

## Estonia



In the EU/EEA since	2004
Population (2008)	1,340,935
GDP PPP per capita (2007)	€17,764
Currency	Krooni (EEK)
	15.65 EKK = €1 (2008)
Main language	Estonian (65%)
	Russian (28%)

Healthcare is funded through general taxation, with an additional special tax for health, which is paid by employer at 13% of salaries. Much is also funded by patients as 96% is private.

Number of dentists:	1,358
Population to (active) dentist ratio:	1,178
Members of Estonian Dental Association	50%

There are two specialist degrees – oral surgery and orthodontics, with orthodontics – and there is a well-developed system of dental auxiliary just two other specialists. The use of auxiliaries is very limited. Continuing education is not mandatory, but there is a general requirement to keep skills updated.

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

## Government and healthcare in Estonia

The Republic of Estonia, *Eesti Vabariik* in Estonian, lies on the eastern shores of the Baltic Sea. The name *Eesti* is apparently derived from the word *Aisti*, the name given by the ancient Germans to the people living northeast of Visla. Estonia is situated on the level north-western part of the East-European platform, on which there are only slight variations in elevation. The average elevation is only about 50m and the highest point (Suur Munamägi) is only 318m above sea level.

With the Gulf of Finland in the north, and the Baltic Sea in the west, Estonia shares land borders with Russia to the east and Latvia to the south. Estonia comprises an area of 45,215 sq. km., making it larger than, for instance Denmark, Switzerland, the Netherlands, Belgium and Albania in Europe.

The capital, Tallinn, is on the Northern shore.

In 1991 Estonia gained its independence as a state. The new Constitution of 1992 established the principles of the State, setting Estonia as a democratic parliamentary republic – with a President, Prime Minister and Cabinet and a State assembly known as the *Riigikogu*. Elections to the *Riigikogu* take place every 4 years. Local governments, separated from the central power, are based on 15 counties.

Since 1989, the population in Estonia has been dropping, by 13% between 1990 and 2003, due to emigration and negative natural growth.

Healthcare delivery in Estonia is provided through private practice and a statutory health insurance system (Sick Funds). The membership of the system is appointed by the Parliament. Local governments can also provide support. The source of income of the health insurance is 13% of the social tax or 13% of the employee's gross salary paid by the employer.

Health insurance is based on the solidarity principle: health service is not dependent on the amount of social tax paid for the specific person. The health insurance fund pays the cost of health services to the medical institution for the insured person.

In Estonia all persons are entitled to receive emergency care regardless of having health insurance or not.

	Year	Source
% GDP spent on health	5.0%	2006 Ministry
% of this spent by government	73.7%	2006 Ministry

*"Ministry" refers to the Ministry for Social Affairs*

## Oral healthcare

		Year	Source
% of GDP spent on oral health	0.39%	2006	Ministry
% of OH expenditure private	66%	2006	Ministry

### *Public dental care*

About 90% of oral healthcare in Estonia is provided through general (private) practice. Dental care services for adult patients (over 19) are paid by patients and reimbursed by the sick fund although emergency care (traumas, infections) is actually paid by the sick fund, but only for those who are members of it. Patients who do not have insurance can have only first aid.

Since October 1<sup>st</sup> 2002 the Sick Funds have provided this limited financial support for oral healthcare. Treatment is provided and is free for children under 19 years of age, provided they visit a dentist with a contract with the Sick Fund. Other patients may receive a reimbursement for the fees they have paid, up to €10. The health insurance provides this cover for 41 conservative and surgical items but crowns and bridges, implants, and other complex or cosmetic treatments have to be paid for fully by the patient. Orthodontic treatment is free to children under 19 years - with severe malocclusion - with all kinds of appliances

Pregnant women, or nursing mothers whose child is less than one year of age, can receive reimbursement of up to €19. Pensioners (over the age of 63) may receive reimbursement of up to €96 once in a 3-year period, for one prosthodontic appliance – all these reimbursements at 2008 prices.

Oral examinations would normally be undertaken every 6 to 12 months, more frequently for patients with periodontal conditions. There is no prior approval system for treatment. The Estonian Dental Association reports that they believe that most of the population visit a dentist within any 2-year period. This is what dentists ask from patients.

In some private clinics dentists give a guarantee for the technicians work only if the patient visits the dentist every 6 months for two years.

Access to oral healthcare may be difficult for patients who live in some urban areas, as well as all those in rural areas, as salaries there are generally too low for what is almost private care, with the low reimbursements. Indeed, there may be difficulties for patients, all over Estonia, obtaining prosthetic treatment under the scheme.

