

Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Lithuania

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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 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.

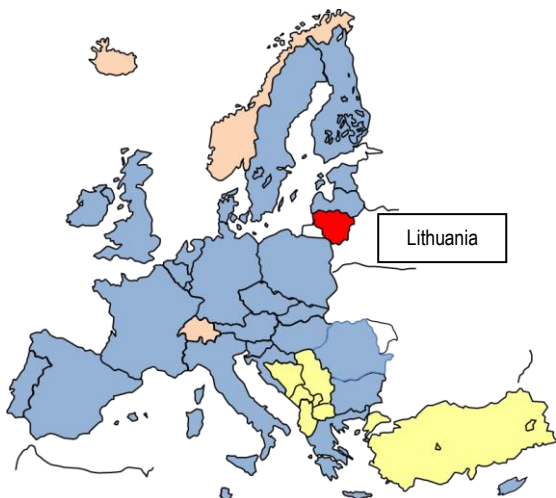
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Lithuania



In the EU/EEA since	2004
Population (2008)	2,962,000
GDP PPP per capita (2012)	€16,465
Currency	Litas (LTL)
	3.45 LTL = €1.00 (2013)
Main language	Lithuanian

The system of the State Social Insurance in Lithuania covers nearly all residents: as the insurers, the insured, or the beneficiaries. The system is based on the principle of *solidarity* of generations. Some patients (children, the elderly and the disabled) may receive some or all of their oral healthcare free but adult patients must pay part or all of the cost of their treatment. Most of this dental care is undertaken in general practice.

Number of dentists:	3,660
Population to (active) dentist ratio:	820
Membership of Dental Chamber:	100%

There is a well developed use of specialists for advanced dental care, and there are also dental hygienists as clinical auxiliaries. Continuing education for dentists is mandatory.

Date of last revision: 8th January 2014

Government and healthcare in Lithuania

The Republic of Lithuania lies on the eastern shores of the Baltic Sea, as one of the "Baltic States". With the Gulf of Finland in the north, and the Baltic Sea in the west, Lithuania shares land borders with several countries – Latvia, Russia, Belarus and Poland. The Republic of Lithuania is a small country in terms of population and land area coverage (65.3 sq km). The capital is Vilnius.

The State of Lithuania gained its independence in 1990 (having also been independent from 1918 to 1939) and is a democratic republic. The powers of the State are exercised by the Parliament (*Seimas*), the President of the Republic and Government, and the Judiciary. The Seimas is unicameral, with 141 seats (71 members are directly elected by popular vote and 70 by proportional representation). Members serve for four-year terms. The President is elected by popular vote, for five-year terms of office.

The country is administered by 10 counties (*apskritis*).

In 2013, average monthly earnings were about 2,233 litas (€647) and unemployment was about 13% of the workforce.

The system of the State Social Insurance in Lithuania covers nearly all residents: either as the insurers, the insured, or the beneficiaries. The system is based on the principle of *solidarity*

of generations. The employed population supports pensioners, the disabled and unemployed persons by paying social insurance contributions. Hence, the budget of the State Social Insurance Fund depends on contributions, whereas the rate of contributions relies on the general economic capacity of the state, the number of working people, the amount of the work income and, finally, on the honesty of those who pay the contributions.

In Lithuania, there is a distinction in the social security system between social insurance (covering working people), social assistance (for all residents) and special state schemes (covering privileged groups such as servicemen and some scientists). The two main principles of social policy in Lithuania are universality and solidarity. Universality means that all residents are entitled to services/benefits provided by social security. Solidarity is a principle based on solidarity between workers and pensioners, and between workers and those individuals who are unable to work because of illness, disability or other reasons. Approximately 18.2% of the population was over 65 years in 2013.

