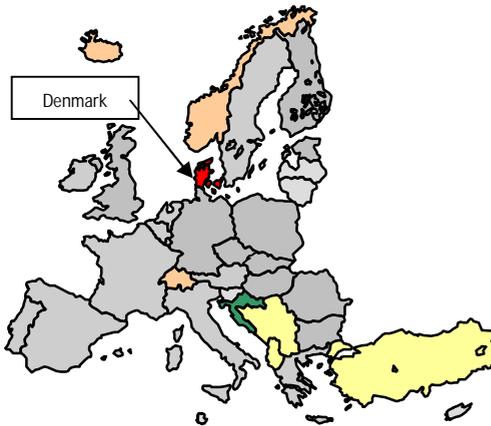


Denmark



In the EU/EEA since	1973
Population (2008)	5,475,791
GDP PPP per capita (2006)	€30,771
Currency	Kroner (DKK)
	7.46 DKK = €1 (2008)
Main language	Danish
Denmark has a highly decentralised National Health Service, largely funded by general taxation. Oral healthcare is free for children (0-18) and subsidised for adults.	
Number of dentists:	7,298
Population to (active) dentist ratio:	1,141
Members of Danish Dental Association:	90%
There are two specialist degrees in Denmark – oral surgery and orthodontics – and there is a well-developed system of dental auxiliary support for dentists. Continuing education for dentists is not mandatory, except for members of the Dental Association	

Date of last revision: 1<sup>st</sup> October 2008

Government and healthcare in Denmark

Denmark is a very well developed country despite its small size in regards to both land area (43,094 sq km) and population.

It is governed as a constitutional monarchy with a unicameral parliament (Folketing) of 179 seats, whose members are elected for 4-year terms under a proportional representation system. The country is administered as 5 regions and 98 municipalities.

Denmark has two dependencies; Greenland and the Faeroe Islands. They are both independent in health matters – but follow the Danish national legislation. Information about them can be found later.

Denmark has a national health service funded by general taxation. There are no additional special taxes or private insurance contributions involved. The management of health care is highly decentralised, with the individual regions running most services and the municipalities responsible for some public health commitments.

Dental care for adults is only partly subsidised by the government. The amount paid by the patients is dependent on the treatment – but in general the patients pay most of the treatment costs themselves. There are no private insurance schemes.

The National Board of Health (NBH) is responsible for the legislation concerning dentistry, and is based in Copenhagen.

	Year	Source
% GDP spent on health	9.5% 2006	OECD
% of this spent by governm't	84.1% 2005	OECD

## Oral healthcare

In Denmark oral healthcare is provided in one of two ways. For children under the age of eighteen all care is free of charge and is usually provided at school. For adults a system of government subsidies is available through private dental practitioners for most common types of treatment.

	Year	Source
% GDP spent on oral health	0.19%	2006 DDA
% of OH expenditure private	80%	2008 DDA

Governmental spending on healthcare (2006):

€11,213m

Public dental service (children 0-18): €253m

Spending on adult care: €160m

Spending on oral healthcare represents just above 9% of the total public healthcare spend.

### Public dental health care

#### *Dental services for children*

Dental services for those aged 0 to 18 are organised by the municipals (or the *kommuner*) and is free of charge. There are 98 *kommuner* in Denmark and more than 97 of them employ their own dentists and have their own premises for examining and treating children.

Since January 2004 children have been able to choose to receive dental care from a private practitioner instead of the service provided by the *Kommune* – but have to pay 35% of the costs. At the age of 16 children may change to a private practitioner with the full cost of treatment still being met by municipalities until they are 18 years old.

In several *kommuner*, in more rural areas, the *Kommune* contracts with local private practitioners to treat the children. Within these services all treatment is free, including orthodontic care.

#### *Dental services for adults*

For adults, a system of subsidies for dental healthcare is operated by an agreement between the regions (regioner), in collaboration with the Danish Dental Association (*Tandlægeforeningen*). Under this system the patient pays a part of the fee to the dentist. The other part is claimed through the region.

