

Date of last revision: 1st October 2008

In the EU/EEA since	1957
Population (2008)	59,618,114
GDP PPP per capita (2007)	€24,596
Currency	Euro
Main language	Italian

General public healthcare is funded largely through general taxation, with small co-payments by patients limited to specific classes of pharmaceuticals, specialist visits and diagnostic services, with various exemptions (medical conditions and income levels). Oral healthcare may be limited to emergency treatment only and most dentistry is therefore provided through liberal, private practice.

Number of dentists:	54,190
Population to (active) dentist ratio:	1,242
Members of Dental Associations (two):	40%

The use of dental specialists is limited and the development of clinical dental auxiliaries is limited to hygienists.

Continuing education for dentists has been mandatory since 2002.

Government and healthcare in Italy

Italy is a democratic republic, on the north side of the Mediterranean Sea. Italy is one of the founder countries of the EU. The capital is Roma.

Italy has a central government elected by (mainly) proportional representation. The country is divided into twenty one regions. Each region has an elected parliament or council which can raise local taxes. Regions are responsible for a range of functions including agriculture, the environment, planning, the arts and sanitation. The Regional powers are through ongoing revisions of the Italian Constitution and federalist legislation.

Healthcare is currently a constitutional right for all citizens. The budget for health services is decided nationally and funds are allocated via the Regions on a per capita basis. The central government establishes health coverage, (namely, the typology of services guaranteed under the NHS provision) called LEA - Essential Levels of Assistance. Its priorities are through the National Health Plan and the national budget. The whole process is based on consultation and, in reality, on the agreement with the regional governments through the so-called "*Conferenza Stato/Regioni*" (State/regional conference).

Even if the resources are public (taxation and state budget), the NHS and the Regional budget are produced by national and local taxation, together with a very small amount of self financing through the application of tickets, co-payments and services provided on a private payment basis. Some innovations (for example, which specific taxes and in what percentage can be levied by the local authorities, regions and municipalities) follow the implementation of Federalist legislation, while the entire process of delegation of powers and responsibilities to the regions is still ongoing.

The political responsibility of the regional health service is on the "*Assessore alla sanità*" (Health Commissioner, who

is a member of the Regional Government.). The institutional and organizational structure of each of the 20 regional services is made by "*Aziende sanitarie locali*" (local health public enterprises or firms) and "*Aziende ospedaliere*" (hospital public enterprises). Each region appoints a general manager to manage its health local and hospital enterprises. The general managers are supported by other technical (medical and administrative) bodies.

Hospitals are mainly paid for the services provided (Italian DRGs: MMGs), while the other sectors (general practice, specialists, etc.) are paid through services tariffs or a per capita quota. The third component of the NHS is the "Public Health Service", mainly public hygiene, prevention, etc. The various services are provided in the following way:

Hospital care, primary care, specialist care, actually, all services guaranteed under the LEA (Essential levels of services) are provided free of charge. There are two exceptions: tickets applied to a certain class of drugs (all those out of class A, are guaranteed to everybody free of charge, class B 65 of the charge and class C the full charge) and a co-payment applied to specialist services, namely visits (for example, a visit to a cardiologist, a neurologist, etc.) and laboratory and diagnostic services. Emergency care is free at the point of delivery but, in some regions if the patient is not hospitalised he has to pay for the services received, because the emergency was deemed to be inappropriate. Persons who are considered "frail", by their economic condition or specific health conditions, those aged under 6 and over 65, are exempt of every ticket and co-payment.

	Year	Source
% GDP spent on health	9.0% 2006	OECD
% of this spent by governm't	77.1% 2006	OECD

Oral healthcare

In principle, there is a comprehensive oral health care system, which functions within the National Health Service. Only implants are formally excluded. However, in reality, the service provided depends on local priorities for health and thus varies enormously, even from town to town within a region. In many areas, only emergency treatment is provided. So, in practice, publicly provided dental treatment comprises mainly extractions and only occasionally restorations. Considering that there is an extensive under-provision even in the areas where there is a public duty to deliver dental care, dentistry is in point of fact a private sector service. In the last few years, however, there are signs of an increase of public supply both in the form of new models of delivery and of joint public/private financing (especially in Lombardia, Piemonte, Veneto, Emilia and Romagna).

