



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Slovakia

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The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists¹ 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 authors²

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.

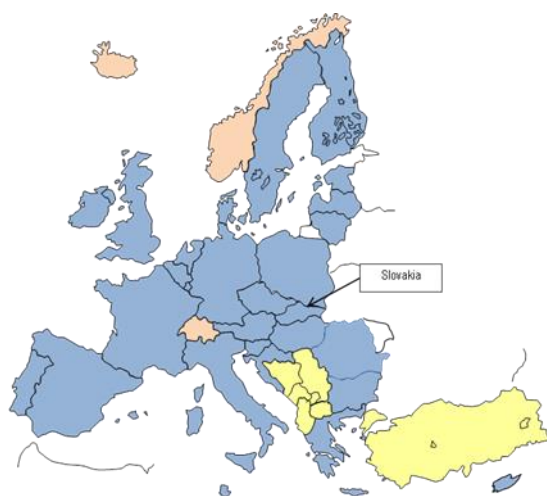
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development for medical and dental health professionals, and knowledge transfer and exchange.

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Slovakia



In the EU/EEA since	2004
Population (2013)	5,410,728
GDP PPP per capita (2012)	€18,672
Currency	Euro
Main languages	Slovakian
Slovakia has a system of compulsory health insurance and the constitution guarantees healthcare free of charge for all the citizens. However, in reality this has led to very low fees for oral healthcare. Private care, whilst freely available is heavily regulated, however.	
Number of dentists:	3,357
Population to (active) dentist ratio:	1,641
Membership of the Dental Chamber::	87%
Specialists are widely used, and the use of clinical auxiliaries is also widespread.	
Continuing education for dentists is mandatory, and is administered by the Chamber of Dentists. Whilst membership of the Chamber is voluntary, it is mandatory to register with the Chamber.	

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Government and healthcare in Slovakia

Slovakia is a small republic, established on January 1st 1993, in the geographical centre of Europe.

The land area is 49,035 km². The capital is Bratislava (with a population of about 600,000).

The ethnicity of the population is Slovak (85.8%), Hungarian (9.7%), Romany (1.7%), Czech (0.8%), Rusyn, Ukrainian, Russian, German, Polish and others (2%). Two thirds of the population follows the catholic religion.

Slovakia has been independent – as part of the Republic of Czechoslovakia – since 1918, but separation into the current statehood occurred in 1993. Slovakia is a Parliamentary democracy with unicameral parliament, the National Council of the Slovak Republic (*Narodna Rada Slovenskej Republiky*) as a 150 seat legislative authority elected by proportional representation to serve for 4-year terms and the government as the executive authority. The President of the State is elected for 5 years, in a direct election by the people.

All citizens of the Slovak Republic are compulsorily insured. The insurance benefits do not depend on the level of income or salary. The state and the constitution guarantee healthcare free of charge for all the citizens, to a very wide extent, but the state may not have sufficient resources for this care.

There are 3 insurance companies. The premiums are 14% of income or salary (the self-employed pay the whole amount, an employee pays only 4% and the remaining 10% is paid by the employer). The insurance is called “zdravotné poistenie”.

	Year	Source
% GDP spent on health	7.9% 2011	OECD
% of this spent by government	64.5% 2010	OECD

Despite an increase in incomes over the period, Slovakia has seen a drop in spending on publicly funded healthcare (as a share of all healthcare spending) from over 91.7% in 1997.



Oral healthcare

Public compulsory health insurance

There is a principle of unlimited “solidarity” (compulsory insurance cover) for all persons. This means that the state insures non-insurable damages, which are paid by all, including by all patients whether they take care of their teeth or not.

The attempt by the Slovak Chamber of Dentists to harmonise the catalogue of dental services in the compulsory healthcare system, with the requirements of the European Union, as defined by the European Law on Social Security is reported by them to have caused financial difficulties which have led to reductions in public expenditure. So, for example, from July 1st 2000, the share of payments for prosthetic dentures changed to 60% paid by the patient and 40% by the insurance company. However, by 2013 the contribution for elderly people for a total prosthesis from the insurance company is 100%.

From 1st February 2000 an amendment of the Law (Medical order) came into effect. This amendment set the extent of the provision of dental care and the payments for dental care. The amendment also means that the patient must pay a part of the payment for dental services. The Law also set the basic group of dental services and prosthetic products (“Part A” of the Catalogue), in which the patient does not contribute to the payment.