On average patients pay around 80% of costs and the public about 20%. In general the subsidy is higher for preventive care and essential treatments, and for expensive treatments such as oral surgery it is lower. Subsidies for the 18 to 25 year-olds are also higher.

The main treatments for which subsidies are paid include examination and diagnosis, fillings, oral surgery, periodontology, and endodontics. For most adults, orthodontics, crowns and bridges, and removable prosthodontics have to be paid for in full by the patient.

Free dental care is only available for adults if the treatment needs to be carried out in a hospital or if the patient belongs

to special groups. These are disabled patients and those of low economic status, and for some elderly. People receiving social security may have their expenses for dental care paid by the municipality and those who do not receive unemployment benefits (*Bistandsklient*), such as the homeless or victims of drug and alcohol abuse, usually receive free care.

For adult patients who have all their dental costs paid by the state (*Bistandsklient*) there is a requirement to seek prior approval to provide treatment from the municipal rule.

#### *Payments to dentists*

All payments to dentists are by way of "item of service" fees. Adult patients would normally receive oral examinations at an average of every 8 - 9 months and about 2/3 of the population visit a dentist annually.

In 1994 another objective to the public dental care system was added. Dental care for the elderly living in nursing homes and for mentally and physically handicapped living in their own homes but who are not able to use the normal dental care system is now part of the objective of the municipal dental care service.

### Private dental care

A substantial number of Danish adults (about 30%) buy private health insurance. There is a single scheme, "Health Insurance Denmark" (*Sygeforsikringen Danmark*) which is a personal scheme with the premium paid by the individuals concerned. Cover may be obtained within one of three groups depending on the items of care included. About 62% of all oral healthcare spending is on private dentistry.

The government introduced regulations in 2003 making it mandatory to publish on the internet and/or inside practices information about the cost of treatment which is not covered by the state scheme, and therefore receives no subsidy.

### The Quality of Care

The County Society of the region monitors standards of oral health services. This is mainly done by auditing the treatment figures which every dentist has to submit in order to claim public subsidy. Any dentist who carries out particular treatments by more or less than 40% of the regional average has to provide an explanation.

Apart from this screening, no other quality assessment is compulsory in Danish healthcare.

#### *The Danish Health Care Quality Assessment Programme*

The programme is a joint Danish system intended to support continuous quality improvement of the Danish health care services as a whole. In principle, the Quality Programme comprises all patient pathways in the health care services.

The Quality Programme will be developed in successive versions over a number of years.

The first version will comprise all Danish public hospitals, including their cooperation with and relations to other institutions and sectors. The intention is that subsequent versions of the Quality Programme will gradually be extended to include the remaining sectors of the health care

services, including private health care institutions and vendors entering into agreements with the public health care services.

#### Health data

		Year	Source
DMFT at age 12	0.70	2007	NBH
DMFT zero at age 12	72%	2007	NBH
Edentulous at age 65	18%	2005	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. NBH = National Board for Health.

#### Fluoridation

There is no fluoridation scheme in Denmark. Some parts of the country have naturally occurring fluoridated water.

## Education, Training and Registration

### Undergraduate Training

To enter dental school a student needs to be a secondary school graduate, as "Student" or similar. There is no vocational entry, such as being a qualified dental auxiliary.

Year of data:	2008
Number of schools	2
Student intake	160
Number of graduates	135
Percentage female	71%

Dental education is state-funded. There are no tuition fees. The education lasts 5 years (with a bachelor degree after 3 years).

The quality of the training is monitored by the Council of the Faculty.

#### *Qualification and Vocational Training*

##### *Primary dental qualification*

After graduation from the dental schools the students have authorisation as a dentist. The *Sundhedsstyrelsen* (National Board of Health) issues the certificate.

