



**Council of European Dentists**

# **MANUAL OF DENTAL PRACTICE 2014**

## **Hungary**

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#### **About the authors<sup>2</sup>**

**Dr Anthony Kravitz** graduated in dentistry from the University of Manchester, England, in 1966. Following a short period working in a hospital he has worked in general dental practice ever since. From 1988 to 1994 he chaired the British Dental Association's Dental Auxiliaries' Committee and from 1997 until 2003, was the chief negotiator for the UK's NHS general practitioners, when head of the relevant BDA committee. From 1996 until 2003 he was chairman of the Ethics and Quality Assurance Working Group of the then EU Dental Liaison Committee.

He gained a Master's degree from the University of Wales in 2005 and subsequently was awarded Fellowships at both the Faculty of General Dental Practice and the Faculty of Dental Surgery, at the Royal College of Surgeons of England.

He is an Honorary Research Fellow at the Cardiff University, Wales and his research interests include healthcare systems and the use of dental auxiliaries. He is also co-chair of the General Dental Council's disciplinary body, the Fitness to Practise Panel.

Anthony was co-author (with Professor Elizabeth Treasure) of the third and fourth editions of the EU Manual of Dental Practice (2004 and 2009)

President of the BDA from May 2004 until May 2005, he was awarded an honour (OBE) by Her Majesty The Queen in 2002.

**Professor Alison Bullock:** After gaining a PhD in 1988, Alison taught for a year before taking up a research post at the School of Education, University of Birmingham in 1990. She was promoted to Reader in Medical and Dental Education in 2005 and served as co-Director of Research for three years from October 2005.

She took up her current post as Professor and Director of the Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) at Cardiff University in 2009. With a focus on the education and development of health professionals, her research interests include: knowledge transfer and exchange; continuing professional development and impact on practice; workplace based learning.

She was President of the Education Research Group of the International Association of Dental Research (IADR) 2010-12.

**Professor Jonathan Cowpe** graduated in dentistry from the University of Manchester in 1975. Following training in Oral Surgery he was appointed Senior Lecturer/Consultant in Oral Surgery at Dundee Dental School in 1985. He gained his PhD, on the application of quantitative cyto-pathological techniques to the early diagnosis of oral malignancy, in 1984. He was appointed Senior Lecturer at the University of Wales College of Medicine in 1992 and then to the Chair in Oral Surgery at Bristol Dental School in 1996. He was Head of Bristol Dental School from 2001 to 2004.

He was Dean of the Faculty of Dental Surgery at the Royal College of Surgeons in Edinburgh from 2005 to 2008 and is Chair of the Joint Committee for Postgraduate Training in Dentistry (JCPTD). He has been Director of Dental Postgraduate Education in Wales since 2009. His particular interest now lies in the field of dental education. He was Co-ordinator for an EU six partner, 2-year project, DentCPD, providing a dental CPD inventory, including core topics, CPD delivery guidelines, an e-learning module and guidelines (2010-12).

**Ms Emma Barnes:** After completing a degree in psychology and sociology, Emma taught psychology and research methods for health and social care vocational courses, and later, to first year undergraduates. Following her MSc in Qualitative Research Methods she started her research career as a Research Assistant in the Graduate School of Education at the University of Bristol, before moving to Cardiff University in 2006, working firstly in the Department of Child Health and then the Department of Psychological Medicine and Clinical Neurosciences.

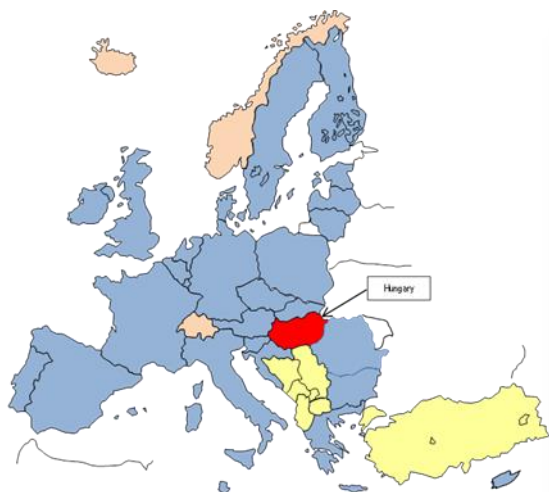
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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## Hungary