LEA

The revision of the LEA made in 2008 (Livelli essenziali di assistenza = Essential Level of Assistance) redefined and updated the range of services and treatments offered by the SSN (= NHS).

For dental care the relevant national regulations define the criteria upon which the LEA are determined and regulate the Integrative Funds of the NHS, and the definition of LEA.

Such national regulations state that the oral health care, on NHS charge, is limited to:

1. Dental health care programmes dedicated to the age of development (0-14 years)
2. Dental and Prosthetic care to subjects with particular conditions of vulnerability.

The evaluation of the current interventions at regional level, lead to the activation of following programmes for the 0-14 years group:

- the monitoring of cavities and malocclusions
- the treatment of cavity pathology
- the correction of the most risky orthognathodontic pathologies (Grade 5 of the IOTN index).

Receivers

All citizens in the age of development (0-14 years).

Treatments:

1. Dental visits: to all subjects in the age group, without limit of frequency, for diagnosis
2. Other treatments, including extractions, periodontal surgery, reconstructive oral surgery, scaling, etc.
3. Dental and Prosthetic care to people with particular conditions of vulnerability.

Two different categories of 'vulnerability' can be defined:

1. "Sanitary" vulnerability: conditions of sanitary kind which make dental treatments essential or necessary;
2. Social vulnerability: conditions of social and economic disadvantage generally related to the low income and/or to marginality or social exclusion which prevent access to private dental treatments.

SANITARY VULNERABILITY

To define the conditions of sanitary vulnerability two different criteria are adopted:

- First one takes into account the diseases and the conditions they are frequently or always associated with and complications of dental nature. (for example: abiotoplasia and other familial malformations, some rare diseases, drug addiction, and so on.)
- Second one takes into account the diseases and the conditions in which the health conditions could worsen or be compromised by concurrent dental pathologies.

Receivers:

In this aspect, the following six conditions are defined:

1. patients who are waiting for transplant and post-transplant
2. patients with severe immunodeficiency
3. patients with cyanogenic familial heart diseases
4. oncoemathological pathologies in children
5. patients under radiotherapeutic treatment for neoplasias
6. severe bleeding

However, characteristics and features of each pathology should be defined in details as well as the period of the benefit concession (ie the length of post-transplant assistance).

Moreover, the modalities and the ways where these subjects can be identified need to be punctually defined.

Treatments:

Considering the extent and the gravity of the pathologies, people with the so-called sanitary vulnerability all dental treatments prescribed by the individual sanitary plan and included in the general nomenclature are guaranteed treatment, with the exception of prosthetics and aesthetic interventions.

SOCIAL VULNERABILITY

Among all the conditions of social vulnerability three different situations are identified where the access to dental treatments is hindered or prevented:

1. social exclusion
2. poverty
3. low-middle income.

Receivers:

The Regions and other self-ruling Provinces are asked to choose instruments for the evaluation of the socio-economic situations and the criteria to select the social vulnerable populations as receivers of specific dental performances.

Treatments:

all socially vulnerable subjects are guaranteed:

1. dental examinations
2. dental extractions
3. fillings and root canal therapies
4. provision of removable appliances (but not including prosthetic appliances)
5. application of dental appliances to subjects from 0 to 14 years of age with a IOTN index = 5 (but not including the cost of the fabrication)

6. deep pulpotomy in immature root apices for 0 to 14 years group.

GENERAL POPULATION

Finally, to all citizens, included the ones who are not part of the indicated protection groups the following treatments are guaranteed:

1. dental examinations, at the end of the early diagnosis of neoplastic pathologies of the oral cavity
2. immediate treatment of odontostomatologic urgencies - treatment of severe infections, bleeding, severe pain, including pulpotomy (with direct access)

In most regions orthodontic or prosthetic treatment is not normally covered by the public system. Since the amount of treatment in the Public Health Service is limited by local priorities and the budgets that are available, most care is in fact provided from Private Dental Practice.