The social insurance system is administered by a number of organisations:

	Year	Source
% GDP spent on health	6.6% 2011	World Bank
% of this spent by government	71.3% 2011	World Bank

The Ministry of Social Security and Labour

The main function of MSSL is in the area of social policy, including social insurance, employment and labour relations, and consists of analysing the current social situation, drafting laws and governmental decrees, presentation of these to the Seimas and the Government and the maintenance of international and public relations.

The State Social Insurance Fund Council

The State Social Insurance Fund Council supervises the State Social Insurance Fund (SSIF). The Council (established by agreement in 1995) is a tripartite governing board chaired by the Minister of Social Security and Labour.

The responsibilities of the Council include monitoring of legislation, advice and recommendations to the government, annual reviews and advice on operational issues.

The State Social Insurance Fund Board (SoDra)

The State Social Insurance Fund Board is the central institution that administers the State Social Insurance Fund and whose main task is to manage the funds and accounts of the State Social Insurance Fund, ensure the collection of contributions and allocation of benefits and their delivery to beneficiaries.

SoDra, which employs over 3,200 people, is responsible for the administration of the SSIF through its central office in Vilnius and 13 institutions function under SoDra's subordination: 10 territorial offices, the Branch of Military Structures and Other Similar Structures, Foreign Benefit Office and Training Center.

Voluntary social insurance

There is also voluntary social insurance which includes pension and sickness/maternity allowances

Oral healthcare

Regulation of healthcare

Dental care (aid) practice, as other medical practice, is regulated by the main general laws which are passed by the Parliament of Lithuania. That is the "Law on Health System", the "Law on Health Care Institutions" and the "Law on Patients' Rights and Damage". The legislation allows for dentistry to be a specific medical area, so special laws have been passed – that is the "Law on Dental Practice" and the "Law on the Dental Chamber". Dental care (aid) is also regulated by legal acts passed by the Minister of Health and the Lithuanian Dental Chamber (see later for the Dental Chamber).

	Year	Source
% GDP spent on oral health	0.16%	2012 Chamber
% OH expenditure private	No data	

There are no available data for how much of the expenditure on dentistry is private.

Notwithstanding the relatively high number of dentists, the state of oral health of the citizens of Lithuania is described by the Dental Chamber as "not quite satisfactory". This is not related to the quality of the dental service, but to the socio-economic situation. The greatest problems are caries, periodontitis and malocclusions.

Many in the population suffer from periodontal diseases. Despite the better living conditions, economic progress, increased information, periodontitis remains one of the most problematic issues of dentistry. According to the research in thirteen Lithuanian towns and districts, it is estimated that plaque induced gingivitis prevails among children – in about 69 % of 6-14 year old children. Most adults suffer from chronic periodontitis – about 92 % of the citizens aged among 25-64 years old have gingivitis and periodontitis. And one third of Lithuanians needs-complex treatment of it.

The prevalence of malocclusion is widely spread in Lithuania. A study carried out in 2009 showed that the prevalence of malocclusion among 7-15-years old Lithuanian schoolchildren was 84.6%. The need for orthodontic treatment in the group of 10-11 years old children was 49.9 % and the need for orthodontic treatment in the group of 14-15-years old children was 33.9 %.

Public compulsory health insurance

The national health insurance system scheme offers reimbursement of the cost of some dental treatment. In 2012, 158.35 million Litass (€45.86 million) from the compulsory health insurance fund (SSIF) was allocated to dental care. More than two thirds (68.6%) of this was for primary dental care. About two thirds of this was for primary dental care.

In 2013 there were 266 public and 1817 private clinics (registered with the Chamber).

Dental care expenses may be reimbursed from state or municipal funds, mandatory health insurance funds, and supplemental health insurance funds and from (voluntary) contributions by patients. Only the essential dental care services are provided free of charge.

Patients have the right to a free choice of dentist. Public oral health care is free of charge, for children and teenagers under

the age of 18 years, and prosthodontic care for pensioners and the disabled. For adults between 18 and 65 dental care in the public dental service, if the dental office is contracted with the SSIF, dentistry is partly financed by the fund and partly (for expenditure on dental materials) by co-payments by patients.

