

Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Belgium

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and

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with

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The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists¹ in April 2013. The work has been undertaken by Cardiff University, Wales, United Kingdom. Although the unit had editorial control over the content, most of the changes were suggested and validated by the member associations of the Council.

About the authors²

Dr Anthony Kravitz graduated in dentistry from the University of Manchester, England, in 1966. Following a short period working in a hospital he has worked in general dental practice ever since. From 1988 to 1994 he chaired the British Dental Association's Dental Auxiliaries' Committee and from 1997 until 2003, was the chief negotiator for the UK's NHS general practitioners, when head of the relevant BDA committee. From 1996 until 2003 he was chairman of the Ethics and Quality Assurance Working Group of the then EU Dental Liaison Committee.

He gained a Master's degree from the University of Wales in 2005 and subsequently was awarded Fellowships at both the Faculty of General Dental Practice and the Faculty of Dental Surgery, at the Royal College of Surgeons of England.

He is an Honorary Research Fellow at the Cardiff University, Wales and his research interests include healthcare systems and the use of dental auxiliaries. He is also co-chair of the General Dental Council's disciplinary body, the Fitness to Practise Panel.

Anthony was co-author (with Professor Elizabeth Treasure) of the third and fourth editions of the EU Manual of Dental Practice (2004 and 2009)

President of the BDA from May 2004 until May 2005, he was awarded an honour (OBE) by Her Majesty The Queen in 2002.

Professor Alison Bullock: After gaining a PhD in 1988, Alison taught for a year before taking up a research post at the School of Education, University of Birmingham in 1990. She was promoted to Reader in Medical and Dental Education in 2005 and served as Co-Director of Research for three years from October 2005.

She took up her current post as Professor and Director of the Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) at Cardiff University in 2009. With a focus on the education and development of health professionals, her research interests include: knowledge transfer and exchange; continuing professional development and impact on practice; workplace based learning.

She was President of the Education Research Group of the International Association of Dental Research (IADR) 2010-12.

Professor Jonathan Cowpe graduated in dentistry from the University of Manchester in 1975. Following training in Oral Surgery he was appointed Senior Lecturer/Consultant in Oral Surgery at Dundee Dental School in 1985. He gained his PhD, on the application of quantitative cyto-pathological techniques to the early diagnosis of oral malignancy, in 1984. He was appointed Senior Lecturer at the University of Wales College of Medicine in 1992 and then to the Chair in Oral Surgery at Bristol Dental School in 1996. He was Head of Bristol Dental School from 2001 to 2004.

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

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

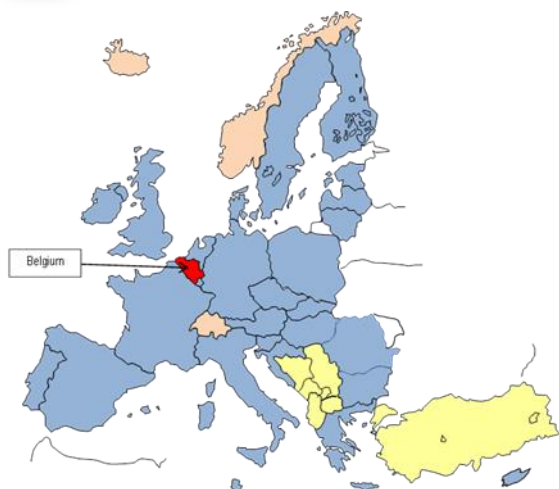
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Belgium



In the EU/EC since	1957
Population (2013)	11,153,405
GDP PPP per capita (2012)	€29,170
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:	8,879
Population to (active) dentist ratio:	1,434
Members of Dental Association:	Varies
Dentists may belong to one of 4 dental associations, depending upon their language. In 2013 membership was about 74%. The use of dental specialists is widespread but there has been no development of clinical dental auxiliaries. Continuing education for dentists is mandatory.	

