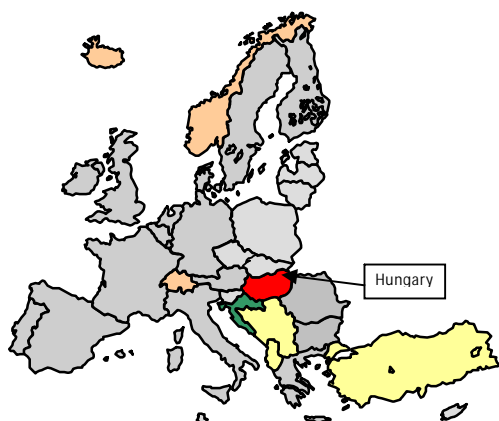


Hungary



In the EU/EEA since	2004
Population (2008)	10,045,000
GDP PPP per capita (2007)	€15,840
Currency	Forint (HUF)
	238 HUF = €1.00 (2008)
Main language	Hungarian

A National Health Insurance (NHI) Fund was introduced in 1993 with the goal of being self-supporting, based on compulsory payroll contributions from both employers and employees (and a very limited investment portfolio). Dental services are provided through the NHI, or by private dentists.

Number of dentists:	5,500
Population to (active) dentist ratio:	2,020
Members of (Dental) Chamber:	88%

There is a well developed system of specialists and dental hygienists dental hygienists. Continuing education for dentists is mandatory, and is administered by the Dental section of the Medical Chamber, to which most dentists belong. Hungary has an extensive dental undergraduate training programme for overseas students.

Date of last revision: 1st October 2008

Government and healthcare in Hungary

Hungary is a landlocked, strategically located country astride the main land routes between Western Europe and the Balkan Peninsula, as well as between the Ukraine and the Mediterranean basin. The country is adjacent to 7 other countries. The north-south flowing Duna (Danube) and Tisza Rivers divide the country into three large regions.

The Republic of Hungary is an independent, democratic constitutional state with an elected parliament. The current constitution dates from 1972. The country is administered as 19 counties + Budapest (capital). The President of the Republic, elected by the National Assembly every 5 years, has a largely ceremonial role but powers also include appointing the Prime Minister. The Prime Minister selects cabinet ministers and has the exclusive right to dismiss them. The unicameral National Assembly is the highest organ of state authority and initiates and approves legislation sponsored by the Prime Minister.

A Constitutional Court has power to challenge legislation on grounds of unconstitutionality.

The Local Government Act of 1990 shifted the responsibility for the ownership and management of health and social services to local and municipal governments.

A Health Insurance Fund was introduced in 1993 with the goal of being self-supporting, based on compulsory payroll contributions from both employers and employees (and a very limited investment portfolio). The contributions are funded from the employer who pays 5% and the employee 6%. The self-employed contribute 9% and unemployed people do not contribute.

There is a global amount decided each year by Parliament for public health expenditure.

	Year	Source
% GDP spent on health	4.9% 2007	Chamber
% of this spent by government	70.0% 2007	Chamber

Oral healthcare

Public compulsory health insurance

Dental services are delivered either through dentists contracted with the National Health Insurance System, or by private practitioners.

The basic principles of establishing dental care facilities, subsidised by the National Health Insurance, are defined with respect to the number of inhabitants of a given geographic area. The facilities are assessed partly on the basis of a stipulated monthly allowance and partly on the basis of the output. The assessment is carried out on the basis of a care delivery score system, which is defined by the Ministry of Health, having considered the suggestions of the National Board of Dentistry. This board has 23 members, all dentists. The president is appointed by the Minister of Health. They hold a meeting 4 times a year. Representatives of other bodies (like the National Public Health and Medical Officers Service, Ministry) can be invited to the sittings.

There are about 8 million registered (NHI) patient visits in a year for 10 million NHI registered people. As some people visit the dentist more than once a year and others do not visit at all it is estimated that 50% of the population will visit a dentist in any one year. There are no data from the private sector.

Oral examinations would normally be carried out annually for regular adult patients, twice a year for children.

