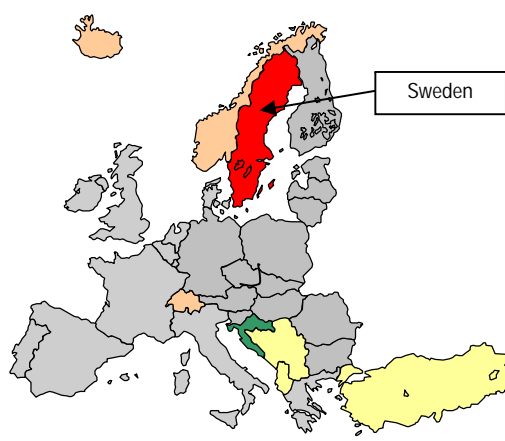


## Sweden



|                           |                  |
|---------------------------|------------------|
| In the EU/EEA since       | 1995             |
| Population (2008)         | 9,182,927        |
| GDP PPP per capita (2006) | €30,210          |
| Currency                  | Kronor (SEK)     |
|                           | 9.44 = €1 (2008) |
| Main language             | Swedish          |

Most healthcare is provided through a national social insurance system, which also provides sick pay, child benefits, disability allowances and pensions.

|                                       |        |
|---------------------------------------|--------|
| Number of dentists:                   | 14,355 |
| Population to (active) dentist ratio: | 1,239  |
| Membership of the Dental Association: | 95%    |

The use of dental specialists is widespread and the development of dental auxiliaries is well advanced.

Continuing education for dentists is not mandatory.

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

## Government and healthcare in Sweden

Sweden is a Nordic country and has a population with about 85% of inhabitants living in the southern half of the country. The capital is Stockholm.

It has a constitutional monarchy with a parliamentary system of government but, as Head of State, the King only has a ceremonial function. The Swedish Parliament, the Riksdag, consists of 349 members. These members are chosen in 29 different constituencies and therefore represent the entire country. At present (2008) seven political parties are represented in the Riksdag. Together, members belonging to the same party form a party group.

Many aspects of government, including healthcare, are delegated to the county or municipality level (290 municipalities in 2008). Both the counties and municipalities have elected councils which may levy taxes. Liberal immigration policies have given Sweden a multicultural population, with immigration accounting for 48 % of the gross population growth.

Social expenditure accounts for some 30 % of Sweden's Gross Domestic Product (2005).

|                              | Year       | Source |
|------------------------------|------------|--------|
| % GDP spent on health        | 9.1% 2006  | OECD   |
| % of this spent by governm't | 84.6% 2006 | OECD   |

Most healthcare is provided through a national social insurance system, which also provides sick pay, child benefits, disability allowances and pensions. The national insurance system operates as a government agency (the National Social Insurance Board or *Riksförsäkringsverket*), through local Social Insurance Offices (*Försäkringskassan*). Everyone who is resident in Sweden is registered with a social insurance office when they reach the age of 16. The expansion of healthcare in the 1950s and 1960s concentrated especially on secondary care, so that Sweden now has a high proportion of specialist and hospital-based services. Public expectations of health services are high. In total, around 85 % (2005) of healthcare costs including dentistry, are funded by government.

For the majority of the Swedish population general health care is paid for through general taxation, plus a small fee (€15 in 2008) for each visit to a doctor.

## Oral healthcare

Oral healthcare is the responsibility of county government, although counties are not required to provide the services themselves.

|                            |       | Year | Source |
|----------------------------|-------|------|--------|
| % GDP spent on oral health | 0.68% | 2006 | SCB**  |
| % OH expenditure private   | 78%   | 2005 | NBHW*  |

\*\*Källa SCB Nationalräkenskaperna

\* The National Board of Health and Welfare

### Public Healthcare

Almost all oral healthcare is provided in one of two ways. Firstly, there is a Public Dental Service (NDS) which provides free dental care to children up to the age of 19. These dental services are mainly delivered in local clinics which are managed by the counties. Children and their parents can choose to attend either the NDS or private practitioners. Secondly, adults and elderly people who are not entitled to free care from the Public Dental Service can get subsidised dental care from the NDS or dentists in private practice.

The framework changed in 2008 with a new national insurance scheme introduced on July 1<sup>st</sup> 2008.

