

Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Poland

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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.

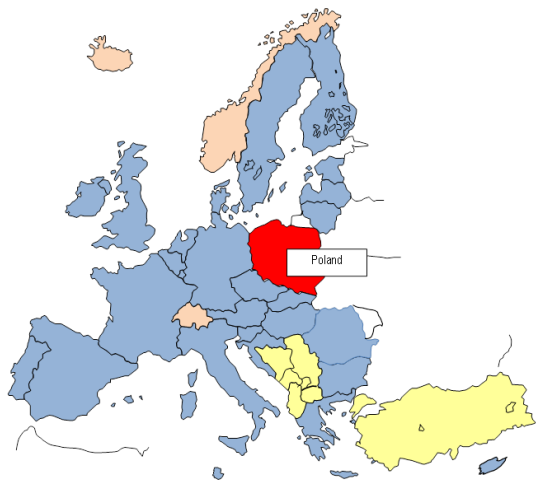
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Poland



In the EU/EEA since	2004
Population (2013)	38,533,299
GDP PPP per capita (2012)	€15,833
Currency	Zloty (PLN)
	4.25 PLN = €1.00 (2013)
Main language	Polish

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

Number of dentists:	33,633
Population to (active) dentist ratio:	1,768
Membership of Dental Chamber:	100%

Specialists are widely used, but the clinical (operating) auxiliaries are limited to hygienists.

Continuing education for dentists is mandatory and is administered by the Polish (Main) Chamber of Physicians and Dentists and the Regional Chambers of Physicians and Dentists

+Date of last revision: 30th January 2014

Government and healthcare in Poland

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

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

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

Until 1998, the national healthcare system was financed solely by the state's budgetary means (taxes). In 1999 statutory general health insurance was introduced. Until 2003 healthcare within the general insurance was financed by 17 health insurance institutions – sickness funds.

Since 2003, the system of statutory general health insurance has been administered and financed by one institution – the National Health Fund (Narodowy Fundusz Zdrowia, NFZ), with 16 regional branches. The fund's budget is financed by an obligatory premium.

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

There is no private or state additional insurance, although attempts were being made by 2013 to introduce such forms of insurance.

	Year	Source
% GDP spent on health	7.0% 2012	PDA
% of this spent by governm't	70.0% 2012	PDA

Oral healthcare

Public compulsory health insurance

The Law on healthcare services financed from public sources determines the scope and principles of providing dental medical services financed by the NFZ. Subject to the Act, persons insured are entitled to the basic dental services, normally performed by a dental surgeon, as well as dental materials specified by the Minister of Health in a regulation.

Children and young people under 18 years, as well as women who are pregnant and in the post-natal period (up to 42 days after childbirth) are entitled to additional services by a dental surgeon, taking into account the specific dental needs of this section of population. These services are rendered by various providers on the basis of a contract with the Fund: private and public health care facilities or individual healthcare professionals – mainly dental practitioners running individual or group practices.

New starts for NFZ work are decided in a tender announced by NFZ. The main consideration for the Fund is the lowest price. Specialist treatment is paid at a higher rate of points. The availability of the services is limited by the budget for dental health care. Persons insured within NFZ are not entitled to services other than those mentioned in the list of the Minister of Health and so have to pay for them from their own means.

Availability of dental care is limited due to the Fund's underfunding and low budgetary expenditure on dental care. For this the Fund allocates about 2% of its total spending on healthcare services – thus the share of dental expenditure financed by public sources amounts only to 21% (private sources make up almost 80% of spending on dental care in Poland). An insured person is entitled to a dental examination, or periodical examination, once a year. Children and young people are entitled to an additional periodical examination and a wider range of services.

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

A dentist with a contract with the Fund to provide full time services would look after 3,500 – 4,000 insured persons, including children and the under-18s.

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

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

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

sick person is referred to hospital in order to undergo the appropriate procedure.

Not all practitioners provide services within the insurance system, since its financial means are limited. About a third of dental practitioners work under a contract with the Fund. Others work exclusively outside the public insurance, practising in a self-employed capacity (individual or group practices) or as employees in dental care facilities.