Due to the lack of financial resources "free of charge" prosthetic treatment is very limited.

Private insurance for dental care

Private insurance for dental care is not available in Lithuania.

The Quality of Care

The quality of dental care is monitored by the Lithuanian Dental Chamber in different ways and emphasis is placed on quality improvement and assurance. Quality improvement is achieved through continuing education and certification.

The State Inspectorate of Medical Audit (SIMA) was reorganised by merging the State Health Care Accreditation Agency under the Ministry of Health. This is the institution of health care services inspection. SIMA's main functions are to represent and defend patients' rights to effective, accessible and safe health care, and to implement state inspection and examination of accessibility, usability and efficiency of health care services in health care institutions independently of their subordination and property. SIMA receives its regulatory authority from state laws and is a government agency under the Ministry of Health. The Chamber is involved into the investigation of patient complaints about the quality of care.

Health Data

	Year	Source
DMFT at age 12	3.70	2005 WHO
DMFT zero at age 12	16%	2001 OECD
Edentulous at age 65	11%	2001 OECD

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

Oral health care institutions in Lithuania use these data for monitoring oral health status, namely the DMFT index and type of occlusion. This enables the collection of epidemiological data about dental caries prevalence and incidence in the country, as well as the prevalence of malocclusion.

From 2013, all children under 18 years of age have to deliver a certificate to schools and kindergartens, from oral health care institutions, about their oral health status, namely DMFT index and type of occlusion. This will enable epidemiological data about dental caries prevalence and incidence in the country, as well as the prevalence of malocclusion, to be recorded. In addition, the monitoring of the dynamics of disease and levels of dental care for children in Lithuania will be possible.

There is a State programme for sealing pits and fissures of premolar and molar teeth in children. Every child in the country between 6 and 13 years of age has a right to receive sealants for free.

Fluoridation

There are no fluoridation schemes and distribution of free fluoride toothpaste to children.

Education, Training and Registration

Undergraduate Training

The original title for dentistry, *stomatology*, was changed to *odontology* in 2003.

For admission to an odontology course the completion of a General Certificate of Secondary Education is the minimum required. All persons having secondary, higher or high education and able to prove it with documents recognised in the Republic of Lithuania have right to be admitted to the first year of basic and continuous studies in the Faculties of Odontology of the two universities: Vilnius University and the Lithuanian University of Health Sciences. Admission to the study programme is carried out according to joint regulations

of Lithuanian Higher Institutions Association for Organising Joint Admission (LAMA BPO). Both dental schools are publicly funded.

Admission takes place by competition, and priority is given to those who have higher ranking in competition queue. There are no entrance examinations, students are selected according to the grades of their secondary education final examination (biology, chemistry, Lithuanian language, mathematics), and annual marks averages. Each year the admission system is updated and upgraded.

Year of data:	2013
Number of schools	2
Student intake	161
Number of graduates	161
Percentage female	83
Length of course	5 yrs

Student numbers in 2013 were reported by the Chamber as 805, so it appears that there are no students failing to complete the course..

The undergraduate training programme is for 5 academic years (300 ECTS) with integrated internship studies. In the final year, a mandatory subject in the 10th semester is an internship (20 credits) during which students, supervised by teachers, consolidate the theoretical and practical knowledge gained during earlier semesters in operative dentistry, prosthetic dentistry, paediatric dentistry, oral surgery and orthodontics. It was integrated in 2003. Teaching languages are English and Lithuanian. Teaching is undertaken by full or part time university teachers who hold contracts with the university.

The Chamber reported in 2013 that there were 60 students from outside Lithuania studying at the two dental schools and 16 foreign students graduated that year.