Date of last revision: 31st January 2014

Government and healthcare in Belgium

Belgium is an independent parliamentary monarchy, founded in 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 Federal Parliament consists of a Senate or *Senaat* in Dutch, *Senat* in French. There are 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 Federal 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. Prevention is a regional responsibility.

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 six months, the budget of all of the sectors are examined to determine what measures must be taken to control any expected overspend.

The health budget in 2013 was €26.7 billion. There is a legally approved increase of 3% per year in health care expenditure, with amounts above this having to be justified separately, for example by lobbying from the dental profession.

	Year	Source
% GDP spent on health	10.6% 2011	World Bank
% of this spent by government	75.6% 2010	OECD

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

1. Minister of Social Affairs decides treatment tariffs and oversees relations with sick funds
2. Minister of Health decides registration, and how many dentists are required
3. 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.

Almost all dental care is provided in private practice together with a very small amount in hospitals and universities.

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

	Year	Source
% GDP spent on oral health	0.19% 2007	CECDO
% of OH expenditure private	40% 2007	CECDO

Public compulsory health insurance

There is an agreed scale of fees for dental treatments, called the *convention*. This is jointly agreed by the dental associations and the sick funds working as a commission within the *Institut*. Dentists generally charge patients for each item of treatment, and 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.

Just over than two thirds of dentists (68%) were signed up to provide care within the Convention, in 2013. They may also provide care outside the Convention, provided this is during published hours. When a dentist breaks the rules of the Convention, the patient has a right to demand an indemnity payment of 300% of the excess of the feescale.

Almost the whole population is within a 15 minute bus access of a dentist. However, only approximately half of the population attend a dentist regularly.

The average number of patients on a dentist’s list is not known.

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 *Institut* 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, which checks that the treatment codes recorded agree with the actual treatment undertaken.

The *Institut* 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 five stages of construction at a minimum of four visits. As part of the convention a voluntary quality assurance accreditation system has been organised since 1998.

Dentists working outside the Convention (approximately 32%) self-regulate for quality assurance, based on the possibility of claims for liability by patients.

Since 2002 there has been a mandatory system of 10 hours continuing education per year (60 hours over 6 years), to preserve a dentist’s registration.

Health data

	Year	Source
DMFT at age 12	0.90 2010	WHO
DMFT zero at age 12	40% 2007	CECDO
Edentulous at age 65	45% 2007	CECDO

“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.

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:	2012
Number of schools	5
Student intake*	1,025
Number of graduates	158
Percentage female	80%
Length of course	5 yrs
* 920 in French schools and 105 in Dutch schools	

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:

- 1 Flemish *Master in de tandheelkunde*
- 2 French *Licencie en sciences dentaires*

Vocational Training (VT)

To register to work in the INAMI/RIZIV as general dentists, graduates have to follow a 1-year vocational training (3 years for periodontology and 4 years for orthodontics as specialist training)

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 170.

The current situation (in 2013) relating to the need for VT by overseas graduates depends on the situation in the homeland (country of qualification). Sometimes a supplementary academic learning is mandatory.

VT in general practice includes a specific academic learning, with a specific input from the dental associations.

The VT dentist is paid by the dentist supervisor.

Registration

Before being able to practise a dentist must register with the Federal Ministry of Health. There is no fee payable.

Re-registration is mandatory after 6 years.

Language requirements

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.

Postgraduate and Specialist Training

Continuing education

Continuing education spread over all aspects of the profession (general medicine, radiology, prevention, practice management, conservative dentistry, orthodontics, prosthodontics, ...) is mandatory to preserve registration. The requirement is 60 hours over 6 years.

Specialist Training

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

- 1 Algemeen Tandarts, Dentiste Généraliste
- 2 tandarts specialist in de Orthodontie Dentiste Spécialiste en orthodontie
- 3 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 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:	2011
Total Registered	8,879
In active practice	7,777
Dentist to population ratio*	1,434
Percentage female (2007)**	48%
Qualified overseas**	118

*active dentists only

**CECDO estimate (2007)

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 speciality.