	Year	Source
% GDP spent on oral health	0.20% 2004	Chamber
% of OH expenditure private	79% 2013	PDA

Fees for dental services provided outside the insurance system are not administratively regulated. They are determined in agreements between dentists and their patients. The majority of dental surgeons see private patients in their own surgeries, regardless of whether they are in employment contract with some other employer.

Working time

Working time is determined in a contract with the Fund. In the case of employees, the working time is regulated under the labour code.

Private Fees

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

The Quality of Care

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

Health data

	Year	Source
DMFT at age 12	3.20 2010	WHO
DMFT zero at age 12	19.3% 2007	NOHM
Edentulous at age 65	44% 2009	NOHM

NOHM is the National Oral Health Monitoring

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

Fluoridation

There is natural fluoridation of the water to optimal levels in some areas. Additionally, fluoridation in schools is carried out by school general nurses.

Education, Training and Registration

Undergraduate Training

To be admitted for dental studies the applicant must submit the result of his/her maturity exam, which is taken into consideration in the admission procedure as each year there are over 5 candidates for every place.

In Poland a *numerus clausus* rule applies. The maximum number of students that can be admitted by each university is regulated every year by the Minister of Health. This is controversial as the Dental Practitioners' Committee of the Polish Chamber of Physicians and Dentists is of the opinion that the intake of students, as regulated by the Minister, is too large for future oral healthcare requirements in Poland and exceeds the capabilities of the universities. The Chamber has consistently called for limitation of student intake.

Year of data:	2013
Number of schools	10
Student intake	1,231
Number of graduates (2008)	809
Percentage female	80%
Length of course	5 yrs

Dental studies are provided by medical universities – public higher education institutions. Dentistry is not available in private higher education institutions. There were 10 universities educating dental students in Poland in 2013. They are listed at the end of this section.

In principle, dental studies are publicly funded (students do not pay tuition fees), although some places have funding available for students which covers tuition fees. There are some universities which also provide dental studies in English – subject to payment, and offered in principle to people from outside Poland. In 2013, dentistry was being offered in English by the universities in Kraków, Lublin, Łódź, Poznań, Szczecin, Warszawa and Wrocław. There were 230 posts for dental studies in English available.

In 2002, the undergraduate training curriculum was changed to meet the requirements of the EU Directives. The standard of training (frame curriculum) is determined in a regulation of the Minister of Science and Higher Education (endorsed by the Minister of Health).

The length of dental studies is 5 years (10 semesters) of full-time training. The overall minimal number of training hours is 5,000, of which 4,485 are determined by the regulation and 515 are left to the discretion of the university.

Supervision over the medical universities (in terms of compliance with the law and internal regulations) is carried out by the Minister of Health

Those students who commenced training in academic year 2012/2013 will have the final year of the study in the form of practical training in dental care facilities – this change of the curriculum is a consequence of cancellation of post graduate internship.

An annual conference takes place in Nałęczów when the professors and deans of the Dental Faculties at the Polish Medical Universities meet. Representatives of the Dental Practitioners' Committee of the Supreme Chamber of Physicians and dentists also attend this annual event. Participants of the Conference thoroughly discuss under- and postgraduate dental education, especially specialist training. This meeting is an important forum of discussion and presentation of opinions and ideas related to dental education in Poland and its results are often the basis for future changes.

Qualification and Vocational Training

Primary dental qualification

The academic and professional title awarded after graduation is "lekarz dentysta".

Previously, between 1996 and 2004, the title was "lekarz stomatolog" (it remains equivalent to "lekarz dentysta").

Vocational Training (VT)

In order to be awarded the "Right to practice the profession" a graduate has to complete vocational training – an obligatory one-year postgraduate internship (staż poddyplomowy).

Each graduate of dentistry may apply for a "Limited right to practice the profession" (a licence). This licence is awarded in order to undergo the internship, which is aimed at improving practical skills and deepening theoretical knowledge. The internship is in form of professional practice under supervision of experienced dental practitioners. The internship is a requirement for obtaining the full licence (the right to practise the profession). Interns are remunerated from the state budget.

