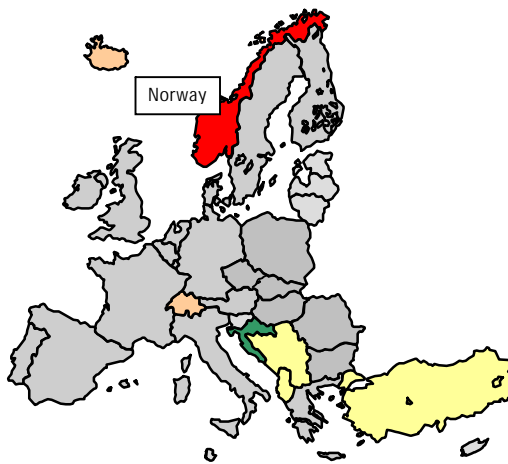


Norway



Member of the European Economic Area  
 Population (2008) 4,737,171  
 GDP PPP per capita (2006) €44,362  
 Currency Kroner (NOK)  
 8 NOK = €1  
 Main language Norwegian

General health services are funded through a form of national insurance, the Folketrygden, which is administered by NAV, the Norwegian Labour & Welfare Administration. Benefits include pensions, full salary for one year for long term sickness, unemployment benefit & health care. But, only priority groups receive dental health care free of charge from the Public Dental Health Service. Adults must pay the full cost for dental care (there are some exemptions).

Number of dentists: 5,735  
 Population to (active) dentist ratio: 1,102  
 Membership of the NDA: 98%

There is wide use of specialists for some care and the use of dental auxiliaries is very well developed.  
 Continuing education for dentists and auxiliaries is not mandatory.

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

Government and healthcare in Norway

Norway is a Nordic country, the most northerly in Europe. It is mountainous and virtually all of the centres of population are located on the coast. Norway is a constitutional monarchy, with a parliamentary democratic system.

The Storting (Norway's Parliament) has the legislative and budgetary power. In addition the Parliament also authorises plans and guidelines for the activities of the State through discussions of political issues of a more general nature. The parliament has 165 representatives and has a two chamber system for passing laws.

The capital is Oslo

General health services are funded through a form of national insurance, the Folketrygden, which is administered by the NAV, the Norwegian Labour and Welfare Administration. Benefits include pensions, full salary for one year for long term sickness, unemployment benefit and health care. Hospital care is free at the point of delivery, but patients are required to pay one third of the cost of a visit to their general practitioner for primary care.

	Year	Source
% GDP spent on health	8.9%	2007 Statistics Norway
% of this spent by governm't	84.0%	2007 Statistics Norway

The national budget is predetermined for one year at a time.

## Oral Healthcare

Oral healthcare in Norway is divided into the public and the private sectors. Annually approximately NOK 2.8 billion (€355m) is spent on Public Dental Care but the exact figure was not known by the NDA in 2008.

		Year	Source
% GDP spent on oral health	0.41%	2005	Min of Health
% of OH expenditure private	75%	2005	NDA

### Public Dental Health Service

The Dental Health Services Act of 1983 established the county as the prime authority responsible for oral health services, and each county has a chief dental officer. It also defined the counties' accountability for the Public Dental Health Service, and the coordination of this service with private dental practices.

The Public Dental Health Service is country-wide and is organised and funded by the counties. Approximately 30% of all active dentists work full-time in the public sector, the remainder working in private practice. The Public Service provides dental care to priority groups and in geographic areas with few private practitioners, to non-priority adults. The five groups, in order of priority, are:

- ✚ children and juveniles under 19 years
- ✚ the mentally handicapped
- ✚ people who due to long term illness are under care in institutions or at home for longer than 3 months (these groups can also receive domiciliary care)
- ✚ young people under 21 years of age
- ✚ other groups defined by the government, inter alia prisoners and drug and alcoholic addicts

Annually between 60% and 76% of the population in the priority groups (this varies between the different groups) receive screening and/or treatment and about 10% of the non-priority group adults also receive their care from the PDHS.

