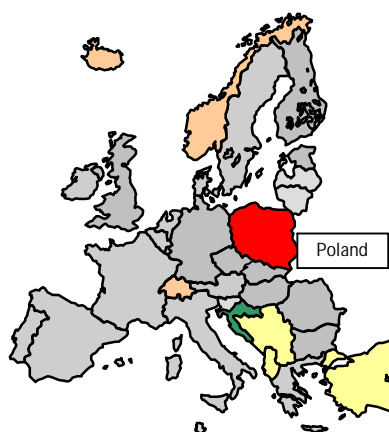


## Poland



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

In the EU/EEA since	2004
Population (2008)	38,115,641
GDP PPP per capita (2006)	€13,995
Currency	Zloty (PLN)
	3.51 PLN = €1.00 (2008)
Main language	Polish

Poland has a system of healthcare financed by means of a common health insurance within the National Health Fund (Narodowy Fundusz Zdrowia, NFZ), with 16 divisions. The fund's budget is financed by an obligatory premium, an 9% tax charged on the income of each citizen who is employed or conducts commercial activity. Availability of NFZ dental care is limited due to the Fund's insufficient financial means and very low budgetary expenditure on dentistry. Private care is freely available, however.

Number of dentists:	29,947
Population to (active) dentist ratio:	1,752
Membership of Dental Chamber:	100%

Specialists are widely used, but the clinical (operating) auxiliaries are limited to hygienists. Continuing education for dentists is mandatory and is administered by the Polish (Main) Chamber of Physicians and Dentists and the Regional Chambers of Physicians and Dentists

## Government and healthcare in Poland

Poland is a northern central European country, with the Baltic Sea to the north and 7 adjacent neighbouring countries – Belarus, the Czech Republic, Germany, Lithuania, Russia (Kaliningrad Oblast), Slovakia and Ukraine. The land is mainly flat plains, but with mountains to the south. The capital is Warsaw.

Poland has a Parliamentary democracy, with a Bicameral Parliament – the Sejm and the Senate – as the legislative authority, the government – as the executive authority, and a judicial authority. The President of the State is elected in common election by the People. Authority is exercised in the State by the government administration down to the regional level (*voivodeships* of which there are 16) and self-government authorities – *gminas* and *poviats*, and the Voivodeship Parliament (*sejmik*) wherein the territorial self-government authorities are represented at the voivodeship level.

The government (state administration) representatives in the regions (voivodeships) are voivodes. At the voivodeship level, the representational authority is exercised by the President of the voivodeship.

Until 1998, the national healthcare system was financed solely by the state's budgetary means (taxes). From 1998 to 2003, it was financed by common health insurance institutions – the 17 sick funds.

Since 2003, the system has been financed by means of the common health insurance within the National Health Fund (Narodowy Fundusz Zdrowia, NFZ), with its 16 voivodeship divisions. The fund's budget is financed by an obligatory premium.

Regardless of how a citizen earns income, including old age pensioners, they are obliged to pay the premium of 9% of income from each source. However, those who pay the said amount entitled to a 7.75% deduction from income tax, while 1.25% is not. Farmers are charged according to a different rule, conditioned by the price – they are exempt from tax, so do not have to pay for health insurance. The unemployed and the homeless have their premium paid by the state with its budgetary means. A part of medical services are also financed by the state's budgetary means, for example the comprehensive treatment of developmental clefts.

	Year	Source
% GDP spent on health	6.2% 2004	OECD
% of this spent by government	68.6% 2004	OECD

There is no private or state additional insurance, although attempts are being made aiming to introduce such forms of insurance.

## Oral healthcare

### Public compulsory health insurance

The act on universal health insurance determines the scope and principles of providing dental medical services financed by means of the NFZ. Subject to the act, the persons insured are entitled to the basic dental services, normally performed by a dental surgeon, as well as dental materials specified by the Minister of Health, subsequent to the opinions of the President of the Fund and the Polish Chamber of Physicians and Dentists.

Children and young people under 18 years, as well as women who are pregnant and in the post-natal period (up to 42 days after childbirth) are entitled to additional services by a dental surgeon, taking into account the specific dental needs of this section of population. These services are provided by various entities: health care establishments owned by gminas, or individuals, including dental surgeons (but not necessarily dental surgeons), and dental surgeons in private practice, individually or in a group.

Starting work for NFZ is decided in a tender announced by NFZ. One of the conditions is the lowest price. The availability of the services is limited by the budget for dental health care. Persons insured within NFZ are not entitled to services other than those mentioned in the list of the Minister of Health and so have to pay for them from their own means.

Availability is limited due to the Fund's insufficient financial means and very low budgetary expenditure on dental care. An insured person is entitled to a dental examination, or periodical examination, once a year. Children and young people are entitled to an additional periodical examination and a wider range of services.