The responsibility for quality assurance in the faculties is by the Centre for Quality Assessment in Higher Education, Ministry of Education, the Chancellor of the University, local Study committees of universities and the Dean of the Faculty.

Qualification and Vocational Training

Primary dental qualification

The professional title is *odontologist*, which is written down in the graduation Diploma.

Vocational Training (VT)

There is no post-qualification vocational training; it is integrated into the 5-year under-graduate curriculum

Registration

Access to the profession is regulated by the statutes and is restricted to the holders of the *Licence to practice* - odontologist or specialist in odontology (endodontist, orthodontist, paedodontist, periodontologist, prosthodontist, oral surgeon).

The Licensing Committee at the Lithuanian Dental Chamber is the official unit, responsible for organising and giving Licences to professionals. It maintains a register containing the dentists' data, including qualifications and professional performance data.

Cost of registration (2013)	€ 19
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There is also an annual fee of 200 Litas (€57.90) for subscription to the Chamber, which is mandatory.

Language Requirements

There is a requirement to have a general knowledge of the Lithuanian language before registration. For non-EU/EEA qualified dentists language tests are carried-out by the National Centre of Examination and Teacher Professional Development. The test is general (rather than dentistry specific), written and oral. A certificate from a university or language institute is an acceptable alternative, if knowledge of language is B1 as set by the European Council for knowledge of languages.

Postgraduate and Specialist Training

Continuing education

The Lithuanian Dental Chamber coordinates the continuing education of dentists and oral health care specialists. This function is performed by the Commission on Informal Education. It sets up main principles of the Continuing Professional Development courses and the basic requirements for organisers.

In order to remain registered a dentist needs to attend the courses and obtain a certain number of professional training hours, which are 120 hours in 5 years for dentists and dental specialists.

Specialist Training

3-year postgraduate specialist training programmes (Residency) in order to obtain the specialist diploma - *License of Odontologist Specialist in endodontology, orthodontics, paedodontics, periodontology, prosthodontics and oral surgery* are undertaken at the The Lithuanian University of Health Sciences or the University of Vilnius.

Workforce

Dentists

The active dental workforce is stable, but increasing slowly.- There is no reported real unemployment among dentists, although individuals may not be working for short periods.

Year of data:	2013
Total Registered	3,660
In active practice	3,610
Dentist to population ratio*	820
Percentage female	83%
Qualified overseas	94
* this refers to "active" dentists	

Movement of dentists across borders

Approximately 94 dentists asked for a "Certificate of Good Standing" to work abroad through the years from 2008 to the end of 2013, but there is no a reliable source of information how many of them left Lithuania.

Specialists

There are 7 recognised specialties in Lithuania:

Year of data:	2013
Orthodontists	93
Endodontists	44
Paedodontists	56
Periodontists	57
Prosthodontists	270
Oral Radiologists	
Oral Surgeons	92
OMFS	23

Dental specialists comprise about 17% of the total numbers of practising dentists.

There are two ways for patients to access specialists in Lithuania. The first is to ask for referral, from a general odontologist. All expenses in these cases will be covered by the insurance system. However, if a patient wishes to go directly for a specialist consultation, this is acceptable, but he/she would then have to pay the fees.

Auxiliaries

Dental auxiliaries are known as *Oral Health Care Specialists*. They must be registered with the Lithuanian Dental Chamber and have Licences to practice. All these auxiliaries also need to obtain hours of continuing education.

There are three kinds of these: dental hygienists, dental technicians and dental assistants.

Year of data:	2012
Hygienists	572
Technicians	1,114
Denturists	0
Assistants	1,823
Therapists	0
Other*	81
* Assistant's Helpers	

Dental Hygienists

Hygienists are permitted to work only provided they have a diploma. They are trained at the University of Applied Sciences of Kaunas, Panevezys, Utena, Šiauliai and Klaipeda for 3 years; and the Lithuanian University of Health Sciences for 4 years.