The authorisation gives the right to work as an employed dentist but if one wishes to own a practice, the dentist needs to have a permission from the National Board of Health to practice independently. The permission can be obtained if the dentist has worked 1,440 hours. In that period of time, the dentist must have treated both adult patients and children for at least 360 hours. There is no annual registration fee, but to receive permission to practice independently the dentist must pay approximately €147 to the National Board of Health.

##### *Vocational Training (VT)*

There is no formal post-qualification vocational training as such. EU qualified dentists can work in Denmark but if they would like to own a practice they need a permission to practice independently from the National Board of Health.

Diplomas from other EU countries are recognised according to the Professional Qualifications Directive.

### Registration

Although the National Board of Health administers an initial national register of dentists, it is primarily a list of those who have received degrees from Danish universities, or have had other qualifications recognised.

In order to be a principal in private practice and receive government subsidy payments dentists must also register with the regional branch of the Danish Dental Association (DDA) and with the *Sundhedsstyrelsen* (National Board of

Health) who certify that he/she has worked as an employed dentist for a required length of time - currently one year.

Dentists who work in the public dental service are not required to register with the DDA. Directors of public clinics must be authorised by the National Board of Health.

To be registered with the DDA or the APHD a dentist must first hold a recognised primary degree or diploma in dentistry. The membership fee is one quarter at registration.

For all dentists who qualified outside the European Union the National Board of Health has the right to require further courses to be taken.

#### *Language requirements*

There is no language requirements other than all records should be written in Danish. Every dentist should practice carefully and conscientiously. To comply with this provision, dentists are required to be capable of responsible communication with patients, relatives, other hospital staff, etc.

Non-EU nationals may have to have an oral and written language test in Danish, conducted by the National Board of Health before registration.

### Further Postgraduate and Specialist Training

#### *Continuing education*

Continuing education (CE) is usually organised by the dental associations, dental schools or private companies. CE is not compulsory in Denmark.

From January 2009 members of the DDA have to register 25 hours of CE annually.

#### *Specialist Training*

To undertake specialist training a graduate must have had at least two years of working experience. Trainees are paid by the hospital or dental school. There is formal training in two specialities:

-  Orthodontics
-  Oral Maxilla Facial Surgery (OMFS)

For specialists in OMFS, 5 years of specialised training is required. The experience must be gained in departments of Oral Surgery, Oral Pathology and Medicine, Ear, Nose and Throat, and Anaesthetics.

For specialists in Orthodontics, 3 years of specialised training is required. The experience must be gained within a Department of Orthodontics. During the training period the trainee is paid by the hospital or university. There is no particular specialist degree.

## Workforce

### Dentists

Year of data:	2008
Total Registered	7,298
In active practice	4,800
Dentist to population ratio*	1,141
Percentage female	50%
Qualified overseas	No data

\* active dentists only

The workforce was stable in 2008 – but the DDA believe that it will decrease the following years as more Danish dentists will retire than new dentists trained. The expectation is about 80 to 100 dentists less each year.

#### *Movement of dentists across borders*

There is little movement of dentists in and out of Denmark.

#### *Specialists*

Year of data:	2008
Orthodontics	258
Endodontics	
Paedodontics	
Periodontics	
Prosthodontics	
Oral Surgery	
Dental Public Health	
OMFS	91

Most specialists in Oral Maxilla Facial Surgery in Denmark work in hospitals. Oral MF surgeons and orthodontists may run their own practices. But most orthodontic specialists are employed in the Public Health System.

Usually a dental practitioner refers a patient to a specialist for selected treatments. Patients are also able to consult a specialist without a referral and have free choice both of the dentist and specialist that they wish to visit. No formal extra fee is given to specialist treatment.

There are many societies which represent special interests in dentistry, especially at the regional level. The Danish Dental Association is the best initial point of contact for questions about these societies.

### Auxiliaries

There are 3 classes of dental auxiliaries in Denmark, besides dental assistants – hygienists, technicians and clinical dental technicians.