The NFZ budget is established on the amounts deducted from income tax and its size may vary - amongst other criteria it is conditioned by the level of citizens' incomes. Besides these, within the state's budgetary means, the Minister of Health sometimes finances additional highly-specialist medical procedures and health care programmes. Relating to dental care, the programme for comprehensive treatment of developmental defects (cleft palate) is one such initiative.

If a dental surgeon is employed, it is the employer's duty to provide a salary. If he works on his own account, and provides services for insured patients under a contract with a sick fund, the fund provides the financial means for the services contracted. In such a case it is the fund which exercises supervision.

All private practitioners are under the supervision of the physicians' chamber. If they work exclusively on their own account, their remuneration is included in the service price. The price is agreed with the patient.

Not all practitioners can work in the state system, since its financial means are limited. About a third of all dental practitioners work for the NFZ. Others work exclusively outside NHF, practising in their own private practice, as owners of establishments, who employ their colleagues or

co-owners in partnerships or exclusively in their own private practice.

So, some dentists have contracts directly with NFZ but work in their own (private) offices and other dentists work in health centres and clinics which have contracts with NFZ. Specialist treatment is paid at a higher rate of points. There is a difference between private practices under the NFZ and clinics because in private practices the patient pays all costs of treatment, whilst in NFZ clinics the patient does not pay for some treatments which are under the insurance, although some procedures are also payable.

The remaining dentists operate in the free market. Private fees are fully free market in nature. They are determined in agreements between dentists and their patients. The majority of dental surgeons see private patients in their own surgeries, regardless of whether they are in employment contract with some other employer.

A dentist under contract to provide full time NFZ services would look after 3,500 – 4,000 insured persons, including children and young people under 18 years.

Patients would normally attend their dentist for an oral re-examination 6 monthly.

Availability of NFZ care is limited everywhere in the country but there are no difficulties in obtaining dental services within private dental practice.

Home services are provided if there is a need to give an aid to a sick person. The service is performed by a dentist asked to do so. In the event such a service is not possible at home, the sick person is referred to hospital in order to undergo the appropriate procedure.

	Year	Source
% GDP spent on oral health	0.20%	2004 Chamber
% of OH expenditure private	No data	

### Working time

Working time is determined in a contract with an insurance institution. In the case of employment, the working time is regulated under the labour code. "Full-time employment" before 2004 amounted to 2,040 hours a year, (40 hours per week). Since 2004, this has been adjusted to 5 days a week, 5 hours a day, for a contract.

### Private Fees

Private fees are fully free market in nature. They are determined in agreements between dentists and their patients. Attempts have been made at founding private insurance systems. However, they are still only attempts and thus cannot be considered an organised system.

### The Quality of Care

There are regular inspections, as well as ones following a complaint. In most cases they are from a complaint made by a patient.

## Health data

	Year	Source
DMFT at age 12	3.10	2007 NOHM
DMFT zero at age 12	19.3%	2007 NOHM
Edentulous at age 65	42%	2005 OECD

NOHM is the National Oral Health Monitoring

"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 fluoridation schemes in Poland, although there is natural fluoridation of the water to optimal levels in some areas.

## Education, Training and Registration

## Undergraduate Training

To enter a dental school a student has to have graduated from high school, passed a maturity exam and an entrance exam for the university with a very good result, because each year there are 4 to 5 candidates for every place. The entrance exam is in the form of a test in physics, chemistry, biology and one foreign language from English, German or Russian. The number of students is regulated by the Minister of Health.

Year of data:	2008
Number of schools	10
Student intake	855
Number of graduates	809
Percentage female	80%

The universities educating dental students across Poland are: Medical Universities in Warsaw, Poznan, Lodz, Bialystok, Lublin and Zabrze/Katowice, Collegium Medicum of the Jagiellonian University in Krakow and Medical Academies in Gdansk, Wroclaw and Szczecin. The Dental schools are known as Wydział Lekarski (Faculty of Medicine), Oddział Stomatologiczny (Division of Stomatology) or Wydział Stomatologii (Faculty of Dentistry). All are publicly funded, although a small number of places are reserved for fee paying private individuals. Also, places are allocated for non-Polish dentists who are taught in English.

The Dental Practitioners' Committee of the Polish Chamber of Physicians and Dentists was of the opinion in 2008 that the number of graduates is too large for future oral healthcare requirements in Poland and was consistently calling for limitation of the student intake.

In 2002, the undergraduate training curriculum was changed to bring it into line with the requirements of the EU. The length of the dental training at the University is now 5 years (10 semesters). The overall number of class hours is 5,000 hours among these 4,540 stated in educational standards. Subjects are divided into 3 groups:

- ✚ Basic subjects - 505 hours;
- ✚ General medical subjects – 1,575 hours
- ✚ Dental subjects – 2,460 hours, including 1,450 hours of practical clinical training.

The first graduates under the new syllabus qualified in the Summer of 2008.