In the EU/EEA since	2004
Population (2008)	9,906,000
GDP PPP per capita (2007)	€15,012
Currency (1 July 2013)	Forint (HUF)
	294 HUF = €1.00
Main language	Hungarian

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

Number of dentists:	5,500
Population to (active) dentist ratio:	2,000
Members of (Dental) Chamber:	88%

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

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## Government and in Hungary

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

The Republic of Hungary is an independent, democratic constitutional state with an elected parliament. The constitution dates from April 25<sup>th</sup> 2011 (the "Fundamental Laws"). The country is administered as 19 counties + Budapest (capital). The President of the Republic, elected by the National Assembly every 5 years, has a largely ceremonial role but powers also include appointing the Prime Minister and signing or rejecting all bills submitted by the Parliament. The Prime Minister selects cabinet ministers and has the exclusive right to dismiss them. The unicameral National Assembly is the highest organ of state authority and initiates and approves legislation sponsored by the Prime Minister.

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

The Local Government Act of 2011 (CLXXXIX) divided the responsibility for the ownership and management of health and social services between local and municipal governments, and the state. The majority of hospitals and large polyclinics are owned and governed by the state.

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

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

	Year	Source
% GDP spent on health	7.9% 2012	OECD
% of this spent by government	65.0% 2011	OECD

## Oral healthcare

### Public compulsory health insurance

The basic principles of establishing dental care facilities, subsidised by the National Health Insurance, are defined with respect to the number of inhabitants of a given geographic area. The facilities are assessed partly on the basis of a stipulated monthly allowance and partly on the basis of the output. The assessment is carried out on the basis of a care delivery score system, which is defined by the Ministry of Health, having considered the suggestions of the Dental Council of the National Board of Medicine. This board has 18 members, all dentists. The president is appointed by the Minister of Health. They hold a meeting 4 times a year. Representatives of other bodies (like the National Public Health and Medical Officers Service, Ministry) can be invited to the sittings.

There are about 8 million registered (NHI) patient visits in a year for approx. 9.8 million NHI registered people. As some people visit the dentist more than once a year and others do not visit at all it is estimated that 50% of the population will visit a dentist in any one year. There are no data from the private sector.

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

Emergency care, examination and diagnosis, conservative dentistry, including fillings and endodontics, periodontal therapy and extractions, are free in each of the three defined age groups (0-18, 19-62, above 62). Crowns and bridges, implants, fixed orthodontic appliances and other complex or cosmetic treatments have to be paid for by the patients. Among those aged 18 to 62 years, in active employment, the patient pays 100% of the dental and technical costs. Only active workers have to pay, and the amount is not set – it is dependent upon the type of treatment. The Dental Section of the Hungarian Medical Chamber has a minimum-price recommendation for each item, but it is not compulsory for dentists to keep to this.

Those who belong to the age group 0-18, and those who are over 62, do not have to pay for their dental treatment, but there is a co-payment for the technical costs – for example: for orthodontic devices between 0-18 years 15% of the technical costs will be paid by the patient and 85% by the NHI. Even for those aged above 62 for full and partial dentures, 100% of the technical costs will be paid by the patient; the dentist cost is free and covered by the NHI.

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

The allocation of funding to dentists is managed by the National Health Insurance Company.

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

There will be about 2,000 patients on a normal dental list.

For basic general dental treatment there are no difficulties in accessing public health care, but there are geographic areas where specialist treatment (for example orthodontics) is difficult to obtain.

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

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

### Private Care

About 30% of dentists work wholly privately, outside the State system (2013.) Many hundreds of Hungarian dentists work abroad. Patients pay their dentist directly, under an item of treatment system. There is no regulation of private fees. The only indicator is their good standing.

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

### The Quality of Care

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

### Health data

	Year	Source
DMFT at age 12	2.40 2008	WHO
DMFT zero at age 12	16% 2001	OECD
Edentulous at age 65	30% 2006	Chamber

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

### Fluoridation

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

## Education, Training and Registration

### Undergraduate Training

To enter dental school students must obtain the General Certificate of Education. No formal entrance exams or interviews are required. No other vocational entry is possible. Student intake depends on the results from secondary education.