Emergency care, examination and diagnosis, conservative dentistry, including fillings and endodontics, periodontal therapy and extractions, are free in each of the three defined age groups (0-18, 19-60, above 60). Crowns and bridges, implants, fixed orthodontic appliances and other complex or cosmetic treatments have to be paid for by the patients. Among those aged 18 to 60 years, in active employment, the patient pays 100% of the dental and technical costs. Only active workers have to pay, and the amount is not set – it is dependent upon the type of treatment. The Medical Chamber has a minimum-price recommendation for each item, but it is not compulsory for dentists to keep to this.

Those who belong to the age group 0-18, and those who are over 60, do not have to pay for the dental treatment, but there is a co-payment for the technical costs – for example: for orthodontic devices between 0-18 years 15% of the technical costs will be paid by the patient and 85% by the NHI. For those aged above 60 for partial dentures 50% of the technical costs will be paid by the patient and 50% by the NHI.

There is prior approval for treatment in special cases: for example, in patients who have allergies. The National Health Insurance Company will decide about the level of patient contribution for the treatment.

The allocation of funding to dentists is managed by the National Health Insurance Company and also local government.

Re-examinations normally are carried out for most adult patients annually.

The quantity of work done by a dentist is monitored by routine reports to the National Health Insurance Company about treatments done in the practice, every month.

A dentist would typically have up to 3,000 regular patients on his "list". For basic general dental treatment there are no difficulties in accessing public health care, but there are geographic areas where specialist treatment (for example orthodontics) is difficult to obtain.

In the NHI, dental procedures are allocated a certain number of points. The monetary value of each point is determined every three months in the following way. The total number of points earned in the period is divided into the amount of money in the budget. Thus the value of a point varies monthly.

	Year	Source
% GDP spent on oral health	0.08% 2007	Chamber
% OH expenditure private	60% 2007	Chamber

Private Care

There are only 160,000 people, who have a private health insurance in Hungary (2008), at one of the 42 private insurance companies (just 9 private insurance companies have more than 5,000 members) – so they have little significance in the dental health care system.

About 30% of dentists work wholly privately, outside the State system (2008). Patients pay their dentist directly, under an item of treatment system. There is no regulation of private fees.

Of the 70% who work in the State system, some will also work privately, part-time. For dentists who are contracted to work with the NHI the only private items that can be provided are those which are not covered by the insurance scheme. For those dentists who are in private practice, their patients pay for all of their care.

The Quality of Care

There is a compulsory internal quality insurance system for those dental care providers who are contracted with the National Health Insurance Company.

Health data

	Year	Source
DMFT at age 12	3.30 2001	OECD
DMFT zero at age 12	16% 2001	OECD
Edentulous at age 65	30% 2006	Chamber

"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

Since 2001 drinking water has to contain 1.5 mg/l fluoride and not more than 1.7 mg/l. By 2008 there was only one village (population 151) over the limit.

Education, Training and Registration

Undergraduate Training

To enter dental school students must obtain the General Certificate of Education and then successfully pass an entrance examination. No other vocational entry is possible.

Dental schools are known as *Fogorvostudományi Kar Dental Faculty* (Semmelweis University, Budapest; University of Szeged and the University of Debrecen); *Fogorvostudományi Szak Dental 'section'* (University of Pécs, where there is no extra faculty for dentistry, but it is part of the Medical Faculty).

Year of data:	2007
Number of schools	4
Student intake	255
Number of graduates	210
Percentage female	53%

All the dental schools are state funded, although some of the students have to pay their own fees. Student intake includes about a large number from overseas. The Hungarian undergraduate dental training is 5 years, with minimum of 5,000 contact hours.

There are courses offered to foreign students in Budapest Semmelweis University, the University of Szeged and the University of Debrecen. At Semmelweis, in 2008, there were over 650 undergraduates, with about a third from EU and non-EU countries - from Greece, Cyprus, Israel and some countries in the Middle East. Most were taught mainly in English but there is also one course in German, with 80 undergraduates.

At Debrecen, about half of the 460 undergraduates were from outside Hungary, all but a handful being from outside the EU. The course for them is in English.

