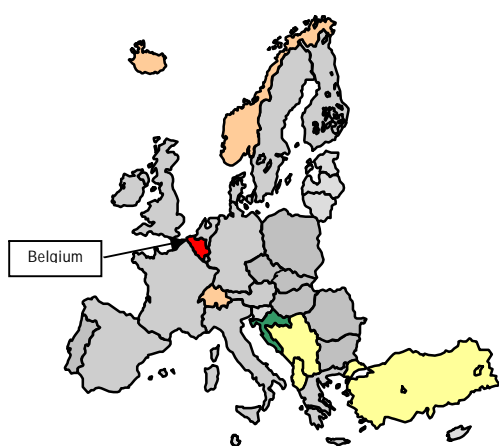


Belgium



Date of last revision: 1st October 2008

In the EU/EC since	1957
Population (2008)	10,666,866
GDP PPP per capita (2007)	€28,972
Currency	Euro
Main languages	Dutch and French

General health care is mainly funded by deductions from salaries which also cover retirement pensions, and a supplementary child tax. The amount contributed depends on income.

Number of dentists:	8,423
Population to (active) dentist ratio:	1,408
Members of Dental Association:	Varies

Dentists may belong to one of 3 dental associations, depending upon their language. In 2007 membership was about 67%. The use of dental specialists is widespread but there has been no development of clinical dental auxiliaries. Continuing education for dentists is mandatory.

Government and healthcare in Belgium

Belgium has been independent, as a parliamentary monarchy, since 1830. The land area is just over 30,000 sq km. There is a well-established system of regional as well as national government. It is also a country with three languages (the main ones being Flemish, just under 60% and French just under 40%). This affects dentistry because there are Flemish and French Dental Schools and Dental Associations (see later).

The capital is Brussels. The bicameral Parliament consists of a Senate or *Senaat* in Dutch, *Sénat* in French. As a result of the 1993 constitutional revision that furthered devolution into a federal state, there are now three levels of government (federal, regional, and linguistic community) with a complex division of responsibilities; this reality leaves six governments each with its own legislative assembly.

The *Institut National d'Assurance de Maladie et d'Invalidité* (INAMI) / *Rijksinstituut voor Ziekte en Invaliditeits Verzekering* (RIZIV) is the body responsible for managing the health system. The *Institut* acts as the adviser to the Minister of Social Affairs, who makes decisions on behalf of the King. The King is required to sign every application for new laws.

Healthcare is mainly funded by deductions from salaries which also cover retirement pensions, and a supplementary child tax. The amount contributed depends on income. There are two different schemes: one for employed which provides full cover, and another for the self-employed. Self-employed people only have to pay for high cost risks such as hospital care, but can elect to insure against lower cost treatments such as dentistry and general medicine.

Individuals can choose to belong to one of over a thousand sick funds, which operate in five major groups. For all sick funds central co-ordination ensures that the rules, fees and reimbursements are the same. Although the total budget for healthcare is decided by the government, it is divided

between the five groups using a formula which takes into account social and economic factors, the number of people in each scheme, and occupational differences in health risk (eg the mine workers' fund receives more resources). Every three months the budget of all of the sectors are examined to determine what measures must be taken to control any expected overspend.

	Year	Source
% GDP spent on health	10.3% 2005	OECD
% of this spent by governm't	72.3% 2005	OECD

The health budget in 2007 was €19.6 billion. There is a legally approved increase of 3.5% per year in health care expenditure, with amounts above this having to be justified separately, for example by lobbying from the dental profession.

The following ministers are responsible for different aspects of health care:

- ✚ Minister of Social Affairs decides treatment tariffs and oversees relations with sick funds
- ✚ Minister of Health decides registration, and how many dentists are required
- ✚ Ministers of Education (2) control the basic education of dental students in each region

Oral healthcare

Oral health care is organised in the same way as general health care. All sectors of the population are able to access dental services, including the self-employed and unemployed people.

Almost all dental care is provided in private practice together with a very small amount in hospitals and universities - so small that it becomes irrelevant. Some free dental care is also available for homeless people in Brussels.

		Year	Source
% GDP spent on oral health	0.30%	2004	CECDO
% of OH expenditure private	40%	2004	CECDO

About 3.1% of all government spending on healthcare is spent on dentistry.

Public compulsory health insurance

There is an agreed scale of fees for dental treatments, called the *convention*. This is jointly agreed by the 3 dental associations and the sick funds working as a commission within the *Instituut*. Dentists generally charge patients for each item of treatment, and then patients reclaim a proportion of the fees from their sick fund. However, a "third party payment system" also exists, where some dentists choose to receive reimbursement directly from the sick fund.