Year of data:	2008
Hygienists	800
Technicians*	1,100
Denturists/Clinical Dental Techs	565
Assistants**	4,400
Therapists	0

\* estimate by DDA

\*\* 800 Student assistants

#### *Dental Hygienists*

Dental hygienists undertake 2.5 years training at dental school in Denmark. Upon qualification they must be authorised by the National Board of Health.

They may work in practice after graduation, but they must register to be able to own their practice, without supervision of a dentist, which is permitted in Denmark. Hygienists can undertake basic diagnostics. Hygienists are mainly found in the fields of Oral Health Promotion and Disease Prevention. Hygienists are allowed to administer local anaesthetics.

#### *Dental Technicians*

Training for dental technicians is for up to two years at special dental technician schools. There is theoretical and practical training. There is no registerable qualification for dental technicians, so there is no list of registered dental technicians. Dental laboratory technicians work mostly in laboratories, hospitals or dental faculties and are salaried, but some are employed by dentists in private practice.

All of their work may be carried out without the supervision of a dentist.

#### *Clinical Dental technicians*

Clinical dental technicians/denturists must undertake a 4-year training period in a special dental technician school and there is some time spent in practice. They need a licence from the National Board of Health to be allowed to practice independently. They may provide full removable dentures without the patient being seen by a dentist. However for partial dentures, a treatment plan from a practitioner is required, and a patient presenting any pathological changes must be referred to a dentist.

They may take payment from a patient, and be part of the NHS.

#### *Dental Assistants (Nurses)*

These may provide any kind of assistance to the dentist at the chairside. Training is carried out either on the School for Dental Assistants, Hygienists and Technicians (SKT) or in Technical Schools in several municipalities.

## Practice in Denmark

Year of data:	2008
General (private) practice	3,336
Public dental service	1,200
University	142
Hospital	63
Armed Forces	55
General Practice as a proportion is	70%
Number of general practices	2,300

### Working in Private Practice

Dentists who practice on their own, in small groups, or employed by other dentists outside hospitals or schools, and who provide a broad range of general rather than specialist care are said to be in *private practice*.

All dentists in private practice are self-employed or employed by the owner of the practice and earn their living partly through charging fees for treatments and partly by claiming government subsidies for adult care. The government pays for all dental treatment of children, up to the age of eighteen. Very few (less than 1%) dentists in private practice accept only fee-paying patients. In more rural areas where it may be uneconomic to organise a separate public dental service for children some practitioners may be contracted by the *kommune/municipality* to provide this service.

Once registered with the region a dentist in private practice may generate two-column bills, one column to be paid directly by the patient, the other to be claimed by the dentist from the government. The dentist may present a bill to the patient after each visit or after a complete course of treatment, depending on what has been agreed.

#### *Fee scales*

For preventive care and essential treatments the subsidy is higher (around 40%), and for expensive treatments such as oral surgery it is lower. The main treatments for which subsidies are paid include examination and diagnosis, fillings, oral surgery, periodontology, and endodontics. For most adults, orthodontics, crowns and bridges, and removable prosthodontics have to be paid for in full by the patient. Subsidies are also higher for 18 to 25 year-olds.

The fee is defined in a departmental order, but the agreement parties (Danish Regions and the DDA) typically supply the government with recommendations.

#### *Joining or establishing a practice*

Before dentists may establish their own practice they must gain permission to practice independently from the National Board of Health. There are no rules which limit the size of a dental practice and the number of associate or employed dentists or other staff. Premises may be rented or owned and there is no state assistance for establishing a new practice. Generally dentists must take out commercial loans from a bank to finance new developments.

Other than for reclaiming Government subsidy payments there is no additional requirement to register when working in private practice. There are no standard contractual arrangements prescribed, although the ethical code of the Danish Dental Association provides some guidelines. Dentists who employ staff, must comply with minimum wages and salaries regulations, and must meet occupational health and safety regulations. Maternity benefit is payable four weeks before and 14 weeks after birth. In addition to that it is possible to get benefit from the local authorities. Once a dentist employs more than four employees strict rules on occupational security will apply.

