



**Council of European Dentists**

**MANUAL OF DENTAL PRACTICE 2014**

**Norway**

**\*\*\*\*\***

**Authors:**

**Dr Anthony S Kravitz OBE**

**and**

**Professor Alison Bullock**

**Professor Jon Cowpe**

**with**

**Ms Emma Barnes**

*Cardiff University, Wales, United Kingdom*

© The Council of European Dentists  
February 2014

---

The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists<sup>1</sup> in April 2013. The work has been undertaken by Cardiff University, Wales, United Kingdom. Although the unit had editorial control over the content, most of the changes were suggested and validated by the member associations of the Council.

**About the authors<sup>2</sup>**

**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.

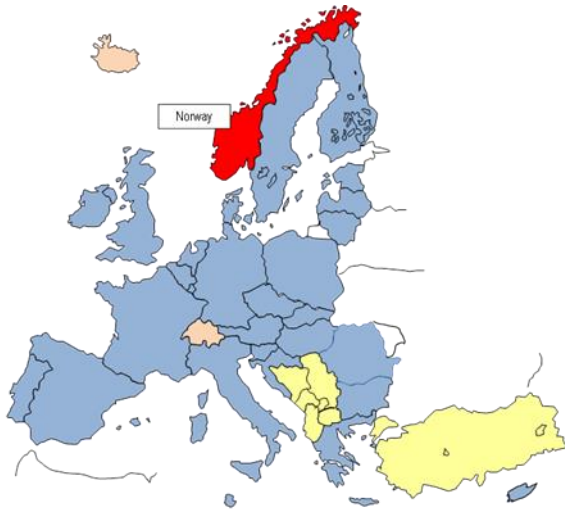
---

<sup>1</sup> CED Brussels Office, Avenue de la Renaissance 1, B - 1000 Brussels, Tel: +32 - 2 736 34 29, Fax: +32 - 2 732 54 07

<sup>2</sup> The authors may be contacted at [AnthonyKravitz@gmail.com](mailto:AnthonyKravitz@gmail.com)



## Norway



Member of the European Economic Area	
Population (2013)	5,063,709
GDP PPP per capita (2012)	€41,886
Currency	Kroner (NOK)
	8.09 NOK = €1 (2013)
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:	5,350
Population to (active) dentist ratio:	1,107
Membership of the NDA:	90%

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: 28<sup>th</sup> January 2014

### Government and healthcare in Norway

Norway is a Nordic country, the most northerly in Europe which covers 385 000 square kilometres. It is a mountainous country, and virtually all 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 Storting authorises plans and guidelines for the activities of the State and debate broader domestic and foreign policy issues. There are 169 elected members of the Storting. Parliamentary elections take place every four years. There are no by-elections, nor is there any constitutional provision to dissolve the Storting between elections.

The capital is Oslo, with a population of approximately 634,000 at the end of 2013 (Statistics Norway).

General health services are funded through a form of national insurance, the Folketrygden, which is administered by 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	9.4% 2012	OECD
% of this spent by governm't	85.1% 2012	OECD

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

## Oral Healthcare

Oral healthcare in Norway is divided into the public and the private sectors. Approximately NOK 4.7 billion (€590m) was spent on Public Dental Care 2012

	Year	Source
% GDP spent on oral health	0.50% 2012	CECDO
% of OH expenditure private	71% 2011	CECDO

### 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 to be accountable for the Public Dental Health Service, and for coordinating this service with private dental practices.

The Public Dental Health Service (PDHS) is country-wide and is organised and funded by the counties. Approximately 32.5% of all active dentists work full-time in the public sector, the remainder working in private practice. The PDHS 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 0-18 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 19-20 years of age
- ✚ other groups defined by the county or the government, inter alia imprisoned persons and drug and alcoholic addicts in a rehabilitation program.

Annually approximately 64% of the population in the priority groups receive screening and/or treatment (2012) and about 10% of the non-priority group adults also receive their care from the PDHS.

The PDHS is free of charge for patients, except for orthodontic treatment. However, youth of 19 and 20 years must pay 25% of the costs. Adults pay in full for oral health care, except for the exemptions mentioned above.

