



# Dentistry in Sweden



Swedish Dental Association



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# Government and healthcare in Sweden

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Sweden has a population of 8.94 million, with about 85% of inhabitants living in the southern half of the country. It has a constitutional monarchy with a parliamentary system of government, but as Head of State the King only has a ceremonial function.

The Swedish Parliament, the Riksdag, consists of 349 members. These members are chosen in 29 different constituencies and therefore represent the entire country. At present (2003) seven political parties are represented in the Riksdag. Together, members belonging to the same party form a party group.

The parties and their mandates: The Social Democratic Party 144, The Moderate Party 55, The Liberal Party 48, The Christian Democrats 33, The Centre Party 22, The Left Party 30, The Green Party 17.

Many aspects of government, including healthcare, are delegated to the county or municipality level (289 municipalities 2001). Both the counties and municipalities have elected councils which may levy taxes. Liberal immigration policies have given Sweden a multicultural population, with immigration accounting for 39% of the gross population growth.

Social expenditure accounts for some 40% of Sweden's Gross Domestic Product. The proportion of GNP spent on general healthcare, including dentistry, in 2002 was 8%. The county government has a predetermined global budget every year.

In Sweden most healthcare is provided through a national social insurance system, which also provides sick pay, child benefits, disability allowances and pensions. The national insurance system operates as a government agency (the National Social Insurance Board or Riksförsäkringsverket), through local Social Insurance Offices (Försäkringskassan). Everyone who is resident in Sweden is registered with a social insurance office when they reach the age of 16. The expansion of healthcare in the 1950s and 1960s concentrated especially on secondary care, so that Sweden now has a high proportion of specialist and hospital-based services. Public expectations of health services are high. In total, around 85 % (2001) of healthcare costs including dentistry, are funded by government.

For the majority of the Swedish population general health care is paid for through general taxation, plus a small fee (€20 in 2003) for each visit to a doctor.

## Oral healthcare in Sweden

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In Sweden oral healthcare is the responsibility of county government, although counties are not required to provide the services themselves. 8% of total governmental spending on healthcare is spent on dentistry.

Almost all oral healthcare is provided in one of two ways. Firstly, there is a Public Dental Service (NDS) which provides free dental care to children up to the age of 19.

These dental services are mainly delivered in local clinics which are managed by the counties. Children and their parents can choose to attend either the NDS or private practitioners. Secondly, adults and elderly people who are not entitled to free care from the Public Dental Service can get subsidised dental care from the NDS or dentists in private practice.

The framework in 2003 is (this national insurance scheme was introduced in 1999):

- Basic dental care, such as prevention, fillings and emergency treatment is partially paid for by a fixed subsidy. For those between the ages of 20 and 29 this covers the initial examination as well.
- There is free pricing with a fixed subsidy. The dentists in private practice settle their prices themselves. The counties settle the prices for all the clinics within the county.
- There are no subsidies for amalgam fillings.
- For those with long-term illness, certain diseases or special needs, get a subsidy by means of a fixed sum for dental care.
- There are cost limits for both prosthetic and orthodontic treatment. In 2003 the limit was set at €600 – over this limit the dental care is subsidized by a fixed sum.
- People older than 65 have a 100 %

subsidy for dental prosthetic treatment, on costs of more than €850 (2003), excluding the costs for the materials.

Prior approval for some treatments is necessary.

In 2000 (the latest figures available) the total cost for dental care was approximately €1.54 billion. Patients' fees were €0.9 billion of this sum, so the taxpayers' share was €0.6 billion. Of this, €0.2 billion was provided through the national insurance scheme.

It is easier to access NDS-care in the big cities than in the country. During a one-year period (2001) 64.6% of men and 70.1% of women in the ages from 16 to 84, accessed dentistry. In a 2-year period, approximately 82% of the adult population access dentistry. A re-examination is normally carried out every one or two years.

## **Quality of Care**

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

# Education, Training and Registration

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## **Primary dental qualification**

There are 4 dental schools, all State owned and financed. The schools are all part of the Faculties of Medicine of the respective universities. To enter dental school, students must have completed secondary education. There is no entrance examination. See dental schools.

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

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

## **Post-Qualification Vocational Training**

There is no post-qualification vocational training in Sweden.

## **Registration**

In order to practise as a dentist in Sweden, a qualified dentist must have a licence awarded by the National Board of Health and Welfare unit for Qualification and Education. This body keeps a register of dentists. For the address of the unit [click here](#)

The main degrees which may be included in the register are: the licence, and a diploma of specialisation. There is a fee of €45.60, to receive the licence.

