



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Switzerland

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with

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Information collection and preparation

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 Committee.

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.

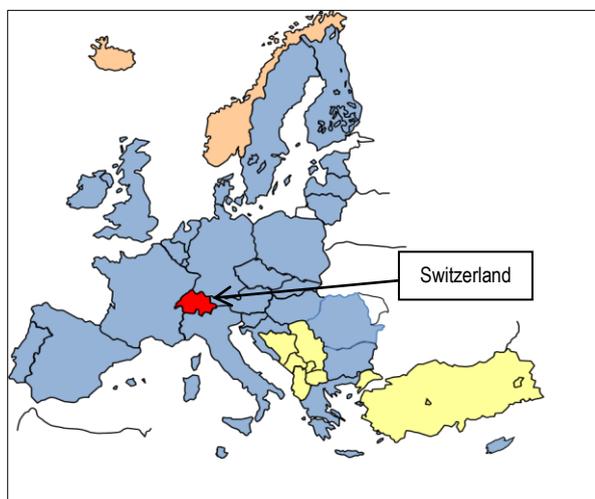
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Switzerland



Associate of the EEA	
Population (2013)	8,058,100
GDP PPP per capita (2012)	€34,545
Currency	Swiss Franc (CHF)
	1.225 CHF = €1
Main language	German, French, Italian

The main form of healthcare provision is mandatory insurance against the effects of diseases including accidents, which is provided by private insurance companies (*Kassen*). Patients, except those on low income, pay a basic annual fee of approx. CHF 3,000 (€2,449). Most oral healthcare is provided by independent private practitioners and paid for directly by individual patients.

Number of dentists:	4,850
Population to (active) dentist ratio:	1,679
Membership of SSO:	90%

Specialists are available and the use of clinical auxiliaries is extensive and well advanced.

Continuing education for dentists is mandatory, and non-participation can lead to lower fees for dental practitioners.

Date of last revision: 30th January 2014

Government and healthcare in Switzerland

Switzerland is a completely landlocked country. The capital is Bern.

In Switzerland most public policy is organised at the *cantonal* level of regional government. Central government legislates in a Federal Parliament whose members are elected by proportional representation. If supported by substantial numbers in a petition, some laws must be approved by referendum.

The main form of healthcare provision is mandatory insurance against the effects of diseases including accidents. This insurance is provided by private insurance companies (*Kassen*), which are recognised by Federal Office for Social Insurance. The system is established by Federal Law, and is compulsory for everyone living in Switzerland, who pay a basic annual fee of approximately CHF 3,000 (€2,419). For those on low incomes the fee is reduced by up to 100%. The reduction is subsidised by Cantonal and Federal taxes and approximately 30% of the Swiss population are eligible. The government also reimburses the cost of treatment for patients on extremely low incomes by providing *Welfare* cover through local authorities.

Although the largest insurance companies have members nationwide, subscribers in different Cantons pay different contributions to reflect the varying demand and cost of healthcare in each area. The *Kassen* are subsidised by Federal taxes. They are not allowed to make profits from the basic statutory insurance, but can benefit from any additional coverage, such as dental care. In addition to the main programmes for medical insurance and accident insurance,

there are smaller health schemes of disability insurance and military insurance.

The insurance covers the cost of hospital care, drugs, specialist and general practitioner services. For primary medical care and some dental services a payment mechanism, the "franchise" system operates. Under this arrangement everyone pays up to 500 CHF (€625) per year towards their bills, and 10% of the cost of any treatments covered by the Health Insurance System, up to an upper maximum, CHF 700 (€565) in 2013.

	Year	Source
% GDP spent on health	11.3% 2012	OECD
% of this spent by government	61.7% 2012	OECD

Oral healthcare

Oral Health Services

Apart from a minority of dentists employed by hospitals or the school dental service, most oral healthcare is provided by independent private practitioners and paid for directly by individual patients. Unless dental treatment is necessary because of an accident, the medical insurance system only subsidises the cost when a patient has a prescribed disease and only 10-15% of care is eligible. Disability insurance entitles children and young adults aged up to 20 years, to any necessary treatment for a defined set of facial congenital abnormalities. Over the age of 20, the general medical insurance system provides cover for this group.

There is a dental service dedicated to children, provided by private practitioners and a small public service. The practitioners or the service receive government subsidies, and parents pay set fees for each item of treatment according to their income.

	Year	Source
% GDP spent on oral health	0.20% 2012	SSO
% of OH expenditure private	90% 2012	SSO

There is no reported any difficulty for patients to access the limited public health care.