At Szeged, the dental course in English was launched in the academic year 2004/2005. About a third of the 230 students were not Hungarian and the first dentists will graduate in 2009.

Quality Assurance is monitored and checked by the National Accreditation Committee. The course has been revised in the light of advice, and alterations were made in 1996. Since then the course has been compliant with the EU Directives on the training of dentists. The four dental faculties were simultaneously accredited by the National Accreditation Committee in 2005.

Qualification and Vocational Training

Primary dental qualification

The title upon qualification is: *Fogorvos Dentist* (DMD)

Vocational Training (VT)

Until 2004, upon qualification, there was a programme of mandatory vocational postgraduate residency training for 26 months, under the guidance of a skilled dentist and based on a government decree. The programme was organised by

the Universities/Dental Schools and was totally financed by the Ministry of Health, which paid the salaries. Residents, known as *Központi gyakornok*, needed to hold Hungarian citizenship. The residents were mainly employed in the public sector. The programme consisted of a theoretical part which covered all fields of dentistry including practice management, legal requirements and first aid and a practical part undertaken either at the University clinics or in other polyclinics accredited by the University. The residents worked under the supervision of a tutor and the whole programme was supervised and coordinated by mentors appointed by the Dental Schools.

Residents had to complete the courses, meet the practical and theoretical requirements, and pass their midterm exams in each dental subject successfully, in order to take the license exam at the end of the 26 month training programme. At completion of the programme they were qualified to open a private general dental practice or be employed by municipal or private practices.

This vocational training was compulsory for all graduates, including those of other EU countries' dental schools. However, changes to the law abolished the mandatory general dentistry residency programme, giving full access to liberal private practice, from 2004.

So, all dental graduates since 2004 have full rights to free practice after graduation.

Registration

Dentists must register with the Ministry of Health. Whilst registration was free in 2008, the Chamber suggested that a registration fee will be introduced at some time in the future.

For the recognition of non-EU diplomas it is necessary to pass an exam.

Language testing

Additionally, a Hungaro-logic test (which tests knowledge of the insurance and legal systems) previously had to be passed by all, to work in Hungary. The test is conducted in Hungarian. However, since 2006 language testing has not been regulated.

Further Postgraduate and Specialist Training

Continuing education






Participation in continuing education has been mandatory since 1999. The system is delivered mainly by the Dental Section of the Hungarian Medical Chamber, which is responsible for the supervision.

There is a scoring system, with accredited continuing education courses. A dentist must achieve 250 points in 5 years. This represents 250 hours, and some reading is allowed to be counted. The ultimate sanction for non-compliance is suspension from practice and the first audit of compliance took place in 2004, resulting in two dentists of retirement age needing extra training.

Specialist Training

Specialist Training takes place in universities and is 3 years for all specialties. A special committee is responsible for this training.

There are five recognised specialties for training in Hungary:

-  Orthodontics, with the title: Fogszabályozó szakorvos
-  Periodontology, with the title: Parodontológus
-  Paediatric dentistry, with the title: Gyermekfogorvos
-  Dento-alveolar surgery, with the title: Dento alveoláris szájszabályozó
-  Conservative Dentistry and Prosthodontics - with the title: Konzerváló Fogászat és Fogpótlástan szakorvos

Until 2002, Oral Surgery was the only specialisation in oral surgery open for both medical and dental doctors. Those working in hospitals and head and neck surgery departments needed double qualification, both MD and DMD degree. Those working in polyclinics could be licensed only with DMD academic degree. It is no longer a dental specialty.

Since 2002, Oral and maxillofacial surgery has been available for medical doctors, only. However, also since 2002, the new specialty, Dento-alveolar surgery was introduced and accredited by the government, and is only for dental graduates. This has a three year residency programme. Its competency level covers only the dento-alveolar region up to minor sinus operations.

Since 2004 the Hungarian DMD degree has provided full competence and the right to practice individually and abolished the two year mandatory vocational training and the licence exam. After graduation any dentist can receive a working licence and can work independently. Since then the new specialty has been named as "conservative dentistry and prosthodontics" and has replaced the old "general dentistry and oral diseases" vocational training exam. It is theoretically and practically equivalent to this previous general dentistry licence exam.