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

There are no formal linguistic tests in order to register, although dentists are expected to speak and understand Swedish. However, an employer has the right to demand knowledge in Swedish – as the „case book“ must be written in Swedish as a patient has the right to understand what is written in it.

## **Further Postgraduate and Specialist Training**

### *Continuing education*

Continuing education is optional. The Swedish Dental Association is responsible for the continuing education and promotes it to the dentists (for the address click [here](#)).

### *Specialist Training*

Training for the specialities lasts 3 years, after 2 years in general practice. It takes place in university clinics or recognised postgraduate institutions approved by the Swedish Board of National Health and Welfare. The capacity of specialist training is about 180 places - 150 are currently used

(2003). The major part of this training is paid for by the Counties, directly through education on request or indirectly through the co-ordinated County grant. Before 2009, 30% of specialists are due to retire and it is anticipated that there will be a shortage in some disciplines.

There is training in 8 main specialties:

- Orthodontics
- Oral and Maxillo-facial Surgery
- Endodontics
- Paediatric Dentistry
- Periodontology
- Prosthodontics
- Radiology
- Stomatognathic physiology

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

## Workforce

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### Dentists

<b>Total Registered</b>	<b>14 043</b>
In active practice	7 594
General (private) practice	3 313
Public dental service	3 761
University	300
Hospital	220

In 2002, 222 persons obtained a dentist's licence in Sweden - 81 of these graduated as a dentist in another country than Sweden. There were 6,007 male and 5,108 female dentists under the age of 65 (retirement age) registered in Sweden.

54% of those who are active are men and 46% are women. But, the number of active dentists is decreasing.

Retirement is increasing due to the dispersion of age. In the mid 1990's the Government reduced undergraduate numbers by 40 %. Additionally, emigration is higher than the immigration of dentists. During the period 1993-2001 the net loss of dentists was 722. Most of the emigrated Swedish dentists have moved to the United Kingdom and Norway. The trend of a greater movement in and out of Sweden is predicted to last.

For the moment, the loss of retired dentists is balanced by the newly-qualified, so the reduction of the active workforce is only from this emigration.

## Specialists

<b>Numbers (2003)</b>	<b>Total</b>	<b>Over 65</b>
Orthodontics	430	120
Oral & MF Surgery	251	83
Endodontics	68	17
Paediatric dentistry	171	54
Periodontology	202	52
Prosthodontics	198	51
Radiology	70	15
Stomatognathic physiology	51	6

In 2003 there were approximately 1,450 dentists in the eight recognised dental specialties (this works out as a ratio of 1/8

specialists to generalists). 1,080 were under the age of 65.

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

## Auxiliaries

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

- Dental hygienists
- Dental technicians
- Orthodontic Auxiliaries

<b>Numbers (2003)</b>	<b>Total</b>
Hygienists	2 900
Technicians	1 348
Orthodontic Auxiliaries	Unknown

### *Dental Hygienists*

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

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

Most dental hygienists work in locations where dentists work, with 600 employed in private practice and 2,100 in the public dental health sector and 200 are private practitioners. They take legal responsibility for their work and charge fees to patients, which may vary from what dentists charge. They are required to obtain professional indemnity insurance.

Their earnings would be about €24,000 per year (in 2000).

### *Dental Technicians*

To train as a dental technician requires an academic entry of 2 "A" levels, and then 3 years of lectures and practical training at a dental school. After qualification technicians are licensed by the National Board of Health and Welfare, but they do not have to have a registerable qualification to work. Their duties include the production of fixed and removable prosthetic and orthodontic appliances. They may not deal directly with the public.

The number of active dental technicians amounted to 1,348 in 2001. Of these, 226 were employed by the Counties and 1,122 worked in private practice. This is

a decrease of more than 60% since 1990. In the period 2000 to 2003 an average of 45 dental technicians have been qualified each year.

Typically they would earn about €21,000 per year (in 2000).

There are no reports of (illegal) denturists in Sweden.

#### *Orthodontic Auxiliaries*

Orthodontic operating auxiliaries' training lasts one year and takes place where orthodontists are trained. This enables them to carry out specified procedures, but they must work under the direction of an orthodontist.

There is no available data on numbers for this group.

#### *Dental Nurses*

More than 8,000 dental nurses are employed by the Counties. The total number of dental nurses is estimated as 14,000 in 2003. About 3,100 will reach retirement age within a period of ten years. An addition of newly-qualified dental nurses is not expected as formal education for dental nurses did not exist in 2003.