It is estimated that regular patients normally visit their dentist for re-examinations every 6 to 12 months. About 90% of the population access dentistry in a 2-year period, and a dentist would normally have a "list" of about 1,500 regular patients.

Private insurance for dental care

About 10% of the population are members of private insurance schemes which cover some dental care costs, especially orthodontics. All such schemes are personal and premiums are

paid directly to the insurance companies which are self-regulating and bear all the financial risks. The level of the premiums is linked to the cover required, and the insurance company determines whether an entrant's oral health is good enough to join the scheme.

The Quality of Care

The standards of dental care are monitored by the insurance agencies and by dental councils within each Kasse. By law all treatment has to be appropriate, economical and 'evidence based'. However, there are no statistical checks on dentists whose treatment patterns exceed the average.

The only other control on the quality of care is through patient complaints.

Health data

	Year	Source
DMFT at age 12*	0.82 2010	WHO
DMFT zero at age 12	No data	
Edentulous at age 65	No data	

"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

* The DMFT figure is based on Canton of Zurich only (not national)

Fluoridation

There is no water or milk fluoridation, however there is extensive salt fluoridation. Consumed table salt contains fluoride as an additive.

Education, Training and Registration

Undergraduate Training

All the dental schools in Switzerland are publicly funded and are part of the Faculties of Medicine within the relevant universities. To enter dental school students must pass an examination for university ability. There is no other vocational type entry.

Year of data:	2013
Number of schools (public)	4
Number of schools (private)	0
Student intake	128
Number of graduates	103
Percentage female	60%
Length of course	5 yrs

The course lasts 5 years – 2 years at the university learning the theory without any chairside work and 3 years combined university and practice.

The responsibility for quality assurance in the faculties is by the University board.

Qualification and Vocational Training

Primary dental qualification

The main degree which may be included in the register is the Swiss Federal Diploma for Dentistry. However, “fully harmonised” EU primary qualifications are also accepted.

Vocational Training (VT)

There is post-qualification vocational training of two years, which is mandatory to qualify to provide treatments covered by the health insurance system.

Registration

To register as a dentist in Switzerland, a practitioner must have a recognised diploma with a minimum of 5 years’ study, evidence of 2 years’ additional postgraduate experience and be able to demonstrate ongoing participation in continuing education. Applications must be made to the Federal Board (of the national government), but the registers are kept by each of

the 26 Cantonal authorities. The additional dental experience can be earned in university clinics, public dental clinics and as a private practitioner.

There is no fee payable for registration.

Language requirements

The dentist must be able to speak German, French or Italian depending in which part of Switzerland they are going to work.

Further Postgraduate and Specialist Training

Continuing education

Since 1994, there has been a minimum level of compulsory participation in continuing education (CE), 10 days per year. Every year 10% of dentists are approached and must submit documents to show the CE they have undertaken.

More than 75% do fulfil the requirements. Those who do not achieve the requirements are ordered to increase their hours of CE.

If they do not complete the requested time, the social insurance agency reimburses the dentist at a lower level.

Specialist Training

In Switzerland there are four specialties – orthodontics, periodontics, oral surgery and prosthetics are officially recognised by the SSO. Maxillo Facial surgery is recognised as a medical speciality, by the Swiss Medical Association.

- ✚ Orthodontics: 4 years training and exam, leading to the title - Fachzahnarzt für Kieferorthopädie
- ✚ Periodontics: 3 years training and exam, leading to the title - Fachzahnarzt für Parodontologie
- ✚ Prosthetics: 3 years training and exam, leading to the title - Fachzahnarzt für Rekonstruktive Zahnmedizin
- ✚ Oral surgery: 3 years training and exam, leading to the title - Fachzahnarzt für Oralchirurgie

Training is provided in dental university centres and at private specialists’ practice. Examinations and registration are organised by [Schweizerische Zahnärzte-Gesellschaft](#), in collaboration with the Swiss federal health office.

Workforce

Dentists

Year of data:	2013
Total Registered	4,850
In active practice	4,800
Dentist to population ratio*	1,679
Percentage female	28%
Qualified overseas	3,500

*active dentists only

The total number of practitioners is stable. It was reported by the SSO that there were a small number of unemployed dentists in 2013.

Movement of dentists across borders

There is (described by the SSO as) a large immigration of dentists into Switzerland, especially from Germany, France and Italy. By 2013 the Swiss authority had recognised approximately 3,500 diplomas from EU countries, which corresponds to about 70% of all dentists in Switzerland.

