corporate dentistry centre (under the 1901 law) in France involves complying with a number of legal rules, drawn from the Public Health Code, the Social Security Code, community law and regulations specific to health centres.
DK	Please look at Q 4. cf. Danish legislation: Executive Order on subsidies for treatment by a practicing dentist, Appendix 3 https://www.retsinformation.dk/eli/lta/2024/1249
DE	No special rules. All regulations to which the individual dentist is subject are also applicable.
AM	Only "Private Practices" Owned by Duly Graduating Dentists Are Allowed in Armenia
KG	No special requirements
GE	The same, which are for private practice.
IL	It is called a corporate law. Medical director should be a dentist. Subject to supervision of the ministry of health.
SE	To operate dental clinic in private, you are required to: • Register the business with the Swedish Health and Care Inspectorate (IVO). • Have a patient safety system and meet the requirements according to the Patient Safety Act. • Have a manager of the business (can be a dentist himself or someone else with the right expertise). • Hire a licensed dentist Insurance You must have: • Patient insurance – for injuries that may affect patients. • Liability insurance – for the business in general. Premises and equipment The premises must meet requirements from, for example: • The Environmental Code (waste management, ventilation, noise). • The Swedish Work Environment Authority (for work environment and hygiene). • There must be the right equipment for dental care, which can be a large investment. Record system You must have a record-keeping system that meets the requirements according to the Patient Data Act. There are several digital record systems adapted for dental care. GDPR and Privacy You need to comply with GDPR and have procedures for handling personal data, as you are handling sensitive patient data.
MK	/
GR	Any natural person or legal entity can own a dental chain (Law 3919/2011).
FI	In Finland, dental clinic chains can be owned by a wide range of entities, including private individuals, companies, investment firms, and healthcare corporations. Ownership is not restricted to dentists. However, clinical responsibility must always lie with a licensed dental professional, and the operations must comply with healthcare regulations set by national authorities.
LU	Actually, there is no hierarchy allowed, so every doctor is his own chief. But the dentiste may hire a praxis full equiped.
UK	More than 50% of the directors of a dental corporate body must be registrants of the General Dental Council (GDC). (Please note, dental registrants include dentists, dental therapists, dental hygienists, dental nurses, dental technicians, clinical dental technicians and orthodontic therapists).
PL	In Poland any physical or legal person (e.g. companies, partnerships, fiundations) can set up and be an owner of a dental care facility, provided that the requirements related to proper equipment, premises and sanitary issues as well as having properly qualified staff are duly met.
AZ	There are no specific rules exclusive to dental chains. Chains operate under the same legal framework as individual dental clinics. The Law on Licenses and Permits (2016) requires a medical license to operate healthcare facilities, but the ownership can be corporate or individual, regardless of the owner’s profession.

BA	/
RS	/
ME	/
SI	The general rules regarding company ownership apply
RO	A "non-dentist" can set up a company (e.g., SRL, LLC, GmbH, sole proprietorship, etc.) and "hire a licensed dentist" who meets all the qualification requirements – that dentist will be the legal owner of the practice. In practice, the legal entity (company) exists, but the provision of medical services remains "exclusively" the dentist's responsibility. However, this does not mean the company can practice dentistry without an authorised dentist – it can only provide logistical and administrative support, but "cannot perform medical acts".
RU	There are no clearly defined rules
BG	/
UA	Uniform conditions for the operation of dental clinics in Ukraine. This is the Resolution of the Cabinet of Ministers of Ukraine On Approval of Licensing Conditions for Conducting Business Activities in Medical Practice. https://zakon.rada.gov.ua/laws/show/285-2016-п#Text
KZ	Owner has to manage the work of the dental clinics according to all requirements of the law of Kazakhstan
AL	No legal framework allowing or preventing!
TR	According to regulations in our country, there is no distinction between owners of dental chains and owners of individual healthcare institutions. Among healthcare institutions, polyclinics can be established by a company whose partners are all dentists. For a healthcare institution classified as a "center," at least 51% of the partners in the owning company must be dentists. However, for a healthcare institution classified as a "hospital," having a dentist among the partners is not mandatory. These institutions may open additional facilities or branches, provided they meet the conditions for establishing healthcare facilities. This information is sourced from the "Regulation on Private Healthcare Institutions Providing Oral and Dental Health Services."

6) If no to Q.5, which national regulations prevent dental chains in your country?

NO	None.
HR	We have no regulation, but nowadays it is no interest for this organizations
EE	no rules

IS	None
FR	In 2023, new regulations and new rules have been adopted by our national parlement in order to prevent sanitary scandals. The law of 19 May 2023, supplemented by implementing regulations published in June 2024, now requires prior approval from the Agence Régionale de Santé (ARS) before any health centre, including community dental centres, can be opened. The aim of this measure is to improve patient safety by ensuring that facilities comply with current standards. - Mandatory approval of local health Institution (Agence Regionale de sante - ARS) - prior to opening a corporate dentistry center. The ARS grants provisional approval, which becomes definitive after a period of one year. If a compliance visit is carried out within this period, this approval is withdrawn. The corporate center already established have also to submit an application for approval. - The local health autorities - the ARS- have to send them the diplomas and employment contracts (and amendments) of practitioners working un dental chains. The departmental chamber (Conseil de l'ordre) also have to be informed by the dental chains of the procedures for storing and accessing patients' medical records in the event of closure. - the ARS have to inform professional bodies of any shortcomings that compromising the quality or safety of care. - The dental chains have to communicate the identity of the practitioners including replacements, on any support possible (website, inside of the dental office, every kind of communication platforms...). - compulsory wearing badge specifying their function.and name for all healthcare professionals - The dental Chains are prohibited to request full payment in advance of treatment. -Creation of committees of dentistsfor policy on improving safety, quality of care and continuing education in every center of every dental chains. - A national register of dental chains suspensions and closures will be created and made available to the public.
AM	Only Private Practices Are Allowed
KG	ответ основан на ваших собственных оценках, поскольку надежные данные отсутствуют. *CED translation:* The answer is based on your own estimates, since reliable data is not available.
MK	there are NO national regulations in North Macedonia regarding dental chains.
PL	None.
AZ	N/A

BA	In Bosnia and Herzegovina, there are no specific national regulations that explicitly prevent the establishment of dental chains. However, certain legal frameworks and professional requirements can create practical barriers for their formation: Legal Structure Requirements: Under the Law on Health Care in the Federation of BiH, private health facilities, including dental clinics, can be established by both individuals and legal entities. While this allows for the possibility of dental chains, the process involves obtaining a "certificate of need" from the health chamber, which can be a complex and time-consuming procedure. ResearchGate Professional Practice Regulations: The Law on Dental Activity in the Federation of BiH stipulates that dental practices must be operated by licensed dental professionals. This requirement ensures that the quality of dental care is maintained but may limit the involvement of non-professional investors in the ownership and management of dental clinics. Ownership and Management Restrictions: The same law restricts the ownership and management of dental practices to licensed dental professionals, which can hinder the development of dental chains that require centralized management and investment from non-professional entities.
RS	In Serbia, there are no dental chains because the regulations state that only dentists can be founders (entrepreneurs), and one entrepreneur can have one prectice or a polyclinic with a maximum of three locations within a single municipality.
ME	Gouverment
RU	there are no national regulations
UA	no
AL	No national regulations allowing or preventing

7) Does your country have any laws regulating the establishment and functioning of companies which are providing professional services within the field of activity of liberal professions? For example, laws providing that a professional entity (company, firm, e.g. a dental clinic, a law firm, an architectural firm, etc.) which intends to carry out a professional activity (in the case of liberal professions: doctors, dentists, lawyers, architects etc.) must be established and owned only by individuals who are entitled to practice the given profession.

ES	PT	CZ	LV	BE	AT	MT	IE	NO	HU	HR	CH	CY	SK	EE	NL	IS	IT	LT	FR	DK	DE	AM	KG	GE	IL	SE	MK	GR	FI	LU
																	/													

UK	PL	AZ	BA	RS	ME	SI	RO	RU	BG	UA	KZ	AL	TR
									/				

Estonia: can be ran only by individuals who are entitled to practice the given profession

Armenia: Legally..Corporate dentistry or Dental chains are Not Allowed

Azerbaijan: While no law specifically applies only to dentistry, general regulations apply to all healthcare entities, such as the Law on Private Medical Activity (1999) and the Law on Licenses and Permits (2016).

8) If yes, what are the requirements for the establishment and functioning of such professional companies?

