



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Croatia

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and

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with

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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 Committee.

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 20004.

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.

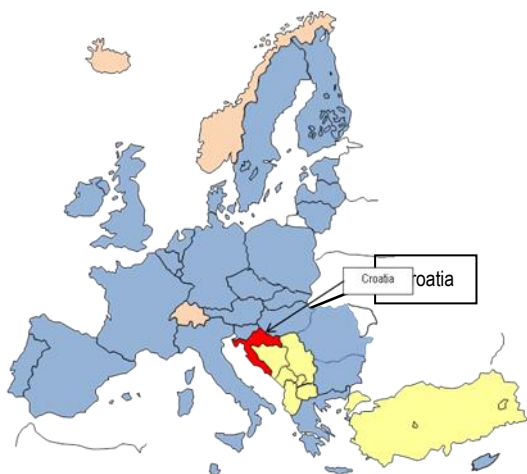
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Croatia



In the EU/EEA since	July 1st 2013
Population (2013)	4,475,611
GDP PPP per capita (2012)	€13,566
Currency	Croatian Kuna (HRK) 7.50 HRK = €1.00 (2013)
Main languages	Croatian
Healthcare is funded through general taxation and an additional "health contribution" which is paid by everyone receiving any kind of wage, compensation or pension.	
Number of dentists:	4,537
Population to (active) dentist ratio:	1,155
Members of Dental Chamber:	100%
The use of specialists is widespread but there has been no development of dental auxiliaries.	
Continuing education for dentists is mandatory.	

Date of last revision: 2nd January 2014

Government and healthcare in Croatia

Croatia is located in South-eastern Europe, bordering the Adriatic Sea (and Italy), between Bosnia and Herzegovina, Slovenia, Hungary, Montenegro and Serbia. The land area is 56,542 sq km. The capital is Zagreb.

The lands that today comprise Croatia were part of the Austro-Hungarian Empire until the close of World War I. In 1918, the Croats, Serbs, and Slovenes formed a kingdom known after 1929 as Yugoslavia. Following World War II, Yugoslavia became a federal independent Communist state under Marshal Tito. Although Croatia declared its independence from Yugoslavia in 1991, it took four years before the occupying Yugoslav army was mostly cleared from Croatian lands. Under UN supervision, the last YU army-held enclave in eastern Slavonia was returned to Croatia in 1998.

The political system is a parliamentary democracy. The chief of state is the President and the head of government is the Prime Minister. The cabinet is the Council of Ministers, named by the prime minister and approved by the parliamentary Assembly. There is a unicameral Assembly or Hrvatski Sabor (152 seats; members elected from party lists by popular vote to serve four-year terms).

Elections: the President is elected by popular vote for a five-year term (eligible for a second term); the leader of the majority party or the leader of the majority coalition is usually appointed Prime Minister by the President and then approved by the Assembly.

The minimum age for voting and standing for election is currently 18.

Administratively Croatia is split into 21 counties (zupanije, zupanija - singular) among which is a capital - city (grad - singular).

A few Basic Laws are the regulatory frame of Croatian healthcare system (Law of healthcare protection, Law of obligatory healthcare insurance, Law of voluntary healthcare protection, Law of dentistry). The system is basically social and a basic range of medical, dental, radiology, laboratory services are free and available for all citizens of Republic of Croatia.

In Croatia healthcare is funded through general taxation and an additional "health insurance contribution" which is paid by everyone receiving any kind of wage, compensation or pension.

HNB is the Croatian National Bank

	Year	Source
% GDP spent on health	7.8% 2012	HNB
% of this spent by governm't	85.0% 2012	HNB

Oral healthcare

The Croatian healthcare system (including dental healthcare) is contribution based (similar to taxation) and financed from the State Budget.

		Year	Source
% GDP spent on oral health	No data	2012	Chamber
% OH expenditure private	No data	2012	Chamber

The responsibility for planning oral healthcare lies with the Ministry of Health, which through the state owned insurance agency the *Hrvatski Zavod za zdravstveno osiguranje (HZZO)* finances and provides all services in paying for healthcare under the strategic direction of the Ministry. The agency is self-regulating and ultimately under the supervision of the Croatian Parliament (Hrvatski Sabor).