Since 2004 there is also an additional requirement to pass a state exam. Until 2013 it was called the State Dental Exam (Lekarsko-Dentystyczny Egzamin Państwowy), but since 2013 it is called Final Dental Exam (Lekarsko-Dentystyczny Egzamin Końcowy). This exam can be taken during or after the internship.

The postgraduate internship will not apply to students who commenced their dental studies in 2012. They will not be required to complete this internship. In effect the last postgraduate internship will be organised in 2016 for those dental graduates who commenced their studies in 2011.

The requirement to complete internship and pass the exam is not applicable to dentists from other EU/EEA Member States who hold the evidence of formal qualifications, subject to automatic recognition under the Directive 2005/35/EC.

Registration

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

competent authority, given by the state, and maintains the registers of dentists and of dental specialists.

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

There are no registration fees. Following the registration dentists pay membership fees to the regional chamber.




Language requirements

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

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

Further Postgraduate and Specialist Training

Postgraduate education and training in dentistry takes place in 3 forms:

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

Continuing education

Dental practitioners have an ethical and legal obligation to undertake permanent education and are under a statutory obligation to take part in continuing education. This is determined by the Law on the Professions of Physician and Dental Practitioner. A credit-point system is applied, 200 credit points have to be collected in a 4-year period.

The contents and quality of continuing education courses are supervised by Regional Chambers. The Chambers hold the register of providers of continuing professional education events.

Continuing education is conducted in various forms and in accordance with a grading scale. There is a wide offer of courses and training conferences in Poland.

Many Regional Chambers organize courses and other forms of education; they are generally free of charge. Also the scientific dental societies (15 in 2013) are active in providing continuing education.








Specialist Training

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



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

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

Poland has 7 formally recognised dental specialties:

-  conservative dentistry and endodontics
-  paediatric dentistry
-  dental prosthetics
-  periodontology with oral medicine
-  orthodontics
-  oral surgery
-  oral maxillofacial surgery (this is also a medical specialty for physicians)

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

-  hygiene and epidemiology
-  organisation of health care

After completion of specialist training and a positive result of the specialist examination, a dentist may formally use specialist title, eg dental practitioner (lekarz dentysta) specialist in the field of periodontology (or periodontologist).

Academic training

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

Workforce

Dentists

Year of data:	2012
Total Registered	33,633
In active practice	21,800
Dentist to population ratio*	1,768
Percentage female	78%
Qualified overseas	600

* active dentists only

In 2013 there were over 34,000 dentists but just less than 90% held the right to practise. Many of these were not actually "active" for various reasons:

Year of data:	2012
Retired with right to practise	5,000
Emigrated but with right to practise	1,500
Physicians with dentist qualifications	600
Maternity leave	1,400
Limited practice through internship	1,900

Source: Central Register of Physicians and Dentists.

The Polish Chamber reports that in 2013 about 40% of all dentists were over 50 years old, and it is assumed that most of these dentists will retire in within the following 20 years (dentists normally retire at 70 or younger). Approximately 300 registered dentists were over 65 years old.

It is reported that there are no permanently unemployed dentists. However, young dentists register themselves as unemployed, which facilitates obtaining credits or other allowances to start their professional activity.

As indicated in the description of education, the Chamber is of the opinion that there are too many active dentists in Poland (in relation to the amount of public funds allocated to dental care).

Movement of dentists across borders

Since the accession of Poland to the EU in 2004, approximately 1,500 dentists had considered the possibility of practising the profession abroad, by 2008. As far as the Chamber was aware the most popular destination for Polish dentists is the UK. They have reported that the outflow of dentists has not influenced the provision of dental care in Poland.

Specialists

Dental specialists may have contracts with the national Health Fund. To get specialist dental treatment patients do not have to provide referral from primary care dentists.