Graduates of the Lithuanian University of Health Sciences receive a bachelor degree and the qualification of Oral Hygienist. The completion of studies at the Collegiums leads only to the qualification of Oral Hygienist. There are 16 to 18 graduates each year.

Hygienists can practise as an employee, employer or freelancer. They may accept payments from patients. They have competence to diagnose and plan treatment and their duties include scaling, cleaning and polishing, removal of excess filling material, local application of fluoride agents, the insertion of preventive sealants and Oral Health Education. They may give local anaesthesia.

There is a Lithuanian Dental Hygienist Association. It was founded in 1999. Its aims are: to ensure the possibilities of improving qualification, represent its members, cooperate with other analytical organisations, provide preventive work of oral health care, inform the public about the dental hygienist academic and other achievements.

In 2013 it was reported by the Chamber that about 50 hygienists were members of the Dental Hygienists' Association.

Dental Technicians

Dental technicians train in the University of Applied Sciences of Kaunas and Utena. In collaboration with the educational institutions, the Chamber endeavors that the curriculum for dental technicians includes more practice, during which the students can improve their skills.

Dental technicians train for 3 years and after studies they receive a diploma.

Technicians normally work in commercial laboratories, only a few are employees of dentists or of clinics. They construct prostheses for insertion by dentists. They have legal responsibility for their work but do not accept payments from patients.

The Lithuanian Association of Dental Technicians suspended operation in 2004. In 2010, the activities were restored. By 2013, there were 147 officially registered members of the Association.

There are no reports of any (illegal) denturism in Lithuania.

Dental Assistants (Nurses)

Dental assistants (nurses) are permitted to work only when they have a diploma of a Dental Assistant; they are registered with Lithuanian Dental Chamber and have a Licence to practice. They are trained for 3 years in the University of Applied Sciences specifically for dental assistants. The University is in Panevezys, Kaunas, Klaipeda and Utena. Dental assistants need to undertake continuing education. Courses on infection control and emergency care are obligatory.

New protocols on competencies, duties and responsibilities of dental assistants were adopted in 2007. Besides assisting the dentist, they are permitted to undertake oral health education.

There is a Lithuanian Dental Assistants Association.

Assistant's helpers

Nursing staff development and specialisation centers educate assistants' helpers. They do not need to register with the Chamber, as their work does not need to be licensed.

Practice in Lithuania

Year of data:	2008
General (private) practice	2,219
Public dental service	538
University	80
Hospital*	
Armed Forces (2013)	13
General Practice as a proportion is	61%

* all OMFS (medical) practitioners

Numbers of dentists in each sphere of practice

These are mostly figures of 2008. Dentists in Lithuania are allowed to work in both private and public dental practice at the same time and the Chamber were unable to provide more up to date data.

Numbers of clinics

Year of data:	2013
GP (private) clinics	1817
Public dental clinics	266
University dental clinics	3
Armed forces clinics	11

Working in Private (General) Practice

The Ministry of Health establishes the cost of dental care services provided by state, district and municipal institutions.

The cost of dental care services in private practices is established by their owners. For dentists working within the SSIF it is obligatory (by law) that they undertake the treatment from a price list of items fully or partially covered by the insurance system - even for items which are fully paid for by the patient (see below for private practice).

Joining or establishing a practice

There are no stated regulations which specifically aim to control the location of dental practices. There are also no other factors which effectively restrict where dentists may locate. Any type of building (a house, apartment, shop or clinic) may be used which fulfils the legislative claims to dental practice. However, rules exist which define, for example, the minimum size of rooms for dental practice. There is no limit to the maximum number of partners etc.

The state offers no assistance for establishing a new practice and generally dentists can take out commercial loans from a bank. To establish a new practice private dentists have to gain the approval of the registration of local state authorities and a licence from health authorities. The new practice has to be insured - by any health insurance company.