The Public Dental Service is free of charge, except for orthodontic treatment. However youth between 19 and 20 years must pay 25% of the costs. The elderly/disabled group pay reduced fees. Adults pay in full for oral health care, except for the exemptions mentioned above.

### National Insurance System (NIS)

Several changes were made in the national insurance system for dentistry in January 2008. The entire system was updated and upgraded, making it both easier to understand for dentists and the general public, and making it easier for patients to be reimbursed. All rates were regulated, both the general rates and the reimbursement rates.

The following diagnoses release reimbursements: Rare medical diagnosis (from a list), cleft lip, jaw or palate, oral cancer, immune system depression, surgical orthodontic and periodontal treatment including rehabilitation, severe pathological attrition, hyposalivation, allergy to dental restorative materials, dental trauma, lack of ability for self care.

There is a "high cost protection". The maximum payment, the "roof", in this system is NOK 2,500 (€315), referring to the specified amount that is defined as "own risk" payment. In addition to some dental treatment, mostly surgical operations, periodontal treatment and treatment of conditions of the oral soft tissues, the maximum "own risk" amount could cover expenses for physiotherapy, therapy in specified training institutions and at certain overseas treatment clinics. This does not mean, however, that whenever a patient has paid NOK 2,500 (€315) for dental treatment, any amount exceeding this will be covered by the NIS. Only specified treatment as mentioned is included in the high cost protection system, and only the reimbursed amount is counted into the "own risk" amount.

There is also a family reduction, for families with more than one child in need of orthodontic treatment.

Dentists can now receive the reimbursement amounts directly from the NIS, instead of charging the entire amount to the patient, who then has to obtain reimbursement from the NIS. For the time being, this is a voluntary system.

Any tooth lost from marginal periodontitis after May 1<sup>st</sup> 2002 gives the patient a right to reimbursement for rehabilitation. The rates differ according to the treatment that is chosen. Reimbursement is given only once for each tooth lost, and as a general rule reimbursement is not given if the lost tooth is a molar.

All in all, the NIS does not cover dental expenses for more than a small part of the Norwegian population. Most adults still have to pay their dental treatment themselves, without any government funded financial support system.

### Private Care

Oral healthcare for most adults is provided by private dentists. Approximately 68% of dentists work as private practitioners. They provide screening and treatment for the adult population.

About 80% of adults see a dentist on a regular basis, even though they may have to pay the full cost of the treatment. Patients normally attend once a year, on average. The majority of these 'regular' attenders (90%) obtain their care from general practitioners in private practice. In some circumstances the social security system may pay for those who cannot afford care (see above) and give reimbursements to others.

This state social assistance is provided at a municipal level, and there is considerable variation between municipalities in the way this is managed.

### Private insurance for dental care

Dental insurance plays a very small role in the whole picture.

### The Quality of Care

Standards in dental practice are governed by three different types of supervision. The Norwegian Board of Health Supervision is responsible for monitoring in the field of

dental care. The monitoring is carried out by the Chief Medical Officer in the counties. They normally use designated dentists to supervise and assess the dental medical standards, quality assurance programmes etc.

A Competition Authority is responsible for ensuring that prices are displayed and that quotations are given to patients and the *Labour Inspectorate* is responsible for monitoring employees' conditions, radiation protection, and waste disposal.

Guidelines for the use of dental materials were introduced by the Norwegian Directorate of Health in July 2003, recommending a reduction in the use of amalgam, still accepting amalgam as a dental material if preferred by the patient. From January 1<sup>st</sup> 2008, however, amalgam has been forbidden, due to regulations implemented by the Ministry of Environment, banning the use of mercury in all products.

## Health data

	Year	Source
DMFT at age 12	1.40	2008 Statistics Norway
DMFT zero at age 12	47%	2008 Statistics Norway
Edentulous at age 65	22%	2002 Statistics Norway

"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 water fluoridation schemes in Norway

## Education, Training and Registration

### Undergraduate Training

To enter dental school in Norway, applicants must have a general matriculation standard - this means completed higher secondary school, with advanced courses in mathematics, physics and chemistry.