ES	In our country we have the law of Professional Companies that provides that those companies that carry out activities for which membership is mandatory (dentists, doctors, lawyers, etc.) do not escape the deontological control of the Professional Associations, while providing measures to ensure that the control of the company remains in the hands of professional members of the Professional Associations. However, there are legal loopholes that have allowed many professional companies to be registered in the Mercantile Registry as if they were intermediary companies, falling outside the scope of application of this law. To avoid this, our General Council asks the administration to make it mandatory for all those companies whose corporate purpose is the provision of professional services to be registered in the Commercial Register as "professional companies".
AT	As mentioned above corporate dentistry is by law only possible, if a formal procedure for getting a licence based on the needs of the population by regional authorities is absolved successfully. Beyond there has to be a dental director as manager and responsible head of the dental service, appropriate medical equipment and technical facilities, institutional regulations, liability insurance etc. (§§ 3a, 3b, 7a KAKuG).
MT	Dental Licensing Board will inspect Dental Clinics

NO	In Norway, we have regulations on ownership of legal firms, but not for dental practices. The purpose of these rules is to secure the independence of the lawyers working in such firms. Only individuals having their main work/professional activity in the lawfirm can be owners of the firm. This means that ownership is not limited only to lawyers, but can also be held by for instance secretaries, administrative personnel etc. working in the firm. Hence, innvestors/corporate entities cannot be owners of a lawfirm. It is however possible to have external people on the board of the lawfirm, but the majority ownership must be held by the lawyers working in the firm. These rules are set out in section 21 of the Act Relating to the Legal Profession (link: https://lovdata.no/dokument/NL/lov/2022-05-12-28/KAPITTEL_7#KAPITTEL_7).
HU	All dental chains should have a professional supervisor and only professional people can carry out the treatment
CY	100% of the shareholders must be dentists. The dental company must be approved by the Department of Registrar of Companies and Official Receiver
EE	diplomas of the doctors and special allowance for practicing (architectural project with list of equipment's, data protection authority allowance, must be presented to the Health Board for receiving licence to practice
NL	Clinical responsibility must remain with a dentist registered under the Individual Healthcare Professions Act (Wet BIG). Key points: 1)Dentist must register in the BIG-register to practice legally. 2)Protected titles 3)Re-registration required every 5 years. Healthcare Providers Admission Act (Wtza): Requires healthcare providers (including dental chains) to notify authorities and obtain a license to enter the market. This includes governance, transparency, and accountability requirements. Wkkgz (Healthcare Quality, Complaints and Disputes Act): Ensures dental chains meet quality standards, provide complaint procedures, ACM (Authority for Consumers and Markets): Monitors and enforces competition laws to prevent anti-competitive practices and protect consumers. Maximized tariff structure: There is a capped pricing system for dental procedures, ensuring cost control and preventing overcharging. Supervision by IGJ (Health and Youth Care Inspectorate), NzA (Dutch Healthcare Authority), and Insurers: These bodies oversee the quality, pricing, and compliance of dental services to ensure patient safety, fair practices, and adherence to regulatory standards.
IT	All businesses operating in the medical field must undergo a series of inspections and comply with specific standards regarding staff training, the proper implementation of safety measures, and the accurate recording of both fiscal and personal data. In the healthcare sector, additional requirements include the proper storage of medical devices and related data, as well as the appointment of a medical director who is a qualified healthcare professional.
LT	Legal professionals can act in accordance with the specific law requirements for a liberal profession, but dentists in Lithuania cannot practise this way. Dental services in Lithuania can only be provided by licensed healthcare institutions (in any medical field).

FR	In 2023, a new convention has been signed between liberal practitioners unions and the french health insurance - Assurance Maladie Obligatoire : This new convention define the impossibility of creation for news dentists activities in very populated area. This new convention concern liberal practitioners but also mainly dental chains. In this 'non-priority' areas, formerly 'over-supplied' areas (5% of the population in 105 municipalities), the agreement introduces a 1 for 1 system (1 prior departure for 1 new agreement), including for employees of dental health centres on the basis of a minimum working time greater than or equal to 2 days/week. The creation and the development of new dental chains in this very populated areas is now impossible in France (but that affirmation concern only 5% of the population)
DK	Please look at Q *If yes, what are the rules regarding the ownership of a dental chain?*
DE	Regulated in the professional law of the respective professions. E.g. lawyers §§ 59b ff. Federal Lawyers' Act (Bundesrechtsanwaltsordnung BRAO) https://www.gesetze-im-internet.de/brao/inhalts_bersicht.html
AM	Not Permitted
IL	It is called a corporate law. Medical director should be a dentist. Subject to supervision of the ministry of health.
FI	Pharmacies - Only licensed pharmacists (proviisori) can own a pharmacy. Pharmacy ownership is restricted by law (Medicines Act), and corporate ownership (e.g. chains or investors) is not permitted. Law Firms - Only licensed attorneys (asianajaja) who are members of the Finnish Bar Association may own a law firm that uses the title "asianajotoimisto." Non-lawyers cannot hold ownership or control.
UK	- Dentists Act 1984 (as amended): More than 50% of the directors of a dental corporate body must be registrants of the General Dental Council (GDC). (Please note, dental registrants include dentists, dental therapists, dental hygienists, dental nurses, dental technicians, clinical dental technicians and orthodontic therapists). - Care Quality Commission (CQC) in England and equivalent bodies in Northern Ireland, Scotland and Wales: Healthcare providers including dental practices must be registered with the organisation. They check that services provided are safe, effective, compassionate, high-quality. They monitor, inspect and regulate services and publish their findings. They can take regulatory action if necessary
PL	See response to question number 7. The Chamber is of the opinion that an amendment in Polish law should be introduced whereby in every healthcare facility, regardless of who is its legal owner, the chief executive officer should be a medical professional (medical doctor or dentist) who is bound to act in accordance with the principles of medical and dental ethics not only when providing treatment himself but also within the managerial activities.

AZ	The company must obtain a medical license from the Ministry of Health. Clinical leadership must be assigned to a licensed dentist. All practicing professionals must hold valid Azerbaijani dental licenses. (Source: Ministry of Health of Azerbaijan)
BA	In Bosnia and Herzegovina, there are two forms for dental practice: Private practice, where the owner of the office is a single dentist. The requirements are that the doctor has a work license and provides the premises and equipment (through purchase, ownership, or lease). The other form is dental clinics/polyclinics, where the owner can be a natural or legal person (domestic or foreign), but they must employ at least two dentists, have a board of directors, and a director who has passed an exam in health management. Conditions; 1. Private Dental Practice (Solo Clinic) A dentist can open a private clinic under these conditions (Articles 162–163, FBiH Health Care Law): Must have formal qualifications: dental degree, specialist exams, license from the Dental Chamber. Must be a citizen or resident of FBiH, legally capable, with no conflict of interest or bans in place. Must not already be employed in a public institution or run another independent clinic. Must have suitable premises and medical-technical equipment. Must obtain approval from the Dental Chamber. Must receive an operating permit from the relevant cantonal ministry (Articles 166, 168). Specifics: You can open only one clinic, with a maximum of two functional units (Article 30). You can also start a dental laboratory, if you employ a full-time dental technician with the necessary licensing. The clinic must meet prescribed hygienic and technical standards. You are allowed to bring in one additional dentist in a second unit or shift (Articles 30, Rule 12). 2. Dental Clinic / Polyclinic (Multi-Doctor Institution) Polyclinics are organized as follows: Dental polyclinics—either independent or attached to hospitals/institutes (Article 28). Mandatory Requirements: The owner can be a physical or legal entity (domestic or foreign). Must employ at least two dentists. Requires a board of directors and a director who has passed the professional health management exam (Articles 129–130). Must maintain dental records and ensure quality standards (Articles 33–34)
RS	In Serbia, this is regulated by the Law on Healthcare , which stipulates that only licensed healthcare professionals can establish and own healthcare practices, including dental clinics.
UA	There is no self-government organization of doctors in Ukraine, and the law on self-governing organizations has not been adopted. There is a law on public non-government organizations. Therefore, the regulator for medical hospitals and dental clinics is the Ministry of Health of Ukraine, which is based on the current legislation of Ukraine.
AL	The persons working have to be licensed
TR	The conditions for opening healthcare institutions that provide oral and dental health services are detailed in the Law on Private Healthcare Institutions Providing Oral and Dental Health Services. This law covers rules about the personnel allowed to work there, as well as the required physical infrastructure and equipment.