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

Year of data:	2012
Orthodontics	1,115
Conservative & Endodontics	1,561
Paedodontics	486
Periodontics	420
Prosthodontics	1,453
Oral Radiologists	
Oral Surgery	805
OMFS	227
Dental Public Health (2008)	71
Hygiene & epidemiology (2008)	122

Source: Central Register of Physicians and Dentists

Auxiliaries

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

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

These are estimated numbers from the year 2000. In 2013 there were no more up to date numbers, although it was reported that discussions regarding a national register for auxiliaries were taking place.

Dental Hygienists

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

In 2013 there was no register. A draft law on certain medical professions was elaborated and was being formulated to introduce a national register run by the Minister of Health.

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

Dental Technicians

The training for dental technicians is conducted at medical schools and universities (technical colleges), and lasts 2 years. Dental technician is a professional title conferred upon the completion of the training, when a diploma is granted. Again, in 2013 there was no register but the same law planned for hygienists would embrace dental technicians also.

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

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

Dental Nurses (Assistants)

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

Practice

Year of data:	2013
General (private) practice	20,850
Public dental service**	500
University	400
Hospital	250
Armed Forces	300
General Practice as a proportion is	96%

** There is no real public dental service as such. There are some publicly owned facilities, but they provide dental treatment in the same way as private dental facilities – ie either paid directly by patients or under contract with the National Health Fund. There are some dentists involved in administration eg in the NHF.

In order to start, dental care facilities have to meet specific requirements concerning the premises, the sanitary and epidemiological arrangements. They are registered with the regional bodies of public administration – voivods.

The supervision is carried out by the voivode, through the voivodeship consultants, who are dental surgeons, although most often academic workers.

Working in Liberal (General) Practice

The majority of dentists exercise the profession in their own private practices (usually individual practices, but also some group practices). Individual and group dental practices are the most common form of exercising dental profession.

Some dentists set up and work in dental care facilities (entities larger than practices, required to fulfil some more conditions) or work as employees of dental care facilities.

The law does not preclude the exercise of the profession in more than one form.

Fee scales

Fees for dental services provided outside the insurance system are not administratively regulated. They are set between dentists and their patients.

Joining or establishing a practice

Dentists can exercise the profession in the form of an individual or group practices. Group practices are established by dentists associated in a partnership. In order to set up a dental practice one has to fulfil specific requirements concerning the premises, the sanitary and epidemiological arrangements, ionising radiation, sterilization, storage and disposal of waste materials. There are no limitations as to the building type. There is also no limitation as to the area size, or the number of partners (employees) or the number of patients.

Dentists must register their practices with the Regional Chamber of Physicians and Dentists. They have to possess premises which meet the requirements of the law, have the right to practise the profession and be registered members of the regional chamber. The Chamber maintains a register of individual and group practices and supervises them. Authorised

representatives of the Chamber may control the practice to check if its activity is in compliance with the law.

Working in Public Clinics

There is no public dental service in its strict meaning. Dental services financed from public sources (within the general health insurance) are rendered by those providers who have a contract with the National Health Fund.

There are some public clinics that are owned by public authorities (e.g. municipalities or voivodships). They provide dental treatment either under the contract with the National Health Fund or outside the general insurance system.

Working in Hospitals

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

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

Working in Universities and Dental Faculties

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

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

Working in the Armed Forces

Dentists who work for the armed forces provide dental care to the members of the forces. These dentists may either be regular personnel or at the same time be members of the armed forces.

Professional Matters

Professional associations

	Number	Year	Source
Polish Dental Association (Society)	5,400	2013	Chamber
Chamber of Physicians & Dentists	21,800	2013	Chamber

The Polish Supreme Chamber of Physicians and Dentists (*Naczelna Izba Lekarska*) and the regional chambers of physicians and dentists (*okręgowe izby lekarskie*) are the organisational bodies of the professional self-government of physicians and dental practitioners who are associated in the chambers with equal status.

There are 23 regional chambers and a separate chamber of military physicians and dentists, operating nationwide, which has legal status of the regional chamber.

Chambers deal with all kinds of problems of practising medicine and dentistry in Poland. They represent and defend the interests of the two professions, as well as act as regulatory authorities – award the right to practise and supervise the exercise of the professions.