Year of data:	2007
Number of schools	3
Student intake	153
Number of graduates*	110
Percentage female	50%

\* there are no graduates yet from the new school in Tromsø

The University of Oslo has a separate Faculty for Odontology. At the University of Bergen there is a joint Faculty for Medicine and Odontology. The University in Tromsø has organised the dental education as an Institute for Clinical Odontology within the Medical Faculty.

There are no private dental schools. There are about 665 undergraduates in total (2008) for the 5-year course, although this is rising as Tromsø reaches full capacity. After graduation the candidates may be authorised as dentists.

#### *Qualification and Vocational Training*

##### *Primary dental qualification*

The title upon qualification is: *Master of Dentistry*

##### *Vocational Training*

There is no vocational training in Norway.

### Registration

Graduates must register with the Norwegian Registration Authority for Health Personnel. After the age of 75 years a dentist's registration can only be renewed if the practitioner is considered fit to continue practising. Registration can be suspended for other reasons such as serious mental illness, being away from practice for a long period of time, or for "unworthy behaviour".

Cost of registration (2008)	€ 116
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Norway is part of the EEA Agreement. Thus dentists qualified in other EEA states may practice in Norway.

#### *Language requirements*

Although there are no formal linguistic or other tests for EEA-dentists, there is an ethical requirement to be able to communicate effectively with patients. An employer may, however, require language skills. The patient records must be kept in Norwegian or another Scandinavian language.

### Further Postgraduate and Specialist Training

#### *Continuing education*

In order to maintain a certain level of professional standards the Norwegian Dental Association (NDA) offers postgraduate courses as "brush up" lessons for dentists in practice. However these courses are not mandatory. But, dentists have an obligation to treat the patients in accordance with the professional standard (based on the current knowledge and common accepted procedures at the time). This requires that the dentist adopts new knowledge. However there are no specific requirements concerning how.

Should the dentist give treatment with outdated methods it may result in a number of consequences - private lawsuits, as well as investigations and possible actions by the supervising authorities and the dental association.

#### *Specialist Training*

There is an organised three year full-time postgraduate training period for specialists in universities, in seven recognised dental specialities: endodontics, orthodontics, oral radiology, oral surgery, paediatric dentistry, periodontics and prosthodontics.

The universities in Oslo and Bergen run the programmes for graduate dentists who want to achieve authorisation as a specialist. The trainees are not paid. To register they must produce a written record of their training to the Specialist Registration Committee of the NDA, which maintains the register of specialists on behalf of the government.

Projects for decentralised, distant training at recognised specialist clinics have been done, but no formalised programmes have yet been set up. The Institute for Clinical Odontology in Tromsø has accepted a mission for testing a specialist training programme for Clinical Dentistry.

## Workforce

### Dentists

Year of data:	2006
Total Registered	5,735
In active practice	4,300
Dentist to population ratio*	1,101
Percentage female	45%
Qualified overseas	1,000

\* this is "active" dentists

The figures for the percentage of females and the numbers of dentists qualified outside Norway are estimated by the NDA.

Almost a quarter of Norway's dentists qualified overseas.

The dental workforce is said to be decreasing, so there is no relevant unemployment amongst dentists

In order to ensure that a sufficient number of new dentists a new dental school in Tromsø was established in 2004 – the first graduates will be in 2009.

### Specialists

In Norway seven dental specialities are recognised:

Year of data:	2008
Orthodontics	192
Endodontics	40
Paedodontics	18
Periodontics	74
Prosthodontics	46
Oral Radiologists	6
Oral Surgery (incl OMFS)	59
OMFS	
Dental Public Health	

These are approximate numbers of "active" specialists, excluding those who have retired.

Oral surgeons work mainly in public hospitals and universities. Most are employed full time in hospitals but some work part-time in private practice. Most orthodontists work in private practice, although some work in the Public Dental Health Service (PDHS).

Most paediatric dentists work in the PDHS and most periodontists in private practice. There are associations and societies for specialists and for special interest groups: these are best contacted via the Norwegian Dental Association.

