FOCUS ON BELGIUM, THE NETHERLANDS AND LUXEMBOURG

Published in INFODENT INTERNATIONAL n. 4/2007

Benelux
Belgium, the Netherlands and Luxembourg are three neighbouring monarchies located in Western Europe, between France and Germany. They form the so-called “Benelux” an economic union ensuring free circulation of persons, goods, capital and services thanks to a coordinated policy for economy, finance, social fields and international trade. The treaty establishing the Benelux Economic Union will expire in 2010 and could be replaced by a new legal framework, taking into consideration the evolution of the three members and EU integration. The general secretariat is located in Brussels. Dutch and French are the official languages in Benelux' institutions but also German is recognized as official.

DENTAL CARE IN BELGIUM

Continuing education is mandatory for 60 hours in 6 years but practitioners reaching 15 hours per year in a 5-year period receive a premium.

Fast Facts
Location: Western Europe, on the border with France, Luxembourg, the Netherlands, Germany and the North Sea
Capital: Brussels
Government: federal parliamentary democracy under a constitutional monarchy
Population: 10 392 226 (2007)
Official Language: Dutch, French, German. Dental schools and associations are divided by language
GDP growth rate: 3% (2006)

Oral Healthcare
In Belgium, the budget for public healthcare rose from EUR 850 868 000 in 1970 to EUR 18 454 063 000 in 2006, totalling an average annual growth rate of 5%. In 2002, 9% of this budget was spent on dentistry, of which 71.7% was designated to the public sector. In 2003, the healthcare budget reached up to EUR 15 billion of which 3.25% was reserved to dentistry.

The body responsible for Belgium's healthcare system is INAMI/RIZIV, adviser of the Minister of Social Affairs. INAMI/RIZIV monitors dental standards and sometimes examines patients if there are complaints. The Minister of Social Affairs is responsible for treatments' tariffs and relations with sick funds, the Minister of Health is responsible for dentists' registration and the Ministers of Education are responsible for dental education.
Healthcare funding comes from salaries' deductions depending on income. Employed citizens enjoy full cover, while self-employed have to fund high cost risks such as hospital care. Belgians can join one of the national sick funds and insure for cheaper treatments such as general and oral care. There are some private insurance schemes for employees.

Oral healthcare system is organized like the medical healthcare system. All citizens can access oral healthcare services, mostly provided in private practices. Some treatments are available in a few hospitals and universities, while free treatment for homeless people is offered in the capital city. Within INAMI/RIZIV, the three dental associations and the sick funds establish a *convention*, setting the fees for dental treatment. The *convention* sets some quality standards for practitioners and has organized an accreditation system since 1998. Not all dentists adhere to this system.
According to the *convention*, patients pay dentists directly after treatment and then receive partial reimbursement from their sick fund – crowns, bridges, inlays, implantology and periodontology are excluded. Otherwise, dentists and sick funds agree to transfer payment directly from funds to private practices.

Education and Practice
In the Flemish territory, the workforce is slowly decreasing, although some unemployment has been registered lately

Belgium has three French-speaking dental schools and three Dutch-speaking schools, which are part of the Faculties of Medicine within Catholic, State or Free universities. There is no number restriction for training but since 1998 some schools require to pass an entry exam. This is leading to a variation in the number of graduates. Around 170 students graduate every year after a 5-year course. Yet if they want to practice, they need further training: one year for general dentistry, three years for periodontology, four years for orthodontics. Vocational training admits maximum 145 students.
Belgian dentists can work in other EU countries without undertaking an additional training year. Some practitioners direct to neighbouring countries, such as the Netherlands, as diplomas from EU countries are considered as valid. After graduation, dentists need a stamp on their diploma (called *homologation*), after that they can be registered to one of the Provincial Medical Council in order to obtain a licence. They receive a National Health System Number to connect to the insurance system.