Those who had passed the previous licence exam – and practically each dentist had done that - are eligible to sign up for the new "conservative dentistry and prosthodontics" exam if they had enough previous working experience. By 2008 many dentists have already passed this exam, especially because of office accreditation for dental resident training.

The combined number of the previous licence exam holders and the current "conservative dentistry and prosthodontics" specialists leads to overlapping figures, so an accurate figure for the new specialty cannot yet be assessed. Consequently about 4,800 dentists (by 2008) have a qualification in either the previous or the new type of specialties or both.

The generation of dentists who have entered into the new postgraduate training system introduced after 2004 have gained qualification in only the new specialty of "conservative dentistry and prosthodontics".

Workforce

Dentists

Year of data:	2008
Total Registered	5,500
In active practice	4,973
Dentist to population ratio*	2,020
Percentage female	57%
Qualified overseas	453

* active dentists

The Dental Section of the Hungarian Medical Chamber reports that the workforce is decreasing as the government is training fewer Hungarian dentists than those retiring or otherwise leaving full-time work as a dentist. Figures show that there a large number of dentists (both male and female) over the age of 50 who will be retiring in the years to 2013, more than the number of Hungarian nationals who will graduate from the four Hungarian dental schools.

There were no reports of unemployed dentists, in 2008.

Specialists

Specialists work in both the public and private sector. Patients may access specialists directly, or by referral.

The National Health Insurance Fund will make contracts only with specialists.

Year of data:	2008
Orthodontics	268
Endodontics	
Paedodontics	285
Periodontics	40
Conservative dentistry &	NK
Prosthodontics	
Oral Radiology	
Dental-alveolar	43
OMFS	208
Dental Public Health	

NK = "Not known" – see previous section

Auxiliaries

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

Year of data:	2008
Hygienists	1,000
Technicians	3,000
Denturists	0
Assistants	4,668
Therapists	0
Other	0

Dental Hygienists

Hygienists are permitted to work in Hungary, provided they have a Certificate. They train in one of seven State financed schools specifically for dental hygienists, for one year, following two years' training as a dental assistant.

They work under the supervision of a dentist, only, and their duties include scaling, cleaning and polishing, the insertion of preventive sealants and Oral Health Education. They do not have to be registered, but registration is planned for the future.

Their work is governed by the Ministry of Health.

They are usually paid a set fee for every patient they treat.

Dental Technicians

Technicians train in one of four state financed training schools and the training period is four years. Theoretical training is undertaken at the school and practical training in special, contracted laboratories. They receive a certificate on the satisfactory completion of their training. Laboratory master technicians are registered by the regional Chambers of Industry. while those who are entrepreneurial technicians running a private firm should also be registered by the Hungarian Court of Registration and should have a VAT number.

Technicians normally work in commercial laboratories. They construct prostheses for insertion by dentists and they invoice the dentist for the work that is done.

It is presumed that there are illegal denturists in Hungary because of the complaints that are received from patients.

Dental Assistants (Nurses)

Dental nurses assist the dentist at the chairside. Until 2008 They were trained for two years, in one of 22 specialised secondary schools, after leaving secondary school with the general certificate of education. However, since 2008 training has been centralised to four centres.

They have to be registered with the Ministry of Health, in the Department of Nursing.

Practice in Hungary

The major investments like construction and maintenance of premises, or equipment purchasing are financed by the owner, or co-financed from the Ministry of Health.

All expenditures for day to day operations, including salaries of health care professionals, are financed by the National Health Insurance Fund. However, rates can be too low to cover the real costs of providing the services. The lack of adequate funding has led to the continuation of informal payments and use of public facilities for private practice businesses, to enable health care staff to supplement their incomes.

Domiciliary care is not formally organised in Hungary, although some private dentists may provide this.

Year of data:	2008
General (private) practice	4,040
Public dental service	40
University	200
Hospital	40
Armed Forces	80
General Practice as a proportion is	92%

Working in General (Private) Practice

Joining or establishing a practice

A dentist can buy or rent a practice, join an existing practice, but can also establish a completely new practice. A general practice may be located in a shop, a house etc. However, when a dentist buys a practice it is just the equipment and facilities which are bought, and there is no amount for "goodwill" – ie, the patient list. Anyone may own a dental practice (see Corporate dentistry).