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

Year of data:	2013
Number of schools	4
Student intake	310
Number of graduates	245
Percentage female	58%
Length of course	5 yrs
VT mandatory?	No

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

There are courses offered to foreign students in Budapest Semmelweis University, the University of Szeged, the University of Debrecen and Pécs. At Semmelweis in 2013, there were over 850 undergraduates, with about a third from EU and non-EU countries – from Germany, UK, Spain, Portugal, Norway, Israel and some countries in the Middle East, Iran and now from the USA and Canada. Most are taught mainly in English, but there is also one course in German, with 80 undergraduates.

At Debrecen, about half of the 460 undergraduates are from outside Hungary, all but a handful being from outside the EU (2013). The course for them is in English.

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

Quality Assurance is monitored and checked by the National Accreditation Committee. The course has been revised in the light of advice, and alterations were made in 1996. Since then the course has been compliant with the EU Directives on the training of dentists. The four dental faculties were simultaneously accredited by the National Accreditation Committee in 2005 and also in 2011.

### Qualification and Vocational Training

#### Primary dental qualification

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

#### Vocational Training (VT)

Until 2004, upon qualification, there was a programme of mandatory vocational postgraduate residency training for 26

months, under the guidance of a skilled dentist and based on a government decree. The programme was organised by the Universities/Dental Schools and was totally financed by the Ministry of Health, which paid the salaries. Residents, known as *Központi gyakorlatok*, needed to hold Hungarian citizenship. The residents were mainly employed in the public sector.

Residents had to complete the courses, and pass various exams. At completion of the programme they were qualified to open a private general dental practice or be employed by municipal or private practices. This vocational training was compulsory for all graduates, including those of other EU countries' dental schools.

However, the programme was abolished in 2004 and there is now full access to free practice after graduation.

### Registration

Dentists must register with the Ministry of Health. Whilst registration is free in 2013, the Chamber has speculated that a registration fee will be introduced at some time in the future.

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

#### Language testing

A Hungaro-logic test (testing knowledge of the insurance and legal systems) which previously had to be passed by all, to work in Hungary was abandoned in 2006 and now language testing is not regulated.

### Further Postgraduate and Specialist Training

#### Continuing education

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

There is a scoring system, with accredited continuing education courses. A dentist must achieve 250 points in 5 years. This represents 250 hours, and some reading is allowed to be counted. The ultimate sanction for non-compliance is suspension from practice.

#### Specialist Training

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

There are five recognised specialties for training in Hungary:

- ✚ Orthodontics, with the title: Fogszabályozószakorvos
- ✚ Periodontology, with the title: Parodontológus
- ✚ Paediatric dentistry, with the title: Gyermekfogorvos
- ✚ Dento-alveolar surgery, with the title: Dentoalveoláris szájsebész
- ✚ Conservative Dentistry and Prosthodontics - with the title: Konzerváló Fogászat és Fogpótlástani szakorvos

Until 2002, Oral Surgery was the only specialisation in oral surgery open for both medical and dental doctors. Those working in hospitals and head and neck surgery departments needed double qualification, both MD and DMD degree. Those

working in polyclinics could be licensed only with DMD academic degree. It is no longer a dental specialty.

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

As stated above, since 2004 the Hungarian DMD degree has provided full competence and the right to practice individually and abolished the two year mandatory vocational training and the licence exam. After graduation any dentist can receive a working licence and can work independently.

Since then the new specialty has been named as "conservative dentistry and prosthodontics" and has replaced the old "general dentistry and oral diseases" vocational training exam. It is theoretically and practically equivalent to this previous general dentistry licence exam.

The combined number of the previous licence exam holders and the current "conservative dentistry and prosthodontics" specialists leads to overlapping figures, so an accurate figure for the new specialty cannot yet be assessed. Consequently about 4,500 dentists (by 2013) have a qualification in either the previous or the new type of specialities or both.