Patients may go directly to specialists, without referral from a primary dentist.

### Auxiliaries

In Norway there are 3 types of dental auxiliary:

- ✚ Dental hygienists
- ✚ Dental technicians
- ✚ Chairside assistants (secretary)

All dental auxiliaries have to be registered with the Norwegian Registration Authority for Health Personnel.

Year of data:	2006
Hygienists	812
Technicians	708
Denturists	0
Assistants	3,112
Therapists	0
Other	0

### Dental Hygienists

To be admitted to training as a hygienist the applicant must have completed higher secondary school. Dental hygienists undertake 3 years' education and training at Hygienist Schools, which are located in Oslo, Bergen and in Tromsø. They are part of the University and are located in connection to the faculties of Odontology - in Tromsø as part of a University college.

The Health Personnel Act from 1999 requires authorisation by the Norwegian Registration Authority for Health Personnel (SAFH) in order to use the title dental hygienist.

Dental hygienists normally work together with dentists, as salaried employees. However they may have their own private practice. They may diagnose as well as treat, and can undertake local infiltration anaesthesia if they have had special training.

### Dental Technicians

Technicians undertake 3 years education and training at the University College in Oslo. They provide fixed and removable prosthetic work for insertion by dentists. They may not deal directly with the public, although they do take legal responsibility for their work. They normally work in commercial laboratories and charge the dentists for their services. Some work as employees in dental clinics.

Under the same law as hygienists, they have to register with the Norwegian Registration Authority for Health Personnel (SAFH).

### Dental Chairside Assistants (Secretaries)

Dental assistants have to undertake 3 years education and training in high school. In the last year of high school dental chairside assistants have a special curriculum. Since 2008 only persons with a full education and training will be awarded the title.

Under the same law as hygienists, they have to register with the Norwegian Registration Authority for Health Personnel (SAFH).

## Practice in Norway

Year of data:	2006
General (private) practice	2,904
Public dental service	1,090
University	234
Hospital	35
Armed Forces (2008)	23
General Practice as a proportion is	68%

### Working in General Practice

Dentists who practise 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 *private practice*.

Most dentists in private practice are self-employed and earn their living through charging fees for items of treatment. There is no prescribed fee scale, but price cartels are forbidden. Every dentist must display the cost of twelve specified items of treatment on the wall in his/her waiting room, and must provide a complete list of prices. If the cost of treatment exceeds NOK 2,000 (€250) the dentist must provide the patient with a written quotation. If the treatment plan is then changed, the quotation may be changed and the patient informed. When the treatment is finished the dentist must give the patient a written description of what care has been provided.

There are no figures for how many patients a dentist would normally have on his regular "list", nor about the intervals at which re-examinations would normally be carried out for most adult patients.

#### *Fee scales*

Reimbursement for dental treatment by the National Insurance Scheme is slowly increasing. Treatment of periodontal diseases and surgical treatment that are refunded by the Scheme, received a big increase on 1st March 2003.

Patients losing teeth because of periodontal diseases have received reimbursement for prosthodontics, since October 1st 2003. Rehabilitation by bridges and implants is included for patients with diagnosis mentioned in the Oral healthcare section.

Orthodontics is paid for in a different way. Orthodontists normally work in private practice, and can now receive the reimbursement amounts directly from the NIS, for children the rest of the cost is paid directly to the orthodontist by the parents. There is an index of four grades of severity for orthodontic need. The level of fees is based on the index, with full reimbursement for correction of the most severe anomalies, and none for treatment of less severe malocclusions.

The dental association is represented in meetings initiated by the health department concerning regulations and reimbursement for orthodontic treatment.

### *Joining or establishing a practice*

The government provides no assistance in funding the establishment of new practices and there are no restrictions on the location or the size. The practice has to be owned by a dentist, but a widow or widower may continue ownership for one year after the death of their spouse.

There are no specific requirements for the type of premises in which a surgery can be housed, so these may be in shops, offices or houses and even in rented clinics (see below) - as long as the clinic meets the necessary standards concerning hygiene, radiation protection and confidentiality for patients etc.