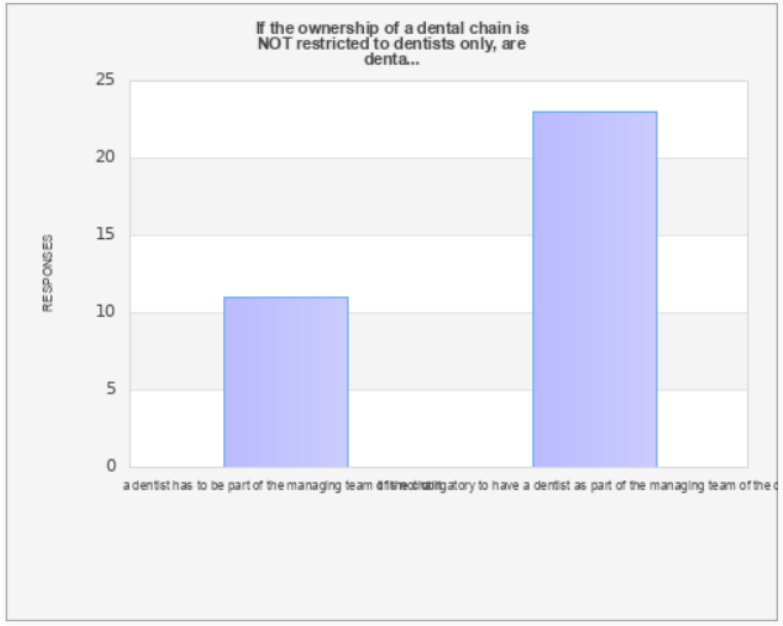
9) If yes, does this regulation prevent individuals who are not entitled to practice the given profession from owning such a professional company?

ES	Yes, but the problem is as stated in the previous question (q10)
AT	No.
MT	I think it is possible
NO	See answer to question 8 above.
HU	Non-professional business people can own the practice, but only professionals can carry out treatments
CY	non dentists cannot be owners or shareholders of dental companies
NL	no
IT	Again, ownership and management are two distinct field. Nowadays the dental chamber can rule over management IF provided by medical practitioners, but can't really interfere with ownership - again, often hard to precisely define.
LT	Yes, as per our knowledge.
FR	- The diplomas and employment contracts of salaried dentists and dental assistants must be monitored by the Ordres départementaux and the ARS, in order to guarantee the quality of the care provided. This is a reaction at illegal exercice of dentistry by not-allowed practitioners (often with diplomas comin from non-UE countries). - since 2023, new dental Chains can not open new centers without the agreement of the Regional Health Institution (ARS). This agreement is depending of the center project. This agreement is allowed for ONE year and could be not renewed in the event of a breach. - In the event of breaches of the rules, sanctions may be taken - at ordinal level (national chamber) as well as at civil level, at penal level and at health insurance level (reimbursement of dental centres and financial penalties). - A national register of centre closures will be set up to check the closure of centre managers.
DK	Please look at Q Can a non-dentist own a dental practice?

AM	No Such Problems in Armenia
KG	ответ основан на ваших собственных оценках, поскольку надежные данные отсутствуют. *CED translation:* The answer is based on your own estimates, since reliable data is not available.
IL	No Everyone can open a dental clinics. The medical director must be a dentist. The license from the ministry of health is on the dentist name and not the owner. Owner can not intervene in medical decisions.
FI	Yes.
UK	No – as long as the majority of directors are registrants, non-registrants can be part of the board of directors.
PL	See response to question number 7.
AZ	Non-dentists can own a clinic, but they cannot practice or supervise clinical work.
BA	Individuals who are not dentists can own a polyclinic, but they cannot have a private dental office or any other independent professional practice.
RS	In Serbia, only licensed dentists can establish and own dental clinics, and non-dentists are not allowed to be founders or owners of dental practices by Healthcare law.
RO	You cannot legally open and operate a dental practice in Romania without a "dentist qualification". Only a licensed dentist can provide medical services. However, a non-qualified person may, under certain conditions, be involved from an organisational/legal standpoint (e.g., as a company owner), but "cannot perform any medical act under any legal circumstance".
UA	The Resolution of the Cabinet of Ministers of Ukraine On Approval of Licensing Conditions for Conducting Business Activities in Medical Practice allows a person without a medical education to be the owner of a medical clinic https://zakon.rada.gov.ua/laws/show/285-2016-п#Text
AL	No
TR	In our country, ownership of healthcare institutions providing oral and dental health services by non-dentists is partially restricted. Private dental offices and polyclinics cannot be opened by non-dentists. For a "center," which is larger than a polyclinic, the majority partner must be a dentist, although non-dentists can own up to 49% of the shares. A hospital providing oral and dental health services is a larger facility than a center, where services may be offered under general anesthesia, but inpatient services are typically not available. Ownership of a hospital

	is not restricted to dentists; anyone can own such a facility. This information is sourced from the "Regulation on Private Healthcare Institutions Providing Oral and Dental Health Services."

10) If the ownership of a dental chain is NOT restricted to dentists only, are dental chains in your country obliged to have dentists as part of their managing team (Explanatory note: for example, the director of the chain has to be a dentist)?



Czech Republic: Dentist is "responsible person" controling processes but it is mostly formal.

Iceland: A dentist must hold the licence to operate a dental clinic. The Directorate of Health confirms that the operator meets the minimum professional requirements. https://island.is/en/health-service-operation.

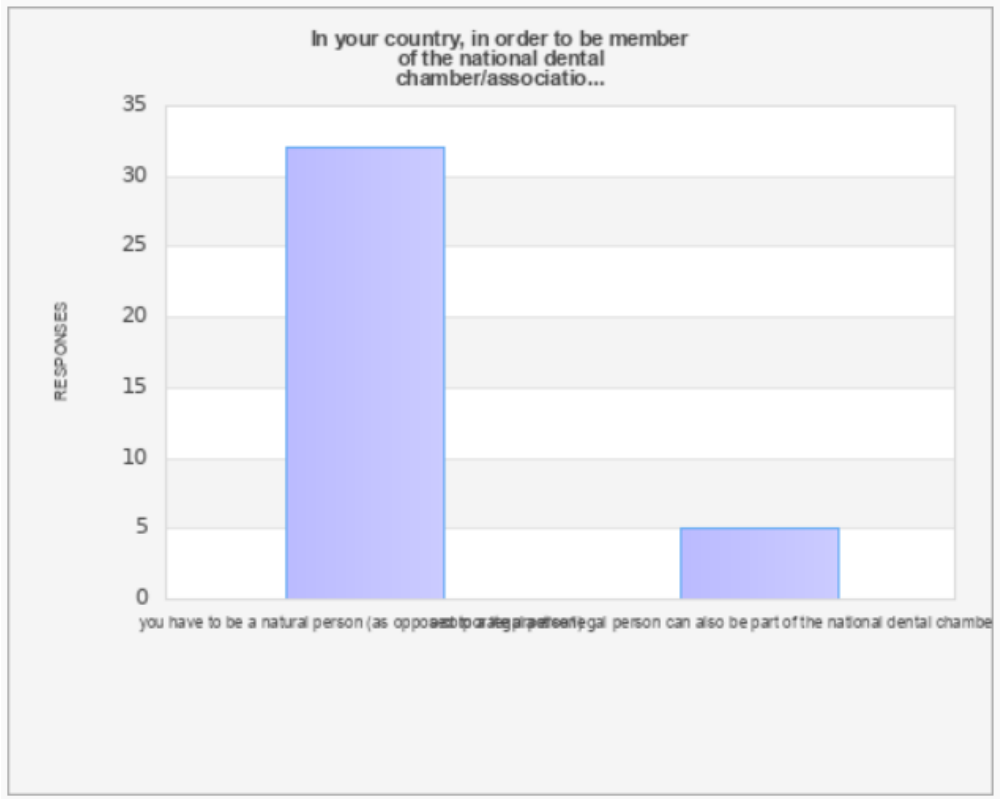
North Macedonia: In future if there are any dental chains in North Macedonia, our main concern as a dental chamber would be dentist to be CEO or at least part of executive board

United Kingdom: The majority of directors of a company need to be dental registrants, not necessarily dentists (see above).

Serbia: No we do not have chains but in policlinics as a similar model has to have doctor as a leader and director

Türkiye: Regardless of whether partners are dentists, healthcare institutions (except private practices) must have a dentist as responsible or chief physician, accountable for medical and administrative activities. However, dentists are not required to be involved in the management of the owning company. This is stated in the "Regulation on Private Healthcare Institutions Providing Oral and Dental Health Services.

11) In your country, in order to be member of the national dental chamber/association:



Slovakia: Membership in our chamber is not conditioned by the natural or legal person status. Dentists can run their office in both variants or be employed by both variants. Here are the rules of the membership: https://www.skzl.sk/clenstvo/#zapis-do-zoznamu-clenov

Armenia: Duly Graduating Dentists Can be Members of the Armenian Dental Association. Nobody Else.

Sweden: To be a member of the Swedish Dental Association you need to be a member of a national association. Some associations allow natural people and others legal people.