A dental care voucher was introduced – the value of the dental care voucher is €32 every other year for everyone aged 30 to 74, €64 every second year for those aged 20 to 29 and 75 and over. The voucher can be used as a part-payment for a dental care check-up at any dentist's or dental hygienist's practice, or as a part-payment for subscription dental care.

A high-cost protection scheme that will provide compensation equal to 50% of a patient's dental care costs between €321 - €1590 and 85% of costs exceeding €1590. The first €320 is always paid by the patient.

"Reference prices" are introduced - compensation levels will be based on "reference prices". These should have a price-steering effect on prices and enables patients to compare dental prices more easily. There is free pricing with a subsidy.

Dentists in private practice settle their prices themselves. The counties settle the prices for all the clinics within the county.

Reimbursement – Not all kinds of dental care are reimbursable. Preventive measures and disease treatment are prioritised. Reimbursable dental care is both cost-effective and socioeconomically efficient.

For those with long-term illness, certain diseases or special need, get a subsidy for dental care.

In 2004 (latest figures available) the total cost for dental care was approximately €2.1 billion. Patients' co-payments were €1.3 billion of this sum, so the taxpayers' share was €0.8 billion. Of this, €0.33 billion was provided through the national insurance scheme.

It is easier to access NDS-care in the big cities than in the country. During a one-year period (2004) 68% of the population aged from 16 to 84, accessed dentistry. In any 2-year period, approximately 85% of the adult population access dentistry.

### Private Insurance

Private insurance is available for oral healthcare but is very rare.

### The Quality of Care

There is a Dental Act which states that all Swedish citizens are entitled to good quality dental care. The standards are monitored by the Regional Departments of the National Board of Health and Welfare (*Socialstyrelsen*). The authority has issued a regulation imposing the dental services to work with quality questions. The dental service also works using a system called Lex Maria, where all incidents that have caused or could have caused serious injury, are to be reported.

### Health data

|                      |         | Year | Source |
|----------------------|---------|------|--------|
| DMFT at age 12       | 1.00    | 2005 | WHO    |
| DMFT zero at age 12  | 58%     | 2005 | OECD   |
| Edentulous at age 65 | No data |      |        |

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

### Fluoridation

In Sweden there is no fluoridation scheme although dentists work continuously with preventive information to all children. Children often get a toothbrush or a package of toothpaste on their first visit to the dentist.

## Education, Training and Registration

### Undergraduate Training

#### *Primary dental qualification*

All the dental schools are state owned and financed. They are all part of the Faculties of Medicine of the respective universities. To enter dental school, students must have completed secondary education. There is no entrance examination. The dental undergraduate course lasts 5 years.

|                     |      |
|---------------------|------|
| Year of data:       | 2008 |
| Number of schools   | 4    |
| Student intake      | 247  |
| Number of graduates | 166  |
| Percentage female   | 67%  |

Quality assurance for the dental schools is provided by the National Agency for Higher Education.

#### *Qualification and Vocational Training*

##### *Primary dental qualification*

On completion of studies students are awarded a degree, known as "Tandläkarexamen".

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

There is no post-qualification vocational training in Sweden.

### Registration

In order to practise as a dentist in Sweden, a qualified dentist must have a licence awarded by the National Board of Health and Welfare unit for Qualification and Education. This body keeps a register of dentists.

The main degrees which may be included in the register are: the *licence*, and a *diploma* of specialisation.

|                             |        |
|-----------------------------|--------|
| Cost of registration (2008) | €64.00 |
|-----------------------------|--------|

Dentists do not need to re-register annually.

The Social Insurance Office (*Försäkringskassan*) also keeps a register of practitioners who are affiliated to the national social insurance scheme, and dentists must be on this register before they can claim social insurance subsidies. Registering for affiliation with the national social insurance scheme only requires the production of a recognised degree certificate or diploma.

#### *Language requirements*

There are no formal linguistic tests in order to register, although dentists are expected to speak and understand

Swedish. However, an employer has the right to demand knowledge in Swedish – as the "case book" must be written in Swedish and a patient has the right to understand what is written in it.

### Further Postgraduate and Specialist Training

#### *Continuing education*

Continuing education is optional. The Swedish Dental Association has a continuing education programme (printed and sent to all members twice a year), but almost all county councils (public dental health) do as well; the dental industry gives courses and also there are private initiatives.