The responsibility for quality assurance in the faculties is by the Ministry of Education, the Chancellor of the University and the Dean of the Faculty.

*Qualification and Vocational Training**Primary dental qualification*

The titles awarded on qualification are:

- ✚ Dental doctor (lekarz dentysta) - until 1996
- ✚ Stomatologist (lekarz stomatolog) - 1996 to 2004
- ✚ Dental Doctor (lekarz dentysta) – since 2004

*Vocational Training (VT)*

In order to be awarded the *"Right to practice the profession"* a graduate has to complete vocational training.

Each graduate of dentistry may apply for a "Limited right to practice the profession" (a licence). This licence is awarded in order to undergo vocational training - the obligatory one-year post-graduate internship (staz podyplomowy) aimed at improving practical skills, while being supervised by experienced dental practitioners. The internship is a requirement for obtaining the full licence (the right to practise the profession). Interns are remunerated from the state budget.

Since October 2004 there is also an additional requirement to pass the State Dental Exam (Lekarsko-Dentystyczny Egzamin Państwowy). This exam can be taken during or after the internship.

Polish internship is not applicable to dentists from other EU/EEA Member States who hold the evidence of formal qualifications subject to automatic recognition under the EU Directive.

## Registration

In Poland, a dental diploma awarded upon graduation does not entitle a graduate to commence the practice of the profession. To practise, it is necessary to obtain a *"Right to practise the profession"*. All graduates who want to practice the profession, are obliged to register according to the place of residence, with the Regional Chamber of Physicians and

Dentists (*Okręgowa Izba Lekarska*). The Chamber is the competent authority, given by the state, and maintains the registers of dentists and of dental specialists.

EU/EEA citizens who hold professional qualifications obtained in another EU/EEA Member State apply for recognition of their qualifications on the basis of the system of automatic recognition of qualifications under the Directive 2005/36/EC. When their qualifications are recognised they are awarded the *"Right to practice the profession"* and have the same right as the dentists qualified in Poland.

There are no registration fees.




#### *Language requirements*

Sufficient command of Polish is one of the requirements to be awarded the *"Right to practice the profession"*. EU/EEA citizens however are not required to pass any language tests. They just make a written statement that their command of Polish is sufficient to practice as a dentist.

Non EU/EEA dentists have to pass a language test organised by the Polish Chamber of Physicians and Dentists.

### Further Postgraduate and Specialist Training

There are 3 elements to postgraduate education and training:

-  Continuing education for all dentists
-  Specialist Training
-  Academic Training

#### *Continuing education*

Dental practitioners have an ethical and legal obligation to permanent education and are under a statutory obligation to take part in continuing education. This is determined by the Law on the Professions of Physician and Dental Practitioner. The tasks specified therein are fulfilled by the Chambers in accordance with the regulation of the Minister of Health. A credit-point system is applied, 200 credit points have to be collected in a 4-year period. Continuing education is conducted in various forms and in accordance with a grading scale.

Many kinds of courses and training sessions, as well as routine monthly training are organised by the Polish Dental Association (PDA).

#### *Specialist Training*

Dental practitioners may also commence specialist training. To commence specialist training a dentist has to hold the *"Right to practice the profession"* and to undergo a

qualification procedure in the form of an interview. The result of the State Dental Exam is also taken into account. Education is conducted in the form of the so-called Residence – after qualification a dentist obtains remuneration from the state and is employed at an eligible entity entitled (accredited) to conduct specialist training in a given field. The employment of the dentist may also be in other forms, whereby he obtains no remuneration but is still employed at the eligible entity. The list of eligible entities is drawn up by the Minister of Health. The vast majority of them are universities educating dental surgeons.



Specialist training is conducted according to a given specialisation programme, determined by the Minister of Health, at the request of Centrum Medyczne Kształcenia Podyplomowego (Medical Centre for Postgraduate Training). The education is supervised by the Medical Centre for Postgraduate Training in Warsaw, as well as regional centres managed by voivodes, through the so-called national and voivodeship consultants in a given field, appointed by the Minister of Health and the voivodes. The co-ordinating role in continuing education is played by the Regional Chambers.

Registration of specialists is by State entities - the Medical Centre for Postgraduate Training and voivodeship centres for postgraduate training.

Poland has 7 main specialties:

-  oral surgery
-  orthodontics
-  paediatric dentistry
-  dental prosthetics
-  periodontology with oral medicine
-  conservative dentistry and endodontics
-  oral maxillofacial surgery

Besides, dentists may take up the following fields of specialisation:

-  hygiene and epidemiology
-  organisation of health care

There is also the specialty of Oral Maxillo-facial surgery.

Titles follow the specialty, eg dental doctor specialist in the field of periodontology (or periodontologist).

#### *Academic training*

Academic training is usually connected with obtaining a PhD or publishing a work. There are a number of degrees and diplomas associated with specialist qualifications, and these may be awarded by the universities (such as PhD, Doctorates, university professorships).