### *Private dental care*

About two thirds of all adult dental treatment is provided under fully (liberal) private contract between patients and their dentists. There is no regulation of private fees and there are no dental insurance schemes in Estonia.

### *The Quality of Care*

There are no routine quality checks, so the system relies on a complaint from a patient, for monitoring purposes.

### *Health data*

		Year	Source
DMFT at age 12	2.80	2003	OECD
DMFT zero at age 12	25%	2003	OECD
Edentulous at age 65	No data		

“DMFT zero at age 12” refers to the number of 12 years old children with a zero DMFT. “Edentulous at age 65” refers to the numbers of over 64s with no natural teeth

### *Fluoridation*

There are no specific community fluoridation schemes in Estonia.

## Education, Training and Registration

### Undergraduate Training

To enter dental school a student has to have completed secondary school (usually at the age of 18). There is an entrance examination.

Year of data:	2008
Number of schools	1
Student intake	30
Number of graduates	30
Percentage female	87%

Until 2003 the student intake was higher (40) so the number of graduates until 2008 will be around 40, also.

The dental school is situated within the Faculty of Medicine in the University of Tartu. It is publicly funded. Undergraduate training lasts 5 years. The dental course has been "EU-compliant" for some years, so most Estonian graduates have been able to work elsewhere in the EU from May 1<sup>st</sup> 2004.

Quality assurance for the dental school is provided by the Ministry of Education and Social Affairs.

#### *Qualification and Vocational Training*

##### *Primary dental qualification*

The primary degree which may be included in the register is "DDS Dentist".

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

There is no vocational training for dentists in Estonia.

### Registration

Cost of registration (2008)	€ 65
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To register in Estonia, a dentist must have a recognised degree or diploma awarded by the university, or from another EU country. The register is administered by the Healthcare Board/General Dental Council, within the

Commission for Licence (the competent authority). There is full information available at:

<http://www.tervishoiuamet.ee/index.php?page=158>

#### *Language requirements*

There are no formal linguistic tests in order to register, although dentists from outside the EU are expected to speak and understand Estonian.

### Further Postgraduate and Specialist Training

#### *Continuing education*

Continuing education is not mandatory, but under Estonian legislation there is a general requirement to keep skills updated. Postgraduate education is delivered through the Tartu University Postgraduate Training Centre and the Estonian Dental Association.

#### *Specialist Training*

There is training in 3 specialties:

	Orthodontics
	Oral Maxillofacial Surgery
	Clinical Dentistry

Specialists train in the University. There is no minimum of years pre-training (working as a dentist after basic education), before entering specialist training. Training lasts for 3 years for Orthodontics and Clinical Dentistry and 5 years for Oral Maxillofacial Surgery. All postgraduates must pass a university examination. The specialist education and training leads to a degree, "Specialist in Orthodontics", "Maxillofacial Surgeon" or "Specialist in Clinical Dentistry". Specialists in Clinical Dentistry undertake training in endodontics, periodontics and prosthodontics.

Only orthodontics is recognised by the Healthcare Board/General Dental Council and registered as a specialty, in addition to Oral Maxillo-facial surgery, which officially is a dental specialty under a law introduced in 2002. It is anticipated that Specialists in Clinical Dentistry will be recognised and will need to register, after 2004.

## Workforce

### Dentists

Year of data:	2008
Total Registered	1,358
In active practice	1,220
Dentist to population ratio*	1,099
Percentage female	87%
Qualified overseas	4

\* active dentists only

There is no reported unemployment amongst dentists in Estonia.

Some dentists practice in more than one sphere of practice.

#### *Movement of dentists across borders*

There is only small movement of overseas dentists into Estonia and little outwards.

#### *Specialists*

Specialists work mainly in private practice and patients access them by referral from other dentists.

Year of data:	2008
Orthodontics	52
Paedodontics	
Clinical dentistry	2
includes Periodontics,	
Prosthodontics & Endo	
Oral Surgery	
Dental Public Health	
OMFS	22

### Auxiliaries

The system of use of dental auxiliaries is developing in Estonia. However, in 2008 the only type of dental auxiliary is a medical nurse trained by dentist as an assistant.

#### *Hygienists*

In 2002, it was reported that there were 2 hygienists in Estonia, who had been trained outside the country, but they were only permitted to work as dental assistants. In the new register of medical specialities in 2008, there was no such dental auxiliary specified as "hygienist".

Year of data:	2006
Hygienists	2
Technicians	137
Denturists	0
Assistants	1,644
Therapists	0
Other	26

#### *Dental Technicians*

The title is legally protected and there is a registerable qualification which dental technicians must obtain before they can practice. They train in the country's special technicians' school, for a period of 3.5 years. The register is held by the Healthcare Board.