#### *Specialist Training*

Training for the specialities lasts three years, after two years in general practice. It takes place in university clinics or recognised postgraduate institutions approved by the Swedish Board of National Health and Welfare. The capacity of specialist training in 2007 was about 283 places – 50 % were being used. The major part of this training is paid for by the Counties, directly through education on request or indirectly through the co-ordinated County grant. In 2008 50% of the specialists were more than 54 years old and it is anticipated that there will be a shortage in some disciplines.

There is training in 8 specialities:

- ✚ Orthodontics
- ✚ Endodontics
- ✚ Paedodontics
- ✚ Periodontology
- ✚ Prosthodontics
- ✚ Dentomaxillofacial radiology
- ✚ Oral and maxillofacial surgery
- ✚ Stomatognathic physiology

The number of specialist training posts is limited. The systems for remuneration vary.

Those who complete specialist training in the EU recognised specialisms of Orthodontics and Oral Surgery receive the following:

- ✚ 'bevis om specialistkompetens i ortodonti' (certificate awarding the right to use the title of dental practitioner specialising in orthodontics) issued by the National Board of Health and Welfare.
- ✚ 'bevis om specialistkompetens i oral kirurgi' (certificate awarding the right to use the title of dental practitioner specialising in oral surgery) issued by the National Board of Health and Welfare.

## Workforce

### Dentists

|                              |        |
|------------------------------|--------|
| Year of data:                | 2005   |
| Total Registered             | 14,355 |
| In active practice           | 7,414  |
| Dentist to population ratio* | 1,238  |
| Percentage female            | 49%    |
| Qualified overseas**         | 2,193  |

\* active dentists

\*\* dentists under 65 years of age

The dental association reports that the number of active dentists is decreasing. Retirement is increasing due to the dispersion of age. In the mid 1990s the Government reduced undergraduate numbers by 40%. Additionally, emigration is higher than the immigration of dentists.

However, the loss of retired dentists is balanced by the newly-qualified, so the reduction of the active workforce is only from this emigration. There is no information about any unemployment amongst Swedish dentists.

#### *Movement of dentists across borders*

During a number of years there has been a net loss of dentists. Most of the emigrated Swedish dentists have moved to the United Kingdom and Norway. However, by 2008, the trend of a great movement out of Sweden appeared to be ending. During 2004 and 2005 the net immigration of dentists was positive.

#### *Specialists*

|                              |       |
|------------------------------|-------|
| Year of data:                | 2005* |
| Orthodontics                 | 255   |
| Endodontics                  | 42    |
| Paedodontics                 | 85    |
| Periodontics                 | 105   |
| Prosthodontics               | 117   |
| Dentomaxillofacial radiology | 41    |
| Oral Surgery                 | 0     |
| OMFS                         | 143   |
| Dental Public Health         |       |
| Stomatognathic pathology     | 30    |

\* figures refer to active specialists

In 2008 about 11% of dentists were specialists.

Patients are referred by a dentist to the specialist. Most specialists work in the Public Dental Service or the universities. A small number work in private practice, but many of these are approaching retirement age. There are many associations and societies for specialists - a list of these is available from the Swedish Dental Association.

### Auxiliaries

The system of use of dental auxiliaries is well developed in Sweden and much oral health care is carried out by them. Apart from (chairside) dental nurses, there are three types of dental auxiliary:

-  Dental hygienists
-  Dental technicians
-  Orthodontic Auxiliaries

|                           |        |
|---------------------------|--------|
| Year of data:             | 2008   |
| Hygienists (2005 figures) | 3,194  |
| Technicians*              | 1,200  |
| Denturists                | 0      |
| Assistants                | 11,274 |
| Therapists                | 0      |
| Orthodontic assistants    | 360    |

\* estimated figures 1,000 to 1,200

These figures are for "active" dental auxiliaries

#### *Dental Hygienists*

To train as a hygienist requires an academic entry of two "A" levels, and then 2-3 years of undergraduate academic education, in oral health science, at one of several University Colleges in Sweden. Oral health science is multidisciplinary and composed of medical/odontological and behavioural sciences.