Standardised contracts, prepared by the NDA, are available for dentists working together in the same practice. Contractual arrangements include partnerships, limited companies and working totally independently but sharing some facilities such as waiting rooms. However, limited companies may only be owned by dentists and there may be tax advantages to practising in this way.

### Working in the Public Dental Service

The Public Dental Health Service (*Den Offentlige Tannhelsejenestenen* *DOJ*) is organised on a county basis. It began as a school dental service based in clinics built in school grounds. Five groups are eligible for treatment and the counties are obliged to prioritise the provision of dental care for the groups in the order identified above, in the oral healthcare section.

Dentists working within the public dental service have the following titles and functions, Dental Officer (performing general dentistry), Special Dental Officer (specialist treatments), Regional Chief Dental Officer (both general dentistry and administration) and County Chief Dental Officer (administration). These dentists are all salaried.

Only a few counties employ specialists and most orthodontics is delivered in private practice.

A limited number of adults are treated by the Service. Some counties allow public dental service dentists to rent a clinic to provide dentistry to adults as private patients. However, the PDHS currently has a large number of vacancies and the government is addressing the problem of recruitment, to overcome geographical variation of supply.

Their income varies from county to county and depends on experience etc. For dentists with a position as head of clinic etc. the salary may be even higher.

### Working in Hospitals

Oral surgeons normally work in hospitals as salaried employees, either full- or part-time with other duties elsewhere. To practise as an oral surgeon in a hospital it is necessary to have a specialist competency. There is no formal structure of staff grades for dentists.

There is no fixed salary for such positions.

### Working in Universities and Dental Faculties

Dentists working in full time positions are employees of the University, but are free to combine their duties in the faculty with part-time work elsewhere, usually up to a maximum of six hours per week. Typical academic titles within a Norwegian dental faculty are Professor, Associate Professor II), PhD Research Fellow. A typical faculty staff member is supposed to spend 45% of their time on teaching, 45% on research and 10% on administration. PhD students on the other hand have light teaching responsibilities and no administrative duties.

Most academic posts require a minimum of a PhD together with further training in a particular speciality, and progression to higher grades is also based upon academic achievements. Clinical instructors, who work part-time, only need specialist training if they are instructing in a specialist discipline.

There is no fixed salary for such positions and so the salary varies a lot.

### Working in the Armed Forces

About 20% of the dentists in the Armed Forces are female.

## Professional Matters

### Professional associations

	Number	Year	Source
Norwegian Dental Association	5,599	2008	NDA

There is a single main national association, the Norwegian Dental Association. Approximately 98% of active dentists are members and it represents both private and public service dentists. The national association consists of 21 local associations - primarily, there is one association for each county. All members of the NDA are also members of a local association.

The NDA is a democratic organization and every year there is an assembly where representatives from all the local associations take part. The assembly is the highest authority in the Association and during the annual assembly the guidelines to be followed in all matters of importance are decided. Every second year the assembly elects a board of 9 NDA members (President, Vice-president and 7 other members). The President is the chief executive of the NDA.

The NDA has a secretariat with 22 employees (2008). They carry out a number of tasks, such as legal services for members, salary negotiations for the public dental service, organisation of insurance for members, organisation of post-graduate ("brush up") courses for dentists, organisation of a pension system for members etc. Their other important tasks include the distribution of information to members, as well as to the public, Government and other authorities. They are also responsible for the publication of the Norwegian Dental Journal. They maintain contact with governmental bodies and authorities on questions concerning dentists and dentistry. The secretariat is led by a Secretary-general.

### Ethics and Regulation

#### *Ethical Code*

Dentists in Norway work under an ethical code which covers relationships and behaviour between dentists, the contract with the patient, consent, and confidentiality. This code is administered by the Norwegian Dental Association. Much of the guidance on ethical behaviour is also codified in the Health Personnel Act.