The goal is to implement a model of multi-source financing, through the system of basic health insurance and complementary health insurance, with the contribution of the patient and direct payments. This is to develop the existing model of financing, which allows the utilisation of all sources of accessible finances. The regulation of prices is statutorily possible in the Slovak Republic.

	Year	Source
% GDP spent on oral health	0.15% 2007	CECDO
% of OH expenditure private	50% 2007	CECDO

Private Practice

There is a relatively low percentage (about 15%) of private dentists without an agreement with an insurance company in the Slovak Republic. They rent the premises or work in private premises with their own equipment. They are paid directly by the patient (cash) according to their treatment tariffs. The insurance company does not pay for diagnosis or treatment.

Dentists in private practice, without an agreement with an insurance company take a free decision to work like this, but with authorisation from a state authority (see below). They are not assigned any levy, and are not bound by any agreement with an insurance company. They work on the basis of licence, as independent entrepreneurs, who take free decisions on the placement, way and extent of their work – as part of a liberal profession.

Nevertheless, this type of practice exists within Slovakia’s economic and social environment – which includes relatively low average wages (€9,660 per annum), and 14% unemployment (2012).

This original situation was caused, according to the Chamber, by an obligation also to conclude this agreement with dentists who were in the “chain of institutions” assessed by the Ministry of Health. Some dentists remained in the private sector, without an agreement first, after the Ministry of Health assessed this chain.

Dentists without the agreement are able to take free decisions on the placement of their practice and the type of treatment they provide, as they are totally responsible for the costs of their practices and the level of their incomes.

The system of compulsory health insurance does not depend on the level of the salary and is said by the Chamber to discriminate against patients of private dentists who have no agreement with an insurance company. Patients attending such dentists voluntarily repudiate the compulsory health insurance. Their motivation is said to be accessibility and increased quality of the treatment. Prices in private practices are different, dependent on the place and region of the provider and also on the overheads of the provider. Before treatment, an informed approval of the choice and way of treatment is obtained.

The Quality of Care

Patients expect a high-quality and long-lasting functional treatment, but this depends on the personal responsibility, skills and professional knowledge of the dentist.

Dental practitioners, who work with an agreement with insurance company, may be controlled by *revisory* dentists. These are dentists employed by an insurance company; they control, for example, the invoices that dentists send to the insurance company, from a professional (clinical) point of view.

However, in most cases quality is controlled by patient complaints. A patient can present a complaint to a “*revisory*” dentist, to the Municipality offices, to the Control Committee of each regional Chamber of Dentists, to the Section of state supervision and control of the Ministry of health or directly to a court. A control body was established by 2008 (the Health Care Surveillance Authority), which is responsible for control of professional misconduct of provided health care. Patients who are not satisfied with provided oral care can contact the Authority with a written complain directly.

A Slovakian dentist will see on average about 1,800 patients, who attend every one to two years for their oral examinations. According to the Law, one yearly oral examination for adults and two for children under 18 is permitted. Pregnant women are entitled to visit the dentist for examinations twice in pregnancy period.

Health data

	Year	Source
DMFT at age 12	1.80 2011	OECD
DMFT zero at age 12	26% 2007	CECDO
Edentulous at age 65	9% 2007	CECDO

"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

The DMFT data from 2010 referred to about 2.0 at 12 years of age, but the data were evaluated by a statistics institute obtaining it from dentists. This means that only children who visit a dentist entered into the sample. According to a local study, nearly 34% of children between 0-14 years have never visited a dentist, so the DMFT data are skewed by the sample being selective.

Fluoridation

There is no water fluoridation, or fluoridation of milk. Only fluoridated salt is available. There are no free toothpaste schemes for children.

Education, Training and Registration

Undergraduate Training

To enter dental school students have to pass a state school-leaving examination (GCE) and pass a dental studies entrance examination. The undergraduate course lasts 6 years.

There are 4 medical faculties, which are known as *lekárska fakulta*, within Slovakian universities, all which are state owned and financed. All of them also offer a dental study program.

Year of data:	2013
Number of schools	4
Student intake	117
Number of graduates	101
Percentage female	60%

The Slovak Medical University in Bratislava opened a general medicine programme in 2006 and a dentistry programme in 2013.

The Jesenius medical faculty in Martin started a dentistry program in 2012. Both schools are public. The intake is low, 29 students altogether in 2013.