Monitoring the standards of private dental practice is the responsibility of the Society of the 5 regional bodies with the Danish Dental Association. The monitoring consists of statistical checks and official procedures for dealing with patient complaints (see below).

### Working in the Public Dental Health Service

Of the 98 *kommuner/municipalities* in Denmark, 97 employ dentists. These dentists are working in universities, the armed forces, hospitals and public dental health services / schools. People who are unable to take care of their own oral health are also treated within the public dental health service.

Dentists within the public dental health service may apart from the clinical work carry out administrative tasks.

There are no further official requirements for working as a dentist in the public dental health service. However, orthodontists must be qualified in this speciality.

In general within the public dental health service it is possible to work full or part-time as a dentist.

### Working in Hospitals

Dentists who work in hospitals are mostly specialists in oral surgery. All dentists are the employees of the hospitals, which are owned and run by regional government. Dentists working in hospitals will also often combine treating patients with administrative tasks.

### Working in University

Dentists working in dental faculties are all employed by the university. Whilst they all have teaching responsibilities, they may have additional responsibilities to treat patients in university clinics (*Clinical teacher*), undertake research (*Lecturer*), or have a mixture of management, research and student supervisory responsibilities (*Professor*, or *Assistant Professor/Senior Lecturer*). There are also *External Teachers* who provide teaching in specialities.

Clinical teachers usually work part-time and spend their remaining time in practice.

Although there are no official requirements, dentists at the grade of *Assistant Professor/Senior Lecturer* or above will generally have a PhD, a Doctorate or other postgraduate scientific qualifications.

The two universities undertake epidemiological studies.

## Working in the Armed Forces

28 dentists and 25 dental assistants work in the armed forces. Dentists are trained to treat patients in periods of

peace and war. Furthermore dentists in the armed forces are working with quality monitoring and educational work.

## Professional Matters

### Professional associations

The national dental association is called *Tandlægeforeningen*, (Danish Dental Association). About 90% of Danish dentists are members, just over half being male.

	Number	Year	Source
Association of PH Dentists	1,263	2008	FDI
Danish Dental Association	6,115	2008	DDA

Many of the members of the APHD are also members of the DDA. Most of the other members of the DDA work in general practice. In 2008 membership included 433 students and 1,224 retired members. So, about 4,500 were active members.

The Danish Dental Association is the professional association and trade union for dentists in Denmark. The association was established in 1873 and is the oldest dental association in the Nordic countries and indeed one of the oldest in the world.

The main goals of the association are:

- ✚ to look out for the interests of all dentists in all aspects of the profession
- ✚ to promote oral health within the Danish society
- ✚ and further develop all aspects of dental care to the Danish population

For the address of the DDA see later.

There is also a Public Health Dentists Association (APHD) called *Tandægernes Nye Landsforening* with over 1,200 members.

The APHD organises dentists employed in municipal health care services. It was founded in 1985 and works for better pay and employment conditions and the Association has declared health care policy goals.

## Ethics and Regulation

### *Ethical Code*

The practice of dentistry is mainly governed by an ethical code. This applies to all dentists, but with slight variations between dental services. Other laws and regulations exist which relate to negotiating the system of subsidies, monitoring the billing of patients and dealing with patient complaints. These are described where appropriate in the relevant sections.

The clauses of the *The Code of Ethics and Professional Statutes of the Danish Dental Association* describe:

1. Purpose of the code
2. The position of the dentist within society
3. The dentist's relationships with the patient
4. The dentist's relationship with the public, public authorities etc.
5. The dentist's relationship with colleagues
6. The dentist's relationship with his staff
7. The dentist's relationship to the association and profession
8. Special provisions

Apart from the ethical requirement that all care should "preserve and improve the health of his patients" there are few restrictions on the treatments which a dentist may provide. A dentist should not however carry out any care to which the patient has not consented, or for which the dentist does not possess the necessary specialist knowledge.

### *Fitness to Practise/Disciplinary Matters*

There are two systems dealing with complaints. One relates to complaints against dentists working with "the agreement of adult dental care" - (*Tandlægeoverenskomsten*) and the other to all other complaints (*Sundhedsvæsenets Patientklagenævnet*).