The state offers no assistance for establishing a new practice. When starting a new practice private dentists have to get permission from the local health authorities – the National Public Health and Medical Officers Service. There are only restrictions on setting up practices which provide dental care in the national health insurance system (contract with the National Health Insurance Company). The restricting factor is the population (4,000 people have to be on the "list" of a practice).

There are no limits for the size of a practice in terms of associate dentists or other staff. There are minimum requirements for establishing a new practice - for example, the size of the treatment room for one piece of equipment (a dental unit) has to be a minimum of 16 sq metres. This is prescribed and strictly checked by the National Public Health and Medical Officers Service.

There are no restrictions for setting up private dental practice.

Fee scales

For those dentists with a contract with the National Health Insurance Fund the prices are regulated - based on the German type points system. The Insurance Fund establishes the point value of each procedure. For those dental procedures that the Health Insurance does not finance at all - such as crown and bridge work, the laboratory fees are regulated but the dentists' fees are matter of a limited bargain between patient and dentist. In independent private practice the prices are dependent on the location of the office and the qualification of the health care provider. There is no centralized control on these dentists and laboratory fees.

Working in Public Clinics

In some towns there are dental clinics owned by the local government. Dentists may work in these clinics and participate in the NHI system on the same terms as liberal dentists, although they are salaried employees of the clinic. So, patients may receive fillings, surgery and endodontics within the NHI, but will have to make co-payments for prosthetic appliances.

Quality Assurance would be given by the heads of the clinics.

Working in Hospitals

Salaried dentists work in hospitals or university clinics, as specialists in oral surgery. All the hospitals are State-owned. A part-time hospital dentist may work concurrently in private practice.

Working in the University Dental Faculty

Dentists in the universities are allowed the combination of part-time teaching employment and private practice (with the permission of the university).

However, more usually they are full-time salaried employees of the University.

The titles of university teachers are: Assistant Lecturer, Senior Lecturer, Associate Professor or Professor - this involves a further degree (publication activities and a record of original research) leading to a PhD and habilitation (second round of PhD).

Regular epidemiological studies are not carried out, but research teams at Dental Schools do undertake some surveys. The latest pathfinder survey which included 5,000 adults was carried out in 2005-2006.

Working in the Armed Forces

About 50% of dentists who serve in the Armed Forces are females. These dentists would be normally officers undertaking national service.

Professional Matters

Professional associations

	Number	Year	Source
Hungarian Dental Association	1,600	2008	FDI
Chamber (Dental Section)	5,200	2008	Chamber

The Hungarian Medical Chamber is the national professional association, it has a Dental Section in which the membership has not been mandatory since January 2007. It is the only public body in dentistry. As of 2008, about 90% of all Hungarian dentists voluntarily registered in the new Dental Section of the Medical Chamber.

Since January 2007, the Office of Health Authorisation and Administrative Procedures of the Ministry of Health has awarded the right to practice medicine or dentistry and undertakes registration.

There is equal status for both physicians and dental practitioners.

The New Chamber is also divided into regional sections. There are 19 provinces and Budapest, and also the Dental Section. The term of office for officers is four years. Dental practitioners are represented at all organisational levels of the Medical Chamber. The representation of dental practitioners is secured in the Supreme Medical Council, and one of the two Vice-Presidents has to be a dentist.

The Hungarian Dental Association is a scientific organisation and has several professional societies - the Hungarian Society of Periodontology, the Orthodontic and Paedodontic Society, the Society of Implantology, the Prosthodontic Society, the Association for Preventive Dentistry, the Society of Oral and Maxillofacial Surgeons, the Society of Dento-maxillofacial Radiology and the Endodontic Society. Membership of the Hungarian Dental Association is not mandatory.