12) Do dental associations/chambers or other regulatory bodies have the power to impose disciplinary sanctions to the corporate ownership or dental chains for unethical behaviour? Do they have any other kind of control over the activity of these corporates/companies or dental chains?

ES	No, because dental chains are not incorporated as professional companies, but as medical service intermediary companies. Thus, they are not obliged to register with the professional associations and therefore have no obligation or responsibility towards the professional associations.
PT	not yet
CZ	No, but we have right to discipline concrete Dentist.
LV	not. not.
BE	No
AT	If dentists will be owners of dental chains in the future, they have to be members of the Austrian Dental Chamber, which will give us at least some possibilities to act in cases of noncorrect/unethical behaviour, e.g. via disciplinary law, while there will be much fewer possibilities for the Chamber to act, if non-dentists will be owners of chains, because they aren`t members. Corporates have to be run according to the license given by the regional administrative authorities and the latter are also the competent regulatory bodies for corporates and dental clinics. (§ 12 KAKuG)
MT	No
IE	The Dental Council of Ireland can only sanction individual registrants. They do not have any direct control over corporates; they do have control over registered dentists working within the corporates.
NO	The Norwegian Dental Association (NDA) is not a regulatory body, and can only impose sanctions for unethical behavior on the corporate ownership and dental chains if the owners are dentists who also are members of the NDA. Otherwise the NDA has no control over the activity of these corporates/companies or dental chains. Regarding dental treatment, the Norwegian health authorities will hold the practicing dentist responsible for any unethical behaviour which is not in line with Norwegian legislation. The Norwegian Health Personnel Act section 16 (English link: https://www.regjeringen.no/no/dokumenter/act-of-2-july-1999-no-64-relating-to-hea/id107079/) sets out requirements on companies providing health care (not the individual dentists), making it mandatory to be organised in such a way that the health personnel are able to comply with their statutory duties. This means that the company must provide sufficient and qualified personnel resources, sufficient and adequate equipment, have a clear distribution of responsibilities and tasks as well as necessary instructions, routines and procedures for the various tasks etc. Violation of Section 16 can for instance be, inadequate routines for organizing and calling in extra help in case of heavy work pressure. Another example of a breach could be that the overall level of competence and experience of the supporting

	staff is too low. A third example is inadequate routines for documentation and inadequate patient record systems. The company ownership and leadership can be punished for a breach of section 16 with fines or a maximum 3 months of imprisonment.
HU	Hungarian dental Association is a scientific body, therefore no power over corporate dentistry
HR	No
CH	Membership in SSO is not mandatory and we therefore have no power at all. The regulatory bodies in Switzerland are the health authorities in the cantons (Switzerland has 26 different cantons similar to départements in France)
CY	the dental association has power to impose disciplinary sanctions over the legally responsible body or individual of the company or of the dental chain
SK	Yes. Ethics is the only reason for a disciplinary sanctions impsoed by our chamber. A member of the chamber is obliged to perform his or her medical profession professionally, in accordance with generally binding legal regulations and the code of ethics, which is listed in Annex No. 4 to the Act 578/2004, https://www.epi.sk/zz/2004-578#f4686701
EE	no
NL	1)The Dutch Healthcare Authority (NzA), the Health and Youth Care Inspectorate (IGJ), the Dutch Competition Authority (ACM) and Insurers, oversee dental practioners and dental chains to ensure compliance with laws, including quality standards, pricing, and competition laws. These bodies can impose penalties or sanctions if dental practioners/entities fail to meet regulatory requirements or engage in unethical practices. 2)The Labour Inspectorate monitors compliance with the Working Conditions Act (Arbowet). 3)The KNMT Committee for Disciplinary Proceedings (CIT) handles complaints between KNMT members to correct misconduct and restore professional relationships, aiming for a ruling or settlement.
IS	No, the IDA has a limited power - can only terminate membership with the member holding the operation licence. The Directorate of Health is responsible for granting licenses of healthcare professions and confirms the operation of health services - and can there fore withdraw the licence but only to the dentist holding the licence. The National Health Insurance can exclude the dentist holding the operation licence from an agreement on payment for dental care for children and pensioners.
IT	The regulation of dental chains falls outside traditional medical jurisdiction. However, the National Chamber of Dentists (CAO) takes action regarding the activities of dental chains by: 1) Regulating the dentists working within the chains, who retain responsibility for medical procedures; 2) Intervening with medical directors (who are always dentists) in cases of complaints from patients; 3) Declaring that overly aggressive or misleading advertising campaigns are unacceptable.
LT	Dental chamber have the power to impose disciplinary sanctions only to natural person (mandatory membership for dentists, dental technicians, oral hygienists and dental nurses), but not to healthcare institution.

FR	The National Chamber (Conseil National de l'Ordre) can impose penalties on against salaried practitioners or the medical director of dental chains. - Reprimand - Temporary suspension from practice - Ban on practising (temporary or permanent) - Striking off the Register (in the most serious cases) ➡️ Even if the practitioner is an employee, he or she is personally liable for his or her actions.
DK	Yes, the Danish Patient Safety Agency has, according to health legislation Section 3a, requirements for dental clinics on an organizational level. https://www.retsinformation.dk/eli/lta/2025/275
DE	No. Only by way of monitoring the professional law/code of ethics of dentists working in the company.
AM	No Such Problems in Armenia
KG	through cooperation with Health service ministry
GE	No
IL	No
SE	No
MK	The only one who can be sanctioned by dental chamber for unethical behavior are dentist employed by dental chains.
GR	NO. HDA has proposed to the Greek State a legal framework that disciplinary sanctions could be imposed to corporate ownership but it is not yet in force. Regional Dental Societies & HDA have the power to impose disciplinary sanctions on their members- dentists only (Presidential Decree 39/2009).
FI	Finnish health regulators (e.g. Valvira, Aluehallintovirasto/AVI) can impose sanctions on licensed professionals (e.g. dentists, clinical directors) for unethical or illegal conduct. Corporate entities themselves (such as dental chains or holding companies) cannot be professionally disciplined in the same way — because only licensed individuals (e.g. dentists, doctors, nurses) fall under the Health Care Professionals Act. All private healthcare providers (including dental chains) must be registered and have a license to operate. The license can be suspended or revoked if operations seriously breach healthcare laws or endanger patient safety.
LU	/
UK	The General Dental Council (GDC) has the power to launch fitness to practise investigations against registrants and this can include professional conduct and performance matters. They cannot directly impose sanctions on the company itself or the non-registrant directors. The Care Quality Commission (CQC) in England and similar regulators in the other UK countries can take regulatory action against a practice that is non-compliant with its regulatory requirements. The BDA is in favour of more direct regulation of the larger dental corporates by the GDC; legislation for this exists but is not currently enacted.

PL	Professional self-government in Poland, which is composed of 24 regional chambers of physicians and dentists and the Supreme Chamber of Physician and Dentists, has supervisory powers only upon individual dentists who are entitled to practice the profession in Poland. The Chambers cannot supervise healthcare facilities or their owners if they are not individual dentists. Helathcare faicilities are subject to registration with local administrative bodies (voivodships) who have certain regualtory powers over them, however in the Chamber's opinion these administrative bodies rarely use their powers against facilities which are abusing their legal obligations.
AZ	The Ministry of Health and Administration of the Regional Medical Divisions (TABIB) have limited powers to impose sanctions. They can withdraw a dentist’s license for violations. Corporate entities can be sanctioned through the Ministry of Health or economic courts, particularly for violations of healthcare regulations. NDA on the other hand doesn't hold this power.
BA	No, dental associations or chambers in Bosnia and Herzegovina—such as the Dental Chamber of the Federation of BiH—do not have the authority to impose disciplinary sanctions on corporate entities or dental chains for unethical behavior. Their regulatory power is limited exclusively to the individual members of the profession—licensed doctors of dental medicine. They have no jurisdiction over companies or corporate ownership structures. Their oversight applies only to their registered dental practitioners, not to clinics as legal entitie
RS	In Serbia, the regulatory body for dentists is the Ethical Committee within the Dental Chamber, which oversees professional conduct and ethical standards. It has official the Coe of Ethics that dentist must follow.
ME	/
SI	No
RO	The Romanian Authority in Dentistry, the Romanian Dental Chamber launched a process to "revise the Code of Ethics" to align it with the current realities of the dental market. The Romanian Dental Chamber emphasises principles of "truthfulness, objectivity, confidentiality, and responsibility in promotion", as a response to the challenges posed by large/corporate dental chains.
RU	Dental Associations do not have a power to impose disciplinary sanctions
BG	Yes. The institutions and the Dental Association.
UA	There is no self-government organization (chambers) of dentist in Ukraine. In Ukraine, there has been a public non-government organization of dentists for almost 70 years – Ukrainian Dental Association, which is regulated by the Law of Ukraine on Public Associations. https://zakon.rada.gov.ua/laws/show/4572-17#Text Disciplinary sanctions should be imposed by the Ministry of Health of Ukraine.
KZ	No
AL	No they do not. Order of Dentistry Disciplinary Bodies have power to impose disciplinary sanctions only on the dentist who is a member of the Order of Dentistry(every dentist practising in our country has to be member of the Order of Dentistry)

TR	The authority of dental chambers to impose disciplinary sanctions is limited to dentists. They do not have the power to sanction non-dentist partners or the companies owning healthcare institutions. Instead, the Ministry of Health has the authority to impose sanctions on the legal entities that own these institutions. This information is based on the Turkish Dental Association Law, Presidential Decree No. 1, and the Regulation on Private Healthcare Institutions Providing Oral and Dental Health Services.