## Workforce

### Dentists

Year of data:	2008
Total Registered	29,947
In active practice	21,750
Dentist to population ratio*	1,752
Percentage female	78%
Qualified overseas	600

\* active dentists only

In 2008 there were over 34,000 dentists but just less than 90% held the right to practise. Many of these were not actually "active" for various reasons:

Year of data:	2008
Retired with right to practise	4,200
Emigrated but with right to practise	1,200
Physicians with dentist qualifications	570
Maternity leave	1,200
Limited practice through internship	970

The Polish Chamber reports that in 2008 about one third of all dentists are over 50 years old, and it is presumed that most of these dentists will retire in within the next 20 years (dentists normally retire at 70 or younger). Just under 5,000 registered dentists are over 65 years old.

It is reported that there are no permanently unemployed dentists. However, as young dentists cannot establish their own practice for at least two years after graduation, they may have short periods of unemployment.

Nevertheless, the Chamber believes that there are too many active dentists in Poland. To counter this problem they have concluded that admission to dental studies should be restricted, as they suggest that during recent years the quota of students was too high.

#### *Movement of dentists across borders*

Since the accession of Poland to the EU approximately 1,500 dentists had considered the possibility of practising the profession abroad, by 2008. As far as the Chamber was aware the most popular destination for Polish dentists was the UK. They reported that the outflow of dentists did not influence dental care in Poland.

#### *Specialists*

Orthodontic and other specialists work in both private and NZF practices. In the NZF, as specialists, their "points" are higher, but it is not known how many still practise in the clinics and how many in fully liberal practice. Patients do not have to be seen on referral from primary dentists.

Most oral surgeons work in private practices or practices with contract with NFZ, also, apart from oral maxillo-facial surgeons who work mainly in hospitals.

Year of data:	2008
Orthodontics	1,078
Endodontics & Conservation	1,622
Paedodontics	478
Periodontics	369
Prosthodontics	1,441
Oral Radiologists	
Oral Surgery	713
OMFS	260
Dental Public Health	71
Hygiene & epidemiology	122

### Auxiliaries

There are two kinds of clinical auxiliaries in Poland – Dental Hygienists and Dental Technicians. Additionally, there are dental nurses and receptionists.

Year of data:	2000
Hygienists	2,500
Technicians	7,000
Denturists	0
Assistants	9,725
Therapists	0
Other	0

These are estimated numbers from the year 2000. In 2008, there were no more up to date numbers, although it was reported that discussions regarding a national register for auxiliaries were taking place.

If auxiliaries are employed at public establishments they are full-time employees; in private establishments and in the case of private practice it may either be a full-time or other forms of employment provided for by the law. The provisions of the labour code are binding.

#### *Dental Hygienists*

The training for dental hygienists is conducted at medical schools and universities, for 2 years, after a high school diploma has been obtained. Dental hygienist is a professional title conferred upon the completion of the training, when a diploma is granted by the Minister of Education, acting in agreement with the Minister of Health.

In 2008 there was no register. A draft law on certain medical professions was elaborated and was being formulated to introduce a national register run by the Minister of Health.

Hygienists' duties include preparation, registration, prophylactic care and promotion of health. They may not diagnose or give local anaesthesia and cannot work without the presence of a dentist. They cannot accept fees from patients, except on behalf of the dentist.

*Dental Technicians*

The training for dental technicians is conducted at medical schools and universities (technical colleges), and lasts 2 years. Dental technician is a professional title conferred upon the completion of the training, when a diploma is granted.

Again, in 2008 there was no register but the same law planned for hygienists would embrace dental technicians also.

Technicians normally work in commercial laboratories, only a few are employees of dentists or of clinics. They may work in clinics on salaried contract or by tender for fees.

There is no reported problem in the Poland with illegal denturists/clinical dental technicians.

*Dental Nurses (Assistants)*

Dental nurses are assistants, with training by the dentist. There is no formal education available, except for a one-month course, BHP in Public Service. Besides assisting the dentist they are not permitted to undertake other duties.

## Practice in Poland

Year of data:	2008
General (private) practice	20,240
Public dental service	500
University	400
Hospital	150
Armed Forces	400
General Practice as a proportion is	93%

Year of data:	2008
Retired with right to practise	4,200
Emigrated but with right to practise	1,200
Physicians with dentist qualifications	570
Maternity leave	1,200
Limited practise through internship	970

### Working in Liberal (General) Practice

Not all the physicians willing to work within the NFZ system can be employed, due to the limited amounts of financial means allocated to medical care. Only about a third of dental surgeons worked for Sick Funds in 2008. Others work exclusively outside NFZ, practising in their own private practice, as owners of establishments, who employ their colleagues or co-owners in partnerships or exclusively in their own private practice. The state has not set the legal framework for the principles of practising, which would allow only one of the aforementioned forms of practice.