### National Insurance Scheme (NIS)

In general, there is no reimbursement for dental treatment for the adult population. However, there are a number of exemptions to the general rule. The following 14 groups of conditions release reimbursements to some extent: Rare medical diagnosis (listed by the health authorities), cleft of the lip, jaw or palate, oral cancer, immune system depression, diseases/ anomalies in the mouth and jaw, treatment and rehabilitation of marginal periodontitis, tooth development disturbances, orthodontic treatment, severe pathological attrition, hyposalivation, allergy to dental restorative materials, occupational accident trauma, dental trauma and reduced ability for self care.

There is a "high cost protection", valid only for expenses linked to dental conditions covered (partly) by the NIS; diseases and anomalies in the mouth and jaw, examinations prior to jaw

orthopaedic treatment and treatment and rehabilitation of marginal periodontitis. The maximum payment, the "roof", in this system is NOK 2 620 (€330 in 2013) per year, referring to the specified amount that is defined as "own risk" payment. In addition to these dental conditions, the maximum "own risk" amount could cover expenses for physiotherapy, therapy in specified training institutions and at certain overseas treatment clinics.

Only specified treatment as mentioned is included in the high cost protection system. A patient paying more than NOK 2,620 in approved user fees for the above treatments during 2013, is entitled to an exemption card for user fees (group 2). However, dentists are not bound by set rates. Even with an exemption card, a patient must pay the difference between the price charged by the dentist and the amount covered by the NIS.

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

Most dentists 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 still a voluntary system.

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 the full cost of their dental treatment, without any government funded financial support.

### 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.

A large proportion of adults see a dentist on a regular basis (about 80% every 12 months, more than 90% within 2 years), even though they may have to pay the full cost of the treatment. 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 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 is not available in Norway (2013).

### The Quality of Care

Standards in dental practice are governed by several 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 County Executive Officer in each of the 19 counties. They normally use designated dentists to supervise and assess the dental medical standards, quality assurance programmes etc.

The Norwegian Consumer Council is responsible for ensuring that prices are displayed and that quotations are given to



patients. A new “regulation on information on prices of goods and services” came into action from 2013. This regulation also covers dentistry and has specific paragraphs concerning dental health services.

The Norwegian Labour Inspection Authority is responsible for monitoring employees’ conditions, legal, physical and psychosocial. Radiation protection is monitored by the Norwegian Radiation Protection Authority, and waste disposal by the Norwegian Environment Agency.

Guidelines for “Good clinical practice” were introduced by the Norwegian Directorate of Health in 2011. From 2008 the use of 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	1.10	2012 Statistics Norway
DMFT zero at age 12	54%	2012 Statistics Norway
Edentulous under age 65	0.5%	2008 Statistics Norway
Edentulous age 65 +	13.30%	2008 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:	2013
Number of schools	3
Student intake	153
Number of graduates	138
Percentage female	75%
Length of course	5 yrs

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 Health Faculty.

There are no private dental schools. There are about 765 undergraduates in total (2013) for the 5-year course. After graduation the candidates may be authorised as dentists.

Vocational training is a pre-qualification, integrated part of the undergraduate study. In Tromsø, a large part of the clinical training is taken in designated dental clinics around the country. In Bergen (mandatory) and Oslo (voluntary) the training covers just a few weeks and is organised somewhat more at random.

#### Quality Assurance

The Norwegian Agency for Quality Assurance in Education (NOKUT) is an independent body under the Ministry of Education. NOKUT's purpose is to ensure and promote quality in higher education and vocational education through:

- ✚ supervising and encouraging the development of quality education at Norwegian universities, colleges and vocational schools.
- ✚ approving higher education taken abroad and informing about other authentication and authorisation schemes for foreign education

### Qualification and Vocational Training

#### Primary dental qualification

The title upon qualification is: *Master of Dentistry*

#### Vocational Training

There is no post-qualification training in Norway.

### Registration

Graduates must register with the Norwegian Registration Authority for Health Personnel (SAK). After the age of 75 a dentist's registration can only be renewed if the practitioner is considered fit to continue practising. The applicant must show a doctor's approval to have his registration renewed, which is administered by SAK. 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 (2013)	€ 200
-----------------------------	-------

Norway is part of the EEA Agreement. Thus dentists qualified in other EEA states may practice in Norway, after registering at SAK.

Non-EEA dentists must apply to the SAK for recognition. The SAK examines whether their education is in line with the Norwegian. If not, it is possible to apply for a one year updating course, but very few are accepted into this programme. There is a language requirement for speaking and writing in a Scandinavian language for those who get accepted into this programme.