Specialists

Year of data:	2013
Orthodontics	370
Endodontics	
Paedodontics	
Periodontics	112
Prosthodontics	72
Oral Radiologists	
Oral Surgery	185
OMFS	
Dental Public Health	

There is no specific system for access to specialists and in most cases patients are referred by another dentist.

Auxiliaries

Other than dental chairside assistants, there are four types of dental auxiliary: Dental hygienists, Dental therapists, Dental technicians and Denturists (only recognised in 3 of 26 cantons)

Year of data:	2013
Hygienists	1,600
Technicians	1,800
Denturists	50
Assistants	6,500
Therapists	280
Other	0

Dental Hygienists

Hygienist training is for 3 years at Hygienist School and there are four such colleges. They must hold a dental hygienist qualification and this has to be registered with the professional education department of the Swiss Red Cross.

Their duties include scaling and simple gum treatment and Oral Health Instruction, and the insertion of preventive sealants. In some cantons they are permitted to administer local anaesthetics.

Dental Hygienists are employed by private practitioners or the public dental service, and must work under the supervision of a dentist. In 13 cantons they may be self-employed and accept money from patients. But the working field is restricted and the patients are assigned by a dentist. Indemnity or insurance cover is not compulsory.

Dental Technicians

Technicians train for 4 years in dental technicians' laboratories. A federal registerable qualification is required in some cantons.

Dental technicians duties are the construction of prostheses and they are not allowed to work in the mouths of patients. They normally work in commercial laboratories and receive fees for appliances. A few work in practices for a salary.

Denturists

Denturists are permitted to work in private practice, but only in the cantons of Zurich, Nidwalden and Schwyz. They are only allowed to provide removable prostheses. They are not accepted for the provision of treatments covered by the health insurance.

They train under postgraduate modules for dental technicians and this requires an additional training period of 1,500 hours. The denturists have to register with the cantonal health department.

Dental Therapists

Dental therapists are allowed to undertake simple operative treatments under the supervision of a dentist. In reality, the majority of the work they do is the removal of supragingival calculus, so their role is very similar to that of a dental hygienist. They are SSO-trained and are also registered with the association. Most work with dentists in private practices, although they are also employed in the public dental service. Self-employment is not permitted.

Dental Chairside Assistants

The training for a chairside assistant is 3 years, with a final examination for qualification. This education is federally recognised. They do not have to register. The average is 1.5 Chairside Assistants for every dentist.

Practice in Switzerland

Year of data:	2013
General (private) practice	4,300
Public dental service	200
University	300
Hospital	50
Armed Forces	0
General Practice is about	90%

Working in General Practice

Dentists who practice on their own or as small groups and who provide a broad range of general treatments are said to be in *Private Practice*. 40 to 50 per cent of dentists in private practice work in isolation from other dentists ("single-handed").

Most dentists in private practice are self-employed and earn their living through charging fees for treatments. Almost all are also contracted to treat patients under the social insurance system. This contract is established by the *santésuisse* which is a corporate body representing the health insurance companies. The contract includes a scale of fees, for a limited range of treatments, which must be applied for all work carried out within the social or medical insurance scheme. The dentist charges a patient according to the special rate, the patient then sends the invoice to the insurance company for reimbursement. Apart from the insurance premium, the treatment is therefore free for the patient.

However, even though the SSO signs the tariff contract on behalf of its members, dentists retain the right to treat patients outside the scheme where most care is provided.

Fee scales

The fee-scale incorporates both a points-system reflecting the relative cost of different treatments, and an established monetary value per point. The scale is calculated using the standard income, running expenses and level of service of a "standard practice". The "standard income" uses the principle that a dentist in private practice should earn approximately the same as one employed by the state and the expenses of a "standard practice" which is based upon a practice of a defined size, in terms of space and manpower. The standard rates of treatment are determined by a large survey of private surgeries and state-run dental clinics.

Under the health insurance agreement, prior approval for treatment may be required for more expensive forms of treatment. In contrast, for those patients who pay the whole cost of care themselves, the level of fees is set by each individual dentist. However, the SSO sets maximum prices for its members.

Joining or establishing a practice

Although premises can only be rented or owned by dentists, they can be located anywhere where there is sufficient demand for services. For SSO members the practice cannot be a limited company, and in certain Cantons dentists can only work as the sole owner of the business. There is no state assistance

for establishing a new practice, and dentists must take out commercial loans from a bank. There is no restriction on the opening of new practices, but recognition for health insurance is limited.

There are no specific contractual requirements between practitioners working in the same practice. A dentist's employees however are protected by the national laws on equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

Working in the Public Clinics

In certain parts of Switzerland a small public dental service provides care for school children and some disabled people, usually free of charge.