Patients may go directly to a specialist, without referral.

Year of data:	2011
Orthodontics	399
Endodontics	
Paedodontics	
Periodontics	139
Prosthodontics	
OMFS (2007)	290
Dental Public Health	
Stomatology	286

These data are all for active specialists only.

Stomatologists, who are reducing in number, are usually undertaking general dentistry. They train for 6 years in medicine, then 2 years as master in dentistry, finally 2 years specialisation in stomatology.

OMFS do two years supplementary training in addition to that. They are registered under the Medical Directives.

Auxiliaries

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

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

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 undergo one year's formal training, in Flanders, but no registration. In 2013 about 120 a year were training. In 2000, FDI reported that there were 800 chairside assistants.

Training in the French speaking part of Belgium had just begun in 2013.

Practice in Belgium

Almost all patient care is undertaken in General Practice.

Year of data:	2011
General (private) practice	7,567
Public dental service	
University	200
Hospital	
Armed Forces	10
General Practice as a proportion is	97%

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. Removeable dentures may be reimbursed.

Orthodontics is only included if treatment starts before the age of 15 years. Private fees can be set for all of these excluded 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*.

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 has to inform a patient whether or not he/she is in the *convention*. The benefit to the dentist of being in the *convention* is related to pension rights on retirement.

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.

To overcome the above restrictions, the sick funds and some private insurers offer supplementary insurances 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 invest their own money.

A practice must be registered at a specific address. Some sick funds own polyclinics.

There are no specific contractual requirements between practitioners working in the same practice.

No domiciliary care is offered in Belgium. There are some isolated personal initiatives, but there is no organised care. In 2013, VVT was conducting a pilot study, on behalf of RIZIV/INAMI, on special needs,

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

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. 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 4 national dental associations recognised by the social security system (RIZIV-IMAMI):

	Number	Year	Source
Chambres Syndicales Dentaires	1,016	2012	FDI
Société de Médecine Dentaire	1,096	2012	FDI
Verbond der Vlaamse Tandartsen	3,500	2012	WT
Vlaamse Beroepsvereniging voor Tandheelkunde (VBT)	600	2012	WT

1. the *Chambres Syndicales Dentaires* (CSD) for French-speaking dentists
2. the *Société de Médecine Dentaire* (SMD) also for French-speaking dentists and
3. the *Verbond der Vlaamse Tandartsen* (VVT) for Flemish speaking dentists.
4. The *Vlaamse Beroepsvereniging voor Tandheelkunde* (VBT) for Flemish speaking dentists.

Membership of a dental association is not compulsory.

Ethics and Regulation

Ethical Code

There is no federal ethical code. The ethical codes of the dental associations cover relationships and behaviour between dentists, the contract with the patient, consent and confidentiality, continuing education and advertising.

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 are ethical commissions which also consider complaints.

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 re-approved by the European Court in 2008 and 2012 as not being in contradiction to 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.

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

Belgium has adopted the 2011 Cosmetics Directive. Nevertheless, some illegal practice, with so called "no—peroxide products" does take place.

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 *Institut* monitors compliance.

Regulations for Health and Safety

For	Administered by
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 on radioprotection of at least 3 hours each 5 years.

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..

Amalgam separators have been required by law since 2002.

Financial Matters

Retirement pensions and Healthcare

Social security must be paid on earned income. For employees, part of the social security is paid by the employer, and a smaller part by the employee. The employer's social security contribution amounts to approximately 35%, while the employee's social security amounts to 13.07%, both uncapped.

The social security tax for the self-employed is capped at approximately €15,905.32 per year (2013 figure).

The state old age pension is called *Rustpensioen/Pension de retraite*. The standard pension age is 65, but it can be received from an earlier age if pension rights have built up for a sufficient number of years (career condition). This includes any years in which rights to a pension in a country other than Belgium have been built up.

The amount of the Belgian old age pension depends on:

- the number of years worked in Belgium, and
- the salary earned each year.