#### 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.

For all dentists it is mandatory that the patient records are 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 continuing education courses for dentists in practice. As dentists have an obligation to treat their patients in accordance with the professional standard (based on the current knowledge and common accepted procedures at the time), the NDA has found it necessary to require that members adopt new knowledge. So, since 2012, it has been mandatory for NDA members to obtain 150 credit hours over a 5 year period.

However there are no national requirements from the health authorities concerning this.



### *Specialist Training*

There is an organised full-time postgraduate training period for specialists in universities, in the seven recognised dental specialities:

- ✚ endodontology,
- ✚ orthodontology,
- ✚ dento-maxillo-facial radiology,
- ✚ oral surgery and oral medicine,
- ✚ paediatric dentistry,
- ✚ periodontology
- ✚ prosthodontology.

Oral surgery/medicine has a 5 year training period, while the other 6 specialities are 3 year programmes.

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. Specialist Approval is given by the Norwegian Directorate of Health.

Projects for decentralised training in recognised specialist clinics at Regional Odontological Centers of Competence have been completed, but no formalised programmes had been set up by 2014.

At the Institute for Clinical Odontology in Tromsø a 3-year specialist training programme for Clinical Dentistry is being tested as a project, from which 4 candidates graduated in January 2014.

## Workforce

### Dentists

Year of data:	2013
Total Registered	5,350
In active practice	4,576
Dentist to population ratio*	1,107
Percentage female**	47%
Qualified overseas**	859
* active dentists only	
** estimated	

The figures for the percentage of females and the numbers of dentists qualified outside Norway are estimated by the NDA, from the members' register.

Almost a quarter of Norway's dentists qualified overseas.

The dental workforce is increasing, partly due to the increased number of inland dental graduates (40 per year in Tromsø from 2009), partly as a result of an increased number of Norwegian dental students abroad and to some extent a result of increased immigration of foreign dentists. However, there was not yet any relevant unemployment amongst dentists in 2013, but the competition for vacant positions is increasing as a result of this new workforce situation.

### Specialists

In Norway seven dental specialities are recognised:

Year of data:	2013
Orthodontists	206
Endodontists	63
Paedodontiists	20
Periodontists	90
Prosthodontists	65
Dento-maxillo-facial radiologists	7
Oral Surgery (excl OMFS)	68

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




A majority of oral surgeons work either in public hospitals or universities. Many also work (part-time) in private practice. Most orthodontists work in private practice, although some are also employed in the Public Dental Health Service (PDHS).

Paediatric dentists and dento-maxillo-facial radiologists work mostly in the PDHS while endodontists, periodontists and prosthodontists work 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

There are 3 types of dental auxiliary:

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

According to the Health Personnel Act from 1999, all dental auxiliaries have to be registered with the Norwegian Registration Authority for Health Personnel (SAK) in order to use the titles mentioned.

Year of data:	2013
Hygienists	902
Technicians	703
Denturists	0
Assistants	3,671
Therapists	0

### Dental Hygienists

To be admitted to training as a hygienist, the applicant must have completed higher secondary school. Dental hygienists undertake 3 years of education and training at Hygienist Schools, which are located in Oslo, Bergen, Elverum and in Tromsø. The schools are either part of a University and located in connection with the dental schools (Oslo, Bergen, Tromsø), or part of a University college (Elverum).

Dental hygienists normally work together with dentists, as salaried employees, both in private and public clinics. However, they may have their own private practice. They may diagnose as well as treat conditions covered by their undergraduate curriculum (mostly prophylaxis, public health and periodontal disease). Hygienists 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.

Technicians normally work in commercial laboratories and charge the dentists for their services. Some work as employees in dental clinics. They may not deal directly with the public, although they do take legal responsibility for their own work.

### Dental Chairside Assistants (Secretaries)

Dental assistants have to undertake 3 years of 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 can be awarded the title.





## Practice in Norway

Year of data:	2013
General (private) practice	3,175
Public dental service	1,109
University	234
Hospital	35
Armed Forces (2008)	23
General Practice as a proportion is	69%

### Working in General Practice

Dentists who practise on their own or as part of small/medium size 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, and price cartels are forbidden. Every dentist must display the cost of treatments offered in his/her waiting room, either as a poster or a complete list of prices for patients to take away. Dental practices with websites must also display their price list online. If the cost of treatment exceeds NOK 5,000 (€625) the dentist must provide the patient with a written quotation. If a treatment plan is changed later, and the quotation along with this, then the patient must be informed. When the treatment is finished, the dentist must give the patient a written description of what care has been provided, along with a specification of the costs.