	Year	Source
% GDP spent on oral health	1.40% 2004	Manual
% of OH expenditure private	97% 2004	Manual

Public expenditure on dentistry was estimated in 2003 to be only approximately €500 million. Public dental expenditure, however, has increased slowly in the past few years and it is a very dynamic component of the regional public budget, because in the main the regions are trying to increase supply. Private dental expenditure is estimated to be about €10 billion.

In 2006 an average Italian family spent €1,300 per year on oral health care.

Private insurance for dental care

There are some private healthcare insurance plans, but largely they exclude routine dental care. Most, however, include hospital-based oral surgery on an "item of care basis". There are no private dental care plans.

This market is changing however, because there is a trend to develop dental plans as a part of the coverage provided by supplementary health insurance.

Quality of Care

There is no formal direct monitoring in either the public or private sector, other than patient complaints. Both public and private practices are nevertheless "authorised" by

District Health Service (ASL) Inspectors, which means that have to obey to certain professional and structural standards.

Beside mandatory authorisations, some regions have developed and applied rules of accreditation. In Italy, accreditation means that practices hold higher levels of structural, professional and technological characteristics.

Regional (Lombardia) and national surveys in the early years of this century revealed that patients have high confidence in their dentists and are satisfied with their services, including the fees paid for treatment.

Access

Patients in Italy do not have problems of access to private dentists. But, patients have access problems in the public sector, with under-provision (even if the treatment is guaranteed to be available) or waiting lists.

Half of the population attends a dentist at least once a year. Intensity of treatment, that is the number of dental visits per persons per year, is estimated however to be low comparing to international standards. Re-examinations for adult patients occur usually on an annual basis.

Health data

	Year	Source
DMFT at age 12	1.13 2006	OECD
DMFT zero at age 12	No data	
Edentulous at age 65	No data	

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

Fluoridation

There is no water fluoridation in Italy but there are many springs of natural fluoride of volcanic origin in various regions.

Since 1980 ANDI has held a "Month of Dental Prevention", every October. ANDI dentists' examinations are free of charge in that month. During the visit the dentist explains the importance of oral and dental care prevention and distributes a tube of fluoride toothpaste, a tooth brush and floss to the patient.

Education, Training and Registration

Undergraduate Training

To enter dental school a student has to have completed secondary education (high school) and have a diploma, at the ages of approximately 18 to 19 years. There is an entrance examination to dental school and a "numerus clausus" is applied to each school.

Year of data:	2008
Number of schools*	34
Student intake	850
Number of graduates	800
Percentage female	30%

* Two more schools are not in this table as they had not yet enrolled any students in 2008. Two others (included here) had not yet graduated any students.

All dental schools are located in universities as Faculties of Dentistry in Colleges of Medicine. They are all state owned, except the University Cattolica in Rome. The dental course is 5 years in length. Students in the private dental school are responsible for paying their own fees. Foreign students are estimated to be about 50 in number.

Quality assurance for the dental schools is provided by the Ministry of Education, with some joint responsibility with the Ministry of Health.

Qualification and Vocational Training


Primary dental qualification

The primary degrees which may be included in the register are:

 *University degree in Dentistry and Dental Prosthesis* with

- a *Degree to practice dentistry and dental prosthesis*.

or (until January 2003)

 a *University degree in medicine and surgery* accompanied by the

- *Specialization in the dental sector* with
- a *Degree to practice medicine and surgery*

From January 2003, the EU Directives were fully implemented by the Italian Government, and only a university degree in Dentistry is acceptable for first registration as a dentist in Italy.

Until 2003 there was a confused situation in Italy: from 1897, by law it was mandatory to have a university degree in medicine and medical surgery (6 years) to practice dentistry. The first (5-year) university degree in dentistry was introduced in 1924, but a law of 1926 confirmed that the medical university degree was still necessary to practice dentistry. Traditionally, therefore, dentistry was a specialty of medicine, with or without formal training in dental subjects.