After qualification all hygienists are licensed by the National Board of Health and Welfare. They have to have a registerable qualification and may work independently. Their duties may include diagnosis of caries and periodontal disease, and they may provide temporary fillings and local anaesthesia (mandibular and infiltration).

Most dental hygienists work in locations where dentists work, with about 40% employed in private practice and 60% in the public dental health sector. They are required to obtain professional indemnity insurance.

About 225 were self employed in 2008. They take legal responsibility for their work and charge fees to patients, which may vary from what dentists charge. About 30 of the 225 self employed hygienists own their own private practice.

#### *Dental Technicians*

To train as a dental technician requires an academic entry of two "A" levels, and then three years of lectures and practical training at a dental school. After qualification technicians are licensed by the National Board of Health and Welfare, but they do not have to have a registerable qualification to work. Their duties include the production of fixed and removable prosthetic and orthodontic appliances. They may not deal directly with the public.

Just less than 20% are employed by the Counties and 80% work in private practice. In 2006/2007 65 dental technicians were qualified.

Denturists do not exist in Sweden.

#### *Orthodontic Auxiliaries*

Orthodontic operating auxiliaries' training lasts one year and takes place where orthodontists are trained. This enables

them to carry out specified procedures, but they must work under the direction of an orthodontist.

There are no official figures of the number of orthodontic auxiliaries, but the above figures are an estimate by the Dental Association.

### *Dental Nurses*

About 65% of dental nurses are employed by the Counties. A high number of them is middle aged (in 2008). Since January 2008 there has been a common national education for dental nurses.

## Practice in Sweden

|                                     |       |
|-------------------------------------|-------|
| Year of data:                       | 2007  |
| Private (general) practice          | 3,290 |
| Public dental service               | 4,124 |
| University                          | 263   |
| Hospital                            | 150   |
| Armed Forces                        | 2     |
| General Practice as a proportion is | 44%   |

### Working in Private/General Practice

In Sweden, dentists who practice on their own or as small groups, outside the Public Dental Service, hospitals or dental schools are said to be in *private practice*. The term 'general practice' refers to dental practitioners who are not specialists.

Dentists in private practice are self-employed and are remunerated mainly by charging fees for treatments, supplemented by social security subsidies. The most common way of remunerating a dentist is to pay a fee for each treatment (item of service). If the treatment is one included in the NDS the dentist gets reimbursed by the dental insurance.

In 2008, very few dentists (less than 1%) accepted only private fee-paying patients.

#### *Fee scales*

A new system was introduced in 2008 (referred to earlier in the Oral Healthcare section).

#### *Joining or establishing a practice*

There are no rules which limit the number of dentists or other staff who may work in a single practice. Most newly qualifying dentists who enter practice do so as associates in a group practice. There is no state assistance for establishing a new practice and generally practitioners take out commercial loans from a bank.

The dental practice can be housed in any premises and there are no constraints on the opening of new practices. The responsible practitioner has to make certain environmental and technical adjustments to the premises, such as installing an amalgam-separator.

No standard contractual arrangements are prescribed for dental practitioners working in the same practice, though that is highly recommended by the professional organisations. They may be employees of a principal dentist, in partnership or employed under a lease arrangement. This lease arrangement is the renting of a

room, equipment and sometimes staff from the dentist-owner. Such dentists have their own patients and pay either a monthly rent or a percentage of their income.

Dentists would normally have about 1,500 patients on their list.

The controls for monitoring of the standard of care are the same as already described above.

### Working in the Public Dental Service

There is a public dental service with responsibility for free services to children up to 19 years of age. Apart from children, the service also provides dental care for adults as stated earlier. The Public Dental Service is funded by the Counties. It broadly provides the same types of treatment for which national insurance subsidies are available. For adults the same system of national insurance reimbursements and fee-scales apply as in private practice.

The service employs about 55% of all practising dentists, approximately 700 as specialists. Specialists receive patients from dentists in private practice, as well as from dentists in the Public Dental Service. All these dentists are salaried.

Besides the dental degree, the only formal qualification required to work in the public dental service is for specialists, who should have received recognised additional training.

The monitoring of dentists in the Public Dental Service is the same as that for dentists in private practice, except where services are provided free of charge.