#### *Fitness to Practise/Disciplinary Matters*

Cases concerning breaks of the ethical code are handled by the board of the local branch of the NDA. If the dispute is not settled the case is submitted to the NDA's Board for Dental Ethics. The Board may – in cases of infringement of the ethical code - take action in the following forms: a formal notice of disapproval, a decision that the dentist in question, for a period of two years, cannot be elected as a representative within the NDA. They may also advise the NDA Board to fine the member (to a maximum of 133,500 NOK - €17,000) or to exclude him/her from membership of the NDA.

Patients' claims are not handled. Liability is regarded as a separate question, and is not part of the Board's jurisdiction.

#### *Governmental supervision*

The Norwegian Board of Health Supervision is responsible for supervising Health and Social Services in Norway, including the dental service. They are also responsible for supervising the professional conduct of health personnel. Their supervision concerning personnel is mostly based on complaints from patients.

The supervision is based on the requirements laid down in the Health Personnel Act from 1999. If infringements are found, this may result in disciplinary measures. The Board can either give a letter of formal notice in which they point out what needs to be improved or they may also give a formal warning. In cases of severe infringements, the Board can decide to withdraw the authorisation.

A dentist may appeal a formal warning or withdrawal of authorisation to a designated board. If the decision is upheld by the designated board the dentist can try the decision in court.

In some cases the infringement includes violations of the penal code. Such cases, which are handled by the police, may result in fines, or in very serious cases imprisonment.

#### *Data Protection*

In accordance to national laws all dentists have an obligation to secure all patient records, including confidential patient data. Norway has adopted and embraced the EU Directive.

#### *Advertising*

Dentists are allowed to advertise and may use websites. They may not give information which is misleading or incorrect, and may not give information about special treatments etc. in a way that may mislead patients. Such rules are included in the ethical code and also apply to advertising on websites.

#### *Corporate Dentistry*

Dentists are allowed to form companies and the boards are not limited to dentists

#### *Indemnity Insurance*

Liability insurance is compulsory for dentists. Since January 2000 the cost has been included in the annual membership fee of the NDA, to ensure compliance. The insurance itself is with a private company and provides cover for damages related to dental treatment. Non-members must organise insurance themselves.

For members the insurance costs approximately 1,500 NOK (€190). (A higher insurance cost for dentists working with implants). Under Norwegian law they may have their registration suspended if they do not have insurance.

#### *Tooth whitening*

Tooth whitening products under 0.1% concentration of hydrogen peroxide can be sold to without restriction.



Products between 0.1 to 6% may only be sold if advised by dental/medical personnel.

Products of a greater concentration of hydrogen peroxide than 6% are regulated as Medical products and can only be applied by health personnel including dentists and dental hygienists

### Health and Safety at Work

There are a number of regulations concerning Health and Safety at work, for instance concerning radiation protection, handling of toxic substances etc. However, inoculations such as for Hepatitis B are not compulsory.

#### *Ionising Radiation*

The Norwegian Radiation Protection Authority (NRPA) is responsible for supervision in the field of radiation protection. The supervision is based on the Act on Radiation Protection and Use of Radiation from 2000 and supplementary regulations. Dentists have to give the NRPA notice before dental x-ray equipment is installed for use. There are general criteria concerning education and training. Both dentists and dental hygienists may use x-ray equipment, but there are no requirements concerning supplementary training.

#### *Hazardous waste*

Amalgam separators are required by law – since 1996 (with a revision to the law in 2003). The waste amalgam must be collected by a registered carrier.

Regulations for Health and Safety

<i>for</i>	<i>administered by</i>
Ionising radiation	Norwegian Radiation Protection Authority
Electrical installations	Directorate for Fire and Electrical Safety
Waste disposal	Norwegian Pollution Control Authority/local government
Amalgam	Directorate for Health and Social Affairs
Medical Devices	Directorate for Health and Social Affairs
Infection control	Institute for Public Health

## Financial Matters

### Retirement pensions and Healthcare

General health care is mostly paid for by the National Health Insurance Scheme. This covers hospital services which are free at the point of delivery, and partially subsidises other services such as general practitioner visits. Contributions for national health insurance are deducted from salary and paid to the RTV by the tax authorities. Employees pay 7.8% of income, owners of companies or practitioners pay 10.1% and employers pay 14.1% of employees' salaries.