A dentist working full-time would normally have on his regular "recall list" about 1,900 patients, and would undertake re-examinations annually for regular adult patients.

#### Fee scales

Reimbursement by the National Insurance Scheme is given in accordance to a fixed price scale, set by the Health and Care Department (HCD), as mentioned on page 2. Only the reimbursement amount is covered by NIS, both the deductible and the difference between the HCD set price and the dentist's actual price must be paid by the patient himself.

Orthodontic treatment is reimbursed in accordance with 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, mostly cosmetic malocclusions.

#### 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. Anyone can own and run a private dental practice.

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

### Working in the Public Dental Service

The Public Dental Health Service (PDHS) is organised on a county level. It started 100 years ago, 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 PDHS 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). Salaries differ between the 19 counties.

A few counties employ specialists, and most orthodontic treatment is delivered in private practice.

A limited number of adults (approximately 10%) are treated in the PDHS. Some counties allow public dental service dentists to rent their clinic to provide dentistry to adults as private patients.

### Working in Hospitals

Oral surgeons normally work in hospitals as salaried employees, either full- or part-time, often in combination with private practice. To practise as an oral surgeon in a hospital, it is necessary to be a recognised specialist.

There is no fixed salary for such positions.

### Working in University Schools

University Dental Schools employ dentists both in academic positions, as teachers and scientists, and as clinical instructors, at the training clinic for undergraduate students. Typical academic titles within a Norwegian University Dental School are Professor, Associate Professor, 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 candidates, on the other hand, have less teaching responsibilities and no administrative duties.

Most academic posts require a minimum of a PhD (Dr. Odont. in the Norwegian Academic System used earlier) 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.

### Working in the Armed Forces

About 30% of the dentists in regular positions in the Armed Forces are female.

## Professional Matters

### Professional associations

	Number	Year	Source
Norwegian Dental Association	4,539	2012	FDI

There is one a single main national association, the Norwegian Dental Association (NDA). About 90% of active dentists in Norway are members. The NDA represents both private and public service dentists. The NDA consists of 21 local associations, and primarily, there is one association for each county. All members of the NDA are also members of a local association. In addition, there are 7 specialist associations.

The NDA is a democratic organisation. Every second year a General Assembly (GA) is held with representatives from all the local and specialist associations. The GA is the highest authority in the NDA. The GA decides on budget matters and guidelines to be followed in all matters of importance. The GA also elects a council of 9 NDA members (President, Vice-president and 7 regular members). The President is the chief executive of the NDA.

The NDA has a secretariat with 23 employees (2013), led by a Secretary-general. The secretariat carry out a number of tasks, such as legal services for members, salary negotiations for the public dental service, organisation of insurance, continuing education courses for dentists and auxiliaries etc, communication with members, as well as with the public, governmental bodies and authorities on questions concerning dentists and dentistry. The NDA is also responsible for the publication of the Norwegian Dental Journal.

### Ethics and Regulation

#### *Ethical Code*

Dentists in Norway work under an ethical code which covers the contract with the patient, relationships and behaviour between dentists and towards the NDA. 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 violations of the ethical code are initially handled by the board of the local branch of the NDA. If the dispute is not settled there, the case is submitted to the NDA Board of Dental Ethics. The Board may – in cases of infringement of the ethical code - take action of which the worst case scenario is to propose for the NDA Council to exclude the dentist from membership of the Association.

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 dental services. 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 Health Supervision 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.

#### *Data Protection*

In accordance to national laws, 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. The EU Electronic Commerce Directive is being handled politically.

#### *Corporate Dentistry*

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

#### *Indemnity Insurance*

All dentists in private practice, by law, have to register and pay membership fees to the Norwegian Patient Damage Insurance Scheme (NPE). This public insurance system offers economic compensation on an objective basis to patients who claim that their medical or dental treatment has applied damage to them. Certain criteria must be fulfilled for the patient to get compensated.

#### *Patient complaints*

All NDA local associations must have their own complaints committee (CC), to which patients may take their questions, problems or complaints, for a review and advice. The CC jurisdiction is limited to rule on reduction of pay, or for the dentist to replace the work done, if the patient accepts.

#### *Tooth whitening*

The EU Directive of 2011 on tooth whitening products has been implemented in Norwegian law.