13) Are you aware of dental chains trying to establish/succeeding in establishing their own associations and unions in your country? If you have such information, please elaborate, and if possible provide links to their websites.

ES	We do not have this information
PT	no information
CZ	They have it but small and unimportant now.
LV	there could be an association for clinics (different specialties, like dental chains. But Latvia does not have.
BE	No
AT	Rumour has it: Raiffeisen Bank, other banks, real estate firms
MT	Not as yet
IE	No
NO	No.
HU	Not aware
HR	We are aware because of facts which are hapening in some countries i EU
CH	So far we do not see this tendency not but we are aware of the possibility and danger.
CY	No such cases in Cyprus!
SK	No.
EE	not yet
NL	Dental Service Organisations (‘chains’) have joined forces by affiliating with a foundation. The foundation may act as an employers' organisation in relevant cases.
IS	No
IT	Being ANDI the largest medical association in Italy (almost 29.000 members), representing more than half of Italian dentists (active dentists in 2024, 46.529) and considering how ANDI strongly opposes any commercial venues in accessing dentistry, in Italy there has been no

	chance for a commercially oriented dental union. Moreover, it is our impression that, every time dentists unionize, they push toward a liberal practice model, moving away from dental chains.
LT	No, as per our knowledge
FR	- SNPADHUE - FNI Santé - National Federation of Health Centres (FNCS) The FNCS is the historic organisation of multidisciplinary health centres, including dental centres. It defends the employees of health centres (doctors, dentists, nurses, etc.). It participates in the negotiation of conventional agreements (e.g. rider 5 regulating 2025 installations). It offers legal support, training and management tools. https://www.fncs.org/ - USCD - Union Syndicale des Centres Dentaires Union more specifically dedicated to dental centres, whether associative or mutualist. Defends the rights of salaried practitioners, quality of care and good practice. Takes an active part in debates on regulations (non-priority areas, ARS approval, etc.). https://www.syndicat-ucsd.com
DK	There are several small organizations in Denmark and one of them is an organization exclusively for chains, but it is only the Danish Dental Association that has the right to negotiate. https://www.dansktandsundhed.dk/
DE	There are two associations in Germany that represent the interests of medical care centers (including dental chains). These are the Federal Association of Medical Care Centers (BMVZ), which was founded in 1992, and, since 2018, the Federal Association of Sustainable Dentistry (BNZK), which specifically represents the interests of dentist chains in the hands of investors.
AM	No Such Problems in Armenia
KG	no
GE	No
IL	Yes. Unions.
SE	No
MK	No
GR	NO.
FI	Hyvinvointiala HALI ry (The Finnish Association for Private Care Providers) - Represents a wide range of private healthcare and social service providers, including large dental chains like Mehiläinen and Oral. https://www.hyvinvointiala.fi/in-english/
LU	/
UK	Yes, in the UK there is the Association of Dental Groups (ADG). https://www.theadg.co.uk/
PL	We are aware that there is an organization of employers in healthcare, it does not associate only the dental facilities, it serves to exchange experiences in the management of medical facilities, especially large ones. The only joint action they took was, in order to recruit dentists as employees from non-EU countries, lobbying for introduction of simplifies procedures regarding the access to profession.
AZ	Not that we're aware of. So far, there are no official organizations or unions made by dental chains.
BA	I'm not aware of any dental chains in Bosnia and Herzegovina that have formed their own professional associations or unions separate from the existing chambers and associations. The main regulatory bodies in BiH's dental field are: The Dental Association of Bosnia &

	Herzegovina (USFBiH), which has regional branches and operates as a professional association for individual dentists The Dental Chamber of the Federation of Bosnia & Herzegovina, a statutory body overseeing licensed dentists .
RS	I am aware of such speculations of various chains negotiating with dental practices but as we are aware only two dental depos tried to establish association but not any chain.
ME	/
SI	No
RO	NO
RU	There are a couple of dental chains existing. As an examples are: https://medsi.ru ,- https://www.prezi-dent.ru.https://www.rudenta.ru/https://dental.sadkomed.ru/https://ndstom.ru/.https://www.gorstom.ru/https://stomat9.ru/ and others
BG	Yes.
UA	No
KZ	No
AL	No
TR	Owners of private healthcare institutions often form associational partnerships. These include the Private Hospital and Healthcare Institutions Association (https://ohsad.org/hakkimizda/), which represents both dental and general medicine institutions, and the Dental Clinic Operators Association (https://dekid.org.tr/), formed by owners of dental healthcare institutions. Additionally, there are various local associations. However, none of these organizations hold the status of a professional association with legal public authority.

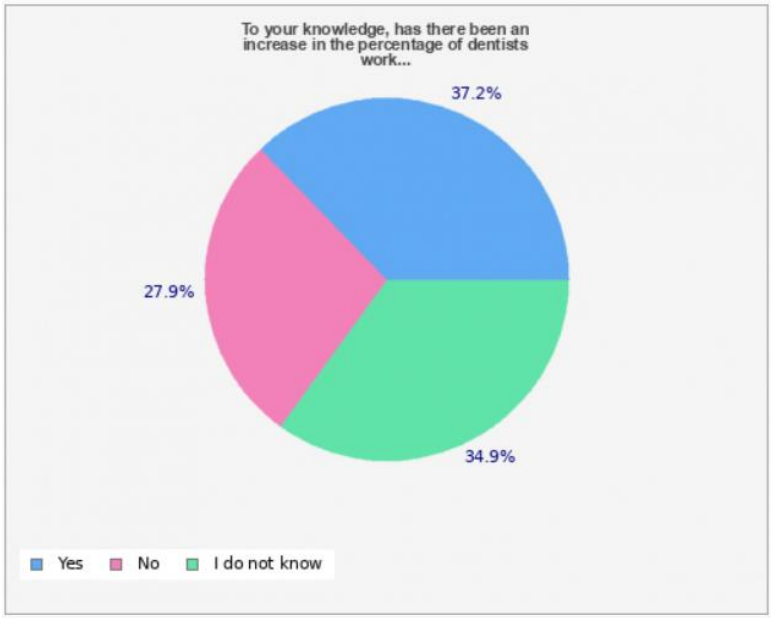
14) To your knowledge, what percentage of the whole dental market is represented by dental chains in your country?

ES	By number of dental clinics, corporate clinics account for less than 3% of the total.
PT	no knowledge
CZ	app 15%
LV	less 10% (data from health inspection - 800 dental clinics in total))
BE	We presume 15 to 20%
AT	-
MT	O
IE	Approx 20% we estimate
NO	Approximately 25%. The three biggest chains have about 22 % of the total turnover in the private dental health sector.
HU	Probably 30%, not sure
HR	
CH	less than 10 % (6-8%)

CY	Less than 5%
SK	10-15% are estimated.
EE	2 chains (all together 550 dental clinics)
NL	The number of dental practices that are part of a chain increased from 10% in 2021 to 13% in 2023.The percentage of the market share of chains in the total sector turnover is significantly higher (estimated 25% per 2023). Exact share not known (Estimated by KNMT Research Department/ABNAMRO Branchereport 2024)
IS	0%
IT	hard to say, especially considering dental tourism - traditionally toward Croatia, increasingly shifting toward Albania and Romania
LT	No data
FR	In 2023, dental health centres provided 15.1% of dental care in France, compared with 84.9% for private practices. This proportion has been rising steadily since 2013, when it was 8.3%.
DK	No
DE	The locations of dental chains account for 1.3% of all practice locations in Germany. We assume that around 3% of the SHI service (Gesetzliche Krankenkassen) volume takes place in dental chains.
AM	0%
KG	ответ основан на ваших собственных оценках, поскольку надежные данные отсутствуют. CED translation: The answer is based on your own estimates, since reliable data is not available
GE	About 3 percent.
IL	30%
SE	30-40 %, no reliable data
MK	None
GR	0%
FI	-
LU	/
UK	It is difficult to say as there is no agreed definition of a dental corporate for the purpose of this questionnaire. The UK legal definition would include any small practice that happens to have incorporated for tax reasons. Therefore, for the purpose of this questionnaire, we use a more arbitrary definition. We have looked at the registrations with the Care Quality Commission of branded entities that have more than 13 practices, and have compared this to the total number of primary dental care registrations (excluding community and prison practices). On that basis, the “market share” would be 22.3% of all primary care dental registrations. This is, however, not a financial market share, but one based on the number of regulated active locations. Figures are for England only; the numbers in Scotland, Northern Ireland and Wales will be comparatively smaller. Applying different parameters would provide different results for the market share question.