The provision of domiciliary (home) care is not very common in Sweden, and is usually provided by public health dentists.

### Working in Hospitals

In Sweden dentists work in hospitals as salaried employees of the counties. There are usually no restrictions on seeing patients outside the hospital. They provide conventional dental treatment to disabled or medically compromised patients. Dental treatment under general sedation and/or nitrous oxygen is also available but the sedation/anaesthesia cannot be performed by a dentist. For this, formal postgraduate training is required.

### Working in Universities and Dental Faculties

Dentists work in universities and dental faculties, as employees of the university. They are allowed to combine their work in the dental faculty with part-time employment

elsewhere and, with the permission of the university, may work in private practice outside the faculty. Academic titles within a Swedish dental faculty are: *professor* (responsible for education and research), *associate professor* (teaching and research), and *assistant professor* (teaching). There are no formal age or training requirements, but most promotions are made on the basis of scientific research experience.

The time of a typical full-time faculty member of staff is spent 1/3 on teaching, 1/3 on their own patients, 1/3 on administration and research. The complaints procedures are as described above.

### Working in the Armed Forces

2 dentists work full-time as staff officers in the Swedish Armed Forces.

## Professional Matters

### Professional associations

The Swedish Dental Association (SDA) has four member associations:

-  the Swedish Association of Private Dental Practitioners,
-  the Swedish Association of Public Dental Officers,
-  the Swedish Association of Dental Teachers and
-  the Swedish Association of Dental Students.

Through the membership in one of these associations, the dentist automatically gets a membership in the SDA as well. Almost 95 % of all active dentists in Sweden are members of the SDA.

|                            | Number | Year | Source |
|----------------------------|--------|------|--------|
| Swedish Dental Association | 7,005  | 2008 | FDI    |

The SDA has, through a membership in the Swedish Confederation of Professional Associations (SACO), close links to other professional organisations in Sweden.

### Ethics and Regulation

The SDA has formulated a number of ethical guidelines for the members. The guidelines are imbedded in the rules of the SDA and are formulated by the Association's highest decision-making body. The Swedish Association of Private Dental Practitioners has formulated an ethical code for their members.

As far as the relationship of the dentist with their employees and with other dentists is concerned, there are no specific contractual requirements between practitioners working in the same practice; however a dentist's employees are protected by the national and European laws on equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

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

If a patient complains, and the dentist cannot resolve the matter directly, there are two processes through which the issues may be considered. Local Boards for Private Practice (composed of dentists) and Local Boards for Public Dental Services (may consist of people from another profession than dentistry) is one way, and the Medical Responsibility Board (HSAN), on behalf of the National Board of Health and Welfare is the other.

Members of the Medical Responsibility Board are appointed by the government and must have special knowledge and insight into questions concerning healthcare. The person who submits the report concerning dental matters is always a dentist. The Medical Responsibility Board (HSAN) is the only authority that can apply sanctions. There are four alternative sanctions: an admonition, a caution, to keep the licence for a trial period or the licence is suspended. The most common reason for a dentist to lose his licence is illness - less common is crime and lack of skill.

An appeal against a decision made by the Medical Responsibility Board (HSAN) can be made to the County Court in Stockholm.

#### *Data Protection*

A new Patient Data Act was implemented from July 1<sup>st</sup> 2008. The new Act, which applies to all care providers regardless of who is the manager, regulates, among other things, such issues as the obligation to keep patient records, internal secrecy and electronic access within a care provider's operation, the disclosure of data and documents through direct access or by other electronic means, and national and regional quality registers. Moreover, there are amendments to, among other things, the secrecy legislation within the area of the health and medical care services.

#### *Advertising*

Advertising is regulated by law. A dentist cannot compare himself with other dentists nor say he is better than somebody else. Only basic information may be given in an advertisement. Advertising should be "reliable, impartial and accurate".

Dentists are allowed to promote their practices through websites but they are required to respect the legislation on Data Protection, Electronic Commerce and the Act of Marketing.

#### *Insurance and professional indemnity*

Liability insurance is compulsory for dentists. For dentists working in the Public Dental Service there is a national scheme. Insurance for private practitioners is provided by the Swedish Association of Private Dental Practitioners and by the producers' cooperative Praktikertjänst, for the dentists joined to Praktikertjänst. (The Praktikertjänst group is a private provider of healthcare, schools and welfare, with the owners themselves healthcare practitioners).