Branches of the HZZO are in the municipalities.

The dental services are delivered through the network of dental offices throughout the state. Some of the offices are private but about half have contracts with the HZZO. The network of dental services is defined and a ratio of 2,200 patients per dentist is the prescribed standard. A small proportion of offices remain in former public health centres and work for the HZZO. A proportion of dental care is delivered by totally private dental offices. The patients may be covered by private dental insurance for reimbursement.

Formally and practically all citizens of Croatia have the right to elect their doctor of dental medicine – a contractor of the HZZO and receive dental care. However, not all citizens use this right, despite the fact that they are paying for it through their contributions. They have made a decision to receive care from privately run dental offices.

State and private companies often offer their employees the additional benefit to their salaries of a contract with private health insurance companies for the delivery of private care.

The basic package of dental services provided by the state through HZZO ensures almost all basic dental procedures (restorative, endodontic, basic periodontal, oral surgery, oral diseases, orthodontics up to 18 years, prosthodontics partially) and emergency dental care are available and have to be provided immediately when requested. If the contractor is not able to perform the required procedure he has the right to direct the patient to a specialist, who is again a contractor with the HZZO.

Routine oral examinations would normally be undertaken annually for patients and a dentist would be looking after about 2,200 patients on a regular basis.

The Quality of Care

The state authorities provide rules about the space, equipment and the qualifications needed to provide dental care. The state insurance company (HZZO) provides a list of services, contents and worth of each service provided by the state. The Croatian

Dental Chamber (see later) describes the standards needed to perform these services. All services are listed. Billing is actively checked by HZZO to ensure that bills reflect the amount of work done.

Radiology, laboratories and their equipment are strictly monitored by the authorities.

Patient rights are protected by the Patient Rights Protection Law (2004).

The Croatian Chamber (see later) has an expert committee with a system to supervise the quality of the clinical dentistry provided, whether in the private sector or through the HZZO.

Patient complaints should be managed initially by the dentist. Patients' rights are protected by law and if dissatisfied they can complain to the Chamber. Proven complaints are reimbursed by the insurance company having a contract with the Chamber. This reimbursement covers all treatments in both sectors.

Health Data

		Year	Source
DMFT at age 12	4.00	2011	Croatia Med
DMFT zero at age 12	55%	2011	Croatia Med
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.

Croatia Med is the Croatian Health Insurance Fund

Fluoridation

There are no mass fluoridation schemes (such as water, milk or salt) but dentists routinely undertake fluoride treatments of deciduous and permanent teeth in children.

Education, Training and Registration

Undergraduate Training and Qualification

To enter dental school a student has to have completed secondary school (cca. age 18). There is an entrance examination which consists of scoring from secondary school grades, scoring from a written exam and scoring from a manual skills exam.

Year of data:	2013
Number of publicly funded schools	2
Number of privately funded schools	1
Student intake (2013-14)	148
Number of graduates (2012)	113
Percentage female	69%
Length of course	6 yrs

The oldest dental school is in Zagreb, which was founded in 1962; the school in Rijeka was founded 1973. The dental school of Split was founded in 2006 and is privately funded. All curricula are tailored according to the *Bologna Declaration*.

In the 2013-14 academic year there was a total of 926 undergraduate students.

Quality assurance for the dental schools is provided by the Ministry of Education.

Qualification and Vocational Training

Primary dental qualification

The primary degree which is included in the register is:

doktor stomatologije (dr.stom.) or
Doctor of Dental Medicine (DMD) in English

Vocational Training (VT)

There is post-qualification VT for Croatian graduates.

Registration

To register in Croatia, a dentist must have a recognised degree or diploma awarded by the university and have completed one year of mandatory training or "residence," under the supervision of experienced dentists. At least 6 months of this training must be undertaken in dental school and 6 months in one of the experienced private or contractor dental offices. There is practical and theoretical training. The trainees are salaried as non-dentists, without a licence with maximum salaries of €7,000 (gross) a year.