The complaint system under the *Tandlægeoverenskomsten* is managed in the regions, by committees served by regional politicians and members of the DDA. The sanctions can vary from a reprimand to a recommendation to the NBH to take away the authorisation to practise. The decisions can be appealed to a national committee.

The system under *Tandlægeoverenskomsten* also deals with the money issue, but it is a compulsory patient insurance that gives the patients compensation when they are entitled.

The *Sundhedsvæsenets Patientklagenævnet* deal with complaints about other dentists and auxiliaries.

### *Protection of Data and information*

The rules for data protection follow the EU Directive.

### *Advertising*

Advertising must be matter-of-fact, sober and adequate and it is illegal to promote oneself or one's practice at the expense of others. Sponsorship is also permitted and the use of radio and websites. However the use of television is not permitted.

The DDA believe that the Directive on Electronic Commerce is of no direct concern to the members, as the DDA are not aware of dentists in Denmark who are involved in E-

## EU Manual of Dental Practice: version 4 (2008)

commerce. However, it is permissible for a dentist to set up and have a website for his/her practice and many dentists have one. There is a website ([www.sundhed.dk](http://www.sundhed.dk)) which is owned by the public, where the dentists in private practice are all published – together with all other health personnel (in private practice).

### *Indemnity Insurance*

Liability insurance is provided by the Danish Dental Association, and is compulsory for private dental practitioner members. It provides cover for occupational injuries for owners and staff, legal expenses insurance, patient injuries and damage to patients' belongings and HIV infection. A dental practitioner pays approximately €100 annually (2003) for legal expenses insurance; for the other elements health insurance companies deduct a percentage from income.

This indemnity based insurance only covers for work undertaken in Denmark.

### *Corporate Dentistry*

Dentists are allowed to form companies, and non-dentists may be on the board of such a company. Non-dentists can not have the majority on the Board – nor indeed comprise the whole Board.

### *Tooth whitening*

For tooth whitening supplied for the home or in beauty clinics (by non-authorised persons), hydrogen peroxide with a concentration of more than 0.1 % is not permitted.

Dentists may use tooth whitening products with a stronger concentration of hydrogen peroxide. Those products used by dentists are categorised as chemical products.

### Health and Safety at Work

Workforce Inoculations, such as Hepatitis B are not compulsory in Denmark.

### *Ionising Radiation*

There are specific regulations about radiation protection and it is mandatory for undergraduate dentists to take training in radio protection. Continuing education in ionising radiation is not mandatory.

All new x-ray equipment must be registered by the National Board of Health.

### *Hazardous waste*

The Hazardous Materials Act is very strict – and amalgam is on the list. Only approved companies or individuals are allowed to collect amalgam. The dentist must have written documentation for their disposal and to whom.

The municipality (*kommune*) provides guidance.

Amalgam separators are not generally mandatory although some municipalities insist that they are installed.

### Regulations for Health and Safety

<i>For</i>	<i>administered by</i>
Ionising radiation	Radiation Institute, (National Board of Health)
Electrical installations	Kommuner /Municipality government
Infection control	DS2451-12 and Statens Serums Institut
Occupational Health Safety Administration (OHS)	Danish Ministry of Labour, Arbejdstilsynet
Waste disposal	Kommuner/Municipality government
Arrangement of working places and staff security	Danish Ministry of Labour, Arbejdstilsynet

### *Greenland and the Faroe Islands*

In Greenland all dental care is provided as a free public service, to children and adults. All dentists, except one private practitioner, are employed by the Greenland government and there is a constant need for more staff. The demand for dentists in Greenland is likely to increase as old arrangements for free flights to Denmark for Danish nationals are phased out. However, new arrangements, including short-term contracts of three or six months, free accommodation and a free return flight should make working in Greenland more attractive to non-Danish dentists. Nearly all dentists work with Inuit staff, who act as Inuit interpreters also.