Their duties are to prepare dental prosthetic and orthodontic appliances to the prescription of a dentist and they may not work independently, except for the provision of repairs to prostheses.

Individual technicians are normally salaried and work in commercial laboratories which bill the dentist for work done.

There is no reported illegal activity.

#### *Dental Nurses*

Nurses follow 3.5 years training of *Medical Nurse*, and then are trained in dentistry by the dentist, with institutional support. They receive a diploma, which they must register with the Healthcare Board. Their duties are to assist the dentist, including the cross infection control. They are paid by salary by their employers.

#### *Dental Therapists*

In the 1950s, when all professionals currently known as dentists were doctors trained as stomatologists, some school dental therapists were trained in Vocational Training School (and were actually called "dentists" at the time) in parallel with nurses and midwives. Some came from the (former) Soviet Union. Whilst they have permission to work until the end of their active practices, their position relating to "Acquired Rights" in the EU is unclear.

In 2008, there were about 26 still practising.

## Practice in Estonia

Year of data:	2008
General (private) practice	1,150
Public dental service	
University	35
Hospital	35
Armed Forces	0
General Practice as a proportion is	94%

### Working in General (Private) Practice

Dentists who practice on their own, or as small groups, outside hospitals or health centres, and who provide a broad range of general treatments are said to be in *private practice*. Many only work part-time in private practice. About 50% of private dentists provide some kind of publicly funded or assisted oral healthcare, mainly for children, as adult subsidies are very restricted (see Oral Healthcare, above). About 90% of private practitioners work in single dentist practices.

Most dentists in private practice are self-employed and earn their living through charging fees for treatments. The patient pays the dentist in full and some then reclaim partial or full reimbursement from the local office of the sick fund.

#### *Fee scales*

Since September 2003, there has been a partnership for the negotiations on fee scales between the Sick Fund Price Commission and the Estonian Dental Association.

#### *Joining or establishing a practice*

There are no rules which limit where a practice may open, but this has led to problems, as most dentists want to work in either Tallinn or Tartu, where the dentist to population ratio has fallen to 1:750. The opening of a practice is subject to the approval by the local health department. Existing practices are also bought and sold on the open market.

Practices can be found in all types of accommodation. Within practices, there is a minimum limit to the size of rooms and the facilities supplied. The state offers no assistance for establishing a new practice, and generally dentists must take out commercial loans from a bank. There are no rules relating to the numbers of dentists or partners in the practice.

### Working in Public Dental Service

Public Dentistry ceased to exist from the beginning of 2004. The last dental clinic was privatised. Local government can partly own clinics or support them financially.

### Working in Hospitals

Hospitals in Estonia are all publicly owned. All the hospital dentists are Oral maxillo-facial surgeons who work as salaried employees. They undertake mostly surgical treatments.

There are generally no restrictions on these dentists seeing other patients outside the hospital, in private practice. The quality of dental care is assured through dentists working in teams under the direction of experienced specialists. The complaints procedures are the same as those for dentists working in other settings.

### Working in Universities and Dental Faculties

Dentists who work in the dental school are salaried employees of the university. About half work part-time - they are allowed to combine their work in the faculty with part-time employment in private practice, elsewhere.

The senior academic title within the Estonian dental faculty is that of university professor, who since 2002 must be DDS. Other titles include docents and teachers. There are no formal requirements for postgraduate training but docents and professors will have completed a PhD, and most will also have received a specialist clinical training. To be elected to the post of professor a dentist must have published scientific research of at least 3 dissertations. Apart from these there are no other regulations or restrictions on promotion.

The quality of clinical care, teaching and research in the dental faculty is assured through the old traditions of Tartu University (formed in 1632) and a Ministry of Education curriculum which has been accredited by the international commission 2002, following a DentEd visit in 2001.

Any epidemiological studies are local – being undertaken by enthusiastic teachers only.

### Working in the Armed Forces

There are no dentists working full time for the Armed Forces.

## Professional Matters

### Professional associations

There is one professional association, the Estonian Dental Association (EDA) - *Eesti Hambaarstide Liit*.

	Number	Year	Source
Estonian Dental Association	666	2008	Association

The Association represents private and public health dentists and combines this role by trying to emphasise common, professional matters. The EDA represents Estonia at international meetings.

The EDA is run by a Board, secretary and 40 (elected) council members. It is established to protect dentists as liberal professionals, and represent members in negotiations with local authorities, ministries and legal bodies. It provides members information about changes in legislation and offers advice to dentists on legal affairs. Together with the Society, the EDA arranges lectures and conferences.

The ESS was first founded in 1921. Annual dental meetings are organised by the ESS.

There is also an Estonian Dentistry Students Association.