After that the trainee dentist must pass the state exam held at the Ministry of Health and organised by the staff of the school of dentistry and Ministry. After this exam has been passed, the dentist obtains a Licence from the Croatian Dental Chamber.

Only then a dentist is licensed to work independently.

Dentists who have qualified from outside of Croatia do not need to undertake vocational training if are they from EU countries. Dentists from countries outside the EU/EEA need to pass written exam, as a confirmation of their qualifications.

There is no fee for registration in Croatia.

Language Requirements

There is a formal need to understand and speak the Croatian language to a basic level, to register.

Further Postgraduate and Specialist Training

Continuing education

Continuing education is mandatory and the rules are set in law. The requirement is 7 hours of formal training each year. CE is organised by the Chamber (the number of courses and standards). Courses are given by dental school staff and private organisers.

Specialist Training

Specialist training is organised by the dental schools of Zagreb and Rijeka. Training lasts for 3 years and includes a University examination and written specialist thesis.

Specialist education leads also to a degree, for example: "*Specialist in Endodontics*"

There is training in 8 main specialties:

- ✚ Pedodontics
- ✚ Endodontics and Restorative dentistry
- ✚ Family dentistry
- ✚ Oral surgery
- ✚ Oral medicine
- ✚ Orthodontics
- ✚ Periodontics
- ✚ Prosthetics

There is also a medical specialty of Oral Maxillo-facial surgery.

The specialist title is issued by the competent authority - the Ministry of Health but a list that the public may consult is not kept.

Workforce

Dentists

Year of data:	2013
Total Registered	4,537
In active practice	3,875
Dentist to population ratio*	1,155
Percentage female	65%
Qualified overseas	No data

* this refers to the population per active dentist

There is an increase in workforce as demand rises. However, the dentist unemployment rate is reported by the Chamber as "high" (132 unemployed and registered at the Croatian employment service in July 2013). There are some overseas qualified dentists working in Croatia. In 2013 there were 5 with a proper licence.

Movement of dentists across borders

The Chamber has suggested that there is an increased interest to work in Croatia as a dentist.

Specialists

A patient has the right to go to a specialist but has to be referred by his contracted dentist. Patients can also go without referral, but then this is fully private and the patient has to pay for the service.

Year of data:	2013
Orthodontics	184
Oral Surgery	98
Endo & Restorative	97
Paedodontics	130
Periodontics	74
Prosthodontics	156
Oral Medicine	95
OMFS	45
Family Dental Medicine	4

Family Dental Medicine is unique to Croatia. It is an amalgam of dentistry focused on all dental problems related to family from birth to death – "Family dental doctor".

Auxiliaries

Year of data:	2013
Hygienists	0
Technicians*	1691
Denturists	0
Assistants	631
Therapists	0
Other	0

* there are an unknown number of unregistered technicians

There is no system of use of dental auxiliaries in Croatia other than dental technicians and dental assistants.

Dental Technicians

Dental technicians train for 4 years in respective secondary schools (6 schools in Croatia), and they receive a diploma on qualification, for dental technicians. All dental technicians have to undertake one-year of vocational training after secondary school, after which they have to pass state examination of the Ministry of Health, in order to be free to work.

Technicians are not obliged to register, although most of them are registered with one of two existing Dental Technicians Associations in Croatia. In 2010 the "Chamber of Dental Technicians" was established and became a part of Croatian Dental Chamber. In 2013, the Chamber of Dental Technicians had 1,691 members.

It is not compulsory to undertake continuing education, but most technicians do, due to competition and demands in everyday practice, especially those in private sector.

Technicians normally work in independent commercial laboratories or laboratories within the national health service institutions, or in the laboratories which are part of private polyclinics. Nobody knows exactly, but it is thought that most are employed within the private sector. They are not able to treat patients at all directly.