Almost the whole population is within a 15 minute bus access of a dentist. However, only approximately a third of the population attend a dentist regularly, one third when necessary and the remainder almost never or only in an emergency. The result is that many dentists work part-time, some for only a few hours a week. There is concern that this may lead to inadequate experience for some practitioners.

Patients normally attend for re-examinations every 6 months to the age of 18 years, then annually after then.

Private Insurance

There are a few private insurance schemes mainly in the form of group contracts for employees. The cover they offer is varied, as are the premiums charged.

Quality of Care

There are several ways in which standards of dental care are monitored.

The *Instituut* has an administrative body which regulates the non-clinical administrative forms used in dentistry. It also has an independent control department staffed by medical doctors (not dentists) which checks that the treatment codes recorded agree with the actual treatment undertaken. The *Instituut* may not comment on the quality of the dental treatments, but has the right to examine any patient. This usually happens only after a complaint (see Ethics).

Within the *convention* there are some quality standards. For example, a denture must include six stages of construction at a minimum of five visits. There is a possibility in the future that fees will be increased if more standards are included. As part of the convention a voluntary quality assurance accreditation system has been organised since 1998.

Health data

		Year	Source
DMFT at age 12	0.92	2006	VVT
DMFT zero at age 12	25%	2006	VVT
Edentulous at age 65	41%	2002	OECD

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

Fluoridation

There are no fluoridation schemes in Belgium. There is some naturally fluoridated water at an acceptable level (to the authorities).

Education, Training and Registration

Undergraduate Training

There are five dental schools, three French-speaking and two Flemish-speaking. Dental schools are part of the Faculties of Medicine in universities. There is a mix of Catholic (private) and State universities.

In Flanders there is an entry examination before entering the first year of training. In the French speaking universities there is a selection procedure after the first year of training.

Year of data:	2007
Number of schools	5
Student intake	230
Number of graduates	175
Percentage female	80%

Quality assurance for the dental schools is provided by the Ministry of Education.

Qualification and Vocational Training

Primary dental qualification

There are two titles awarded for clinical dentists graduating from Belgian dental schools, after a 5-year course:

	Flemish	<i>Tandarts</i>
	French	<i>Licence en sciences dentaires</i>

Vocational Training (VT)

Students entering dental faculties since 2002 cannot practice as a generalist after their basic 5 years of education but have to follow vocational training after graduation - 1 year for general dentistry, 3 years for periodontology and 4 years for orthodontics.

Despite the absence of a *numerus clausus* (by the Department of Education) for the intake of students into the universities, a federal law has limited the number of places for vocational training to 155.

By 2008 the situation relating to the need for VT by overseas graduates was confused and awaiting a verdict of the Supreme Court. There are differences depending upon the country of graduation and the nature of the proposed work (whether within or outside the social security reimbursement scheme).

Registration

Before being able to practise a dentist must register with the Federal Ministry of Health.

Cost of registration 2008	€ 550
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Language requirements

In 2008 new legislation meant that to register with the Ministry of Health a dentist should be able to communicate in at least one of the three national languages – Dutch, French or German. However, in view of the Professional Qualifications Directive (2005), whether the legislation contravened the PQD remained to be determined by the courts.

Further Postgraduate and Specialist Training

Continuing education

Since June 2002, continuing education spread over all aspects of the profession (general medicine, radiology, prevention, practice management, conservative dentistry, orthodontics, prosthodontics, ...) is mandatory in order to keep a title. The requirement is 60 hours over 6 years.

Specialist Training

The main degrees which may be included in the register are:

	Algemeen Tandarts, Dentiste Généraliste
	tandarts specialist in de Orthodontie, Dentiste Spécialiste en orthodontie
	tandarts Specialist in de Parodontologie / dentiste Spécialiste en Parodontologie.

Specialist training is undertaken at the universities - for general dentists 1 year, orthodontics 4 years, for periodontics 3 years (including the vocational training). Trainees are paid by the Ministry of Health.

Oral maxillo-facial surgery is a medical specialty, which requires 6 years basic training and qualification in medicine, a 2-year Master's degree in dentistry and then specialised training in oral maxillo-facial surgery for a further 4 years. This then is followed up by a one-year training in facial oncology.

Workforce

Dentists

Most dentists practice in general practice – although some also work in hospitals and dental faculties.