In Belgium, dentists can start up a practice without limitations on the number of associates, premises and location. The practice must refer to a specific address. Dentists can sell equipment and premises. They cannot sell patients' contacts but can quote the income of the previous three years as a proof of reliability. Practitioners working within the same office do not have to comply with specific contractual requirements. They can form companies registering at a specific address also with non-dentists. The state does not offer support for the establishment of a new practice, which is usually performed through a loan – although the request is very high and not always easy to obtain.
Belgium does not have specific laws to regulate X-ray emissions, clinical waste disposal and amalgams. In some cases, waste is handled by collectors, as agreed with dental associations. Ionising radiation and electrical installations are handled by the central government, infection control and medical devices are managed by the Ministry of Health and waste disposal by the regional government.

In 2002, dentist/population ratio was 1 : 1357. Almost all citizens live close to a practice but only 1/3 of the population visit the dentist regularly, another 1/3 visits the dentist only if necessary and the rest of the population rarely or in case of emergency. This is the reason why many practitioners work part-time or even a few hours a week.
Belgium has 7759 active dentists (2002), mainly working in general practice (99%). They are self-employed and charge patients according to the *convention,* if they are part of it. In case an item is not in this scale, dentists can set prices. A few of them operate within hospitals, around 200 in universities and 10 in the Armed Forces. Belgium offers no public dental service, although some schools can host a dentist. Health education is part of the program in Belgian schools.
Practitioners can work full time in public hospitals or dental faculties, but it is more likely they also work part time in a dental office or in private hospitals.

Auxiliaries

In 2001, maxillo-facial active surgeons were 266. Dental auxiliaries can be technicians or chairside assistants. Technicians follow a 3-year training in special schools or in dental laboratories. Then they register within the Ministry of Health. In 2002, 870 labs employed 2300 technicians.
Dental assistants work for dentists without special training or registration and are estimated to be about 800 (FDI, 2000).

Dental Associations
Dentists must have liability insurance by private insurance companies. Some dental associations form group insurances.
Belgium has three official associations: the Chambres Syndacales Dentaires (CSD) and the Société de Médicine Dentaire (SMD) for French-speaking dentists; the Verbond der Vlaamse Tandartsen (VVT) for Dutch-speaking dentists. Membership is not compulsory.

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ORAL HEALTHCARE IN LUXEMBOURG

Luxembourg is the country with the highest level of wealth per capita in Europe. GDP per capita ranks second in the world.

Fast Facts
Location: Western Europe on the border with Belgium, France and Germany
Capital: Luxembourg. It hosts many EU/EC departments.
Government: constitutional monarchy
Population: 480 222 (2007)
Official Language: Luxembourgish
GDP growth rate: 6.2% (2006)

Oral Healthcare
In 2002 total healthcare expenditure was estimated to amount to 6.2% of GDP, 86% of which came from public sources.

General healthcare is funded by contributions from the government (37%), from employees (31.5%) and employers (31.5%). According to the law, employees pay 2.72% on the salary, workers 4.95% and employers 2.72% for employees and 4.95% for workers.
The healthcare scheme is called the *Union des Caisses de Maladie*, and its budget is set by law. The *Union* includes some sick funds, providing membership for different work groups. All Luxembourgers have a social security number in order to access healthcare services and being refunded after treatment. The *Union* pays parts of the citizens' dental expenses. The body responsible for monitoring care is the *Contrôle Médical,* employing three dentists to check dental care standards. Complaints are monitored by the *Commission de Surveillance.*

Private practitioners are not many, as all dentists must join the *Union,* have an identification number within it and refer to the set fees. Fees are established by the *Union,* sick funds and the *Association des Médicines et Médicins-Dentistes* (AMMD - Association of Medicine and Doctors-Dentists). Some items do not have a reference fees: in this case, dentists can charge patients at a reasonable price after having received an approval from the *Contrôle Médical* (Medical Control). After that, patients can claim a reimbursement, which is not always high, so that the population sometimes subscribe to a private insurance. For example, sick fund's reimbursement for fixed or removable items covers only a small part of the cost. To receive a 100% reimbursement from a sick fund, patients must have attended a dentist at least once a year for the two years before the treatment. Some items can be reimbursed only if replaced after a certain period of time. The *Contrôle Médical* keeps track of replacements in a database.