The liability insurance for the private practitioners provides financial support for the cost of further medical and dental treatment, compensation for loss of income, damages for pain and suffering, physical disability and injury and other inconveniences. A private dental practitioner currently pays annually between €180 to €582 (2008), according to his income, for this cover. The insurance is valid for dentist working only in Sweden.

#### *Corporate Dentistry*

Dentists are able to form limited liability companies. Non-dentists may fully or partly own these companies.

#### *Tooth whitening*

Tooth whitening products are not regulated as Medical products in Sweden. For tooth whitening products, classified as cosmetics, sold in retail trade the highest allowed limit for hydrogen peroxide is 0.1%. Although the regulation of products prescribes a maximum of 0.1%, products with higher limit of hydrogen peroxide are often sold in the retail trade because the companies expect new, less strict rules to come from the EU.

### Health and Safety at Work

Inoculations are not compulsory for the workforce, but there is a general recommendation to undertake inoculations, such as Hep B.

#### *Ionising Radiation*

Using the most common X-ray machines (up to 75 kilovolt intraoral receiver) demands no regulatory permission. However, to operate the equipment, the dentist must fulfil

obligations in the Swedish Radiation Protection Ordinance. Continuing education and training is not mandatory.

To be able to buy and use a panoramic x-ray the dentist needs to undergo further education. Panoramic x-rays and more advanced x-rays (more than 75 kilovolt intraoral receiver) must be registered.

The equipment must be operated by a dentist or be supervised by a dentist.

#### *Hazardous waste*

Amalgam separators are *required* by a national law, since January 1999. The requirement applies to all units or premises.

If waste is not disposed of according to national regulations the dentist is liable.

#### Regulations for Health and Safety

| <i>For</i>               | <i>Administered by</i>  |
|--------------------------|---|
| Ionising radiation       | Swedish Radiation Protection Authority, SE-171 16 Stockholm   |
| Electrical installations | The county authorities  |
| Infection control        | The National Board of Health and Welfare, SE-106 30 Stockholm |
| Medical devices          | Medical Products Agency, P.O. Box 26, SE-751 03 Uppsala       |
| Waste disposal           | Swedish Environmental Protection Agency, SE-106 48 Stockholm  |

## Financial Matters

### Retirement pensions and Healthcare

People born before 1937 receive a supplementary payment according to the old rules, and those born between 1938 and 1953 receive part of the pension according to the new system and part according to the old system. Anyone born after 1954 will receive pensions according to the new system only. The new pension system will base payments on lifetime income and individuals contribute 18.5% of their pay.

The normal retirement age is between 65 and 67. A dentist is allowed to practice dentistry until the age of 70. There is also a disability pension (again from the Försäkringskassan) for those unable to work due to chronic illness or disability.

### Taxes

#### *National income tax:*

The highest rate of income tax is about 58% on earnings over about €52,436 (2008) per year.

#### *VAT/sales tax*

VAT is 25% of the value of some types of goods, including dental equipment, instruments and materials. There are also reduced rates of 12% (on public transportation, hotels and provisions etc.) and 6% (on newspapers and cinema tickets).

### Various Financial Comparators

| Zurich = 100<br>Stockholm | 2003 | 2008 |
|---------------------------|------|------|
| Prices (excluding rent)   | 91.1 | 97.8 |
| Prices (including rent)   | 88.1 | 92.9 |
| Wage levels (net)         | 56.5 | 65.7 |
| Domestic Purchasing Power | 59.9 | 70.6 |