Year of data:	2007
Total Registered	8,423
In active practice	7,576
Dentist to population ratio*	1,408
Percentage female	48%
Qualified overseas**	118

* this refers to the population per active dentist

** CECDO estimate – there is no absolute way of determining this.

Movement of dentists across borders

There is a small, but insignificant movement of dentists from Belgium to its neighbouring countries (especially the Netherlands), and a small number from the Netherlands into Belgium.

Specialists

Three specialist titles are recognised in Belgium, orthodontics, periodontics and general practice. Maxillo-facial surgery is also recognised as a medical specialty.

Patients may go directly to a specialist, without referral.

Year of data:	2007
Orthodontics	380
Endodontics	
Paedodontics	
Periodontics	95
Prosthodontics	
OMFS	290
Dental Public Health	
Stomatology	320

All OMF surgeons are stomatologists. The 30 stomatologists, who are reducing in number may be undertaking general dentistry and are not specialists in the general way described in the EU.

Auxiliaries

There are two types of auxiliaries in Belgium, dental technicians and dental chairside assistants. There are no clinical dental auxiliaries.

Year of data:	2007
Hygienists	0
Technicians	2,250
Denturists	0
Assistants	1,500
Therapists	0

Dental technicians

Dental technicians have a protected title, under the governance of the Ministry of Economic Affairs, and receive undergraduate training in special schools (3 years) or in the dental laboratories (*patronal training*).

They are registered by the Ministry of Health.

There are illegal denturists who are pressing the government for legal status.

Chairside assistants

Dental chairside assistants are trained by and work to the direct instructions of dentists. There is no formal training, nor registration, for dental assistants. In 2000, FDI reported that there were 800 chairside assistants. There is no known later figure, but anecdotally it has been suggested that one in five dentists use a chairside assistant.

Practice in Belgium

Almost all patient care is undertaken in General Practice.

Year of data:	2007
General (private) practice	6,800
Public dental service	
University	200
Hospital	
Armed Forces	10
General Practice as a proportion is	90%

Working in General Practice

In Belgium, dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general treatments are said to be in *General Practice*. They represent almost all dentists actively practising in the country. Most dentists in general practice are self-employed and earn their living through charging patients fees.

Fee scales

All payments to dentists are by way of fees for treatments (Item of service). Dentists have a fee scale agreement known as the *convention* with the *social security*. The *convention* sets the level of reimbursement for patients for many types of dental care but crowns, bridges, inlays, implantology and periodontology are excluded. Equally Orthodontics is only included if treatment starts before the age of 14 years. Private fees can be set for all of these items in which case there is no reimbursement to the patient. These fees are only restricted by a professional ethic not to charge unreasonably high amounts.

As mentioned under *Oral Healthcare in Belgium* the *convention* is negotiated between the national dental associations and the sick funds working as a committee. It is re-negotiated every two years. Dentists then have to decide whether or not to participate in the convention, through elections which are held in each canton in the country. If an area votes 'no', then the Minister of Social Affairs can impose a fee scale on all dentists. However in some cantons where there has been a 'no' vote the Minister has not taken action.

If dentists are "in the convention" they are obliged to charge the appropriate fee and the patient claims a reimbursement. Outside the convention they can, in principle, charge any fee but the patient can still claim a reimbursement to the level allowed by the agreement. A dentist does not have to tell a patient whether or not he/she is in the *convention*, but sick funds hold a list of all dentists who are. The benefit to the dentist of being in the *convention* is related to pension rights on retirement.

Dentists use a five-point system for prioritising different types of treatment within the system. Generally preventive work is given a high priority, and extractions are a low priority. As there is insufficient funding to pay for all types of treatment, those with a lower ranking may not be reimbursed. Each year changes can be made either to the priority list, the size of the fee, or the level of reimbursement.

Prior approval for treatment is only required for orthodontics. There are also limits to the number of times patients can receive a subsidy for certain treatments, eg one panoramic radiograph per year, removable dentures every seven years, and once again for orthodontics there is a maximum of 36 monthly *forfaits*. A *forfait* is a fixed payment for a month in which treatment has been carried out, no matter how many visits are involved. Where active orthodontic treatment is suspended the dentist may receive a *contention* fee for monitoring the patient.

To overcome the above restrictions, the sick funds offer a supplementary insurance to meet the additional costs incurred.

Joining or establishing a practice

There are no rules which limit the number of associate dentists or other staff in a dental practice. Premises may be rented or owned, and there are no limitations as to where they may be opened. There is no state assistance for establishing a new practice, so dentists must negotiate commercial loans.

A practice must be registered at a specific address. Some health funds own polyclinics. A dentist may sell equipment and the practice buildings but cannot charge a premium for acquiring contact with existing patients. However there is a system where a vendor may charge 'for the doorstep' which is usually based on the practice income of the previous three years. No strict rules apply and a free market operates.