# Practice in Sweden

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## **Working in General (Private) Practice**

In Sweden, dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general treatments are said to be in private practice. There are about 3,300 dentists who work in this way. This represents 45 % of all dentists registered and practising. In Sweden, the term 'general practice' refers to dental practitioners who are not specialists and who work outside hospitals.

Dentists in private practice are self-employed and are remunerated mainly by charging fees for treatments, supplemented by social security subsidies. The most common way of remunerating a dentist is to pay a fee for each treatment (item of service). If the treatment is one included in the NDS the dentist gets reimbursed by the dental insurance. Very few dentists (less than 1%) accept only private fee-paying patients.

### *Joining or establishing a practice*

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

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

No standard contractual arrangements are prescribed for dental practitioners working in the same practice. They may be employees of a principal dentist, in partnership or employed under a lease arrangement. This lease arrangement is the renting of a room, equipment and sometimes staff from the dentist-owner. Such dentists have their own patients and pay either a monthly rent or a percentage of their income.

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

The controls for monitoring of the standard of care are the same as already described above. It is estimated that more than 80 % of the adult population visits a dentist at least once every two years.

## **Working in the Public Dental Service**

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

The service employs about 4,000 dentists, approximately 700 as specialists. (The specialists receive patients from dentists in private practice, as well as from dentists in the Public Dental Service.) Besides the dental degree, the only formal qualification required to work in the public dental service is for specialists, who should have received recognised additional training.

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

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

## **Working in Hospitals**

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

Any complaints are handled by the Public Dental Service or the Medical Responsibility Board (HSAN).

Hospital dentists earn about €43 000 per year.

## **Working in Universities and Dental Faculties**

In Sweden about 300 dentists work in universities and dental faculties, as employees of the university. They are allowed to combine their work in the dental faculty with part-time employment elsewhere and, with the permission of the university, may work in private practice outside the faculty. Academic titles within a Swedish dental faculty are: professor (responsible for education and research), associate professor (teaching), and assistant professor (teaching). There are no formal age or training requirements, but most promotions are made on the basis of scientific research experience.

The time of a typical full-time faculty member of staff is spent 50% on teaching, 15% on their own patients, 25% administration and 10% research. The complaints procedures are as described above.

# Professional Matters

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## Professional associations

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

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

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

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

For more information about the Swedish Dental Association.

## Ethics

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

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

### *Standards and monitoring*

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

In the Medical Responsibility Board membership may comprise politicians and jurists. The person who submits the report concerning dental matters is always a dentist. The Medical Responsibility Board (HSAN) is the only authority that can apply sanctions. There are 4 alternative sanctions: an admonition, a caution, to keep the licence for a trial period or the licence is suspended. The most common reason why a dentist loses his licence is illness - less common is crime and lack of skill.

An appeal against a decision made by

the Medical Responsibility Board (HSAN) can be made to the County Court in Stockholm.

### *Advertising*

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

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

Liability insurance is compulsory for dentists. For dentists working in the Public Dental Service there is a national scheme. Insurance for private practitioners is provided by The Swedish Association of Private Dental Practitioners and by the producers' cooperative Praktikertjänst, for the dentists joined to Praktikertjänst. (The Praktikertjänst group is a private provider of healthcare, schools and welfare, with the owners themselves healthcare practitioners). The liability insurance for the private practitioners provides financial support for the cost of further medical and dental treatment, compensation for loss of income, damages for pain and suffering, physical disability and injury and other inconveniences. A private dental practitioner currently pays in average €220 (2003) each year for this cover.

### *Corporate Dentistry*

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

### *Health and Safety at Work*

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

### *Regulations for Health and Safety*

<b>For</b>	<b>Administered by</b>
Ionising radiation	Swedish Radiation Protection Authority, SE-171 16 Stockholm
Electrical installations	The county authorities
Infection control	The National Board of Health and Welfare, SE-106 30 Stockholm
Medical devices	Medical Products Agency, P.O.Box 26, SE-751 03 Uppsala
Waste disposal	Swedish Environmental Protection Agency, Blekhölmsterassen 36, SE-106 48 Stockholm

# Financial Matters

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## Dentist' Incomes:

The income ranges dentists would have expected to earn in 2002 (monthly):

<b>2002 (in Euros)</b>	<b>Dentist 25 years old or 2 years after qualification (average)</b>	<b>Dentist 25 years old or 2 years after qualifica- tion (range of income)</b>	<b>Dentist 45 years old or 20 years after qualification (average)</b>	<b>Dentist 45 years old or 20 years after qualifi- cation (range of income)</b>
<b>Generalist</b>	2,940	2,750-3,130	3,380	3,330-3,740
<b>Head of Clinic</b>	-	-	4,340	3,080
<b>Hospital dentist</b>	-	-	3,630	3,190-4,070
<b>Specialist (and not Head of Clinic)</b>	-	-	4,400	3,960-4,950

## Retirement pensions and Healthcare

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

The normal retirement age is between 65 and 67. A dentist is allowed to practice

dentistry until the age of 70.