The Faroe Islands are governed as a single Danish municipality. Until recently, as in Greenland, all dental services were provided as a free public service. Today the system in the Faroe Islands is the same as in Denmark as a whole.

## Financial Matters

### Retirement pensions and Healthcare

National pension insurance premiums are paid at about 10% of earnings.

While the government pays approximately 85% of the national costs of healthcare, 15% comes from individuals through co-payments for treatment. For dental care this ratio is reversed since the national cost of caring for adults' dental health is 20% government-funded, with the remaining 80% paid by patients.

Normal retirement age is 65 but dentists may practice beyond this age.

### Taxes

#### *National income tax:*

There is a national income tax (dependent on salary). The lowest rate is 28% and the maximum is 55.3% for income over about €65,000 per year.

#### *VAT/sales tax*

VAT is also payable on certain goods and services at 23%. Dental treatment is excluded from VAT. However, costs related to purchase of dental equipment, instruments and materials are subject to VAT and will be reflected in the prices

### Various Financial Comparators

Zurich = 100	Copenhagen 2003	Copenhagen 2008
Prices (excluding rent)	98.9	108.0
Prices (including rent)	97.9	105.0
Wage levels (net)	74.8	81.3
Domestic Purchasing Power	68.3	77.5

*Source: UBS August 2003 & January 2008*

## Other Useful Information

<i>Main national associations and Information Centre:</i>	<i>Competent Authority:</i>
<p>The Danish Dental Association Tandlægeforeningen Amaliegade 17 Postboks 143 DK 1004 Copenhagen K, DENMARK Tel: +45 70 25 77 11 Fax: +45 70 25 16 37 E-mail: <a href="mailto:info@tandlaegeforeningen.dk">info@tandlaegeforeningen.dk</a> Website: <a href="http://www.tandlaegeforeningen.dk">www.tandlaegeforeningen.dk</a></p> <p>Association of Public Health Dentists in Denmark Emdrupvej 28A DK 2100 Copenhagen Ø DENMARK Tel: +45 33 14 00 65 Fax: +45 38 71 03 22 Email: <a href="mailto:tnl@tnl.dk">tnl@tnl.dk</a> Website: <a href="http://www.tnl.dk">www.tnl.dk</a></p>	<p>Sundhedsstyrelsen (National Board of Health) Islandsbrygge 67 DK 2300 Copenhagen S Tel: +45 72 22 74 00 Fax: +45 72 22 74 11 Email: <a href="mailto:sst@sst.dk">sst@sst.dk</a> Website: <a href="http://www.sst.dk">www.sst.dk</a></p> <p><i>Ministry of the Interior and Health Information website:</i> <a href="http://www.sundhed.dk">www.sundhed.dk</a></p> <p><i>Publications:</i></p> <p>The Danish Dental Journal <i>Tandlægebladet</i> c/o The Danish Dental Association/ <i>Tandlægeforeningen</i> and The Danish Journal of Public Health Dentistry, from the APHD</p>

## Dental Schools:

<b>Copenhagen</b>	<b>Århus</b>
<p>School of Dentistry Faculty of Health Sciences University of Copenhagen Nørre Alle 20, 2200 Copenhagen N Tel: +45 35 32 67 00 Fax: +45 35 32 65 05 Email: <a href="mailto:kl@odont.ku.dk">kl@odont.ku.dk</a> Website: <a href="http://www.odont.ku.dk">www.odont.ku.dk</a></p> <p>Dentists graduating each year: 85 Number of students: 450 approx</p>	<p>Royal Dental College Faculty of Health Sciences University of Århus Vennelyst Boulevard, 8000 Århus C Tel: +45 89 42 40 00 Fax: +45 86 19 60 29 Email: <a href="mailto:odontologi@au.dk">odontologi@au.dk</a> Website: <a href="http://www.odont.au.dk">www.odont.au.dk</a></p> <p>Dentists graduating each year: 50 Number of students: 300 approx</p>