Dental Assistants

Medical auxiliaries are used by some dentists as Chairside Assistants but training is strictly informal and there is no qualification or registration. There is no guide to numbers, so above is an estimate.

Many are members of the Croatian Dental Chamber.

Practice in Croatia

Oral health services are provided mainly in General Practice, both in the public and private sectors..

Year of data:	2013
General practice (owners)	2,512
General practice (employees)	419
Public dental service	446
University/Hospital	137
Hospital	No data
Armed Forces	No data
Others	33
General Practice as a proportion is:	76%

“Others” refers to dentists working in incorporated dental offices. The number is included in the final row, “General Practice as a proportion of all dentists”.

In Croatia the hospital dentists are also academics, hence the combined total. Also, many dentists practise in more than one sphere of practice.

Just over half of general practitioners are in purely private practice and just under half are mixed practice (private and HZZO).

Working in General Practice

In Croatia, dentists who practice on their own, or as group practice, or in so called “polyclinic” institutions or incorporated dental practice are said to be in “private practice”. The numbers working this way include contractors with HZZO who are providing primary public oral health care but also have the right to provide private services not included in the package of primary dental care.

Most doctors of dental medicine in practices are self-employed but additionally there were over 400 employees of private dental offices in 2008.

Most dentists in private practice earn their living through charging fees for treatments. Patients pay for the service when it exceeds their right given by the state included in the package (in offices having a contract with HZZO).

Patients without any contract with insurance companies pay for the full service in offices.

Fee scales

There are two levels of insurance: *obligatory* oral healthcare and *additional* oral healthcare. However, from 2008 additional healthcare is also obligatory but still has the name of additional and will depend on a person’s salary/income.

The package of obligatory oral healthcare includes paedodontics, restorative dentistry, endodontics, oral diseases, (partially) periodontics, minor oral surgery and prosthetics, orthodontics (until the age of 18). For anything not included the patient pays a bill.

Additional oral healthcare includes what is not included in basic package and it is the remainder of periodontics, major oral surgery and advanced prosthetics. Not included in the additional oral healthcare is most of fixed prosthetics and orthodontics after 18.

The Dental Chamber recommends fees but these are not obligatory for their members.

Joining or establishing a practice

There is a book of regulations that regulates the size of dental practices, what should be included in the practice, the size of entrance door, the entrance for disabled persons etc. The same applies to group practices, polyclinic institutions and other practices.

Regarding location, a private practice can be established wherever the entrepreneur – dental doctor - finds appropriate space that suits the requirements of an Act about the minimum office space conditions (about 40 sq. m, requiring dental chair office, waiting room, two restrooms, and an entrance for disabled persons). But, most contractors who rent formerly state owned dental offices, situated in state buildings - “Public health homes” – are said (by the Chamber) not to have working conditions that answer the requirements of the “Act”.

To start the dental practice a location permit is needed first from the municipality. After that several documents are needed in order to proceed:

1. Degree certificate;
2. State exam certificate;
3. Croatian residency;
4. Confirmation of not being prosecuted.

After submitting all requested documents the Ministry of Health asks the Chamber for their opinion, included in the letter of confirmation. When the dental office is ready to function a three member commission from the Ministry checks it from the legal and clinical point of view and formally approves the start. Only after that a permit to start the dental practice (or joint dental practice, or polyclinic) is issued.

Working in the Public Dental Service

A small number of offices remain in former public health centres and work only for the HZZO.

Children (until 15 years of age) have to be registered to a dentist contracted with the HZZO if they want free service. Disabled and bed ridden persons also have to be registered to the contracted dental office to receive primary dental care.

Working in Hospitals

Those dentists working in hospitals also work for the Dental Schools of Zagreb or Rijeka, so they are numbered in the University group. Indeed, almost all dentists teaching in these dental schools are at the same time members of hospital clinics at the University hospital clinical centres of Zagreb and Rijeka.

There are restrictions on these dentists seeing other patients outside hospital. It is obligatory for the staff member to obtain the permit to work outside hospital, from the Director of the Clinical institution and additionally amounting to no more than 20% of working time.

