

# Essentiel

Dental practices



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## STRUCTURATION OF DENTAL TEAMS IN EUROPE VS. FRANCE: A COMPARATIVE APPROACH

The Observatory of Employment in Liberal Professions (OMPL), a joint association, leads studies at the request of French National Joint Committees for Employment and Professional Training (CPNEF-FP). Its publications are focused on employment and professional training issues and propose specific analysis of ongoing changes in the labor market. Their relevant materials and conclusions help stakeholders of industrial relations in the design of specific employment and training policies. This executive summary gives an overview of the main results of the study.

### INTRODUCTION

While the business environment of dental practices in France undergoes significant changes, the stakeholders of industrial relations in the French dental practices sector initiated a comparative reflection on the structuration of dental care and the characteristics of dental teams between France and other European countries.

This executive summary presents the main conclusions of a large European study

conducted from January to September 2021 by Quadrat'études. The study was based on a comprehensive methodology including economic and healthcare data analytics at European level, as well as the analysis of existing academic research on the structuration of dental care, and a large interview campaign involving more than 50 dental professionals and institutions in six countries.



### ORGANIZATION OF DENTAL CARE

#### ► SIX DIFFERENT TYPES OF STRUCTURATION FOR DENTAL CARE IN EUROPE

This study offered an exhaustive review of European health systems and dental care structuration. Several factors were outlined, which determine the structuration of dental care in European countries, such as health systems characteristics, the level of demand for dental care, the legal frame of professional dental practice, dental demography, and the organization of dental practices.

The observation of similarities and differences between countries regarding these factors lead to the identification of six different types

of structuration for dental care in Europe. Overall, this typology allows a better understanding of situations and stakes faced by European dental practices:

- The Southern European type and Eastern European type are currently facing structuration challenges regarding access to dental care and health care coverage, as well as professionalization and training of dental professionals.
- The Scandinavian type, Anglo-Saxon type and German type are defined by high access to dental care, high dental health, preventive dental care policies, and large, skilled dental teams.



- In between, the Western European type (France, Belgium) acknowledges high dental care coverage, health policies rather oriented towards conservative care, and small, qualified dental teams.

Six countries belonging to each type were selected for this study in order to conduct an in-depth analysis of the structuration of dental care and to compare these to the French context. These countries were: Belgium, Germany, Italy, Romania, Denmark, and the United Kingdom.

### ➤ CROSS-FUNCTIONAL ACTIVITY TRENDS

Overall, three main activity trends are shared by most of the selected countries and show a high impact on the structuration of dental practices.

- **Growing oral health challenges.** Demographic evolutions cause new dental care needs among an aging population as well as issues regarding aging dental teams, retirement, and turnover management. In addition to this, oral health dynamics appear strongly and increasingly differentiated among urban and rural regions.
- **Evolutions of political and regulatory frameworks for dental care.** Dental care policies tend to be increasingly oriented towards more time-consuming, preventive (prophylactic) care, requiring dental teams to grow in terms of size and skills. Moreover, complementary health care coverage undertakes a central role which strengthens regulatory and administrative requirements for dental teams.
- **An increasingly challenging economic context.** The opening and running of dental practices require a general increase in investment. This trend causes changes in dental structuration and favors rather large, shared practices and generates more pressure for profitability.

In this cross-functional context, a new kind of dental practice is spreading throughout Europe: dental clinics. These large-sized clinics are based on principles such as economies of scale, strict rationalization of resources and high profitability goals. In order to achieve these, they often rely on external investors. They represent a growing competition for traditional dental practices and raise concerns among most European practitioners.

### ➤ AN INCREASE IN DELEGATION AND SUBSTITUTION OF DENTAL PROCEDURES

Delegation and substitution of certain dental procedures constitute a possible answer to these

new challenges. Both are clearly framed at both European and national levels:

- Delegation allows certain dental procedures to be performed by a dental assistant, a dental hygienist or therapist under the strict supervision of a dentist.
- Substitution consists in carrying out certain diagnosis and dental procedures with partial to full autonomy.

Both are increasingly frequent among European countries: delegation is allowed in five of the six studied countries, and substitution in four countries. None of them are currently authorized nor performed in French dental practices. Despite a few persistent reservations, delegation and substitution have already proven their efficiency as well in economic terms for dental practices, as in health terms for patients and health systems, and as in career terms for dental professionals.

### ➤ FOUR ORGANIZATION TYPES FOR DENTAL PRACTICES

The study highlighted four typical organizations of dental practices. Elements of variability between these organizations were observed, which are induced by the nature and specialization of dental teams, whether dental procedures are being delegated or substituted, and the structuration of management.

- Dental practices in Germany and the United Kingdom employ large, diversified teams (10 to 15 professionals). Dental assistants are often specialized in dental care or in administration and can perform delegated acts when specifically trained. These practices are managed vertically. In a certain way, they have already experienced the changes in structuration which are still ongoing in France.
- Dental practices in Denmark are rather large (8 to 10 professionals) and diversified. They are based on multi-skilled dental assistants performing a fair share of delegated dental procedures, which are included in their initial training. These dental practices also allow substitution through the profession of dental hygienist. They constitute a cultural exception: indeed, the management style is indeed rather horizontal.
- Belgian and Italian dental practices are based on smaller, multi-skilled teams (4 to 6 professionals). Their management is organic and centered around the dentist. Delegation and substitution are gradually implemented through

the recent creation of the profession of dental hygienist. Unlike in France, the profession of dental assistant is being structured and the spectrum of their activities is limited.