A Presidential Decree of 1980 introduced (again) the 5-year university dental degree, according to the EC Directives but a further law in 1985 confirmed that two ways of training (through a medical degree and a specialisation of "Stomatology", or a dental degree) could lead to registration as a dentist. In 1991 the European Court ruled that the Italian law permitting medical doctors to practice dentistry was illegal and that all medical doctors already practising dentistry must be enrolled in a Dental register.

The Stomatology specialisation was abolished by a Decree in 1993 and in 1995 the European Court ruled that physicians who practiced dentistry according to Italian laws were *ultra vires*. In 1998 the Commission's view that physicians had to have attended proper dental courses was ratified in Italian law.

Vocational Training (VT)

There is no post qualification vocational training in Italy.

Registration

To register as a dentist, an applicant must have a degree or diploma in dentistry recognised by the Ministry of Health (Foreign Affairs) and by one dental faculty, and be a citizen from an EU or other appropriate country. The registration list is held by the *Federazione Ordini dei Medici Chirurghi e degli Odontoiatri* - the competent authority for dentistry. The registration process is the same for all dentists, and there are no regulatory tests. The amount of the annual registration fee varies as it is decided by each provincial branch medical/dental board.

Language requirements

There are no formal language requirements to register.



Further Postgraduate and Specialist Training

Continuing education

Since 2002 there has been a formal requirement for continuing education for dentists. The validation rules for mandatory continuing education set by the Italian Ministry of Health stipulate that dentists must undertake 150 units of CPE within a 3-year period (2008-10), including a minimum of 30 and a maximum of 70 each year.

Specialist Training

In Italy only two specialties, Orthodontics and Oral Surgery, are recognised. In each case formal training lasts for three years and takes place in a University. The titles upon qualification are respectively:

-  Diploma di specializzazione in 'Ortognatodonzia'
-  Diploma di specializzazione in 'Chirurgia Odontostomatologica'

Trainees are paid during the period of training for their specialisation, when specialisation follows the first degree. Resources were made available by the Ministry of Health and are a component of the overall financing of the NHS. New university reform has introduced Masters and PhD degrees to Italy.

Workforce

Dentists

Year of data:	2007
Total Registered	54,190
In active practice	48,000
Dentist to population ratio*	1,242
Percentage female	34%
Qualified overseas	550

In October 2007, approximately 14,190 dentists had been trained according to the EU Directives, approximately 9,000 were graduates in medicine with dentistry as a specialty (the old system) and 30-31,000 were medical graduates without formal specialist training in dentistry. It is not clear how many restrict their work to dentistry only, and how many practice both medicine and dentistry.

There is some reported unemployment amongst dentists in Italy, because of supply-demand imbalance, above all in southern Italy. There is also what is called "underemployment", that is to say dentist with a very low number of patients has insufficient to earn enough in fees to cover the expenses of keeping open the practice or to earn a basic reasonable income.

Movement of dentists across borders

In 2007, there were over 500 foreign graduated dentists working in Italy. An unknown quota comes from other European countries - above all, those close to the Italian borders. Another quota comes from outside the EU, following increases of immigration. Additionally, it is known that there is movement across the northern border of Italy and that this is on the increase. Italian graduates tend to go to the French speaking countries when working abroad, but some go also to the UK and the US.

Specialists

In Italy, two specialties, Oral Surgery and Orthodontics are recognised. Most specialists work in private practice and see patients on referral from private practitioners. The ratio of specialists to other dentists is estimated to be very low (no more than 5%).



Year of data:	2007
Orthodontics	1,900
Endodontics	
Paedodontics	
Periodontics	
Prosthodontics	
Oral Radiology	
Stomatology	9,000
Oral Surgery	50
Dental Public Health	
OMFS	640

As stated above, stomatology is where a medical practitioner has dentistry as a specialty and so is not a specialty in the generally accepted sense.