The work of the public dental service is increasingly being undertaken by private practitioners. Usually the service is provided in school clinics or another public building. However, in some rural areas the service is contracted to private dentists in their own practices. Working in the public dental service requires no additional postgraduate training and there is no career structure.

Working in Hospitals

Dentists practise in hospitals either as salaried employees of the cantonal governments or on a fee-per-item basis. Working as *dentists* or *dental surgeons*, they provide dental care in the major hospitals at Bern, Basel, Geneva and Zurich where the dental schools are also located and in about twenty other hospitals. There are usually no restrictions on seeing other patients outside the hospital. Some doctors working in hospitals also carry out oral surgery. Hospital clinical employees and public officials are appointed by the Cantonal government.

Working in Universities and Dental Faculties

Dentists work in universities and dental faculties as employees of the university. If their contract allows, University dentists can work in private practice outside the faculty.

The main academic titles within a Swiss dental faculty are those of Ordinary Professor, Extraordinary Professor, Lecturer and Assistant and First Assistant to help instruct students. There are no formal requirements for postgraduate training but professors generally qualify by a process called *habilitation*. This requires a recognised research record and delivering a special lecture or seminar. Dentists who are professors through habilitation also become *faculty members*, on the permanent body of the university with tenured positions. As public employees the retirement age for professors is 65.

A typical full-time dental faculty member will spend most time (50%) on teaching, approximately 20% of their time on research, 15-20% on administration and the remaining 10-15% on seeing their own patients. Epidemiological surveys are undertaken by the dental faculties.

Working in the Armed Forces

In 2013, no dentists served full-time in the Armed Forces.

Professional Matters

Professional association

	Number	Year	Source
Société Suisse des médecines-dentistes	4,130	2013	SSO

There is a single main national dental association, the *Société Suisse des médecines-dentistes* or SSO, supported by a strong system of Cantonal Sections. The Sections have an important role in organising continuing education, and working with the Cantonal government to produce legislation. The *Liechtenstein Dental Association* is also a Section of the SSO.

About 90% of Swiss dentists are members of the SSO (2013).

Ethics and Regulation

Ethical Code

Dentists in Switzerland work within an ethical code which covers relationships and behaviour between dentists, contracts with patients, consent and confidentiality, continuing education, and advertising. This code is administered by the SSO and the cantonal governments. Cantonal laws cover some ethical aspects of practice, including advertising regulations and obligations to provide emergency out-of-hours services.

Fitness to Practise/Disciplinary Matters

If a patient is concerned about the treatment they have received they may complain to an ombudsman within their Canton. The Canton Section of the SSO will then set up a "supervision commission" to determine whether the treatment was appropriate, or the level of the cost. The sanctions which may be applied for complaints include financial penalties and warnings, and on rare occasions limitation of the right to practise. Rules relating to these sanctions vary from Canton to Canton.

Data Protection

Generally, Switzerland follows the EU Directive on Data Protection.

Advertising

Advertising is allowed providing it is open and the content is not misleading. There is no available information about rules relating to the use of websites.

Indemnity Insurance

Liability insurance is not compulsory for dentists but all have it. The insurance is provided by private insurance companies. A general practitioner pays approximately 2,200 CHF (€1,775) annually for this, although the sum depends on the level of coverage. However, this insurance does not cover dentists for working in other countries.

Corporate Dentistry

Dentists are allowed to form corporate bodies (companies). However, it is not required that Board members are dentists; the dentist has full clinical responsibility and he is also subject to official control/supervision.

Tooth whitening

The Swiss had not made decision (by 2008) whether tooth whitening was cosmetic or medicinal. However, products may only be applied by dentists or hygienists.

Health and Safety at Work

Dentists and those who work for them are recommended to be inoculated against Hepatitis B and later be checked regularly for sero-conversion. The employer usually pays for inoculation of the dental staff.

Regulations for Health and Safety

For	Administered by
Ionising radiation	Private agency (for the national government)
Electrical installations	There are no regulations or laws concerning this
Waste disposal	Cantonal government
Infection control	Swiss Federal Office of Public Health
Medical Devices	Swiss Medic, a federal agency

Ionising Radiation

Training in ionising radiation is part of the undergraduate course. Whilst there is this special training once, there is no continuing training.

Radiation equipment must be registered.

Hazardous waste

Whilst the Swiss are not enacting the EU Directive, there are regulations to cover the disposal of clinical waste, including the installation of amalgam separators.

Amalgam separators have been required by law for many years.