Fully Private Practice

Dentists working outside the SSIF, in fully private practice, are not bound by any method of price calculation used in the SSIF. In the same way, private specialists may themselves make decisions about treatment prices. However, normally prices are higher than in general practitioners' clinics.

Working in Public Clinics

Approximately 18% of dentists work in municipal ambulatory dental departments (2013). These municipal ambulatory dental departments are contracted with the SSIF and adults' treatment is partly financed by the SSIF and partly (for expenditure on dental materials) by co-payments by patients. As mentioned earlier, some public oral health care is free of charge for children and teenagers, pensioners and the disabled. Many public clinic dentists also work part-time in private practice.

Specialists receive higher fees for their work in municipal polyclinics, because there is special index. The Insurance system also pays more to cover a larger proportion of the treatment price.

Working in Hospitals

The social status and guarantees for odontologists from General Practice, and Specialists, working in public hospitals and private service are the same according to the Lithuanian Law of Labour. It is based on a labour contract between the employee and employer, and the contractual requirements. The social guarantees of the employee do not differ whether the employer is a public or private institution.

Dentists who work in hospitals (university or big regional hospitals) are normally salaried employees. Hospitals usually are publicly owned, and the dental services provided are normally oral and maxillofacial surgery. These dentists will also assist in the education and training of dental undergraduates.

Working in Universities and Dental Faculties

There are 2 dental schools, in which dentists work, as listed above. They are the Lithuanian University of Health Sciences and the other the Faculty of Medicine at Vilnius University. Teaching staff are employed according to the requirements set by the university.

In order to maintain their position to work, teaching staff in every five year period participate in a public competition. If they meet the requirements, they sign a fixed-term employment contract for five years. If the applicant under assessment does not meet the set criteria of pedagogical research or practical work requirements for the position, their academic activity is terminated. The titles of university teachers are: assistant (title As.), lector (title lect.), docent (title assoc. prof.) and professor (prof.). For the positions of lector, docent and professor it is necessary to have the PhD degree.

Staff members are graded as professors (10%), associate professors (30%), lecturers (10%) and assistants (50%). About 50% of staff members are full-time teachers. The teacher/student ratio is 1:8. The qualified academic dental staff members provide supervision during clinical training.

Dentists can work as full-time or part-time employees of the university. According to the employment conditions their salary range is €300-1000 per month. Combination of part-time teaching employment and private practice is permitted by the universities.

Working in the Armed Forces

Dentists serve full-time in the Armed Forces, of whom 9 were female in 2013.



Professional Matters

Professional associations

	Number	Year	Source
Lithuanian Dental Chamber	3,660	2013	Chamber

The Lithuanian Dental Association suspended its operation in 2004, when the Lithuanian Dental Chamber was established.

The Dental Chamber:

- ✚ implements self government of dentists and coordinates their activities;
- ✚ pursues the strategic tasks of dental care (aid) within the healthcare system;
- ✚ takes concern in development of dental activities in the Republic of Lithuania, education of patients, professional training of dentists and medical culture;
- ✚ prepares drafts of legal acts on the activities of dentists, dentists specialists and oral health care specialists - to present them to the Ministry of Health

Odontologists are members of the Lithuanian Dental Chamber (*Lietuvos Odontologų Rūma*). Membership has been compulsory since July 2004, by law.

Also by law, representatives of the Lithuanian Dental Chamber are included in the special commissions, which examine complaints filed against dentists.

Ethics and Regulation

Ethical Code

There is an Ethical code, which was updated in 2007, administered by Lithuanian Dental Chamber. Dentists must work within the ethical code, which includes the relationships and behaviour between dentists, conduct with patients, consent and confidentiality, continuing education and advertising.

Fitness to Practise/Disciplinary Matters

A complaint may be made by a patient. This may be to:

- ✚ the health insurance company,
- ✚ the Dental Chamber,
- ✚ Ministry of health of the Republic of Lithuania
- ✚ the State Inspectorate of Medical Audit (SIMA).