Patients requiring oral surgery would either receive it from an oral surgeon in a primary care setting (in a general practice) or for more serious procedures would go to the hospitals in the bigger cities.

The complaints procedures are the same as those for dentists working in other settings.

Working in Universities and Dental Faculties

Dentists working in dental schools are salaried employees of the University (and University Clinics). Until the early 2000s they were not allowed to work elsewhere but now they have that possibility – but only after the Director’s permit (see above). The academic titles are: Assistant, Assistant Professor, Associate Professor and Professor. To become an Assistant Professor or higher one must obtain first the Ph.D. level and also finish a specialist clinical training.

The quality of clinical care, teaching and research in dental faculties is performed by its staff and through students working in teams under the direction of experienced teaching and academic staff.

Epidemiological surveying in Croatia would normally be done by academic dentists.

The complaints procedures are the same as those for dentists working in other settings.

Working in the Armed Forces

There are dentists working in the Armed forces but data are not obtainable.

Professional Matters

Professional associations

	Number	Year	Source
Dental Chamber	6,859	2012	Chamber
Dental Society	1,748	2012	FDI

The Croatian Dental Chamber is an independent, professional, non-political association, founded in 1995 in Zagreb as an organisation of doctors of dental medicine. It is a legal entity empowered to represent the rights and professional common interest of dentists, as well as to care about reputation and advancement of the dental profession in the Republic of Croatia.

Total number of dentists in Croatia is 4,537 but dental technicians and dental assistants are also the members of Dental Chamber – hence the increased number shown.

Membership of the Chamber is obligatory by Statute for dentists. There are full-time staff based in Zagreb and also regional offices without full-time staff. The Chamber organises Continuing Education and is responsible for monitoring its uptake by dentists.

Patient complaints which have not been satisfied by the individual dental practice’s complaints procedure are investigated and settled by the Chamber.

Ethics and Regulation

Doctors of dental medicine have to swear to Hippocrates’ Oath, follow all medical and human standards and, above all, rightful action towards patients and colleagues. This includes using scientifically based and proven techniques and materials; this also includes a protection of patients’ rights (which are also protected by the Law).

Fitness to Practise/Disciplinary Matters

Supervision of the practise of dentistry is by the Dental Chamber and by the Ministry of Health. There were 34 complaints made against dentists in 2012.

Based on the decision of the Chamber’s Committee for a misdemeanour or proven mistake, the Committee can impose an Admonition, a Public Admonition, a Financial Penalty, Amending damages, and temporary or permanent withdrawal of the licence to practise.

Data Protection

There is a Data Protection Law which ensures that no data can be issued or printed without the patient’s and/or an employer’s consent.

Advertising

Advertising is permitted only when a doctor opens an office, or when moving from one address to another, otherwise no advertising is permitted.

Website promotion is permitted and not under any control.

Insurance and professional indemnity

Patient indemnity insurance is not compulsory for doctors of dental medicine, but voluntary.

The compensation covers medical and dental treatment expenses, other necessary expenses caused by the injury, loss of income, pain and suffering, permanent functional defect and permanent cosmetic injuries. Claims for compensation have to be presented to the Dental Chamber’s Committee.

In theory the insurance should cover for work done by Croatian dentists outside Croatia, but there is no information available about whether this has actually applied.

Corporate Dentistry

Doctors of Dental Medicine can own other non-dentist companies and non-dentists can own or part own incorporated companies and share in any profits.

Tooth Whitening

Tooth whitening in Croatia comes under the Cosmetic Directive.

Health and Safety at Work

Employees are protected by the "Law of Safety at Work". Hepatitis B vaccination is mandatory (with rare medically documented exclusions).

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	Ministry of Health
Electrical installations	Ministry of Health
Infection control	Ministry of Health
Medical devices	Ministry of Health
Waste disposal	Ministry of Environment Protection

Ionising Radiation

There are specific regulations about radiation protection. Training in radiation protection is mandatory for the competent person in each practice – in Croatia, the dentist. The dentist must undergo continuing training, within the general requirements for continuing education.