PL	No precise data is available. We assume that still the dominant model of practicing dental profession is by working in one's own dental practice – it is around 80% or even more of dental facilities. The problem with calculating the scope of these chains is that often dentists working there do not have an employment status, but are self-employed and have a "subcontract" with such a company.
AZ	Estimated at 10-15% of the dental market – Mostly in urban areas.
BA	There is no data or knowledge indicating what percentage of the total dental market in Bosnia and Herzegovina is represented by dental chains.
RS	At this moment less than 5% because in medical chains which they have few dental practices within Healthcare centers.
ME	/
SI	10
RO	I do not know and such statistics are not yet available, in Romania. According to statistics, 65% of the dental practices are private practices, the rest are organized as companies. However, there is no further information how many of them are part of Chains.
RU	there is no statistics, as well as the definition is not clearly defined.
BG	Minimal
UA	no information
KZ	5%
AL	Below 5%
TR	There is no reliable data on this subject.

15) To your knowledge, has there been an increase in the percentage of dentists working for dental chains since 2022?



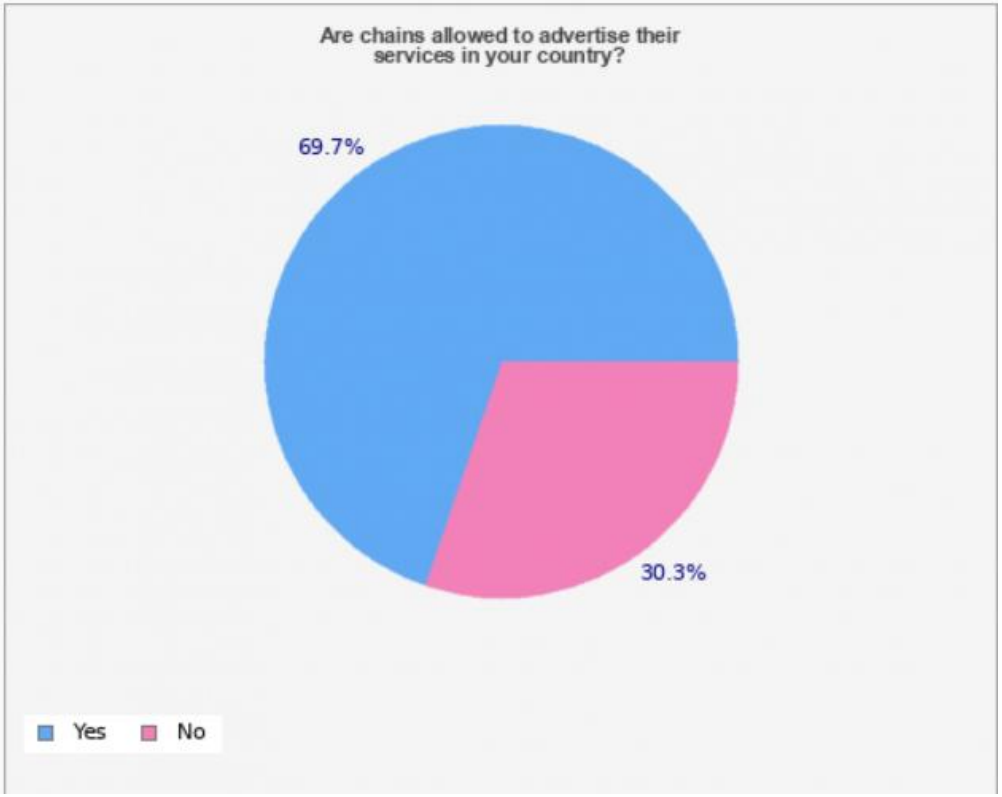
16) To your knowledge, on average how many a) employees and b) subsidiaries do dental chains practices have?

ES	2 or 3 (not official data)
PT	a) more than 100 b) more than 15 (no official data)
CZ	typicaly app 15
LV	there is no such calculation, cause each clinic is registrated separate
BE	?
AT	-
MT	N/A
IE	Few corporates exists but two have more than 100 dentists

NO	In Norway, hardly any dentists are employed. They are either clinic owners or self-employed who have either entered into a contract to work either in a dental chain or with a smaller clinic owner. The three biggest chains are estimated to have similar market shares. a) About 1000 dentists work in chains, predominantly the three biggest ones. I.e. approximately 25 % of the dentists in private sector work in chains. b) The three biggest chains have a total of 22 subsidiaries (owning in total 210 clinics).
HU	Not sure
HR	
CH	employees per location: 6-10, subsidiaries 4-41 locations
CY	3-4
SK	I do not have any data on this matter.
EE	biggest has around 200 dentists (all together 700-800 workers)
NL	a) Employees (dentists only): On average, 6.2 dentists work in a dental chain practice. (Note: this refers to dentists/headcount only.) b) No data /These estimates are base on the data of the KNMT Research Department
IS	0
IT	often medium to large clinic (4+ dentists operating)
LT	No specific data
FR	At 1 January 2023, the 1,209 dental health centres in France employed around 19,146 people, broken down as follows. 7,077 dental surgeons 6,011 dental assistants 5,590 medical and administrative staff
DK	No
DE	a) An average of 3.80 dentists are employed per location of a dental chain (only in relation to employees: 3.63 per location). An average of 50.8 dentists are employed per chain (totaled across all locations) (of which 48.5 are salaried dentists). b) A dental chain has an average of 13.37 locations. (There are some very large chains; the median is 8 locations).
AM	0
KG	ответ основан на ваших собственных оценках, поскольку надежные данные отсутствуют. CED translation: The answer is based on your own estimates, since reliable data is not available
GE	About 50-60
IL	Approx 5000
SE	No data
MK	/
GR	N/A
FI	-
LU	/

UK	We do not know about employee numbers; dentists working in practice are usually self-employed, even when working for the corporates. With regard to subsidiaries, taking our approach used in question 16, we started looking at corporates with a minimum of 13 practices; with the largest three having 548, 433 and 375 respectively.
PL	We have no such estimates.
AZ	a) approx. 8–15 employees (dentists, nurses, admins) b) 2–5 branches, mostly in Baku or regional centers.
BA	We have no knowledge or information indicating what percentage of the total dental market in Bosnia and Herzegovina is represented by dental chains. The dental market in Bosnia and Herzegovina is still developing, and although there are numerous dental clinics, there is no recorded presence of dental chains. Most dental clinics are independent.
RS	we do not have knowlage abouth that but since there is no chains answer is none.
ME	/
SI	a)10 b)5
RO	I do not have such information
RU	a) 30 and more b)5 and more
BG	/
UA	no information
KZ	I don’t know
AL	10-15
TR	There is no reliable data on this subject.

17) Are chains allowed to advertise their services in your country?