In case of violation of professional ethics or rules of dental practice, or causing damage to a patient, there is a range of penalties which is normally administered by the Ethical Committee of Dental Chamber - in Regional Departments of the Chamber. The Committee of Reimbursement of Damage at the Ministry of Health, the State Inspectorate of Medical Audit (SIMA) and the Dental Chamber are always involved in the investigation of complaints.

The penalties may include a reprimand, a penalty or even the loss of the license to practice (the dentist cannot be

suspended immediately). Any serious break of the law can be referred to court and even result in imprisonment.

Data Protection

All odontologists must follow the requirement to protect patients' health data, according to the regulations of all the legal Acts and Odontologists' Competence regulating documents.

Advertising

Dentists are permitted to use press or telephone directories to advertise.

Dentists are allowed to promote their practices through websites, but they are required to respect the Code of Ethics and Code of Electronic Commerce (which embraces the CED Code of Ethics regarding internet sites).

Indemnity Insurance

Liability insurance is compulsory for dentists and oral hygienists.

According to the data for 2013, a minimum sum of 30,000 litas (€8,688) is estimated for a clinic for one insured event and a minimum sum of 300,000 litas is estimated for all insured events during one year of validity of the insurance contract.

The insurance does not cover for dentists/hygienists to work outside Lithuania.

Corporate Dentistry

Anyone can own a dental practice but a person who is responsible for the organisation of the clinical treatment must be a dentist.

Tooth Whitening

Lithuania complies with the Directive of 2011. The use of tooth whitening products is regulated by Lithuanian Hygiene Standard HN 62:2003 "Cosmetic products: general requirements, prohibited and restricted substances"

Health and Safety at Work

Requirements and regulations are set by the Ministry of Health. Compliance with the requirements is controlled and monitored by the responsible health authorities.

Each employee must undergo periodic medical examination. There is a compulsory use of means of protection at work such as facial masks, protective glasses and gloves.

Dentists and auxiliaries are recommended to be inoculated against Hepatitis B and later be checked regularly for sero-conversion.

Infection control is regulated by law and has to be followed by the dentist and his/ her team. Non-compliance causes sanctions.

Ionising Radiation

There is a requirement to have a Licence for using radiation equipment. There is a primary education period of 20 hours and in every 5 year period persons who work with X-rays (dentists or dental assistants), need to attend 8 hours of courses on ionising radiation.

Hazardous Waste

The EU Hazardous Waste Directive has been incorporated into Lithuanian laws. It is actively enforced. Amalgam separators are not mandatory. Amalgam is not popular with patients or dentists.

Regulations for Health and Safety:

For	Administered by
Ionising radiation	Radiation Protection Centre
Electrical installations	The State accredited electrical technicians
Waste disposal	Local government, Ministry of Health
Medical devices	Lithuanian Dental Chamber; State Health Care Accreditation Agency under the Ministry of Health; National Health Insurance Fund under the Ministry of Health; Patient health damage detection Commission; The courts & others.
Infection control	Public Health Center

Financial Matters

Retirement pensions and healthcare

In 2013, the normal age for retirement for women was 61 and for men 63 years, although dentists and their staff can work past then.

There is a state-funded system of pensions of which dentists and their staff are a normal part. In addition to withholding a 3% pension social insurance and a 6% health insurance contribution on behalf of an employee, an employer must contribute to social insurance at a rate between 30.98% and 32.6% of the employee's gross salary, depending on the risk group. An employer must contribute 0.2% of an employee's gross wages to the Guarantee Fund.

The pension would be about 50% of last declared income. This is the same for employed and self-employed dentists. Any additional insurance pension depends on the individual contract and the amount insured.

Taxes

Income derived by individuals is generally subject to personal income tax at the standard rate of 15%, although there is a complex system of tax exempt amounts for lower incomes and exceptions apply, such as dividends and other profit distributions are taxed at a personal income tax rate of 20%; income from individual business activities (except income from some professional activities and income from securities is taxed at a rate of 5%.