There are many regional associations and societies for specialists. These are best contacted via one of the national dental associations.

Auxiliaries

Other than chairside assistants, there are two kinds of recognised auxiliaries. They are:

-  Dental Hygienists
-  Dental Technicians

Year of data:	2007
Hygienists	4,000
Technicians	11,520
Denturists	0
Assistants	52,000
Therapists	0

Dental Hygienists

Education and training is provided for this group by universities and lasts for three years, leading to a diploma which must be obtained before a dental hygienist may legally practice. Numerous Clausus to access is established and an exam of admission has to be passed. Other two years of special training in specific oral social topics might be added. About 70% are female. There is no register.

Hygienists can only work under the prescription of a dentist who must be present in the same practice at all times. Their duties (defined by Decree in 1999) include oral hygiene instruction, scaling and dietary advice. Hygienists are unable to administer local anaesthesia.

Hygienists in Italy are normally salaried; however, most of them work as liberal professionals and in these cases their incomes may vary individually. Law number 43/2006 governs the profession.

Dental Technicians

Dental technicians are trained in independent professional (technical) schools over 4 or 5 years, to diploma/certificate standard. The qualification has to be registered with the *Camera di Commercio* of each Province.

Technicians cannot work at the chairside, or treat patients, and are only legally allowed to manufacture prostheses from a dentist's prescription.

They are salaried or professionals who own their private laboratories, deriving their income from the provision of services to dentists. The majority of them are associated in a syndicate.

There is also a considerable amount of illegal practice in Italy by dental technicians, some of which is thought to be condoned by medical practitioners, who cover for the technicians concerned.

Chairside Assistants

Dental chairside assistants' education and training is normally provided by individual dental practitioners, but they may receive a Certificate of a Regional School, if they have attended for a 1-2 years training course (in Lombardy and

Trentino Alto Adige Universities and Hospitals, and sometimes by the dental associations).

Their duties are restricted to assisting the dentist at the chairside, including (for example) sterilising instruments, mixing filling materials and undertaking administrative duties.

Practice in Italy

Year of data:	2007
General (private) practice	44,400
Public dental service	2,200
University	400
Hospital	300
Armed Forces	100
General Practice as a proportion is	93%

Working in General Practice

In Italy, most dentists who practice on their own or as small groups, outside hospitals or schools, and provide a broad range of general treatments are said to be in "Private Practice".

They are self-employed and charge fees almost exclusively as 'items of service', the levels of which are controlled by market forces. There are thought to be about 45,000 dentists who work in private practice, but this includes many medical physicians and general practitioners who have some dental equipment in their office. The Ministry of Finance lists as dentists those who have a specific fiscal dentistry code and the numbers of these dentists is less than three quarters of those registered.

As employers, private dentists contract with their staff on terms that are negotiated centrally. This contract includes pay, hours of work, sickness, holidays, maternity leave, pensions and social security payments. It is part of a national social agreement, is not exclusive to dental practice and is very strictly applied. Benefits other than pay are funded by workers' and employers' contributions. The structure of practice is changing, although slowly. Some dentists join and build big practices, and multi-specialty dental practices. The public sector is very active in this transformation, even if change is driven by private professionals.

Joining or establishing a practice

There are no controls on the establishment of dental practices other than opposition through local planning regulations, but premises must be inspected by a Public Health Official before use. Newly qualified dentists usually work as assistants or in the Public Dental Service. A few of these then become partners but most (60%) buy an established practice and the rest (30%) start new practices. No central funding is available for the purchase of practices and loans must be obtained from banks or other commercial institutions.

Fee scales

According to the law for liberalisation that abolished dental minimum fees, no minimum fees are scheduled in Italy. In November 2007 ANDI produced and published a new private scale of dental fees, the "Nomenclature & Fees Booklet", which is described as a voluntary benchmark.

Working in the Public Dental Service

The Public Dental Service exists to a varying extent in most regions as an alternative to private practice. It thus provides the only government funded primary care. Every region has a number of clinics each of which is managed by a Clinical Officer who directs a number of Heads of Departments, at least one of whom will be a dentist if dental services are provided.