Financial Matters

Retirement pensions and Healthcare

The official retirement age in Croatia in 2013 was 65 – male, 60 – female.

There are three main insurancebased schemes: **Pension insurance** – covers risks of old age, invalidity, employment injury and occupational disease, and death. **Health insurance** – covers the risk of temporary incapacity for work due to sickness or maternity and health care. **Unemployment insurance** – covers the risk of unemployment and also promotes employment and the rehabilitation process of unemployed persons disabled at work.

The main principles of these social security branches are that these are public, general and compulsory. They cover the insured persons and are based on contributions paid by employees, employers, self-employed persons, and are partly financed by the State budget. They are based upon solidarity of members, except for the second pillar of funded pension insurance.

- I pillar : Pay as you go (PAYGO) system financed by contributions and state budget revenues - 15% of gross earnings
- II pillar: Compulsory pension insurance based on individual capitalized savings - 5% of gross earnings.
- III pillar: Voluntary pension insurance based on individual capitalized savings.

Retirement pensions in Croatia are from 40% to 60% of regular working salary.

Taxes

Residents are taxed on worldwide income, while nonresidents are taxed only on Croatian source income. Spouses are separate persons for tax purposes.

Taxable income is based on total income from employment, self-employment, property and proprietary rights, capital, insurance and other income less personal allowances. Gross income is reduced by the employee's pension contribution payments (20% of gross income). Each individual is entitled to a personal allowance of HRK 2,200 per month (2013). The deduction may be further increased for each dependent family member.

Rates are 12% to 40%, depending on gross income.

VAT/sales tax

The standard rate of VAT has been 25% since March 2012. There is a lower rate of 10% on hotels and newspapers. Dental and medical services are excluded.

Various Financial Comparators:

No data published by UBS

Other Useful Information

Main national associations and Information Centre:	
<p>Hrvatska komora dentalne medicine Croatian Dental Chamber</p> <p>Kurelčeva 3, 10000 Zagreb Tel: +3851 488 6710 Fax: +3851 481 6540 Website: www.hkdm.hr E-mail: hkdm@hkdm.hr</p>	<p><i>Specialist associations and societies:</i> Dentists' scientific organisation:</p> <p>Hrvatsko stomatološko društvo Hrvatski liječnički zbor, Šubičeva 9, 10000 Zagreb Avenija Gojka Šuška 6, 10040 Zagreb Tel: +385 1290 3067 Fax: +385 1286 4250 Website: hsd@kdb.hr</p>
Competent Authority:	Publications:
<p>Ministry of Health Ksaver 200a, 10 000 Zagreb Prisavlje 14, 10 000 Zagreb Tel: +385 1 4607 555 Tel: +385 1 4677 005 Tel: +385 1 4698 300 Tel: +385 1 6169 111 Web : http://www.zdravlje.hr</p>	<p>Vjesnik dentalne medicine Dental Design Smile</p>

Dental Schools:

<p>Zagreb</p> <p>University of Zagreb Stomatološki fakultet Sveučilišta u Zagrebu Gunduličeva 5, 10000 Zagreb Tel: +385 1 480 2111 Fax: +385 1 480 2158 Web: sfzg@sfzg.hr</p> <p>Student intake 2013-14: 85 Number of students:</p>	<p>Rijeka</p> <p>University of Rijeka Stomatološki fakultet Sveučilišta u Rijeci Braće Branchetta 20, 51 000 Rijeka Tel: + 385 51 65 1111 Fax: + 385 51 67 5806 Web: www.medri.hr/studiji/stomatologija</p> <p>Student intake 2013-14: 33 Number of students:</p>
<p>Split</p> <p>University of Split Stomatološki fakultet u Splitu Šoltanska 2, 21000 Split Tel: + 385 21 557903 Fax: +385 21 557895 Website: www.mefst.hr</p> <p>Student intake 2013-14: 30 Number of students:</p>	