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



## Workforce

### Dentists

Year of data:	2013
Total Registered	5,500
In active practice	4,973
Dentist to population ratio*	2,000
Percentage female	57%
Qualified overseas	453

\*active dentists

The Dental Section of the Hungarian Medical Chamber reports that the workforce is decreasing, as the government is training fewer Hungarian dentists than those retiring or otherwise leaving full-time work as a dentist. The dental association's demographic figures show that there are a large number of dentists (both male and female) over the age of 50, who will be retiring in the years to 2020, more than the number of Hungarian nationals who will graduate from the four Hungarian dental schools during this period.

Unemployment in 2013 was estimated to be less than 50.

### Specialists

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

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

Year of data:	2013
Orthodontics	379
Endodontics	
Paedodontics	254
Periodontics	65
Conservative dentistry &	924
Prosthodontics	
Oral Radiology	
Dental-alveolar	139
OMFS	157
Dental Public Health	

### Auxiliaries

Later data was not available at January 2014

Year of data:	2010
Hygienists	1,000
Technicians	3,000
Denturists	0
Assistants	4,668
Therapists	0
Other	0

### Dental Hygienists

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

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

Their work is governed by the Ministry of Health.

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

### Dental Technicians

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

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

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

### Dental Assistants (Nurses)

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

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

## Practice in Hungary

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

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

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

Year of data:	2013
General (private) practice	3,790
Public dental service	20
University	240
Hospital	35
Armed Forces	40
General Practice is about	76%

### Working in General (Private) Practice

#### *Joining or establishing a practice*

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

The state offers no assistance for establishing a new practice. When starting a new practice private dentists have to get permission from the local health authorities – the National Public Health and Medical Officers Service. There are only restrictions on setting up practices which provide dental care in the national health insurance system (contract with the National Health Insurance Company). The restricting factor is the population and the uneven distribution of practices. In some regions, for example Budapest and Western Hungary, the patient to dentist ratio is very low. Conversely, in other areas, for example Eastern Hungary this is very high. List sizes here can be as many as 4,000.

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

There are no restrictions for setting up private dental practice.

#### *Fee scales*

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

### Working in Public Clinics

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

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

### Working in Hospitals

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

### Working in the University Dental Faculty

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

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

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

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

### Working in the Armed Forces

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



## Professional Matters

### Professional associations

	Number	Year	Source
Hungarian Dental Association	718	2012	FDI
Chamber (Dental Section)	5,300	2012	Chamber

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

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

There is equal status for both physicians and dental practitioners.

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

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

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

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

The Hungarian Medical Association performs the tasks by means of

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

### Ethics and Regulation

#### *Ethical Code*

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

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

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

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

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

#### *Advertising*

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

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

#### *Data Protection*

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

#### *Indemnity Insurance*

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

*Corporate Dentistry*

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

*Tooth whitening*

Hungary has complied with the EU Directive of 2012 and so tooth whitening products of greater than 6% are prohibited as Cosmetic products and can only be applied by dentists and hygienists working under the supervision of dentists.

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

**Health and Safety at Work**

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

*Ionising Radiation*

There are specific regulations about radiation protection. Radiation protection training is mandatory for both undergraduate dentists and for practising dentists possessing X-Ray

equipment. The licensing course must be retaken in each five year period.

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

*Hazardous waste*

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

Amalgam separators are not required by law for existing units, but are where new units are equipped. The use of separators is recommended or advised by environmental managements for all units. By 2013, approximately 70%, of practices were equipped. Centrifugal or tank-type separators are used..

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

Regulations for Health and Safety

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

## Financial Matters

### Retirement pensions and Healthcare

The normal age for retirement is 62, although private dentists and their staff can work past then. From July 2013, doctors and assistants who work beyond the age of 62 do not get their pensions. At the time of the introduction of this new rule, more than 30% of all the state employed doctors and nurses were over the age of 62 and were receiving pensions as well as working part or full time. Employed health care providers now must choose between their pension or salaries, if they want to work after retirement.

There is a state-funded system of pensions, of which dentists and their staff are a normal part. The pension would be approximately €400 - 550 per month for dentists and approximately €300 - 350 for staff

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

### Taxes

Hungary has a universal income taxation that is 16% independent of the total annual gross earnings.

#### VAT

Since 2010, there are three VAT rates: 5% (for medicaments), 15% (materials) and 27% for equipment, instruments and disposables).