The responsibility for quality assurance in the faculties is by an accreditation commission of the Ministry of Health.

Qualification and Vocational Training

Qualification

Upon qualification, until 2003, the title was MUDr – *Medicinae Universae Doctor*. A new title MDDr was introduced for undergraduates who entered dental school from 2004. The first graduates with the title MDDr. Were in 2009. These graduates - with MDDr - are entitled to open their own practice, and have not needed to undertake the 3 years' vocational training.

Vocational Training (VT) – known as "Stomatology" in Slovakia.

Following qualification prior to 2009, there was a programme of vocational postgraduate training for 36 months, under the guidance of skilled dentists, which was a prerequisite for obtaining a licence (the right to practise the profession of dental surgeon). After the training the dentist had to pass an interview in front of a Commission, to obtain a practice certificate. Only then was a dentist able to lead his own dental practice.



Registration

All dentists in the private sector work under a licence issued by the state authority. The dentist has to be registered in the register of the Slovak Chamber of Dentists and he/she has to substantiate to the state authority the confirmation of his/her professional and ethical eligibility, issued by the Slovak Chamber of Dentists.

The steps are as follows:

1. Certificate of professional competence- Recognition of the diploma – this must be done by sending a request, together with an authenticated copy of the diploma, an official translation and a copy of the syllabus studied, to the Ministry of Education, department for diploma recognition.
2. Pass a linguistic examination of knowledge of the Slovak language.
3. Certificate of medical fitness
4. Copy of criminal records certificate

Language Testing

A potential registrant must pass an examination of the ability to speak and understand the Slovak language. The language tests are administered, for example, by the Comenius University, department for foreign languages. The Ministry of Education is responsible for issuing of the certificate on language tests for foreign dentists, which is one of the conditions needed for registration with the Chamber.

However, language knowledge is only a prerequisite for obtaining a licence which entitles independent practise of dentistry and is not necessary for employees or for registration. Language testing is not compulsory for every overseas applicant, but it may be ordered for those about whom there are serious doubts about the language knowledge. The dentist must be able to communicate with the patient. The responsible person in this matter is the employer.

Cost of first registration	€ 13
Cost of annual registration in 2013	€ 4

Further Postgraduate and Specialist Training

Continuing education

Dental surgeons are under a statutory obligation to take part in continuing education. Control over continuing education is responsibility of the Chamber which supervises and provides the Quality Assurance.

The schemes are provided by universities, the Chamber and the employers. A dentist who does not complete the continuing education requirement breaks the rules and the duties of a member of the Chamber, which will be announced to the responsible authorities (the Health Care Surveillance Authority). In continuing education, credit is the basic unit set for

evaluation of continuing education in Slovakia. Generally it is a time period of 60 minutes the medical employee has to spend in the process of continuing education.




All medical employees have to prove the continuing education to their Professional Association that is responsible for maintenance of the Register, update and maintenance of their competences on the level required by the law and this must be done in a written form to the employees responsible for Register of appropriate medical profession.

Continuing education in dentistry is evaluated by the Chamber in a five year period. The first evaluation is done five years after the first registration of a dentist and every consecutive

evaluation is done after five years from the last evaluation. The condition of continuing education is fulfilled, if the dentist can prove 250 credits for the evaluated period.

Specialist Training

Slovakia has 3 specialties for dentists:

-  Orthodontics
-  Maxillo-facial Surgery
-  Paediatric Dentistry




Dental surgeons are also entitled to specialist education and training. Study is for 2 years in Paedodontics, 3 years in Orthodontics and Maxillo-facial surgery lasts 4 years. From 2013, dentists are entitled to join training for a new specialisation - in Health Management and Finance, that lasts 1 year.

Specialist training is conducted according to a given specialisation programme, as determined by the Ministry of

Health. This institution also determines the form, length and course of the studies. The dentist's participation in study is recorded by the Medical Faculty of the University, which has

the accreditation for specialisation programme. Training takes place in University dental clinics, or at the Department of Medical Faculty of the University, or in accredited dental practice, under supervision of a specialist.

The titles upon completion of the courses are:

-  Specialist in orthodontics (čelústný ortopéd)
-  Maxillofacial surgeon ("maxilofaciálny chirurg")
-  Specialist in paedodontics ("detský zubný lekár")

The specialist training for periodontics and prosthodontics ceased in 2003, but those who have already qualified in these specialties and those entering Slovakia from abroad are recognised as such.