#### *Fee scales*

The Minister of Health determines the kind of services and their point value according to the ICD-9-CM, which is a catalogue of dental work in points (*klasyfikacja procedur medycznych i dodatkowych badań laboratoryjnych*).

#### *Joining or establishing a practice*

The rules of entering into the list of physician and dental practice are specified by an Act, as well as by the regulation of the Minister of Health. One has to fulfil specific requirements concerning the premises, the sanitary and epidemiological arrangements, ionising radiation, sterilization, storage and disposal of waste materials.

There are no limitations as to the building type. There is also no limitation as to the area size, or the number of partners (employees) or the number of patients.

They must register their practices with the Regional Chamber of Physicians and Dentists. They have to possess premises which meet the requirements of the law, have the right to practise the profession and be registered members

of the regional chamber. They may join a company or register their own establishment (clinic).

Remuneration is decided by a given establishment's remuneration regulations. In private practice, it is the profit gained after payment of liabilities. Supervision of individual and group private practice is exercised by a regional chamber through dental surgeons. The quality of services provided by NFZ is controlled by NFZ through its consultants, i.e. dental surgeons.

### Working in Public Clinics

There are public clinics in Poland. Everyone insured to the extent of the services provided by NFZ may benefit from them. Besides, services paid directly by the patient are also available. They do not bear any costs of services to which they are entitled free of charge if they are insured.

The quality of services provided at health care establishments is supervised by a voivode, through the voivodship consultants, who are dental surgeons, although most often academic workers.

Persons employed at public establishments receive fixed remuneration (salary), very often divided into several components such as seniority, specialisation, premium etc.

### Working in Hospitals

Hospitals are public property. There are a small number of private hospitals run, for example by the Church or individuals. Procedures tend to be oral maxillofacial surgery, undertaken by oral maxillofacial surgical specialists.

Dentists are employed at clinics and university hospitals and at certain hospitals in larger cities.

### Working in Universities and Dental Faculties

There are 10 dental schools, in which about 400 dentists work. Whilst they are normally full-time employees of the University, in practice many of them work part-time in private practice also.

The titles of university teachers are: dental doctor or professor. They may need to have a further degree such as PhD.

### Working in the Armed Forces

Dentists serve full-time in the Armed Forces – the gender mix is not available.

## Professional Matters

### Professional associations

	Number	Year	Source
Polish Dental Association	5,217	2008	Chamber
Chamber of Physicians and Dentists	21,800	2008	Chamber

The Polish Chamber of Physicians and Dentists includes, with equal status, both physicians and dental practitioners. It is divided into 23 regional chambers, with a separate chamber of military physicians and dentists, which has legal status of a regional chamber, although it is active in entire country. Chambers deal with all kinds of problems of practising medicine and dentistry in Poland.

The jurisdiction of individual regional chambers of physicians and dentists and their headquarters are determined by the Polish Chamber of Physicians and Dentists, in consideration of the basic territorial division of the state.

Democratically elected representatives (delegates) meet at the Regional Medical Assembly. The Assembly, in a secret ballot, elects the president of the regional medical council and members of some statutory offices (the medical court, the screener for professional liability), members of the regional medical council and representatives to the General Medical Assembly.

The General Medical Assembly ballots for the President of the Supreme Medical Council, the Supreme Screener and Deputy Screeners for Professional Liability, members of the Supreme Medical Court and the Supreme Audit Committee. One Vice President will usually be a dentist. The term of office for authorities of medical chambers is 4 years. The Polish Chamber of Physicians and Dentists (consisting of elected representatives) and regional chambers (encompassing representatives and all members in the region) are self governing, autonomous bodies of physicians and dentists, subject only to regulations of the legal act and possessing legal status.

The highest authority of the Polish Chamber of Physicians and Dentists is the General Medical Assembly, and, in regional chambers - regional medical assemblies. In the period between assemblies - the Supreme Medical Council and regional medical councils respectively carry out day to day business. The Supreme Medical Council represents the medical profession at the state level, and regional councils at regional levels.

Membership in the Chamber is mandatory. All the physicians and dental practitioners who intend to practice medicine or dentistry in Poland have to belong to the Chamber, as these are the chambers that award the right to practice medicine or dentistry.

The Polish Dental Association - the Polish Stomatological Association - or PDA, is the main scientific dental association to which practising dental practitioners generally belong. This Association takes part in helping dental practitioners undertake their obligation to take part in

continuing education. It strives to advance the science of dentistry. Membership of this association is not mandatory.

The PDA is currently divided into regional divisions which are co-terminous with governmental administrative divisions at a regional level. Each division organises area meetings in which papers, lectures and scientific research are delivered. The functions are carried out in cooperation with the regional Polish Chambers. There are many other scientific dental associations in Poland, but the Polish Dental Association is the biggest. All dental practitioners with specialisations must belong to one of them.