### Ethics and Regulation

#### *Ethical Code*

Dentists are subject to an ethical code which is based on the Council of European Dentists Ethical Code.

Supervision of this is by the Estonian Dental Association. However, the Ethical Code is not mandatory, it is only recommended, so dentists may receive only a written warning, on non-compliance, or removal as a member of the Association.

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

If this is unsatisfactory for patients then they may make a claim to the Consumer Protection Bureau. For disciplinary purposes a complaint by a patient is investigated by a "Treatment Quality Commission", which is appointed by the Ministry of Social Affairs, Health Department's Supervision Department. Patients may also write an application to the Consumer Protection Service, but they send their complaint to the Health Department's Supervision Department first.

In the Treatment Quality Commission there is one dentist, who is appointed by the Ministry of Social Affairs Health Department, as a dental councillor. A patient will be examined, if it is necessary, by a commission appointed by the dental councillor. If it is reported to the Treatment Quality Commission that quality is below standard, then they may call to order the dentist and demand that he undertakes and passes courses, or they may suspend temporarily the working permit, until the reported deficiency is removed. The Dental Councillor is a member of the board of the Estonian

Dental Association.

For appeals against what they consider an adverse decision the patient or the doctor/dentist may complain to the Court.

#### *Data Protection*

Estonia has a Data Protection Law and all dentists who apply for the permission to work, have to first have permission from the Data Protection Service. The EU Directive has been adopted by Estonia.

#### *Advertising*

Advertising is permitted, provided that it is legal, decent, honest and fair – and may take place in any of the mediums such as TV, radio and the press. However, comparison of skills with another dentist is not permitted.

Dentists are allowed to promote their practices through websites subject to the usual rules of "legal, decent, honest and fair", but they are required to respect the legislation on Electronic Commerce, and the data protection law.

#### *Insurance and professional indemnity*

Estonian dentists have a "Responsibility Insurance", but this is voluntary.

#### *Corporate Dentistry*

Dentists are allowed to form "limited companies" and non-dentists may be part or full owners of such companies.

#### *Tooth whitening*

Tooth whitening comes under cosmetic legislation if the hydrogen peroxide is up to 5.5%. However, with greater concentrations, medical devices legislation applies and only dentists may use this on patients.

### Health and Safety at Work

Hepatitis B vaccinations for dentists and their staff are not mandatory, and the practice owner must pay for any voluntary inoculations undertaken.

#### *Ionising Radiation*

There are specific regulations relating to radio protection. Training is mandatory for undergraduate dentists and then they become the competent person to direct radiation. They must undertake continuing education every five years.

The Radiation Protection Centre registers and controls radiation equipment.

#### *Hazardous waste*

Amalgam separators are not required by law, although they are advised.

## Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Radiation Protection Centre
Electrical installations	Health Protection Bureau
Infection control	Health Protection Bureau
Medical devices	Health Protection Service
Waste disposal	Health Protection Bureau

## Financial Matters

## Retirement pensions and Healthcare

The national retirement age is 65 but (liberal) dental practitioners may work until any age. The national insurance premiums include a contribution to the national pension scheme. Retirement pensions in Estonia are typically €224 a month, but private pensions would depend on a person's contributions.

## Taxes

*National income tax:*

The rate of income tax is 21%

*VAT/sales tax*

There is a value added tax, payable at a rate of 18% on purchases, including dental materials. Medical and dental services are not included.

## Various Financial Comparators

Zurich = 100	Tallin 2003	Tallin 2008
Prices (excluding rent)	50.0	66.8
Prices (including rent)	46.1	64.5
Wage levels (net)	11.9	20.9
Domestic Purchasing Power	15.6	32.3

*Source: UBS August 2003 & January 2008*

## Other Useful Information

<i>Dental associations and information centres:</i>		
<p>Estonian Dental Association:</p> <p>1) Ravi 27-250, 10138 Tallinn ESTONIA Tel: +372 64 59 001 Fax: +372 64 59 001</p> <p>2) Raekoja Plats 6 51003 Tartu ESTONIA Tel: +372 7319 855 Fax: +372 7428 608</p> <p>Email: <a href="mailto:ehleda@online.ee">ehleda@online.ee</a> Website: <a href="http://www.ehl.ee">www.ehl.ee</a></p>		<p>Estonian Dentistry Students Association Raekoja plats 6 50013 Tartu ESTONIA</p> <p>Office: Nooruse 7-901 50408 Tartu ESTONIA Tel: +372 7 381 241 Fax: Email: <a href="mailto:info@ehyl.ee">info@ehyl.ee</a> Website: <a href="http://www.ehyl.ee">www.ehyl.ee</a></p>
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