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

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

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

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

Membership in the Chamber is mandatory. Every physician and every dental practitioner who holds the right to practise the profession in Poland is a member of the chamber by virtue of the law.

Besides professional self-government there are numerous other professional and scientific dental associations in Poland. There are ~ 15 scientific dental societies

The Polish Dental Society (Association) is the largest scientific dental association. Membership of this, and other associations, is voluntary.

Each division organises area meetings in which papers, lectures and scientific research are delivered. The functions are often carried out in cooperation with the regional Chambers.

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

Ethics and Regulation

Ethical Code

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

Fitness to Practise/Disciplinary Matters

The disciplinary procedure is determined the Law on the Professions of Physician and Dental Practitioner. Disciplinary sanctions are imposed by a judgement of Medical Court which is a part of the Chamber. The Regional and Supreme Medical Courts comprise of dentists and physicians. However, cases rigidly connected with dental practice would be heard by dentists only. Other problems about the ethical code may be undertaken by physicians. Screeners for Professional Liability and for the Regional Courts, at each of the 24 regional chambers, and one Supreme Court screener, supervise compliance with the rules of the ethical code. Dental practitioners are active in the work of the Supreme and Regional Screeners, for Professional Liability and the Medical Courts, as they deal with all the matters of dental practitioners, but they may also be involved with work in cases about physicians. The Polish Chamber also employs lay people for advice and assistance to dentists and physicians.

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

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

Data Protection

Poland has adopted the EU Directive on Data Protection. By general statute, the dentist is bound to observe patient

confidentiality. Information acquired by the dentist in the course of his/her professional duties, concerning the patient and his/her background is confidential. The death of the patient does not release the dentist from the duty of confidentiality. Whilst information may be stored in electronic form, dentists must also carry paper records.

Advertising

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

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

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

Indemnity Insurance

Every dentist has to be insured against civil liability for the practice of the profession.

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

In case of a dispute a patient who demands compensation from a dentist (either directly or through the indemnity insurance) has to commence civil proceedings in a court of law.

Corporate Dentistry

Dentists in Poland may form commercial companies to carry out the activities in the field of dental care; a non-dentist can be a shareholder or a member of the board of a company that sets up a dental care facility. General regulations of the Polish

company law apply - there are no limitations as to the number of non-dentist shareholders.

Tooth whitening

Generally the use of tooth whitening products in Poland is regulated in accordance with the EU Directive on cosmetic products (recently amended). The Directive's provisions related to tooth whitening products have been transposed into Polish law.

There have been cases of illegal use of tooth whitening products by non-dentists.

Health and Safety at Work

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

Regulations for Health and Safety:

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

Ionising Radiation

Radiation equipment has to be registered with the SANEPID.

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

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

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

Hazardous waste

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

Financial Matters

Retirement pensions and Healthcare

Dentists are subject to the general pension scheme in Poland.

In 2013, those who work in an employed capacity pay retirement contributions at the amount of 19.52% of the employee's taxable income (split equally between employer and employee, which means that in fact the employee pays 9.76% of income).

Those working in a self-employed capacity pay contributions on the declared amount, but not lower than 19.52% of 2,227.80 PLN (approximately €520).

The retirement age was until 2013: 60 for women and 65 for men. But, commencing from 2013, it is gradually being raised – in order to reach 67 for both genders in due course.

Taxes

In 2013, personal income tax was calculated according to the following tax scale:

Taxable base in PLN up to ZLN 85,528 (€20,124), the tax payable is 18% minus the tax reducing amount of PLN 556.02 (€130.82). For incomes more than PLN 85,528 the tax is PLN 14,839.02 + 32% of the surplus over PLN 85,528.