There are no specific contractual requirements between practitioners working in the same practice. However a dentist's employees are protected by the National and European laws on equal employment opportunities, maternity benefits, occupational health, minimum holiday entitlement and health and safety.

No domiciliary care is offered in Belgium.

Working in the Public Dental Service

There is no public dental service in Belgium. Some schools initiate a service directly with dentists for dental health surveillance. Health education is also part of the school curriculum, but in reality individual teachers decide how much dental health education is included.

Working in Hospitals

There are two types of hospitals in Belgium - private and university. A few dentists are employed full-time in university hospitals but most hospital dentists work part-time in private hospitals and part-time in private general practice.

Dentists can either be paid a salary or, more usually, charge fees under the convention arrangements for their patients attending.

Working in Universities and Dental Faculties

Compared to other dentists, faculty members are not well paid. Very few dentists work full-time in universities and dental faculties, as employees of the university. They are free to combine their work in the dental faculty with part-time work elsewhere.

The main academic title within a Belgian university is gewoon hoogleraar/professeur ordinaire. Other titles include buitengewoon hoogleraar/professeur extraordinaire,

hoogleraar/chargé de cours, docent/chargé d'enseignement and assistant/assistant. Professors generally qualify by a doctorate, aggregation and scientific experience and promotion depends upon the number of years of teaching and numbers of publications in international scientific publications.

Working in the Armed Forces

There are a few dentists working full time for the Armed Forces.

Professional Matters

Professional associations

There are 3 national dental associations recognised by the social security system (RIZIV-IMAMI):

- ✚ the *Chambres Syndicales Dentaires* (CSD) for French-speaking dentists
- ✚ the *Société de Médecine Dentaire* (SMD) also for French-speaking dentists and
- ✚ the *Verbond der Vlaamse Tandartsen* (VVT) for Dutch speaking dentists.

	Number	Year	Source
Chambres Syndicales Dentaires	1,260	2008	FDI
Société de Médecine Dentaire	1,057	2008	FDI
Verbond der Vlaamse Tandartsen	3,400	2008	VVT

Membership of a dental association is not compulsory.

Ethics and Regulation

Ethical Code

Dentists in Belgium have to work within one of two different but congruent ethical codes, depending on which dental association they belong to. Codes cover relationships and behaviour between dentists, the contract with the patient, consent and confidentiality, continuing education and advertising. They are administered by the associations.

Fitness to Practise/Disciplinary Matters

Patients may complain to the Provincial Medical Council. The disciplinary body comprises doctors, pharmacists, dentists, nurses and midwives. If a complaint is upheld, the Council can suspend the dentist from practice. There is also an appeals process.

Within the Dental Associations there is an ethical commission which also considers complaints. However this mostly handles disagreements between dentists and tries to mediate in these cases.

Data Protection

Belgium has implemented the EU Directive on Data Protection.

Advertising

Commercial advertising is strictly forbidden – Belgian legislation strictly forbids publicity for dentistry. This legislation was approved by the European Court in 2008 as not in contradiction with EU Regulations

Dentists' websites with purely information are accepted in Belgium. All VVT members can subscribe without cost to have a personal website on www.mijntandarts.be. Non members can subscribe for €25 a year. The Belgian ethical codes were also adapted in 2003 to include the CED guidelines on Electronic Commerce.

Insurance and professional indemnity

Liability insurance is compulsory for dentists. Professional liability insurance is provided by private insurance companies. Some dental associations also arrange group insurance, which provides cover to reflect the responsibilities of a dentist's individual contract. The cost of the insurance varies according to the cover, for example, providing implants approximately doubles the premium. Liability insurance covers dentists for working abroad.

Corporate Dentistry

Dentists are permitted to form companies in Belgium. These must be registered at a specific address. Non-dentists may be shareholders or fully own the company.

Tooth whitening

The CSD report that whitening products of greater than 6% peroxide must be used only in a dental office. The VVT have suggested that at this level such products must be classified as Medicinal.

Health and Safety at Work

Inoculations against Hepatitis B are compulsory for the workforce (administered by the Ministry of Health). A separate independent department of control inside the *Instituut* monitors compliance.

Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Central government
Electrical installations	Central government
Infection control	Ministry of Health
Medical devices	Ministry of Health
Waste disposal	Regional government

Ionising Radiation

There are specific regulations about radiation protection. Training in radiation protection is mandatory for undergraduate dentists, who become the competent person in each practice. The dentist must undergo continuing training of at least 1.5 hours each 5 years.