Belgium: information yes, publicity no

Switzerland: concerning advertising chains fall under the comercial law and private dental offices under the medical law

Denmark: Yes - limited in legislation on marketing of healthcare services. https://www.retsinformation.dk/eli/lta/2003/326

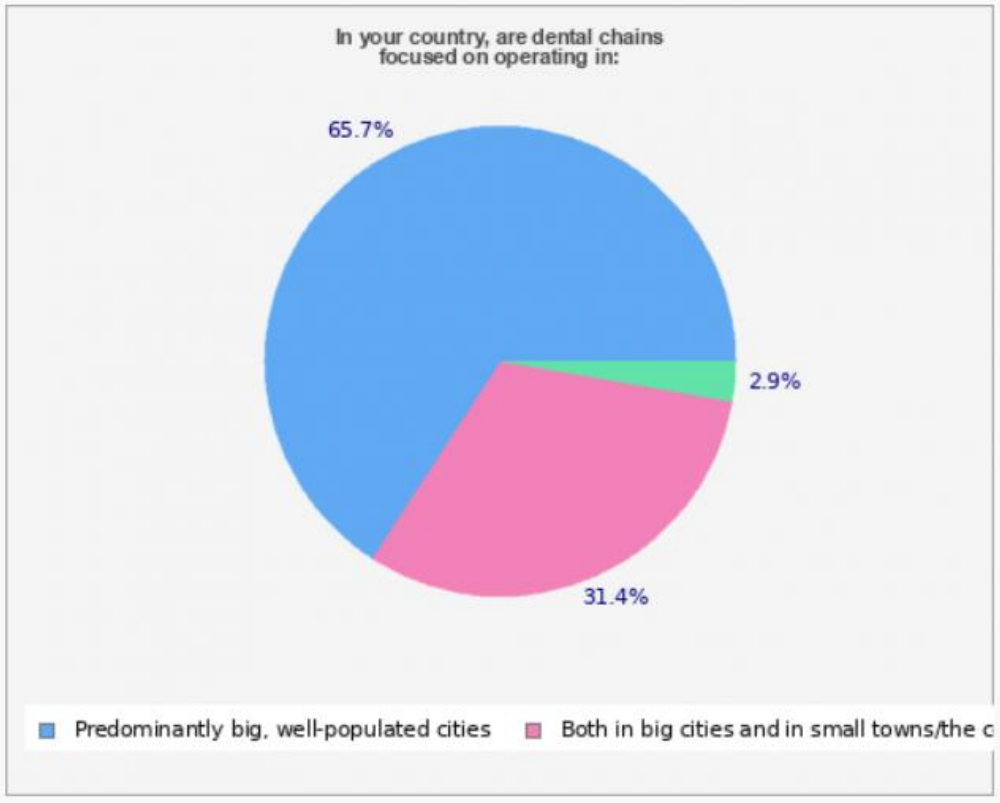
Israel: Because the give service to HMO insured patients they can. Private ownership clinics are not allowed to advertise

Poland: In principle, healthcare facilities in Poland are not allowed to advertise, they may provide information to the public about the scope of healthcare services that the given facility renders, however the content and form of this information may not have characteristics of a commercial advertisement. This legal provision applies to all public and private facilities, including physicians and dentists exercising profession in a self-employed capacity. Hiwever, in practical terms owners of dental facilities often do not respect these rules and information which is clearly of commercial nature is in place.

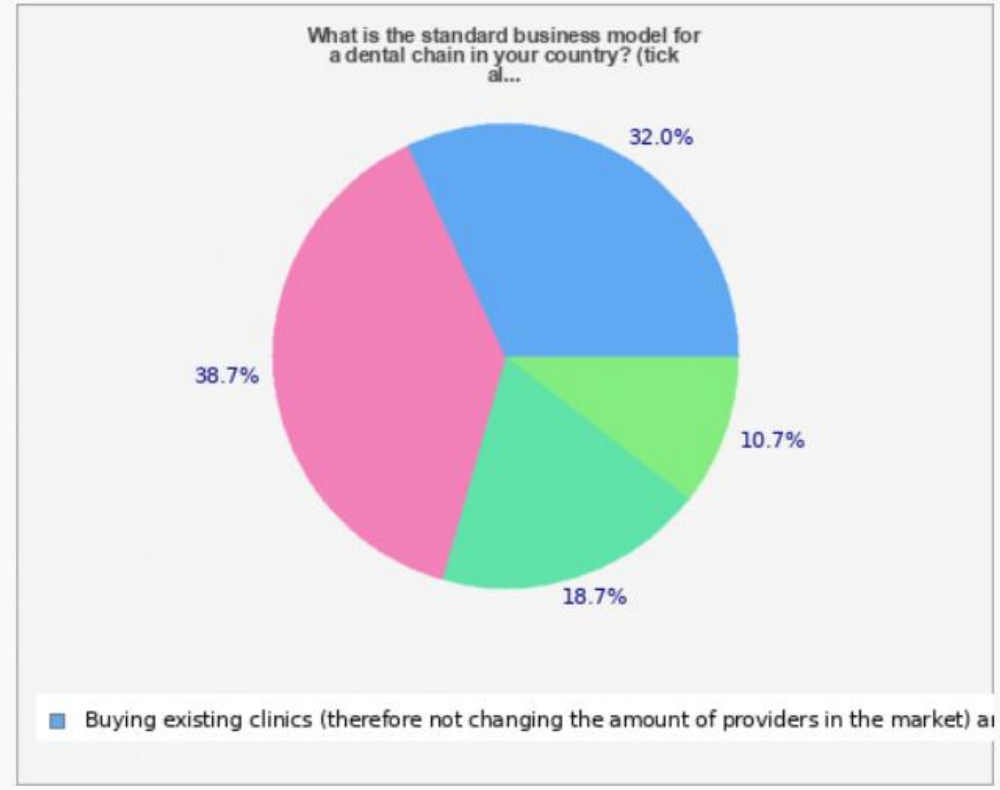
Serbia: advertising is not prohibited but there is a few instagram and facebook reels abouth foreign chains.

Albenia: Without prices

18) In your country, are dental chains focused on operating in:



19) What is the standard business model for a dental chain in your country? (tick all that apply)



38.7% = Setting up new dental offices

32.0% = Buying existing clinics (therefore not changing the amount of providers in the market) and continuing the ethos of an existing practice

18.7% = Offering low cost treatments

10.7% = Attracting dental tourists from other countries

20) Please choose all that apply. Do you have any reports about:

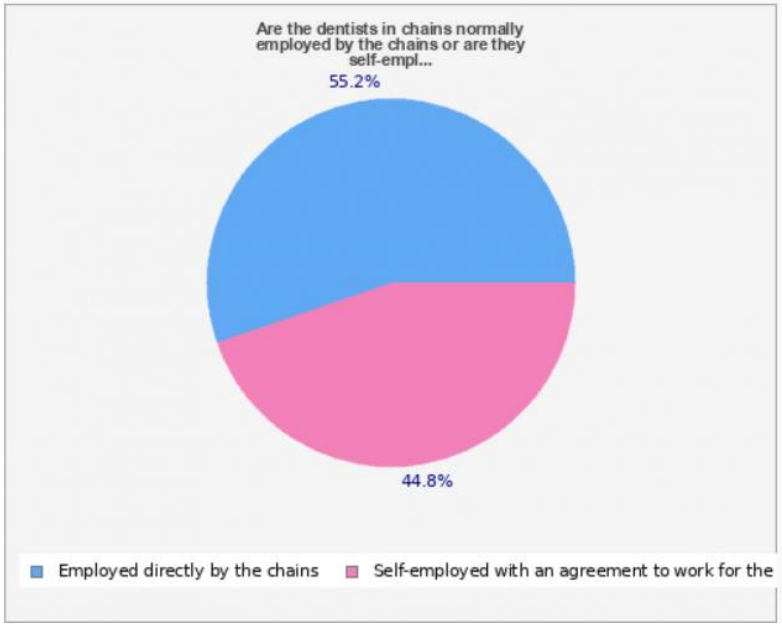
Option	Reported by
the quality of the dental services provided by dental chains (positive and/or negative)?	Spain, Portugal, Czech Republic, Hungary, Slovakia, Netherlands, Italy, France, Germany, Serbia, Slovenia, Russia, Kazakhstan, Albenia
unethical behaviour of dental chains towards patients?	Spain, Portugal, Czech Republic, Hungary, Slovakia, France, Germany, Luxembourg, Serbia, Albania
dental chains providing unsatisfactory, subpar working conditions and employment contracts for dentists?	Czech Republic, Belgium, Norway, Hungary, France, Germany, Luxembourg, United Kingdom, Serbia
issues with the provision of care to patients where chains exited the market?	Czech Republic, Hungary, Italy, France, Germany, United Kingdom, Montenegro, Albania
dental chains targeting dental graduates/ dental students as potential employees (e.g. approaching them with special events, scholarships)?	Czech Republic, Belgium, Ireland, Hungary, Estonia, Finland, Luxembourg, United Kingdom, Serbia, Russia, Bulgaria, Kazakhstan
dental chains undermining the standard prices (e.g., by offering lower prices) for dental treatments in your country?	Czech Republic, Hungary, Italy, Serbia, Ukraine, Albania
dental chains employing many foreign dentists?	Czech Republic, Belgium, Ireland, Norway, Hungary, Slovakia, France, Germany, Luxembourg, United Kingdom, Albania
unethical and unlawful advertisement from dental chains?	Spain, Portugal, Czech Republic, Hungary, Slovakia, Italy, France, Luxembourg, Romania, Bulgaria, Albania

21) If you have any concrete reports, links and articles on any of the issues outlined in the question above, please include them here:

PT	**https://pt.dental-tribune.com/news/tive-de-fazer-o-luto-de-todo-o-passado-e-erguer-me-de-novo/ https://www.tsf.pt/sociedade/saude/clinicas-o-meu-dentista-fecham-todas-as-portas-5151300.html/ https://www.publico.pt/2011/07/29/jornal/grupo-de-clinicas-dentarias-low-cost-tinha-imigrantes-ilegais-e-sem-habilitacoes-para-exercer-medicina-22587543 https://expresso.pt/sociedade/2023-07-07-Clinica-dentaria-deixa-clientes-com-tratamentos-inacabados-apos-pagamento-22a2fe6c**
NO	In May 2024, the Norwegian Dental Association commissioned a report on the private dental health sector in Norway. The report can be accessed here (only in Norwegian): https://www.tannlegeforeningen.no/fag-og-politikk/politikk-og-pavirkning/rapporter.html, see link:

	"Kartlegging av den private tannhelsetjenesten" (chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.tannlegeforeningen.no/download/18.7add97c51900c61ec176d068/1736347563937/Oslo%20Economics%20-%20Kartlegging%20av%20den%20private%20tannhelsetjenesten.pdf The report shows that the three biggest chains have a markedshare of 22 % of the total turnover in private dental health sector.
HU	As Hungarian dental Association is a scientific buddy, we don't have exact proof of the above, but we keep hearing and reading reports about that
CH	https://www.handelszeitung.ch/unternehmen/migros-verklagt-den-grunder-von-bestsmile-796539 https://www.beobachter.ch/konsum/konsumentenschutz/offene-rechnungen-zahnarztkette-smilemore-hat-konkurs-gemacht-was-heisst-das-fur-patienten-606791?srsltid=AfmBOooSWG9vCEyV6F7qOeoMfNua4yyIqE6XEB4jdirxmWkNufODDbd0
SK	Nothing concrete because patients have not been filling official complaints with the authoirities.
NL	https://www.igj.nl/publicaties/rapporten/2020/11/19/rapport-goed-bestuur-bij-mondzorg
IT	https://andi.it/primi-risultati-della-campagna-contro-i-rischi-del-turismo-dentale/ publishing campaign advertising the risks of dental tourism
LT	No data
FR	https://www.assemblee-nationale.fr/dyn/16/rapports/cion-soc/l16b0514_rapport-fond.pdf _ https://www.erodental.org/assets/documents/France-Rapport-national-2023-FR.pdf _ https://www.lemonde.fr/societe/article/2024/04/23/la-securite-sociale-deconventionne-dix-centres-de-sante-dentaires-pour-fraude_6229424_3224.html?utm_source=chatgpt.com _https://www.senat.fr/questions/base/2021/qSEQ210522633.html
AM	None of These Issues, No Such Problems in Armenia
KG	no
GE	No
SE	No data
PL	We do not receive any reports which specifically relate to dental chains. We are aware of their interest to employ foreign, especially non-EU dentists.
AZ	No formal reports to the NDA yet, only internal feedback from ASA members and some media outlets have discussed employment concerns and aggressive pricing strategies. If any reports are made, usually they are addressed to the MoH or TABIB and neither discussed nor shared with the NDA.
RO	The Romanian Dental Chamber initiated a dialogue with the Romanian Competition Council to ensure that dental regulations — particularly the Code of Ethics — do not conflict with competition law. This includes reviewing how dental services are promoted and organised in an increasingly "corporate" environment. The Romanian Dental Chamber also actively supports the investigation launched by the Competition Council into the dental services market, advocating for transparency and the fair application of competition rules. In July 2025, a "Good Practice Guide on Dental Advertising" came into force. It requires avoiding false, misleading, or defamatory comparative advertising — a relevant aspect for large corporate clinics that may use aggressive or deceptive marketing strategies.

UA	The Ukrainian Dental Association publishes annual reports on dental activities in Ukraine. These directories are available on the Association's website. https://www.udenta.org.ua/publikaciyi
AL	No articles yet, but increasing number of complains in the disciplinary bodies or the Order of Dentistry about dentists working in this chains



22) Are the dentists in chains normally employed by the chains or are they self-employed with an agreement to work for the chains?

55.2% = employed by the chains

44.8% = self-employed with an agreement to work for the chains

23) Do you have any other comments?

CZ	**no**
MT	Luckily we do not have any dental chains
IE	Not all 'chains' or 'corporates' are the same and we need to avoid treating them as homogenous. As a representative body we have many dentists in membership of these enterprises. Many practice owners are conscious that they may look to sell their clinic to these chains ultimately. Many younger dentists are more interested in working as employees and the chains cater for this preference. There are many challenges for representative bodies and we are conscious of not adopting a simplistic response to this development within the profession. We are all facing new challenges within a rapidly change profession and dental demography at a time of excess demand over supply of dental expertise.
NO	In Norway there are two main types of dental chains: (1) Chains that expand by buying existing clinics, not changing the amount of providers in the market. The buyer companies of the dental chains are investor owned, primarily international capital funds (two of the biggest chains were originally dentist owned). Generally these chains focus on high-end quality sevices. (2)The other type of chains are more low cost, focusing on providing services cheap and we see that they to a larger extent employ dentists coming from abroad. One of them also cooperate with clinics in Hungary where they send patients for cheaper treatments (dental tourism). In Norway, hardly any dentists who work in the private sector are employed. They are either clinic owners or self-employed who have either entered into a contract to work for a dental chain or an individual clinic owner. We are receiving feedback from several dentists working in corporate chains that the feel pressure to increase their turnover, hence they are worried about increased over-treatment of patients at their workplace, and that they experience loss of professional autonomy Approximately 70 % of Norwegian dentists work in the private sector and 30 % work in the public sector. The public dental sector in Norway is responsible for giving dental treatment to children up to the age of 24 (soon up to 28), to people with mental disabilities as well as to certain groups of people living in an institution or who receive care at home (these can be elderly people or people with longterm illnesses or disabilities).
HU	No
CH	The answers are based on my own assessments but also on some current and ongoing research. Since it hasn't been published yet, I can't give you the source.
NL	To prevent the misuse of funds intended for healthcare, the Minister of Health has submitted a new bill: the Act on the Integrity of Business Operations in Health and Youth Care Providers (Wibz). The aim is to ensure that care providers uphold honest and transparent business practices, putting public interests—such as quality, accessibility, and affordability—first.At the earliest, the law could come into effect by mid-2026 (depending on the progress of the parliamentary process).Official (Dutch) government page on Wibz: https://www.rijksoverheid.nl/onderwerpen/wibz

IS	Recently a dental clinic opened in Iceland (they bought an existing clinic). The owners are two Icelandic businessmen (non-dentists), a foreign dentist holds the operation licence and two foreign dentists (both with licence to practice) work there a part time but mostly in their home country where they work for a bigger clinic focused on dental tourism. There is suspicion of collaboration between these clinics and patients being sent abroad for treatment.
IT	The two main goals of ANDI in respect to dental chains are: 1) limining their advertisement capabilities, pushing the autorities to sanction alluring and misleading advertisement schemes 2) insisting that all medical venues should be held at least at 50% by medical professionals, regulated by national chambers
FR	- Loi n° 2023-378 du 19 mai 2023 visant à améliorer l'encasdrement des centres de santé.
DK	No
AM	By Allowing Big Financial Powers to Open Corporate Dental Clinics or Dental Chains. The Health Profession Created Additional and Very Serious Problems in Regard to Ownership of Clinics by Non Dentists, Using Dentists as Employees of Dental Factories forcing them to produce and even sometimes to force them to perform unnecessary treatments to patients to increase income and the Worse the quality of the services provided suffers a lot. We, in the Armenian Dental Association, fought against the attempts of big Companies to open such Corporate Centers and Clinical Chains at the Level of the Armenian Health Ministry and We succeeded to Pass the Law Forbidding These ""Corporate dentistry"" or ""Dental chains""…. Submitted by Prof. Dr. Bedros Yavru-Sakuk on Behalf of the Armenian Dental Association
KG	no
GE	No
GR	NO.
PL	So far it is difficult to refer critically to the development of the model of the profession in type of these chains, first of all because of lack of reliable data. At the same time, we are aware that it has a future, which is justified by the growing burdens of bureaucratic nature for dentists who run their own clinics, this discourages not only young graduates from running own practice, but also the older professionals – when they no longer want to run a company, often they see part-time work in a chain / corporate dental facility as attractive.
RO	In essence, the dental authorities in each country should take proactive stance towards the "corporate dentistry" phenomenon — by updating regulations, clarifying ethical advertising standards, and working with other authorities to ensure fair competition and patient protection.
UA	no
KZ	No
TR	The organization of healthcare institutions into chains increases the commercialization of healthcare services. Our administrative and legal efforts to prevent this practice—which does not contribute to improving the quality of healthcare—are ongoing.