VAT

The standard VAT rate is 23%. Preferential rates of 5% and 8% apply to certain goods and services; other goods and services (for example dental treatment, are zero)

Various Financial Comparators

Warsaw Zurich = 100	2003	2012
Prices (including rent)	51.8	46.7
Wage levels (net)	11.4	16.5
Domestic Purchasing Power at PPP	23.2	30.7

Source: UBS August 2003 & November 2012



Other Useful Information

Details of information centres:		(Magazyn Stomatologiczny), Your Review Stomatologic (Twój Przegląd Stomatologiczny), New Dentistry (Nowa Stomatologia), Modern Dentistry (Stomatologia Współczesna), Guide for Dentistry (Poradnik Stomatologiczny), Ace of Dentistry (As Stomatologii) and many others.																																									
Misterstwo Zdrowia (Ministry of Health) Website: www.mz.gov.pl	Narodowy Fundusz Zdrowia (National Health Fund) Website: www.nfz.gov.pl																																										
Main national association and the competent authority		Other national association Dental Schools:																																									
Polish Chamber of Physicians and Dentists Sobiesko, 110 00-764 Warsaw Poland Tel: +48 22 559 13 09 Fax: +48 22 559 13 10 Email: stomatologia@hipokrates.org Website: www.nil.org.pl	Polish Dental Association Siedziba P ul. Montelu Małopolska 31-155 Kra Polska Tel: +4 Fax: +4 Website: <a 1"="" href="http://hi</td> <td> <table border="> <thead> <tr> <th></th> <th>Number of Undergrads</th> <th>Annual Graduates</th> </tr> <tr> <th></th> <th>2008</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>Białystok</td> <td>309</td> <td>78</td> </tr> <tr> <td>Gdańsk</td> <td>300</td> <td>64</td> </tr> <tr> <td>Zabrze (Katowice)</td> <td>518</td> <td>77</td> </tr> <tr> <td>Kraków</td> <td>380</td> <td>84</td> </tr> <tr> <td>Lublin</td> <td>479</td> <td>103</td> </tr> <tr> <td>Łódź</td> <td>662</td> <td>92</td> </tr> <tr> <td>Poznań</td> <td>460</td> <td>83</td> </tr> <tr> <td>Szczecin</td> <td>439</td> <td>86</td> </tr> <tr> <td>Warszawa</td> <td>500</td> <td>100</td> </tr> <tr> <td>Wrocław</td> <td>460</td> <td>83</td> </tr> <tr> <td>Overall total</td> <td>4,507</td> <td>850</td> </tr> <tr> <td colspan="3">About 5% of places for Polish students are private*</td> </tr> </tbody> 		Number of Undergrads	Annual Graduates		2008	2013	Białystok	309	78	Gdańsk	300	64	Zabrze (Katowice)	518	77	Kraków	380	84	Lublin	479	103	Łódź	662	92	Poznań	460	83	Szczecin	439	86	Warszawa	500	100	Wrocław	460	83	Overall total	4,507	850	About 5% of places for Polish students are private*		
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| **Other useful contacts:** | | |
| Centrum Medyczne Kształcenia Podyplomowego (Medical Centre for Postgraduate Training) Tel: Fax: E-mail: Website: www.cmkp.edu.pl | Główny Instytut (The Main S Tel: Fax: E-mail: | |

The monthly magazine of the Chamber - "Gazeta Lekarska" - regularly contains information about national and international developments in the field of dentistry, incl. reports on activities of CED, ERO, FDI.

There are 23 scientific dental periodicals. Two of them, "Journal of Dentistry" and the "Journal of Prosthodontics" are issued by the Polish Dental Association. These journals are for scientific research articles and advertisements about courses and other assemblies of dental practitioners in Poland. There are also other magazines/scientific periodicals: Dental Magazine