The official authorities charge a one-off payment for the registration of radiation equipment, of about €275. In addition, there is an annual maintenance subscription of €160.

Hazardous waste

Regulations cover the disposal of clinical waste including the installation of amalgam separators. For waste disposal the Flemish Dental association has a group contract which cost €125 a year (2008). Approved collectors take the waste away in special containers.

Amalgam separators have been required by law since 2002.

Financial Matters

Retirement pensions and Healthcare

Normal retirement age is 65 for men and women, but is not compulsory. There is an official but very low retirement scheme for independent workers (€600 per month). There are many pension schemes on a voluntary basis.

Taxes

National income tax:

The highest rate of income tax is 55% on earnings over about €50,000.

VAT/sales tax

There is value added tax, payable at a rate of 21% on purchases, including dental equipment and materials. Dental services are not included in VAT.

Financial Comparators

Zurich = 100	Brussels 2003	Brussels 2008
Prices (excluding rent)	79.2	87.8
Prices (including rent)	75.7	83.6
Wage levels (net)	56.0	66.5
Domestic Purchasing Power	64.5	79.5

Source: UBS August 2003-January 2008

Other Useful Information

<i>Competent Authority and Information Centre:</i>		
FOD Volksgezondheid/SPF Santé publique Gezondheidszorg/Soins de santé Victor Hortaplein 40 bus 10 1060 Brussel BELGIUM Tel: +32 2 524 98 33 Fax: +32 2 524 98 17 Email: Leona.Geudens@health.fgov.be Website: www.health.fgov.be		
<i>Dental Associations:</i>		
Flemish (Dutch) language: Verbond der Vlaamse Tandartsen (VVT) Vrijheidslaan 61 1081 Brussel BELGIUM Tel: +32 2 413 00 13 Fax: +32 2 414 87 27 Email: verbond@tandarts.be Website: www.tandarts.be	French language Chambres Syndicales Dentaires (CSD) Boulevard Tirou 25 bte 9 6000 Charleroi BELGIUM Tel: +32 71 31 05 42 Fax: +32 71 32 04 13 Email: administration.csd@incisif.org Website: www.incisif.org	French language Société de Médecine Dentaire (SMD) Avenue de Fré 191 1180 Brussel BELGIUM Tel: +32 2 375 81 75 Fax: +32 2 375 86 12 Email: info@dentiste.be Website: www.dentiste.be
<i>Publications:</i>		
VVT: <i>Contactpunt</i> (monthly) Editor: Eric Delaeter Vrijheidslaan 61 1081 Brussel BELGIUM Tel: +32 2 413 00 13 Fax: Email: eric.delaeter@tandarts.be	CSD: <i>L'Incisif</i> (monthly) Boulevard Tirou 25 bte 9 6000 Charleroi BELGIUM	SMD: <i>Le Point</i> (monthly) Editor: Olivier Custers Avenue de Fré 191 1180 Brussel Tel: +32 2 375 81 75 Fax: +32 2 375 86 12 Email: info@dentiste.be

Dental Schools:

Brussels Université Libre de Bruxelles Hôpital Universitaire Saint-Pierre Rue Haute 322 1000 Bruxelles BELGIUM Tel: +32 2 538 00 00 Fax: Email: website: http://www.ulb.ac.be Dentists graduating each year: 23 Number of students: 100	Brussels (French) Université Libre de Bruxelles Hôpital Universitaire Erasme Route de Lennik 808 1070 Bruxelles BELGIUM Tel: +32 2 555 31 11 Fax: +32 2 555 34 66 Email: Website: www.ulb.be Dentists graduating each year: 25-30 Number of students:
Gent (Flemish) Universiteit Gent Dienst voor Mond-Tand-en Kaakziekten De Pintelaan 185 B-9000 Gent	Liège (French) Université de Liège Institut de Dentisterie Espace Bavière Boulevard de la Constitution

<p>BELGIUM Tel: +32 9 240 40 01 Fax: Email: Website: http://www.rug.ac.be Dentists graduating each year: 25 Number of students:</p>	<p>B-4020 Liège BELGIUM Tel: +32 4 343 43 3 Fax: Email: Website: http://www.ulg.ac.be Dentists graduating each year: 30-35 Number of students:</p>
<p>Leuven (French) School voor tandheelkunde Pathologie Buccale et Chirurgie Maxillo-Faciale KU Leuven Kapucijnenvoer 7 3000 Leuven BELGIUM Tel: +32 16 33 24 07 Fax: +32 16 33 24 84 Email: Website: www.kuleuven.ac.be Dentists graduating: 48 Number of students:</p>	