Education and Practice
Luxembourg has neither dental schools nor vocational training, so dentists must train abroad. Dentists must graduate at an EU university or a "*Diplôme d'Etat en médecine dentaire*" (state graduation in dental medicine) to register within the Ministry of Health and start practising. This registration requires no fees but the knowledge of Luxembourgish language is required.
In 2003 Luxembourg had a dentist/population ratio of 1:1556 and a total of 288 dentists. Some newly practicing dentist left the country as saturation point had been reached. Over the same year, the country had the highest number of non-citizens dentists in EU and many requests for entries, of which most were turned down because of low qualifications. At present 99% dentists are active in "general practice", on their own or in small groups and according to specific contractual requirements. They usually are self-employed, work outside hospitals and clinics and charge patients to earn their living. There are no restrictions for the size of a practice or the number of associated dentists, yet most dentists work on their own. Should they sell their practice, no provision for the patients' record is given. Dentists ask for a loan when starting up, as the state does not offer assistance for new practices. Dentists cannot open a dental office within commercial buildings, such as shopping malls, or in the building where another practice is located. Under the Health Administration authority, some Private Companies administer ionising radiation and medical devices, while the Health Administration controls directly infection control.

Luxembourg has no public dental service but the Ministry of Health employs a few practitioners offering some treatments, although most treatments are performed by dentists working in general practice. Hospitals are mainly private and there are no dentists working full time in them. No dentist works in the Armed Forces. Specialists are not recognized and no auxiliaries can work with patients except chairside assistants. Technicians attend a special school with theoretical and practical courses. In order to work, they must be qualified. Some of them operate in the 20 registered labs of the country, charging dentists for their work. A few technicians are salaried.

The *Association des Médecines et Médicins-Dentistes* (AMMD) is the main national medical and dental association, grouping most doctors and dentists of the country. Membership is not compulsory but in 2003 there were 182 members (60% dentists).
The *Collège Médical* administers dentists' ethical code and its board includes doctors, dentists and pharmacists. The *Collège Médical* also solves disputes among practitioners.

Link to...
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DENTAL CARE IN THE NETHERLANDS

Fast Facts
Location: Western Europe on the border with Belgium, Germany and the North Sea
Capital: Amsterdam. The Hague is the seat of the government
Government: constitutional monarchy
Population: 16 570 613 (2007)
Official Language: Dutch, Frisian
GDP growth rate: 2.9% (2006)

Oral Healthcare

According to OECD, in the Netherlands healthcare expenditure per capita increased from Euro 1000 in 1983 to almost Euro 2000 in 2004. Likewise the health index has risen over the years and continue to do so.
The government administers the health insurance system which comprises public (sick funds) and private schemes. About 69% adults are registered to the public health system. For public schemes, a nominal premium is to be paid according to each insurance company scale while a percentage is taken from personal income. Adhering to a public scheme is mandatory for the population under 65 with low income. Employers also pay a contribution depending on employees' revenue. Unemployed people pay the premium while the government pay the employer's part.
It is possible to choose the best scheme every year.
Private schemes are for those with higher income: depending on age, health conditions and financial risks, citizens can take out different types of insurance. Insurances can cover hospital and general practice care and may include extras for further care. Employers may pay part of the premium.
Private and public schemes' patients are treated the same way within the same facilities. If adults take out a private insurance, children are automatically covered.

The Central Body for Health Care Charges annually writes up the Health Care Charges Act with national fees' maximum. Yet most treatments are dealt within private practice: as a matter of fact 86% of the population possess an additional private insurance, even if not often covering 100% of expenses. Private insurance companies set the premium level depending on age and health status and may refuse to provide cover. That's why the government established a “safety net” setting a minimum level of cover, which all insurances must meet. Dentists do not sell insurance schemes, as they work independently.
They usually provide oral healthcare in “general practice”. Citizens registered to public insurance schemes can receive preventive treatments, examinations, plaque removal and oral hygiene

instructions. Further treatment requires extra payment or supplementary insurance.
Comprehensive care is guaranteed to children under 18 and includes restorative works, endodontics, prevention and extraction. Crowns, bridges and orthodontics are not included but in case of severe disease.
Children own a card, which is valid for 1 year and grants free examination. If at the age of 13 they do not own a valid card, they may pay a contribution.