Other registered and acting scientific and specialist societies are: the Polish Orthodontic Society, the Polish Society of Oral Cavity and Maxillo-Facial Surgery, and the Polish Society of Stomatological Implantology.

### Ethics and Regulation

#### *Ethical Code*

Dental surgeons are bound by the ethical code. The ethical code was adopted in 1993. The sanctions against a dentist found guilty of breaching the ethical code by a Medical Court include an admonishment, suspension of the licence (for up to 3 years) or full deprivation of the licence. Any appeal is to the Supreme Medical Court.

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

The rules are determined from the Act on the Profession of Physician and Dental Practitioner. The Medical and Supreme Medical Courts comprise dentists (dental doctors/stomatologists) and physicians. However, cases rigidly connected with dental practice would be conducted by dentists only. Other problems about the ethical code may be undertaken by physicians. Screeners for Professional Liability and for the Regional Courts, at each of the 24 regional chambers, and one Supreme Court screener, supervise compliance with the rules of the ethical code. Dental practitioners are active in the work of the Supreme and Regional Screeners, for Professional Liability and the Medical Courts, as they deal with all the matters of dental practitioners, but they may also be involved with work in cases about physicians. The Polish Chamber also employs lay people for advice and assistance to dentists and physicians.

A complaint by a patient is taken over by a Screener. He may abandon the proceedings or bring the case to a regional medical court. An appeal can be made to the Supreme Screener. A complaint may also be brought by a complainant to common courts and if error is suspected, the case may be taken over by the prosecutor and, subsequently, decided by the common court under criminal proceedings.

In the event of a case being in the common court, the rules of appeal are determined under a separate act.

*Data Protection*

Poland has adopted the EU Directive on Data Protection. By general statute, the dentist is bound to observe patient confidentiality. Information acquired by the dentist in the course of his/her professional duties, concerning the patient and his/her background is confidential. The death of the patient does not release the dentist from the duty of confidentiality. Whilst information may be stored in electronic form, dentists must also carry paper records.

*Advertising*

According to the Act on Healthcare Establishments, public announcements have to be exempt from commercial advertisement features. According to the Act on the Professions of Physician and Dental Surgeon, dental surgeons may inform the public of the medical service they provide and the content and form of such information must also be exempt from the features typical of commercial advertising. The rules according to which physicians and dentists announce their services are determined by the Chamber of Physicians and Dentists. The following adjectives are banned from the information: "cheapest, best, painless etc".

According to the ethical code, a dental surgeon must not impose a service, or gain patients, in a manner inconsistent with ethical and deontological principles, and the rules of loyalty to fellow practitioners. Information, such as address, practice hours and specialisation may be placed in the press, but adverts are not permissible.

Dentists may run their own websites, but the information contained therein must comply with the general rules on advertising of dentists as described above.

*Indemnity Insurance*

A patient is entitled to lodge a complaint and demand compensation before a medical court or a common court. Every dentist has to be insured against civil liability for the practice of the profession.

Insurance is provided by commercial insurance companies. Chambers hold collective contracts of insurance covering members of the chambers. Very often the insurance packages include other types of insurance also (surgery, flat, house, car, etc.). The insurance rate is not conditioned by the form of practice, whether it is salaried or private. Dentists combine both forms and work both under employment contract and pursue private practice. If there are claims on the part of the patient and a public establishment is involved, the establishment is liable. Nevertheless, if a dentist's fault is proven, the establishment may claim return of the costs.

*Corporate Dentistry*

Dentists in Poland may form companies - Grupa Praktyka Lekarska, Spółka Partnerska, Niepubliczny Zakład Opieki Zdrowotnej. A non-dentist can be a shareholder, on the board, or the owner of the company, but he should register a company in the City's Office (*Urząd Miasta*) and Public Health (*Zdrowie Publiczne*) but not at the Chamber.

Only general company rules apply so there are no limitations as to the numbers of non-dentist members.

*Tooth whitening*

Generally tooth whitening products are considered as medicinal products that can be used and prescribed only by dental practitioners. The Chamber has no information about illegal bleaching (eg by hygienists), with no media reports on such practices.

However, products with low percentage of peroxide are also available in pharmacies without the need for prescriptions for individual use.

**Health and Safety at Work**

The types of obligatory vaccination are determined by the state and supervised by the State Sanitary Inspector. Each employee must undergo periodic medical examination (Health Book). There is no obligation for Hepatitis B vaccination. However this vaccination is recommended and may be required by the employers. Students undertaking dental studies are usually inoculated against Hepatitis B, as are all Public Health dentists.

Regulations for Health and Safety:

<i>For</i>	<i>Administered by</i>
Ionising radiation	SANEPID (Sanitary Inspection, the state)
Electrical installations	Inspekcja Pracy – BHP (The state)
Waste disposal	Incineration only
Medical devices	The Medical Chamber
Infection control	SANEPID (Sanitary Inspection, the state)

*Ionising Radiation*

Radiation equipment has to be registered with the SANEPID.