### Various Financial Comparators

Budapest Zurich = 100	2003	2012
Prices (including rent)	57.3	49.1
Wage levels (net)	15.6	13.7
Domestic Purchasing Power*	30.3	26.5

(\* relative to net income)

Source: UBS August 2003 and November 2012

## Other Useful Information

<b>Main National association and information centre</b>	<b>Main specialist association:</b>
Dental Section of the Hungarian Medical Chamber Szondi u 100 H – 1085 Budapest Hungary Tel: + 36 1 354 0469 Fax: + 36 1 353 2188 E-mail: <a href="mailto:csk@dent.czkamara@fogorvos.hu">csk@dent.czkamara@fogorvos.hu</a> Website: <a href="http://www.kamara.fogorvos.hu/">http://www.kamara.fogorvos.hu/</a>	Hungarian Dental Association (Magyar Fogorvosok Egyesülete, MFE) Budapest Szentkirályi u. 40 H-1088 Budapest Tel: +36 1-267- 4907 ( Prof Istvan Gera president) +36 1-317-1598 (Dr. Zsuzsa Toth Secretary-General) Email: <a href="mailto:gera@fok.usn.hu">gera@fok.usn.hu</a> or <a href="mailto:marton@jaguar.dote.hu">marton@jaguar.dote.hu</a> Website: <a href="http://www.mfe-hda.hu">www.mfe-hda.hu</a>
<b>Journals</b>	
Name: Magyar Fogorvos Tel: +36 1 301 3879 Editor in Chief: Dr. Janos Gerle Editor: Prof Peter Hermann E-mail: <a href="mailto:reveszi.valeria@mediprint.hu">reveszi.valeria@mediprint.hu</a> Website: <a href="http://www.magyar.fogorvos.hu">www.magyar.fogorvos.hu</a>	Name: FogorvosiSzemle Editor in Chief: Prof Pal Fejerdy Editor: Prof Peter Hermann Tel: +36 1 317 1094 Fax: +36 1 317 1094 E-mail: <a href="mailto:ilike@fok.usn.hu">ilike@fok.usn.hu</a> Website: <a href="http://www.mfe-hda.hu">www.mfe-hda.hu</a>

## Dental Schools:

<b>City: Budapest</b> Name of University: Semmelweis University Tel: +361 266 0453 Fax: +361 266 1967 E-mail: <a href="mailto:gera@fok.usn.hu">gera@fok.usn.hu</a> Website: <a href="http://www.sote.hu">www.sote.hu</a>  Dentists graduating each year: 156 Number of students (Hungarian): 533 Number of students (not Hungarian): 280	<b>City: Debrecen</b> Name of University: University of Debrecen Tel: +36 52 342-208 Fax: +36 52 342-224 E-mail: <a href="mailto:fokdh@dote.hu">fokdh@dote.hu</a> Website: <a href="http://www.unideb.hu">www.unideb.hu</a>  Dentists graduating each year: 70 Number of students (Hungarian): 226 Number of students (not Hungarian): 234
<b>City: Szeged</b> Name of University: University of Szeged Tel: +36 62 545 283 Fax: +36 62 545 282 E-mail: <a href="mailto:stoma@stoma.szote.u-szeged.hu">stoma@stoma.szote.u-szeged.hu</a> Website: <a href="http://www.szote.u-szeged.hu">www.szote.u-szeged.hu</a>  Dentists graduating each year: 45 (2013) Number of students (Hungarian): 219 Number of students (not Hungarian): 121  The foreign language courses were fairly new in 2013, so the numbers graduating in 2013 did not reflect the numbers being trained.	<b>City: Pécs</b> Name of University: University of Pécs, Medical Faculty, Dental School Tel: +36 72 535 920 Fax: +36 72 535 905 E-mail: <a href="mailto:fogaszat.titkarsag@pte.hu">fogaszat.titkarsag@pte.hu</a> Web site: <a href="http://ftsz.pte.hu/index.php?nyelv=eng">http://ftsz.pte.hu/index.php?nyelv=eng</a>  Dentists graduating each year: 40 (2013) Number of students (Hungarian): 185 Number of students (not Hungarian) : 234  The foreign language courses were fairly new in 2013, so the numbers graduating in 2013 did not reflect the numbers being trained.