- Romanian practices are of moderate size

(6 to 8 professionals). Their management is organic, and they do not integrate any delegation or substitution. The profession of dental assistant is still only partially structured and suffers from a lack of attractiveness.

## DENTAL PROFESSIONALS IN EUROPE

### ► SIMILAR JOB STRUCTURATION AND CONTENTS THROUGHOUT EUROPEAN DENTAL TEAMS

The basic organization of European dental practices revolves around general dentists, dental assistants, and administrative professions. The duo formed by the dentist and the dental assistant is central. It thus reaffirms the added value of "four-handed work" and the ancillary role of dental assistants in practices.

Activities of dental employees are rather harmonized around "basic" missions, which are carried out under the strict authority of a dentist:

- For dental assistants: chairside assistance, peripheral assistance (sterilization, room preparation...), and administrative tasks (patient files...).
- For administration: administrative management of the practice, patient relations, and partner management (suppliers, complementary health services, etc.).

The variability of most professions is induced by the size of the dental practice and/or the performance of additional specialized activities:

- For dental assistants: versatility or specialization in care or administration, and performance or not of delegated acts (at least X-rays, scaling and oral health education).
- For administration: depending on the professional performing these functions (administrative assistant, secretary, receptionist, etc.), the size of the practice, and performance or not of management tasks, if not carried out by the managing dentist.

### ► THE RISE OF NEW PROFESSIONS IN RESPONSE TO BUSINESS CHALLENGES

Other specialized care or management professions spread in response to new business challenges (profitability, demand for preventive, specialized care, etc.), particularly in large practices, such as (employed) dental surgeons and specialized dentists (implantology, orthodontics,

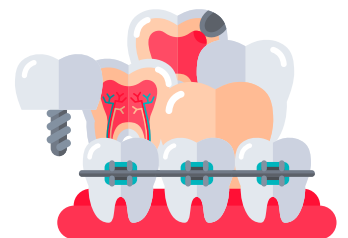
etc.), dental hygienists, specialized dental assistants, and dental technicians.

In particular, the profession of dental hygienist rises gradually: still emerging in Belgium and Italy, the profession is more firmly established in the UK, in Denmark, and Germany. The dental hygienist generally performs "basic" activities of examination and diagnosis, but also carries out prophylactic procedures or even conservative care requiring no anaesthesia. These missions are performed with a variable degree of autonomy, depending on the degree of structuration of the profession in each country. Indeed, the hygienist works only under delegation in Germany, under limited substitution in Italy and Belgium, and under rather extensive substitution in the UK and Denmark, where dental hygienists can even be self-employed.

### ► HUMAN RESOURCES CHALLENGES AROUND STAFF RETENTION

Dental teams now face three cross-cutting human resources issues: coordination of activities within large teams, recruitment and turnover challenges, and training of teams regarding new strategic skills (delegated acts, practice management, and team management). These HR issues translate into specific challenges for each type of dental professional:

- Dental assistants suffer from a problematic image and recognition, partly explained by the lack of possibilities for professional evolution and development, which reduce the attractiveness of the profession and the retention capacity within dental practices.
- Dental hygienists face specific challenges regarding the articulation of their tasks with those of dentists, and their legitimacy in the eyes of both patients and practitioners, most of all in countries where the profession was created very recently.





- Administration specialists face the need for continuous skill development and training in the changing business context. To dental

assistants, these functions represent an possible opportunity for professional evolution.

## INITIAL AND CONTINUOUS TRAINING OF DENTAL PROFESSIONALS

### ► HARMONIZED PRACTICES REGARDING INITIAL TRAINING IN EUROPE

In the six studied countries, the content of the initial training of dental assistants is quite homogeneous. Initial training indeed includes a minimum theoretical training time of about 300 hours which prepare students for the first-level tasks. Practical training proves to be very important and can take the form of school workshops, internships, and/or apprenticeship. However, the duration of initial training for dental assistants differs, from six months to a year in countries often targeting retraining professionals and job seekers (Belgium, Italy), to two to three years in countries where the profession has been structured for a long time and includes delegation (Germany, Denmark, UK).

The initial training of dental hygienists is standardized as well. The training is often inspired by the training of dentists and is most of all based on medical theory, sometimes criticized for being out of line with the actual knowledge required in the context of everyday practice. It is academically recognized at bachelor level.

### ► CONTINUOUS PROFESSIONAL TRAINING AS A "SPRINGBOARD" TO PROFESSIONAL EVOLUTION

On the other hand, continuous professional training is very unequally mobilized. In some countries, it is limited to mandatory updates (radio certification...), while it constitutes in other countries a real opportunity for professional evolution and specialization, especially for dental assistants.

In particular, the United Kingdom and Germany distinguish by structured paths and certifications in continuing education for dental assistants, paving the way for specialization or even an evolution towards the profession of dental hygienist: strictly defined and progressive in Germany, whereas more modular in the UK. These courses, which do not or marginally exist in other European countries, including France, are widely valued by dental teams.



## PERSPECTIVES AND COURSES OF ACTION FOR FRENCH DENTAL TEAMS

This European review leads to two main directions inspiring the action of dental industrial relations stakeholders in France. The associated courses of action are centred around the expansion of activity perimeters of French dental professionals, the introduction of delegation of dental procedures, and the structuration of professional evolution paths for dental assistants.

- **Axis 1:** Support the transformation of dental practices towards a more rationalized, enlarged, vertical and specialized organisation.
- **Axis 2:** Improve the attractiveness of the profession of dental assistant, and the related opportunities of professional development.