Training in ionising radiation is part of the new undergraduate course. Previously radiology was restricted to qualified radiologists only. Radiation protection training is followed by a test, which is repeated every 5 years for certification.

Only the dentist (in a practice) is the competent person ("radiology inspector") to direct ionising radiation – or radiation technicians under a dentist's directions.

Courses are currently organised in the medical faculties for those who did not receive training as part of the (old) undergraduate course.

*Hazardous waste*

The EU Hazardous Waste Directive has been transposed into Polish law. However, amalgam separators are not mandatory in dental practices. Regulations restrict the collection of waste dental amalgam to registered carriers.

## Financial Matters

### Retirement pensions and Healthcare

Women of 60 years and men of 65 years are entitled to retirement at those ages (this had previously been that dental surgeons could retire at the age of 55 and 60 years, respectively). However, in private practice there is no age limit. In fact, dental surgeons normally end their practice before they are 70 years old.

The profession was included among professions who practised under special conditions, with pensions of €250 - €400 a month received by dental surgeons who retired under the old system. But, currently the reception of retirement pensions is conditioned by income. In the new pension system young dentists will retire under the new scheme, whereby they have to make their own personal contributions to their pension funds. A minimum of 60% of average income in the country is the basis of retirement schemes.

### Taxes

In 2008, the first 3,090 PLN (€964) earned in the year are free of tax, with income exceeding this figure but lower than 44,490 PLN (€13,900) taxed at 19%. Yearly earnings in the bracket from 44,490 PLN to 85,528 PLN (€27,000) incur 30% tax. The top personal income-tax rate of 40% was levied on earnings above 85,528 PLN per year.

#### *VAT*

In Poland there are three VAT rates: 0% on dental services, 7% on materials and drugs, 22% on instruments and equipment

#### *Various Financial Comparators*

Zurich = 100	Warsaw 2003	Warsaw 2008
Prices (excluding rent)	50.7	68.0
Prices (including rent)	51.8	65.0
Wage levels (net)	11.4	17.7
Domestic Purchasing Power	23.2	27.2

*Source: UBS August 2003 & January 2008*

## Other Useful Information

<i>Details of information centres:</i>	
Misterstwo Zdrowia ( Ministry of Health) Tel: Fax: E-mail: Website: <a href="http://www.mz.gov.pl">www.mz.gov.pl</a>	Narodowy Fundusz Zdrowia (National Health Fund) Tel: Fax: E-mail: Website: <a href="http://www.nfz.gov.pl">www.nfz.gov.pl</a>
<i>Main national association and the competent authority</i>	<i>Other national association</i>
Polish Chamber of Physicians and Dentists Sobiesko,110 00-764 Warsaw Poland Tel: +48 22 559 13 09 Fax: +48 22 559 13 10 Email: <a href="mailto:stomatologia@hipokrates.org">stomatologia@hipokrates.org</a> Website: <a href="http://www.nil.org.pl">www.nil.org.pl</a>	Polish Dental Association 50-138 Wrocław, ul. Kuznicza 43/45 Poland Tel: +48 71 342 42 16 Fax: +48 71 342 42 16 Email: <a href="mailto:paradont@stom.am.wroc.pl">paradont@stom.am.wroc.pl</a> Website: <a href="http://www.pts.net.pl">www.pts.net.pl</a>
<i>Other useful contacts:</i>	
Centrum Medyczne Kształcenia Podyplomowego (Medical Centre for Postgraduate Training) Tel: Fax: E-mail: Website: <a href="http://www.cmkp.edu.pl">www.cmkp.edu.pl</a>	Główny Inspektorat Sanitarny SANEPID (The Main Sanitary Control / Inspection) Tel: Fax: E-mail: <a href="mailto:inspektorat@gis.mz.gov.pl">inspektorat@gis.mz.gov.pl</a> Website: <a href="http://www.gis.mz.gov.pl">www.gis.mz.gov.pl</a>

There are two scientific periodicals: "Journal of Dentistry" and the "Journal of Prosthodontics", which are issued by the Polish Dental Association. These journals are for scientific research articles and advertisements about courses and other assemblies of dental practitioners in Poland.

There are also other magazines/scientific periodicals:

Dental Magazine (Magazyn Stomatologiczny), Your Review Stomatologic (Twój Przegląd Stomatologiczny), New Dentistry (Nowa Stomatologia), Modern Dentistry (Stomatologia Współczesna), Guide for Dentistry (Poradnik Stomatologiczny), Ace of Dentistry (As Stomatologii) and many others.