Registration of specialists, like all dentists, is by the Slovak Chamber of Dentists.

Workforce

Dentists

Year of data:	2013
Total Registered	3,357
In active practice	3,298
Dentist to population ratio*	1,641
Percentage female	61%
Qualified overseas	198

*Active dentists only

Over 80% of active dentists work in private practice (85% with an agreement, and 15% with no agreement with insurance companies).

Movement of dentists across borders

The Chamber registered 41 requests for a "certificate of good standing" from dentists planning to leave Slovakia to work, during the period 2009 – 2013. This certificate is among the conditions to be registered abroad.

Specialists

Year of data:	2013
Orthodontics	193
Endodontics	
Paedodontics	39
Periodontics (2008)	95
Prosthodontics (2008)	64
Oral Radiologists	
Oral Surgery	192
OMFS (2008)	26
Dental Public Health	

There is a specialist register held by the Chamber.

Patients do not go directly to specialists and are always referred.

Auxiliaries

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

Every medical employee has a lawful obligation to undertake continuing education.

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

In non-public establishments various forms of employment envisaged by the law occur. This means that whether work is full-time or part-time, there must be prior agreement on the execution of a work and the working activity.

Year of data:	2013
Hygienists	187
Technicians	1,392
Denturists	0
Nurses and Assistants	3,610
Therapists	0

Dental Hygienists

Training for dental hygienists is conducted only at the Faculty of Medical Study in Presov. The study program lasts for 3 years, and leads to a "BSc Dental Hygienist". Training for hygienists at secondary schools was abolished in 2012.

They register at the Association of Dental Hygienists.

Dental hygienists cannot work alone – they must work only under the supervision of the dentist. They must be employed by a dentist. They can diagnose, but only to the extent of the nature of their work. So, they can diagnose periodontal diseases, by assessing BPI, CPITN, the status of loose teeth, the level of inflammation of the gingivae and so on, but they cannot assess whether the extraction of a tooth should be made (and other such cases) that only a dentist would assess.

They cannot give local anaesthetics, nor can they accept monies from patients, although they may sell oral healthcare products such as toothbrushes.

It is not possible to estimate how many registered hygienists are actively working.

Dental Technicians

The training for dental technicians at secondary schools was abolished in 2012. It is possible to study for "BSc Dental Technician" at two medical schools (Bratislava, Martin). The study program lasts for 3 years. They register at the Slovak Chamber of Dental Technicians.

Technicians can work in commercial laboratories, or be an employee of a clinic. In 2012 half of all registered dental technicians worked in independent dental laboratories and a quarter were employed by the public dental service.

The independent practice of denturists is illegal in Slovakia.

Dental Assistants and Nurses

They are educated at secondary schools for 4 years, with a leaving examination - baccalaureat. They work at the chairside, as employees of dentists. A dentist may not undertake treatment without the presence of a dental assistant. The training of dental nurses is formal and lasts for 4 years. Dental nurses (chairside assistants) are registered in the section for Nurses working in Dentistry, of the Chamber of Nurses and Midwives. This section was created in 2007.

There is now a new profession - dental assistant. They are educated in secondary school for 4 years and specially trained for dental practice. Graduates are registered in the Chamber of Other Health Professionals.



Practice in Slovakia

Year of data:	2013
General (private) practice	3,135
Public dental service	80
University	120
Hospital (2008)	29
Armed Forces	22
General Practice as a proportion is	95%

Of general practitioners, 1,616 work for themselves in private practice, 673 dentists work as employed in a private practice or clinic, and 976 are guarantors in a private company. As in many countries, many dentists are in practice in more than one sector, hence the numbers above amount to more than the number of active dentists, through "double counting".

Working in Liberal (General) Practice

About 85% of private dentists have an agreement with an insurance company. The insurance company and the district are assigned by a public dentist. These dentists work mostly in former public institutions, where they rent the premises, and sometimes also the dental equipment. They are paid from the health insurance according to their output, paid fully or partly by the insurance company (depending upon the patient's co-payment). The insurance company does not pay for treatment if there is no agreement between the dentist and the patient.

Payments from insurance companies are up to the limit of a budget. After depletion of the limit, the insurance company does not pay anything. In other words, the free choice of dentist is circumscribed by the budget.

Fee scales

As fees paid by the insurance companies are low and these may not cover the expenses of the practice in providing the prosthesis. Treatments that are not in the Medical Order must be paid for in full by the patient. This (supplementary) payment is calculated in a free market, but according to the operating costs of the practice.