*Source: UBS August 2003 & January 2008*

## Other Useful Information

|  |  |
|--|--|
| <i>Main national associations and Information Centres:</i>   |  |
| Swedish Dental Association<br><i>Sveriges Tandläkarförbund</i><br>PO Box 1217<br>S-111 82 Stockholm<br>Tel: +46 8 666 1500<br>Fax: +46 8 662 5842<br>Email: <a href="mailto:kansli@tandlakarforbundet.se">kansli@tandlakarforbundet.se</a><br>Website: <a href="http://www.tandlakarforbundet.se">www.tandlakarforbundet.se</a>  | The Swedish Association of Private Dental Practitioners<br><i>Privattandläkarna</i><br>Tel: +46 8 555 446 00<br>Fax: +46 8 555 446 66<br>E-mail: <a href="mailto:info@ptl.se">info@ptl.se</a><br>Website: <a href="http://www.ptl.se">www.ptl.se</a>   |
| Association of Public Health Dentists In Sweden<br><i>Tjänstetandläkarföreningen</i><br>Tel: +46 8 545 159 80<br>Fax: +46 8 660 3434<br>E-mail: <a href="mailto:kansliet@stf-tt.org">kansliet@stf-tt.org</a><br>Website: <a href="http://www.stf-tt.org">www.stf-tt.org</a>  |  |
| The Swedish Association of Dental Teachers<br><i>Per Tidehag</i><br>E-mail: <a href="mailto:per.tidehag@odont.umu.se">per.tidehag@odont.umu.se</a>   | The Swedish Association of Dental Students<br>Tel: +46 8 666 1500<br>E-mail: <a href="mailto:kansli@tandlakarforbundet.se">kansli@tandlakarforbundet.se</a>  |
| <i>Publications:</i><br>Journal of the Swedish Dental Association<br>( <i>Tandläkartidningen</i> ) and <i>Swedish Dental Journal</i><br>(the scientific journal of the SDA), <i>both at</i><br>PO Box 1217<br>S-111 82 Stockholm, Sweden<br>Tel: +46 8 666 1500<br>Fax: +46 8 666 1595<br>E-mail: <a href="mailto:redaktionen@tandlakarforbundet.se">redaktionen@tandlakarforbundet.se</a> | <i>Competent Authority</i><br>The National Board of Health and Welfare<br><i>Socialstyrelsen</i><br>Rålambsvägen 3<br>S-106 30 Stockholm<br>Tel: +46 75 247 30 00<br>Fax: +46 75 247 32 52<br>Email: <a href="mailto:socialstyrelsen@socialstyrelsen.se">socialstyrelsen@socialstyrelsen.se</a><br>Website: <a href="http://www.socialstyrelsen.se">www.socialstyrelsen.se</a> |

*Dental Schools:<sup>1</sup>*

|  |   |
|--|---|
| Huddinge<br>Karolinska Institutet<br>Odontologiska Institutionen<br>Box 4064<br>S – 141 04 Huddinge<br>Tel: +46 8 524 800 00<br>Fax: +46 8 711 83 43<br>Email: <a href="mailto:info@ofa.ki.se">info@ofa.ki.se</a><br>Website: <a href="http://www.ki.se/odont/">www.ki.se/odont/</a><br>Annual intake: approx 73<br>Dentists graduating each year: approx. 48<br>Number of students: approx. 329 | Göteborg<br>Göteborg University<br>Odontologiska fakulteten<br>Medicinargatan 12<br>Odontologen, Göteborg<br>Tel: +46 31 741 13 00<br>Fax: +46 31 786 32 07<br>Email: <a href="mailto:info@odontologi.gu.se">info@odontologi.gu.se</a><br>Website: <a href="http://www.odontology.gu.se">www.odontology.gu.se</a><br>Annual intake: approx 64<br>Dentists graduating each year: approx. 48<br>Number of students: approx. 298 |
| Malmö<br>Malmö Högskola<br>Odontologiska Fakulteten<br>S-205 06 Malmö<br>Tel: +46 40 665 84 28<br>Fax: +46 40 925 359<br>Email: does not exist<br>Website: <a href="http://www.mah.se/od">www.mah.se/od</a><br>Annual intake: approx 54<br>Dentists graduating each year: approx. 38<br>Number of students: approx. 207  | Umeå<br>Institutionen för odontologi<br>Umeå Universitet<br>S-901 85 Umeå<br>Tel: +46 90 785 0000<br>Fax: +46 90 770 580<br>Email: <a href="mailto:info@odont.umu.se">info@odont.umu.se</a><br>Website: <a href="http://www.umu.se/odont">www.umu.se/odont</a><br>Annual intake: approx 56<br>Dentists graduating each year: approx. 32<br>Number of students: approx. 239  |

<sup>1</sup> Annual intake likställs med "faktiskt antal nybörjare" i Tandläkarförbundets statistik