Financial Matters

Retirement pensions and Healthcare

Pension premiums are paid at about 15 to 20% of earnings for national and professional schemes.

Men, at 65, and women, at 64, are entitled to an old-age pension. Payments may be taken out earlier by one or two years, but a fee per each year advanced is charged. Payments can also be postponed by one to five years, which gives an increase in payments depending on the number of months postponed. Dentists are allowed to practice beyond pension age.

A second pillar is based on occupational pension plans and accident insurance. Employees who earn more than 20,520 CHF (€16,550) a year are automatically insured by the second pillar pension fund. Pension plans and accident insurance have been mandatory for all employees for more than 25 years. The self-employed can join on a voluntary basis. When combined with the first pillar benefits, a person could expect to earn about 60 per cent of their final salary to help maintain their previous standard of living.

A third pillar is a private, individual option that workers can use to help make up the remainder of their income not covered by the first two pillars. Such schemes are also protected by law and often offer tax advantages.

For the majority of the Swiss population accident insurance is paid for at about 1 - 1.5% of annual earnings, and for disease insurance coverage an individual would typically pay around 3,000CHF (€2,420) per year.

Taxes

There is a national income tax, social security tax, and cantonal taxes. There is also a cantonal wealth and inheritance tax which is payable on certain types of earnings up to a level of 1%.

The top tax rate is at 42% and is levied to on incomes above approximately CHF 200,000 (€128,000).

VAT/sales tax

Switzerland introduced a value added tax system in 1995. Basically, the Swiss VAT system is in line with the 6th Directive of the European Union (although Switzerland is not a member of the European Union).

The VAT rates in Switzerland are: 8.0% standard rate, 2.5% reduced rate (for food, medicine, newspapers, books and feed) and 3.8% for lodging services

VAT is 8% on most dental equipment and consumables. Costs for dental treatment are not subject to VAT.

Other Useful Information

<p>Dental Association (and competent authority):</p> <p>Schweizerische Zahnärzte-Gesellschaft Société Suisse des médecines-dentistes (SSO) Società Svizzera Odontoiatri Münzgraben 2 CH-3000 Bern 7 SWITZERLAND Tel: +41 313 31 31 Fax: +41 313 31 40 Email: sekretariat@sso.ch Website: www.sso.ch</p>	<p>Publications:</p> <p>SWISS DENTAL JOURNAL Postgasse 19 3000 Bern 8, SWITZERLAND Tel: +41 31 310 20 80 Fax: +41 31 310 20 82 Website: www.sso.ch</p>
<p>Details of information centre:</p> <p>Schweiz. Konferenz der kantonalen Gesundheitsdirektorinnen und -direktoren Speichergasse 6 PF 684 3000 Bern 7 SWITZERLAND Tel: +41 313 56 20 20 Fax +41 313 56 20 30 Email: office@gdk-cds.ch Website: www.gdk-cds.ch</p>	<p>Placement Service for dental professionals:</p> <p>Stellenvermittlung SSO Münzgraben 2 CH-3000 Bern 7, SWITZERLAND Tel: +41 313 31 41 Fax: +41 313 31 40 Email: jobs@sso.ch</p>

Dental Schools:

<p>Geneva Université de Genève Faculté de Médecine Section de Médecine Dentaire 19, rue Barthélémy-Menn, CH-1211 Genève 4 Tel: +41 22 379 40 13 Fax: +41 22 379 40 02 e-mail: firstname.name@unige.ch website: www.smd.unige.ch Dentists graduating each year: 15 Number of students: 100</p> <p>Basel Universitätskliniken für Zahnmedizin Hebelstrasse 3, CH – 4056 Basel Tel: +41 61 267 25 84 Fax: +41 61 267 26 56 e-mail: firstname.name@unibas.ch website: www.zahnkliniken.unibas.ch Dentists graduating each year: 19 Number of students: 110</p>	<p>Zürich Universität Zürich Zentrum für Zahnmedizin Plattenstrasse 11 Postfach, CH – 8028 Zürich Tel: +41 01 634 33 11 Fax: +41 01 634 43 11 e-mail: firstname.name@zsm.uzh.ch website: www.zsm.uzh.ch Dentists graduating each year: 44 Number of students: 232</p> <p>Bern Zahnmedizinische Kliniken der Universität Bern, Postfach 64 Freiburgstrasse 7, CH – 3010 Bern Tel: +41 31 632 25 78 Fax: +41 31 632 49 06 e-mail: firstname.name@zmk.unibe.ch website: www.zmk.unibe.ch Dentists graduating each year: 25 Number of students: 125</p>
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