"Liberal" practitioners calculate their own prices (a price list must be displayed on the wall of the waiting room in the practice). Net profit can be a maximum of 30% (according to Law No. 18/1996 on prices). This is checked by the fiscal bureau/office. A dentist whose profit is more than 30% breaks the law on prices, which may lead to a fine or other sanctions.

Joining or establishing a practice

There are three steps towards establishing general practice:

1. **Registration** at the Slovak Chamber of dentists. Documents needed by the registration: education (verified diplomas and certificates on education and specialisation), criminal record check, medical fitness certificate, payment of the registration fee.
2. A **Licence** for individual execution of the dental profession is issued by the Chamber. Documents needed for the

license: health fitness, education, respectability (criminal records), no disciplinary measures within the last 2 years, payment of the fee.

3. **Permission** issued by the municipality office according to the regional competence. For the permission following documents are needed: copy of the license from Chamber, copy of the premises rental or ownership confirmation, copy of the payment order of the administrative fee, hygiene institution report.

Employees – graduates of the Medical faculty, clinical employees, who work in this field also have to be registered in the register of the Slovak Chamber of Dentists, but they do not need the licence issued by the state authority.

There are no limitations as to the building type, but there is a limitation as to the minimum size of the floor area. There is no regulation relating to the number of partners (employees) or the number of patients. The minimum requirements (personnel, space, and equipment) are set by the Act 410/2008.

The state does not subsidise the costs of opening an individual practice or establishment.

Once established, the dentist must be registered in the Chamber. They may form a company or register their own establishment or clinic. Graduates since 2009, with a MDDr. are entitled to open their own practice without the need to have completed 3 years vocational training.

Patient lists must be kept - this means that the dentist has to retain the documentation for all the patients.

Working in Public Clinics

There are public polyclinics in the Slovak Republic. These are clinics which include a number of health professionals (including dentists) who supply health services in the same venue. They do not supply hospital-type services. They may be owned by the municipality or even private individuals. The number of these health care professionals is set by the government in the Act on minimum net.

Every insured person may benefit from attending them, but they may also provide services paid directly by the patient. All clinical controls are the same, but the responsibility for the facilities lie with the owner of it.

Persons employed at public establishments receive a fixed remuneration (salary).

Working in Hospitals

Hospitals are public property. They tend to be clinics and university hospitals and certain hospitals in larger cities. There are a number of private hospitals run, for example by the Church, municipality offices or individuals.

Procedures tend to be maxillofacial surgery, undertaken by maxillofacial surgical specialists.

Working in Universities and Dental Faculties

There are four medical faculties which include dentistry as part of their teaching. The dentists who work in these dental schools are normally full-time salaried employees of the university. They may be allowed the combination of part-time teaching employment and private practice (with the permission of university).

The titles of university teachers are

✚ Academic (for teachers): Doc. (Docent), Prof. (Professor)

✚ Scientific: CSc. (Candidate of Science), DrSc. (Doctor of Science), PhD

This involves a further degree (publication activities and a record of original research).

Working in the Armed Forces

There are dentists working in the armed forces. Some are professional soldiers but the majority are employees in army institutions.

Professional Matters

Professional associations

The main dental association is the Slovak Chamber of Dentists. The endeavour of the Chamber is to reach an independent, equitable and serious evaluation of the work of dentists, and to create an environment and conditions for a high-quality provision of dental services for patients on an international level, in all the dental practices in Slovakia, and to move the development of Slovak dentistry towards a modern Europe.

	Number	Year	Source
Slovak Chamber of Dentists	2,906	2013	Chamber

To be registered at the Chamber is mandatory for active dentists, as the Chamber administers the Register. If a dentist retires, he/she should de-register.

Membership of the Chamber as a professional organisation is voluntary. Membership in 2013 was €360 per annum, entitling a monthly dental journal and various benefits, such as a discount on educational activities organised by the Chamber, access to lawyers, consultations and cheaper insurance etc. Unsubscription from membership 6 weeks before the end of calendar year does not affect practice as dentist.