The tasks of the Hungarian Medical Association (and its Dental Section) are:

- ✚ exercising care over conscientious practice, protecting the prestige of physicians and dentists
- ✚ preparing, performing, controlling and updating of decisions concerning the quality and conditions of medical practice, expressing its opinion on matters concerning public health and health policy of the state with its national and provincial local bodies, in cooperation with other associations and institutions in Hungary and in foreign countries: Communication of the standpoints of the medical profession on matters of health policy and medicine
- ✚ setting the principles of professional ethics. Ethical Code: regulate ethical and professional obligations of doctors among themselves and vis-à-vis patients
- ✚ defending individual and collective interests of members, offering mutual aid and other form of assistance to members
- ✚ expressing its opinion on matters concerning postgraduate education of physicians and dentists, taking part in its realisation
- ✚ Promotion of quality assurance

The Hungarian Medical Association performs the tasks by means of

- ✚ keeping the register of physicians and dentists
- ✚ cooperation in working out the general conditions of contractions between physicians and the National Health Insurance Fund
- ✚ delivery of opinions on draft legislation concerning the protection of health and practising as a physician
- ✚ making decisions with respect of inability to practice as a physician or a dentist
- ✚ professional and ethical supervision of members
- ✚ negotiating conditions of work and remuneration
- ✚ defending individual and collective interests of the members

Ethics and Regulation

Ethical Code

There is an ethical code in Hungary. There are both local and national ethical committees that enforce the code. It is a joint system with the medical profession but the ethical committee always has a dental member.

Fitness to Practise/Disciplinary Matters

Patients' complaints about State or Private care can be sent to the dental care providers, to the National Public Health & Medical Officers Service, or to the court. (Ethical complaints are judged by the Ethics Committee of the Medical Chamber).

There are authorised regional legal representatives for patients, who help with obtaining remedy for them.

The most serious penalty is that a dentist may lose their license to practice, but this is very rare. A member may also be admonished. It is possible to appeal to an upper level and finally to the courts. Only the Hungarian Ethical Court may withdraw the licence to practice for a practitioner.

Advertising

Advertising is permitted under the framework of the ethical code, but this is very limited. It is restricted to information on name, title, telephone number/address, specialisation and consultation hours. It does not include the use of advertisements on the TV or radio.

Hungarian dentists may use websites, within the ethical considerations, based on the CED Guidelines and following the EU Directives – although the code does not include a specific section on the issue.

Data Protection

The rules for data protection in Hungary follow the EU Directives. There is a Data Protection Ombudsman.

Indemnity Insurance

This is compulsory for all dentists in Hungary. There are many insurance companies offering this service. Costs are approximately €150 to €250 per year. This does not cover dentists going to work outside Hungary.

Corporate Dentistry

Dentists are allowed to form corporate bodies (companies). Anyone may own or invest in a dental surgery. The person undertaking the dentistry must be a dentist but there is no requirement for the investors to be a dentist.

Tooth whitening

Tooth whitening products of greater than 6% are regulated as Medicinal products and can only be applied by dentists and hygienists working under the supervision of dentists.

Products with less than 6% effective material are classified as Cosmetics and are OTC.

Health and Safety at Work

Dentists, and those who work for them, must be inoculated against Hepatitis B. The employer usually pays for inoculation of the dental staff.

Ionising Radiation

There are specific regulations about radiation protection. Radiation protection training is mandatory for both undergraduate dentists and for practising dentists possessing X-Ray equipment. The licensing course must be retaken in each five year period.

Radiation equipment must be registered by the Department of Public Health Service and is checked regularly by them.

Hazardous waste

The EU Hazardous Waste Directive has been fully transposed into national law, therefore requiring amalgam waste to be collected as a hazardous waste. The law is actively enforced in practice. According governmental guidance on environmental management of waste amalgam should be stored and carried as a biohazard.

Amalgam separators are not required by law for old unit but are where new units are equipped. The use of separators is recommended or advised by environmental managements for all units. By 2008, approximately 50%, of practices were equipped. Centrifugal or tank-type separators are used.

The collection of dental amalgam is made by registered, licensed carriers. It is separated from other hazardous dental waste. The dentists or the owner of the practice, are liable for the procedure. The collected amalgam waste is recycled. The collected amalgam scrap (i.e. the mixed amalgam not used for the filling) is also collected and carried as biohazardous waste, but separately and is also recycled.

Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	National Public and Medical Officer's Service. Also the Department of Public Health Service
Electrical installations	Compulsory annual checks by MEEI
Waste disposal	National Public and Medical Officer's Service. There is compulsory contracting with special companies who transport and dispose of waste
Medical devices	Institute for Medical and Hospital Engineering (ORKI) (A professional, non-profit organisation structured in the form of an institute, performing tests and conformity assessment of medical and hospital equipment. In the frame of international co-operation ORKI maintains contact with foreign medico-technical institutes and with other organisations involved in this field).
Infection control	National Public and Medical Officer's Service

Financial Matters

Retirement pensions and Healthcare

The normal age for retirement is 62, although dentists and staff can work past then.

There is a state-funded system of pensions, of which dentists and their staff are a normal part. The pension would be €200 per month.

A further compulsory private scheme commenced in 1998, in which contributions are made at the rate of 20% by the dentist and 80% by the government.

Taxes

Hungary has graduated taxation. Under €5,000 per annum tax is 18%. Above €5,000 tax rises to 36%.

VAT

Since 2004 there have been three VAT rates: 5% (for medicaments), 15% (materials) and 25% for equipment, instruments and disposables).

Various Financial Comparators

Zurich = 100	Budapest 2003	Budapest 2008
Prices (excluding rent)	55.9	64.8
Prices (including rent)	57.3	63.5
Wage levels (net)	15.6	18.2
Domestic Purchasing Power	30.3	28.7

Source: UBS August 2003 & January 2008

Other Useful Information

<i>Main National association and information centre</i>	<i>Main specialist association:</i>
Dental Section of the Hungarian Medical Chamber Szondi u 100 H – 1085 Budapest Hungary Tel: + 36 1 354 0469 Fax: + 36 1 353 2188 E-mail: kamara@fogorvos.hu Website: http://www.kamara.fogorvos.hu/	Hungarian Dental Association (Magyar Fogorvosok Egyesülete, MFE) Budapest Szentkirályi u. 40 H-1088 Budapest Tel: +36 -52 342 224 (Prof Ildiko Márton-president) +36 1 318 5222 (Prof Gera István secretary general) Email: gera@fok.usn.hu marton@jaguar.dote.hu Website: www.mfe-hda.hu
<i>Journals</i>	
Name: Magyar Fogorvos Tel: +36 1 301 3879 Editor in Chief: Dr. Janos Gerle Editor: Dr. Peter Hermann E-mail: reveszi.valeria@mediprint.hu Website: www.magyar.fogorvos.hu	Name: Fogorvosi Szemle Editor in Chief: Prof Pal Fejerdy Editor: Dr. Peter Hermann Tel: +36 1 317 1094 Fax: +36 1 317 1094 E-mail: ilike@fok.usn.hu Website: www.mfe-hda.hu

Dental Schools:

City: Budapest Name of University: Semmelweis University Tel: +361 266 0453 Fax: +361 266 1967 E-mail: gera@fok.usn.hu Website: www.sote.hu Dentists graduating each year: 100 Number of students (Hungarian): 440 Number of students (not Hungarian): 210	City: Debrecen Name of University: University of Debrecen Tel: +36 52 342-208 Fax: +36 52 342-224 E-mail: fokdh@dote.hu Website: www.unideb.hu Dentists graduating each year: 50 Number of students (Hungarian): 226 Number of students (not Hungarian): 234
City: Szeged Name of University: University of Szeged Tel: +36 62 545 283 Fax: +36 62 545 282 E-mail: stoma@stoma.szote.u-szeged.hu Website: www.szote.u-szeged.hu Dentists graduating each year: 29 Number of students (Hungarian): 160 Number of students (not Hungarian): 72	City: Pécs Name of University: University of Pécs Tel: +36 72 535 901 Fax: +36 72 535 905 E-mail: fogaszatiroda@freemail.hu Web site: www.pote.hu Dentists graduating each year: 30 Number of students (Hungarian): 150