Dental Schools:

	Number of		Annual		Places
	Undergrads		Graduates		for
	2008		2007		overseas
Białystok	433		82		14
Gdańsk	354		61		12
Kraków	408		67		15
Lublin	485		78		20
Łódź	545		94		20
Zabrze (Katowice)	484		94		16
Warszawa	500		87		15
Szczecin	487		69		16
Wrocław	453		91		15
Poznań	457		86		15
Overall total	4,606		809		158
About 5% of places for Polish students are private (fees payable)					

<p>City: <i>Białystok</i>  The Dean  Oddział Stomatologiczny  Wydział Lekarski z Oddziałem Stomatologii i Oddziałem  Nauczania w Języku Angielskim  Uniwersytet Medyczny  ul. Kilńskiego 1  15-230 Białystok  POLAND  Tel: +48 85 748 54 79  Website: <a href="http://www.amb.edu.pl">www.amb.edu.pl</a>  Dentists graduating each year: 82  Number of students: 433</p>	<p>City: <i>Gdańsk</i>  Academia Medica Gadanesis  The Dean  Oddział Stomatologiczny  Wydział Lekarski z Oddziałem Stomatologicznym  Akademii Medycznej w Gdańsku  Al. Zwycięstwa 41/42  80-210 Gdańsk  POLAND  Tel: +48 58 349 1064  Website: <a href="http://www.old.amg.gda.pl">www.old.amg.gda.pl</a>  Dentists graduating each year: 61  Number of students: 354</p>
<p>City: <i>Kraków</i>  The Dean  Oddział Stomatologiczny  Uniwersytet Jagielloński Collegium Medicum  Wydział Lekarski  ul. Św. Anny 12 31-008 Kraków  POLAND  Tel: +48 12 422 54 44  Website: <a href="http://www.wl.cm-uj.krakow.p">www.wl.cm-uj.krakow.p</a>  Dentists graduating each year: 67  Number of students: 408</p>	<p>City: <i>Lublin</i>  The Dean  Oddział Stomatologii  I Wydział Lekarski z Oddziałem Stomatologicznym  Uniwersytet Medyczny  Aleje Racławickie 1  20-059 Lublin  POLAND  Tel: +48 81 528 88 19  Website: <a href="http://www.am.lublin.pl">www.am.lublin.pl</a>  Dentists graduating each year: 78  Number of students: 485</p>
<p>City: <i>Łódź</i>  The Associate Dean  (Faculty of Medicine and Dentistry  Medical University of Łódź)   Wydział Lekarsko-Dentystyczny  ul. Pomorska 251  92-213 Łódź  POLAND  Tel: +48 42 675 74 46  Fax: +48 42 675 74 56  Website: <a href="http://www.umed.lodz.pl">www.umed.lodz.pl</a>  Dentists graduating each year: 94  Number of students: 545</p>	<p>City: <i>Zabrze / Katowice</i>  Medical University of Silesia (Katowice)  The Dean   Wydział Lekarski z Oddziałem Lekarsko - Dentystycznym  Śląski Uniwersytet Medyczny w Zabrzu  Pl. Traugutta 2  41-800 Zabrze  POLAND  Tel: +48 32 271-72-19 w 252  Website: <a href="http://www.slam.katowice.pl">www.slam.katowice.pl</a>  Dentists graduating each year: 94  Number of students: 484</p>
<p>City: <i>Warsaw</i>  The Dean  Oddział Stomatologii  I Wydział Lekarskiego Akademii Medycznej  ul. Żwirki i Wigury 61 pok. 213  02-091 Warszawa  POLAND  Tel.: +48 022 572 02 08  Fax: +48 022 572 02 66  Website: <a href="http://www.wum.edu.pl">www.wum.edu.pl</a>  Dentists graduating each year: 87  Number of students: 500</p>	<p>City: <i>Szczecin</i>  The Dean  Katedra Stomatologii Zachowawczej i Periodontologii  Wydział Lekarsko-Stomatologiczny  Pomorska Akademia Medyczna  ul. Rybacka 1  70-204 Szczecin  POLAND  Tel: +48 91 48 00 812  Website: <a href="http://www.pam.szczecin.pl">www.pam.szczecin.pl</a>  Dentists graduating each year: 69  Number of students: 487</p>
<p>City: <i>Wrocław</i>  The Dean  Wydział Lekarsko - Stomatologiczny  Akademii Medycznej we Wrocławiu  ul. Krakowska 26  50-425 Wrocław  POLAND  Tel: +48 71 209 761  Fax: +48 71 215 729  Website: <a href="http://www.stom.am.wroc.pl">www.stom.am.wroc.pl</a>  Dentists graduating each year: 91  Number of students: 453</p>	<p>City: <i>Poznań</i>  Wydział Lekarski II  Collegium Stomatologicum  Uniwersytetu Medycznego im. Karola Marcinkowskiego  w Poznaniu  ul. Bukowska 70  60-812 Poznań  Tel. +48 61 854 71 31  Fax. +48 61 854 71 33  Website: <a href="http://www.amp.edu.pl">www.amp.edu.pl</a>  Dentists graduating each year: 86  Number of students: 457</p>