The Chamber has 8 Regional Chambers. The chambers are not self-governing organisations, they are one body with the Chamber. The important constituent parts are:

Statutory body: The President

Bodies of the Chamber:

- ✚ Assembly (highest body, meetings are held minimum once a year, usually twice a year)
- ✚ Council (meets 4 times a year)
- ✚ Presidium (once a month)
- ✚ Control Committee
- ✚ Honourable Council – name changes into Disciplinary committee

Ethics and Regulation

Ethical Code

Dental surgeons are bound by the ethical code. The ethical code is a part of the Act No. 578/2004. This act defines the duties regarding membership of the Chamber and the duties concerning the provision of services.



According to the ethical code, a dental surgeon must not impose his service, or gain patients, in a manner inconsistent with ethical and deontological principles, and the rules of loyalty to fellow practitioners.

Fitness to Practise/Disciplinary Matters

The sanctions against dentists who break the ethical code are defined in the Act. This may lead to an admonishment. If he repeatedly fails to respect the admonishment, then a fine of up to €300 or up to €1470 for breaking the obligations of a member of the Slovak Chamber of Dentists repeatedly may result.

The ultimate sanction is to be excluded from membership of the Slovak Chamber of Dentists. This fact will be announced to the responsible authorities (Health Care Surveillance Authority).

Data Protection

Act No. 428/2002 on the Protection of Personal Data regulates the use of information. This act is based on the EU Directive.

Advertising

Dentists may inform the public of the dental service they provide but the content and form of such information must also be exempt from the features typical of commercial advertising.

Information may be placed in the press. The dentist can present medical themes in front of the public, in TV, radio, or press but cannot act unworthily by using this to augment the number of patients.

Every dentist may run his own website.

Indemnity Insurance

It is compulsory for dentists to have malpractice insurance. Insurance is concluded with insurance companies active on the insurance market. The amount covered is for claims up to €24,000. When the dentist provides surgical services also, it can be over €24,000. A patient is entitled to lodge a complaint and demand compensation before a court. Every dentist has to be insured against civil liability for the practice of his profession.

Insurance is concluded with insurance companies active on the insurance market. The Chamber has a collective contract of insurance covering members and also the secretariat of the Chamber.

Nevertheless, each dentist may freely choose the insurance and make an individual contract with the insurance company, which is often the case. Very often the insurance packages include other types of insurance as well (such as surgery, flat, house, car, etc.). The insurance rate is not conditioned by the form of practice, whether it is under employment contract or private. But it does depend on the value of the equipment. Slovak dentists combine both forms and work both under employment contract and pursue private practice.

If there are claims on the part of a 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 incurred costs. The cost of cover up to €500,000 for a non-specialist would be about €2,257 for one year in 2013.

This does not cover a Slovak dentist's practise abroad.

Corporate Dentistry

Dentists in Slovakia may form companies. A non-dentist can be a shareholder, member of the board, or even the owner of the company, but when he is an owner he has to have a professional guarantor.

Tooth whitening

Slovakia has fully adopted the 2011 EU Cosmetics Directive. Nevertheless, the Chamber reports some illegal practice continues, as there is advertising of bleaching by non-dental cosmetic studios or other non-dentists, but the trend is decreasing.

Health and Safety at Work

All employees have to be checked and examined regularly by the specialist in preventive and occupational medicine ("pracovná zdravotná služba"). The risk-holder is the employer.

Ionising Radiation

The Public Health Authority of the Slovak Republic issues permission for the running and operating of ionising radiation equipment. For this permission the applicant must undergo a training course, pass an exam and will be placed on the register of persons professionally qualified for work with ionising radiation.

Hazardous Waste

The EU Hazardous Waste Directive is incorporated into law and actively enforced. Amalgam separators are legally required. Regulations for Health and Safety

For	Administered by
Ionising radiation	Institut of public health (Urad verejného zdravotníctva)
Electrical installations and Electrical devices	Revisory technicians authorised by the State testing institution
Waste disposal	Ministry of environment
Medical devices	Institut of public health (Urad verejného zdravotníctva)
Infection control	Institut of public health (Urad verejného zdravotníctva)

Financial Matters

Retirement pensions and Healthcare

The legal retirement age is 62 for men and will gradually increase to 62 for women by 2015 (the retirement age for women with 5 or more children could be as low as 53 years in 2013).

The earnings related, public pension scheme is similar to a points system, with benefits that depend on individual earnings relative to the average. Pension eligibility depends on making at least 10 years of contributions. Low income workers are protected by a minimum amount of earnings on which pension is calculated. All pensioners are eligible for social assistance benefits. Defined contribution plans were introduced at the beginning of 2005

A dentist may work beyond normal retirement age. The pension depends on the number of years that the dentist has worked, and also on the salary or profit through his life.