Retirement pensions are paid by the RTV on the basis of a dentist's income. The retirement age is 67 for RTV purposes. Dentists who work in the private sector receive the basic RTV pension of NOK 66,800 per year (2008) (€8,350) and in addition a supplement based on the individual earnings from those years in which they have been member in the RTV. In addition the dentists may have private pension schemes. Dentists employed by the Public Dental Health Service receive a pension of 66% of their final salary. This is based on 30 years of work in the PDHS.

Dentists may work beyond 67 if they wish. In public service they may work until they are 70. Private practitioners can actually work until they lose their licence. Few work beyond 70.

### Taxes

#### *National income tax:*

There is a national income tax (dependent on salary). The lowest rate is 28% and the maximum is 54.3%. The rate of taxation is based on the income level. The rate increases in a step by step system depending on the income level.

#### *VAT/sales tax*

VAT is also payable on certain goods and services, in general 25% (a lower percentage for some goods and services). 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 prices.

### Various Financial Comparators

Zurich = 100	Oslo 2003	Oslo 2008
Prices (excluding rent)	117.8	120.0
Prices (including rent)	111.3	114.9
Wage levels (net)	87.0	93.9
Domestic Purchasing Power	68.6	81.6

*Source: UBS August 2003 & January 2008*

## Other Useful Information

<i>Main national association and Information Centre:</i>	<i>Competent Authority:</i>
Norwegian Dental Association POB 3063 Elisenberg N-0207 Oslo Tel: +47 22 54 74 00 Fax: +47 22 55 11 09 Email: <a href="mailto:tannlegeforeningen@tannlegeforeningen.no">tannlegeforeningen@tannlegeforeningen.no</a> Website: <a href="http://www.tannlegeforeningen.no">www.tannlegeforeningen.no</a>	Norwegian Directorate for Health POB 7000 St. Olavs plass 0130 Oslo Tel: + 47 810 200 50 Fax: + 47 22 16 30 01 Email: <a href="mailto:postmottak@shdir.no">postmottak@shdir.no</a> Website: <a href="http://www.shdir.no">www.shdir.no</a>
<i>Publications:</i>	
The Norwegian Dental Journal is NDA's main journal. The web address is <a href="http://www.tannlegetidende.no">www.tannlegetidende.no</a>	
The journal publishes articles on new developments in odontology as well as information concerning dental political issues, international developments, interviews and a variety of useful information for members concerning for example new laws and regulations.	

## Dental Schools:

Oslo  Det odontologiske fakultet Geitmyrsveien 69/71 POB 1142 Blindern 0317 Oslo  Tel: +47 22 85 20 00 Fax: +47 22 85 23 32 E-mail: <a href="mailto:infoskranke@odont.uio.no">infoskranke@odont.uio.no</a> Website: <a href="http://www.odont.uio.no">http://www.odont.uio.no</a>  Dentists graduating each year: 65 Number of students: 325	Bergen  Det medisinsk-odontologiske fakultet Institutt for klinisk odontologi POB 7804 5020 Bergen  Tel: +47 55 58 65 60 Fax: +47 55 58 65 77 E-mail: <a href="mailto:post@iko.uib.no">post@iko.uib.no</a> Website: <a href="http://iko.uib.no">http://iko.uib.no</a>  Dentists graduating each year: 48 Number of students: 240	Tromsø  Det medisinske fakultet Institutt for klinisk odontologi Universitetet i Tromsø 9037 Tromsø  Tel: +47 77 64 91 02 Fax: E-mail: <a href="mailto:Keth.Wohni@fagmed.uit.no">Keth.Wohni@fagmed.uit.no</a> Website: <a href="http://uit.no/odontologi">http://uit.no/odontologi</a>  Dentists graduating each year: 0 * Number of students: 100 * * in May 2008
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