VAT

The standard rate of VAT is 21% (since 2009). The main dental materials: filling materials, impression materials, instruments, gloves, anaesthetics, disinfectants are charged at this standard 21%. Some auxiliary materials, such as radiographic materials, instruments and equipment for laboratories are also charged at 21% VAT.

There is a reduced rate of 9% on books and a further reduced rate of 5% on pharmaceuticals and medical items.

The cost of dental health care (and other health care too) is VAT free.

Various Financial Comparators

Vilnius Zurich = 100	2003	2012
Prices (including rent)	46.1	42.4
Wage levels (net)	10.1	16.0
Domestic Purchasing Power	23.4	32.6

Source: UBS August 2003 & November 2012

Other Useful Information

Competent authority and main associations:	
<p>Lithuanian Dental Chamber J. Jasinskio g. 16 LT 01112 Vilnius Tel: +370 5 2 12 25 10 Fax: +370 5 2 12 25 10 Email: info@odontologurumai.lt Website: www.odontologurumai.lt</p> <p>The Chamber manages a part of the database, registers information on temporary provision of the dental practice services, solves formal and informal educational issues, arranges improvement of professional skills and performs other functions provided by the legal Acts of the Republic of Lithuania and the Chamber. The Chamber is responsible for licences and certification</p>	<p>Ministry of Health of the Republic of Lithuania Vilniaus str. 33, LT- 01506 Vilnius</p> <p>Tel: +370 5 2 68 5110 Fax: +370 5 2 66 1402 E-mail: ministerija@sam.lt Website: www.sam.lt</p>
<p>Lithuanian Dental Hygienists Association LT-08217 Vilnius Tel: +370 61211514 Email: info@lbhd.lt Website: www.lbhd.lt</p>	<p>Lithuanian Dental Assistants Association Rinkines str. No 4-13 Vilnius LT-09312 Tel/fax: + 370 5 27353 77 Mobile: +370 6 98808 36 Email: tatjana.tomasevic@pylimas.lt</p>
<p>-Main journal: Stomatologija – Baltic Dental and Maxillofacial Journal Kanto 4-1, Kaunas LT-44296</p> <p>Phone/fax: +370 37 228307 Mobile: +370 6 1271707 +370 683 09583 Email: edoffice@sbdmj.com Website: http://stomatologija-bdmj.lt/apie_zurnala.html</p>	
<p>Main information centre: Statistics Lithuania Gedimino ave 29, LT-01500 Tel: +370 5 2364800 Fax: +370 5 2364845 Email: info@stat.gov.lt Website: http://www.stat.gov.lt/en/home</p>	<p>Lithuanian Health Information Centre: WHO Collaborating Centre Didzioji str. 22, LT-01128 Vilnius, Tel.: +370 52773303, Fax: +370 52624663 e-mail: lsic@lsic.lt or institutas@hi.lt Website: http://sic.hi.lt/html/en/lhic.htm</p>

Dental Schools:

<p>The Lithuanian University of Health Sciences (LUHS) Faculty of Odontology A. Mickevičiaus str. 9, LT – 44307 Kaunas Tel.: +370 37 327201, Fax.: +370 37 220733, E-mail: http://lsmuni.lt/en/ Website: http://lsmuni.lt/lt/</p> <p>Number of dentistry students (2013): 740 Graduated in 2013: 153</p>	<p>Vilnius University Faculty of Medicine Institute of Odontology M. K. Čiurlionio str. 21, LT-03101 Vilnius</p> <p>Tel. +370 85 239 8700 Fax. +370 85 239 8705 Email: mf@mf.vu.lt Website: http://www.mf.vu.lt/index.php</p> <p>Number of dentistry students (2013):145 Graduated in 2013: 27</p>
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