Taxes

The Income Tax rate in 2013 was 19% up to a tax base of €34,401.74 of taxable income - adjusted on annual basis – and then at 25% above that amount.

VAT

The standard rate of VAT is 20%, with a reduced rate of 10% applying to certain pharmaceutical and medical products. Certain supplies (for example, financial and insurance service, and dental treatment) are exempt.

Various Financial Comparators (Source: UBS August 2003 & November 2012)

Bratislava Zurich = 100	2003	2012
Prices (including rent)	38.9	45.6
Wage levels (net)	9.8	20.6
Domestic Purchasing Power at PPP	26.2	41.3

Other Useful Information

Competent authority:		Details of indemnity organisations:
Registration and issuing licences: Slovenská komora zubných lekárov The Slovak Chamber of Dentists Fibichova 14 821 05 Bratislava 2 Slovakia Tel: +421 2 43 29 31 22 Fax: +421 2 43 41 31 98 Email: dent@skzl.sk Website: www.skzl.sk The Chamber is also the Professional Association	For recognition of a diploma: Ministerstvo školstva SR Ministry of Education of Slovak Republic Section for education diploma recognition Stromová 1 813 30 Bratislava Tel: +421 2 59 23 81 23 Fax: +421 2 59 23 81 24 E-mail: naric@minedu.sk Website: www.minedu.sk	Všeobecná zdravotná poisťovňa The General health insurance Tel: +421 2 67 27 71 11 Fax: +421 2 62 41 26 31 E-mail: petra.balazova@vszp.sk Website: www.vszp.sk
Major Specialist Associations:	Main Professional Journals:	Main information centre:
Slovenská ortodontická spoločnosť The Slovak Orthodontic Society Poliklinika Karlova Ves, Liščie údolie 57, 842 31 Bratislava Tel: +421 2 65 42 23 05 Fax: none E-mail: alex1@netax.sk Website: www.ortho.sk President: Dr. Irena Klímová Contact person: Dr. Gabriela Alexandrová Name: Slovenská lekárska spoločnosť Cukrová 3, 813 22 Bratislava Tel: +421 2 5263 5603 Fax: +421 2 5263 5611 E-mail: secretarysma@ba.telecom.sk Website: www.sls.sk	Name: Zubný lekár "The Dentist" Tel: +421 2 48 20 40 73 Fax: +421 2 43 41 31 98 E-mail: zubnylekar@skzl.sk Website: www.skzl.sk Name: Stomatológ "The Stomatologist" Tel./Fax: +421 2 905 360 496 E-mail: streacha@medima.sk Website: www.skzl.sk	Ministerstvo zdravotníctva SR Ministry of health Tel: +421 2 59 37 31 61 Fax: +421 2 54 77 76 59 E-mail: ozv@health.gov.sk Website: www.health.gov.sk

Dental Schools (all Medical Faculties with a specialisation in dentistry):

Bratislava Name of University: Univerzita Komenského Lekárska fakulta Univerzity Komenského Špitálska 24 813 72 Bratislava Tel: +421 25 9357 466 or 52 961 736 Fax: +421 25 9357 201 or 52 925 574 e-mail: sd@fmed.uniba.sk Website: www.fmed.uniba.sk Dentists graduating each year: 30 Number of students: 200	Košice Name of University: Univerzita Pavla Jozefa Šafárika Univerzita P. J. Šafárika v Košiciach Lekárska fakulta Trieda SNP č.1, 040 11 Košice Tel: +421 55 6428 141 Fax: +421 55 6428 151 or 6420 253 e-mail: gdozin@central.medic.upjs.sk Website: www.medic.upjs.sk Dentists graduating each year: 60 Number of students: 235
Bratislava Name of University: Slovenská Zdravotnícka Univerzita Lekárska fakulta Slovenskej Zdravotníckej Univerzity Limbová 12 83303 Bratislava Tel: +421 2 59370 111 e-mail: dekanat.lf@szu.sk Website: www.szu.sk Number of students: 20	Martin Name of University: Jesseniova lekárska fakulta Univerzity Komenského Malá Hora 10701/4A 03601 Martin-Slovenská republika Tel: +421 43 2633310 Fax: +421 43 2633309 e-mail: sdek@jfmmed.uniba.sk Website: www.jfmmed.uniba.sk Number of students: 16