* fees are payable by them

<p>City: Białystok The Dean prof. dr hab. Irina Kowalska Oddział Stomatologiczny Wydział Lekarski z Oddziałem Stomatologii i Oddziałem Nauczania w Języku Angielskim Uniwersytet Medyczny ul. Kilinskiego 1 15-089 Białystok, POLAND Tel: +48 85 748 54 30 Website: www.amb.edu.pl e-mail: dzwl@umb.edu.pl Dentists graduating each year: 78 Number of students: 309</p>	<p>City: Gdansk The Dean Medical University of Gdansk dr hab. med. Maria Dudziak, prof. nadzw. Oddział Stomatologiczny Wydział Lekarski z Oddziałem Stomatologicznym Uniwersytet Medyczny w Gdańsku Al. Zwycięstwa 41/42 80-210 Gdansk, POLAND Tel: +48 58 349 1005 Website: www.gumed.edu.pl deanmed@gumed.edu.pl Dentists graduating each year: 64 Number of students: 300</p>
<p>City: Krakow The Dean dr hab. Bartłomiej Loster, prof. UJ Oddział Stomatologiczny Uniwersytet Jagielloński Collegium Medicum Wydział Lekarski ul. Św. Anny 12 31-008 Krakow POLAND Tel: +48 12 422 54 44 Website: www.wl.cm-uj.krakow.pl dziekwl@cm-uj.krakow.pl Dentists graduating each year: 84 Number of students: 380</p>	<p>City: Lublin The Dean prof. dr hab. n. med. Ryszard Maciejewski Oddział Stomatologii I Wydział Lekarski z Oddziałem Stomatologicznym Uniwersytet Medyczny Aleje Raclawickie 1 20-059 Lublin, POLAND Tel: +48 81742 3679 Website: www.umlub.pl/ ryszard.maciejewski@umlub.pl Dentists graduating each year: 103 Number of students: 479</p>
<p>City: Lodz The Associate Dean dr hab. n.med. prof. nadzw. Jerzy Sokolowski Uniwersytet Medyczny Wydział Lekarski Oddział Stomatologiczny ul. Pomorska 251 92-213 Lodz, POLAND Tel: +48 42 675 74 46 Fax: +48 42 675 74 56 Website: www.umed.lodz.pl jerzy.sokolowski@umed.lodz.pl Dentists graduating each year: 92 Number of students: 662</p>	<p>City: Zabrze / Katowice The Dean prof. dr hab. n. med. Maciej Misiołek Wydział Lekarski z Oddziałem Lekarsko-Dentystycznym w Zabrzu Śląski Uniwersytet Medyczny Pl. Traugutta 2 41-800 Zabrze POLAND Tel: +48 32 37 05 280 Website: http://www.sum.edu.pl/ dziekan-wlz@sum.edu.pl Dentists graduating each year: 77 Number of students: 518</p>
<p>City: Warsaw The Dean prof. dr hab. n. med. Elżbieta Mierzwińska-Nastalska Wydział Lekarsko-Dentystyczny Warszawskiego Uniwersytetu Medycznego ul. Żwirki i Wigury 61 pok. 213 02-091 Warszawa, POLAND Tel.: +48 022 572 02 13 Fax: +48 022 572 02 66 Website: www.wum.edu.pl elzbieta.mierzwinska-nastalska@wum.edu.pl Dentists graduating each year: 100 Number of students: 500</p>	<p>City: Szczecin The Dean Katedra i Zakład Stomatologii Ogólnej Wydział Lekarsko-Stomatologiczny Pomorski Uniwersytet Medyczny ul. Rybacka 1 70-204 Szczecin, POLAND Tel: +48 91 48 00 812 Website: www.pum.edu.pl Dentists graduating each year: 86 Number of students: 439</p>
<p>City: Wrocław The Dean dr hab. Beata Kawala, prof. nadzw. Wydział Lekarsko - Stomatologiczny Uniwersytetu Medycznego we Wrocławiu ul. Krakowska 26 50-425 Wrocław, POLAND Website: http://www.stomatologia.umed.wroc.pl ds@umed.wroc.pl Tel: +48 717840356 Fax: +48 717840118 Dentists graduating each year: 85 Number of students: 406</p>	<p>City: Poznań The Dean prof. dr hab. Zbigniew Krasieński Wydział Lekarski Collegium Stomatologicum Uniwersytetu Medycznego im. Karola Marcinkowskiego w Poznaniu ul. Bukowska 70, 60-812 Poznań Tel. +48 61 854 71 31 Fax. +48 61 854 71 33 Website : http://www.ump.edu.pl/ dwl2@ump.edu.pl Dentists graduating each year: 83 Number of students: 460</p>