There is also a disability pension (again from the Försäkringskassan) for those unable to work due to chronic illness or disability.

## **Taxes**

*National income tax:*

The highest rate of income tax is about 58 % on earnings over about €46,155 per year.

*VAT/sales tax*

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

## Other Useful Information

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### Main national associations and information centres:

#### **Swedish Dental Association**

PO Box 1217  
S-111 82 Stockholm  
Phone: +46 8 666 15 00  
Fax: +46 8 662 58 42  
E-mail: kansli@tandlakarforbundet.se  
Website: www.tandlakarforbundet.se

#### **The Swedish Association of Private Dental Practitioners**

PO Box 1217  
S-111 82 Stockholm  
Phone: +46 8 555 446 00  
Fax: +46 8 555 446 66  
E-mail: info@ptl.se  
Website: www.ptl.se

#### **Association of Public Health Dentists in Sweden**

PO Box 1217  
S-111 82 Stockholm  
Phone: +46 8 545 159 80  
Fax: +46 8 660 34 34  
E-mail: kansliet@stf-tt.org  
Website: www.stf-tt.org

#### **The Swedish Association of Dental Teachers**

Karolinska Institutet, Anders Bolin  
Phone: +46 8 728 81 54

#### **The Swedish Association of Dental Students**

Phone: +46 8 666 15 00

## Publications:

### **Tandläkartidningen**

(Journal of the Swedish Dental Association)  
and

### **Swedish Dental Journal**

(the scientific journal of the SDA), both at:

PO Box 1217

S-111 82 Stockholm, Sweden

Tel: +46 8 666 15 00

Fax: +46 8 666 15 95

E-mail:

redaktionen@tandlakarforbundet.se

## Competent authority:

### **The National Board of Health and Welfare**

Rålambsvägen 3

S-106 30 Stockholm

Phone: +46 8 555 53 000

Fax: +46 8 555 53252

E-mail: [socialstyrelsen@sos.se](mailto:socialstyrelsen@sos.se)

Website: [www.sos.se](http://www.sos.se)

## Dental schools:

### **Huddinge**

Karolinska Institutet  
Odontologiska Institutionen  
Box 4064  
S-141 04 Huddinge  
Phone: +46 8 728 64 60  
Fax: +46 8 760 815 05

### **Göteborg**

Göteborg University  
Odontologiska fakulteten  
Medicinaregatan 12A, vån 8  
Odontologen, Göteborg  
Phone: +46 31 773 3033  
Fax: +46 31 773 32 07  
E-mail: [info@odontologi.se](mailto:info@odontologi.se)  
Website: [www.sahlgrenska.gu.se](http://www.sahlgrenska.gu.se)

### **Malmö**

Tandvårdshögskolan  
S-205 06 Malmö  
Phone: +46 40 665 8461  
Fax: +46 40 925 359

### **Umeå**

Tandläkarhögskolan  
S-901 87 Umeå  
Phone: +46 90 785 60 00  
Fax: +46 90 770 580  
E-mail: [prefekt@odont.umu.se](mailto:prefekt@odont.umu.se)  
Website: [www.umu.se/odont](http://www.umu.se/odont)

# The organisation for the dental profession

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## **We protect and develop the professional interests of dentists**

The Swedish Dental Association is the organisation for the dental profession. Together with the four national associations, the Swedish Association of Private Dental Practitioners, the Swedish Association of Public Dental Officers, the Swedish Association of Odontological Teachers and the Association of Dental Students, we offer dentists and dental students professional and trade-union services.

Our task is to protect and develop our members' professional interests. We do this in close co-operation with the national associations, which look after the

interests of their members from a trade union or business perspective.

### **The Swedish Dental Association offers its members:**

- monitoring and active influencing of dentists' professional areas of interest
- continuing education, courses and the Annual Dental Congress
- Tandläkartidningen (the Swedish-language journal of the Swedish Dental Association) and the Swedish Dental Journal
- membership service and collegial support

- Swedish Dental Association

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