The NDA has reported in 2013 that there may be some continued illegal practice in this field, but unauthorised providers of tooth whitening procedures appear to have changed their conduct, after the Directive changes were implemented into Norwegian law.

A problem may be electronic commerce of such products. The Norwegian Food Safety Authority is responsible for the regulations concerning the Cosmetics Directive, including tooth whitening products.

### Health and Safety at Work

There are a number of regulations concerning Health and Safety at work, for example concerning radiation protection,

handling of toxic substances etc. However, vaccination such as for Hepatitis B is 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. Dentists and dental hygienists may use x-ray equipment. It is mandatory for any person who handles x-ray equipment to take a "refresher" course every year.

#### *Hazardous waste*

Amalgam separators are required by law – since 1996. 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	Norwegian Directorate for Civil Protection
Waste disposal	Norwegian Environment Agency
Amalgam	Norwegian Environment Agency / Norwegian Directorate of Health
Medical Devices	Norwegian Directorate of Health
Infection control	Norwegian Institute of 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 Norwegian Labour and Welfare Administration (NAV) by the tax authorities.

The Norwegian retirement pension system was under revision in 2013. Until then, retirement pensions are paid by NAV on the basis of a dentist's income. The retirement age is 67 for NAV purposes. Dentists who work in the private sector receive the basic NAV pension each year and in addition a supplement based on the individual earnings from the years they have been member in NAV. In addition most private dentists 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. Retirement age in the PDHS is 65 years.

Dentists may work beyond the general retirement age if they wish and/or the employer accepts. In public service they may work until they are 70. Private practitioners can work as long as they want, as long as they are authorised. From the age of 75, a dentist can apply for a license, which is limited for one or two years.

### 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 actual income.

#### *VAT/sales tax*

The standard VAT rate in Norway is 25%. Dental materials, instruments and equipment are subject to this rate, and so these costs will be reflected in fees. There is a reduced rate of 15% for food and drink. There is also an 8% VAT rate for passenger transport; hotel accommodation; and some other items.

Dental treatment is excluded from VAT.

### Various Financial Comparators

<b>Oslo Zurich = 100</b>	<b>2003</b>	<b>2012</b>
Prices (including rent)	111.3	102
Wage levels (net)	87.0	73.6
Domestic Purchasing Power at PPP	68.6	64.4

Source: UBS August 2003 & November 2012

## Other Useful Information

<b>Main national association and Information Centre:</b>	<b>Competent Authority:</b>
Norwegian Dental Association POB 2073 Vika N-0125 Oslo Tel: +47 22 54 74 00 Fax: +47 22 55 11 09 Email: <a href="mailto:post@tannlegeforeningen.no">post@tannlegeforeningen.no</a> Website: <a href="http://www.tannlegeforeningen.no">www.tannlegeforeningen.no</a>	Norwegian Directorate of Health POB 7000 St. Olavs plass 0130 Oslo Tel: + 47 81 0 200 50 Fax: + 47 24 16 30 01 Email: <a href="mailto:postmottak@helsedir.no">postmottak@helsedir.no</a> Website: <a href="http://www.helsedirektoratet.no">www.helsedirektoratet.no</a>
<b>Publications:</b>	
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	Bergen	Tromsø
Det odontologiske fakultet Geitmyrsveien 69/71 POB 1142 Blindern 0317 Oslo	Det medisinsk-odontologiske fakultet Institutt for klinisk odontologi POB 7804 5020 Bergen	Det helsevitenskapelige fakultet Institutt for klinisk odontologi Universitetet i Tromsø 9037 Tromsø
Tel: +47 22 85 20 00 Fax: +47 22 85 23 32 E-mail: <a href="mailto:postmottak@odont.uio.no">postmottak@odont.uio.no</a> Website: <a href="http://www.odont.uio.no">http://www.odont.uio.no</a>	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://www.uib.no/odontologi">www.uib.no/odontologi</a>	Tel: +47 77 64 91 02 Fax: +47 77 64 91 01 E-mail: <a href="mailto:tann@helsefak.uit.no">tann@helsefak.uit.no</a> Website: <a href="http://uit.no/odontologi">http://uit.no/odontologi</a>
Dentists graduating each year: 63 Number of students: 325	Dentists graduating each year: 45 Number of students: 240	Dentists graduating each year: 30 Number of students: 200

Note that the actual intake of students is 65, 48 and 40, respectively. These are the numbers that add up to the noted "number of students" for each dental school.

The number of "dentists graduating each year" shows the output in 2013.