Taxes

National income tax:

Employees and self-employed individuals pay progressive income tax. The top rate is approximately 53.5% (including communal tax) and starts at a salary level of €37,330 (2013 income and 2014 tax year figure).

VAT/sales tax

There is value added tax, payable at a standard rate of 21% on purchases, including dental equipment and materials. There are reduced rates of 12% for restaurants and 6% for foodstuffs, books, water, pharmaceuticals, medical, books, newspapers, cultural and entertainment events, hotels.

Dental services are not included in VAT.

Financial Comparators

Brussels <i>Zurich = 100</i>	2003	2012
Prices (including rent)	75.7	67.0
Wage levels (net)	56.0	44.9
Domestic Purchasing Power @PPP	64.5	59.6

Source: UBS August 2003 and November 2012

Other Useful Information

Competent Authority and Information Centre:

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: aurelie.somer@health.fgov.be
Website: www.health.fgov.be

Dental Associations:

Flemish (Dutch) language:

Vlaamse Beroepsvereniging Tandartsen (VBT)
Franklin Rooseveltlaan 348
9000 Gent
BELGIUM
Tel: +32 9 265 02 33
Fax: +32 2 414 87 27
Email: vragen@vbt.be
Website: www.tandarts.be

Flemish (Dutch) language:

Verbond der Vlaamse Tandartsen (VVT)
Vrijheidslaan 61,
1080 Brussel,
BELGIUM
Tel: +32 2 413 00 13
Fax: +32 2 414 87 27
Email: verbond@vvt.be
Website: www.tandarts.be

French language

Chambres Syndicales Dentaires (CSD)
Siège social : avenue de la Renaissance, 1
1000 Bruxelles
Boulevard Tirou 25 bte 9
6000 Charleroi
BELGIUM
Tel: +32 71 31 05 42
Fax: +32 71 32 04 13
Email: csd@incisif.org
Website: www.incisif.org

French language

Société de Médecine Dentaire (SMD)
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BELGIUM
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Fax: +32 2 375 86 12
Email: info@dentiste.be
Website: www.dentiste.be

Publications:

VBT: Consultand (3-Monthly)

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Fax: +32 71 32 04 13
Email: csd@incisif.org
Website: www.incisif.org

VVT: *Vvtmagazine (Monthly)*

Editor: Guy Kefel
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Email: redactie@vvt.be

SMD: *Le Point (monthly)*

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Tel: +32 2 375 81 75
Fax: +32 2 375 86 12
Email: info@dentiste.be



Dental Schools:

<p>Brussels (French)</p> <p>Université Catholique de Louvain Avenue Hippocrate, 10, B 2.5721 1200 Bruxelles BELGIUM Tel: +32 2 7645752 Fax: +32 2 7645722 Email: website: http://www.uclouvain.be Dentists graduating each year: 37 (2011/12) Number of students:</p>	<p>Brussels (French)</p> <p>Univerisité Libre de Bruxelles Hôpital Universitaire Erasme Route de Lennik 808 1070 Bruxelles BELGIUM Tel: +32 2 555 6118 Fax: +32 2 555 6798 Email: Website: www.ulb.be Dentists graduating each year: 21/ (2012) Number of students:</p>
<p>Liège (French)</p> <p>Université de Liège Faculté de Médecine, Avenue de l'Hopital, 1, CHU du Sart Timan B-4000 Liège BELGIUM Tel: +32 4 343 43 3 Fax: Email: Website: http://www.ulg.ac.be Dentists graduating each year : 10 (2012) Number of students:</p>	
<p>Gent (Flemish)</p> <p>Universiteit Gent Dienst voor Mond-Tand-en Kaakziekten De Pintelaan 185 B-9000 Gent BELGIUM Tel: +32 9 240 40 01 Fax: Email: Website: http://www.rug.ac.be Dentists graduating each year: 40 Number of students:</p>	<p>Leuven (Flemish)</p> <p>KU Leuven School voor Tandheelkunde 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: 50 Number of students:</p>