The only separate public dental service in the Netherlands is the Ivory Coss, an organization subsidized by the Ministry of Health and the Dutch Dental Association. The Ivory Coss provides information on dental care.

Since 1997 the Individual Health Care Professions Act (BIG Act) monitors and promotes dental healthcare. A Dutch Health Inspectorate occasionally visits dental offices checking clinical practice, infection control, waste disposal and radiation practice.

EDUCATION AND PRACTICE

In order to access a dental school, students do not sit an examination but require a “VWO” diploma comprising physics, chemistry and biology. Schools are hosted at the Faculties of Medicine in universities. They are with fee. According to the three national dental schools, 180 students graduate each after a 5-year course (2003).

The Ministry of Education and Science monitors quality together with the Council of the Faculty.
To enter the practice dentists submit a formal application to the Ministry of Public Health, Welfare and Sport. Vocational training and continuing education are not mandatory.
If training has been taken abroad, a recognition called declaration of professional quality is needed.
Afterwards dentists can be listed into the national register, provided they speak Dutch. They can choose whether to be part of the Dutch Dental Association (NMT): in 2003, 7623 practitioners were members of NMT(80%).
The total number of active dentists is 7759 (2004). They work in private practices (5900), public services (100), universities (270) and in the armed forces (99). In 2002 the ratio dentist/population was 1:2118. Dentists are present in rural areas and cities but some shortages are registered in inner city areas, while some specific social group have trouble accessing oral care.

The Netherlands recognizes two dental specialties: oral maxillo facial surgery and orthodontics. Specialists are registered by the Specialists Registration Board. Orthodontic training is taken at the expense of the university within two schools. According to WHO, in 2004 the Netherlands had 292 orthodontists.
Oral maxillo facial surgery students train in university hospitals at the expense of hospitals. According to WHO statistics, the Netherlands has 206 oral surgeons (2004).
The reference of a qualified dentists leads patients to a specialist, who can apply different scales of fees. Maxillo facial surgeons mainly work in hospitals and universities. Orthodontists mainly work in private practice ans sometimes in universities, which employ 300 dentists who may also work in private practice accordingly to their schedule.

Dentists practicing on their own or in small groups are said to be in “general practice” (76%). To earn their living they charge patients according to a maximum fee set for charging. Dentists may receive government reimbursement from time to time and can claim reimbursement to the sick fund.
No rules establishing the size of a practice and number of associates have been settled by the state. Premises can be rented or purchased everywhere but in residential area. Private practice may be hosted in separate buildings (60%) or in/next to the dentist's house (35%).
To start up a business dentists ask for a loan, as the state does not provide assistance. The Dutch Dental Association can advise practitioners buying or selling a property. Goodwill, equipment and

building may all be for sale.

Auxiliaries

The Netherlands has 13000 chairside assistants (2002), 2250 hygienists (2002), 5400 personnel in labs (2004) and 250 denturists (2001).
Dental hygienists train in 4 special schools and become paramedics with independent status. They work in practices, hospitals or centres for pediatric dentistry – pediatric dentistry can be practised only after having attended a course. A qualified dentist must refer patients to a hygienist if he or she is employed in a dental hygiene clinic.
Dental technicians train in special schools and receive a diploma. They do not need to register. Most of them work in laboratories. They cannot work in the mouth. The Netherlands has about 1000 laboratories with 3500 technicians.
The Dutch Denturist Federation trains denturists for 3 years before they can work independently. There are 26 schools for dental assistants. When working in a practice, they must be guided by a dentist.

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