This individual will then be responsible for the staff within the department. Apart from medical and dental care, social services and environmental health support is provided, and unusually, veterinary care. There is no formal structure below Head of Department and no titles, but there are salary differences largely dependent on length of service.

Theoretically, all groups in society are eligible to attend the service, but in reality it is largely used by the lower middle class, who cannot afford private care. In a few regions, school screening programmes have been introduced, together with some prevention and oral health promotion. In general, these activities are exceptional and not standard. All public service dentists are salaried.

Working in Hospitals

Some dentists are employed in hospitals, either full or part-time, to treat emergency cases or perform general treatments on hospitalised patients. Each hospital has a Director (*Primario*), an Aide (*Aiuto*) and Assistant Dentists or Volunteers who work without salary in order to gain experience. Most of these staff have no specialist training, and promotion is obtained by national competition, when curriculum vitae are considered by local committees.

Working in Universities and Dental Faculties

Dental school staff are all salaried, and either work full-time, or 30 hours per week supplemented by private practice. The number of staff in each of the 30 publicly funded schools is prescribed by the Ministry of Health and Education, as is the proportion in each grade.

Progression through the grades is by national competition, as in hospitals. The hierarchy is: full professor, associate professor, researcher (lecturer).

Working in the Armed Forces

Some military hospitals have dental beds and ambulatories. It is unknown what proportion of AF dentists is female.

Professional Matters

Professional association and bodies

	Number	Year	Source
ANDI	21,824	2008	ANDI
AIO	7,033	2008	FDI

There are two main national dental associations, the Associazione Nazionale Dentisti Italiani (ANDI) and the Associazione Italiana Odontoiatri (AIO).

The origins of ANDI lie in the historical right of doctors to practise dentistry with or without specialisation. This right was removed after the implementation of the Dental Directives in 1985. When new dentists started graduating according to the EC Directives, ANDI (of which ANDI was then a part) changed its constitution to allow them to become members.

ANDI has an Executive Board formed by the President, Secretary and Treasurer who are elected every three years by the General Assembly. The GA elects the national councillors of Executive Board.

ANDI has its own Head Office located in centre of Rome with a full time staff of 9 employees. From May 2008 all the activities carried out by ANDI Headquarters have been certified according ISO-9001 Certification.

ANDI has 21 regional branches and 99 provincial branches with their own offices and employees.

ANDI Publications are distributed free of charge to all members and Institutions.

In 1984, AIO was formed to provide separate representation for this new class of university trained dentists, if they wished.

AIO has an Executive Board comprising the President, Secretary and Treasurer, who are elected every three years by the General Assembly. The GA elects the national Councillors of the Board.

AIO has its own Headquarters in Turin with one employee. AIO has 30 provincial /district branches in the Italian provinces. AIO Publications are distributed free of charge to all members.

Both ANDI and AIO represent all the different bodies within the dental profession - private practitioners, state employed dentists, university teachers and dental specialists.

The AIO and AISO (Italian Dental Student Federation) are founding members of the FOI (Italian Dental Confederation).

Ethics and Regulations

A national body looks after the registration and ethics of dental practitioners, the *Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri*.

It was founded in 1946 with the purpose to coordinate the provincial Orders and to supervise nationally the professional behaviour of doctors and dentists; to encourage and support actions for increasing their professional competence and to cooperate with Public Bodies to solve national health questions.

The Provincial Orders that the National Federation regroups and represents unitarily, develop different functions and the more important are :

1. Keep the Roll
2. To maintain the independence and dignity of the Orders and of the members
3. To promote the cultural progress of the members

It has disciplinary powers as regards the members.

Italian law defines the care a dentist may provide as: "*All acts for prevention, diagnosis and treatment of defects and diseases of the mouth, teeth, jaws and adjoining tissues, congenital or acquired*".

Ethical Code

Italian dentists have an ethical code which is identical to the medical code. The code is administered in each Province by a committee of dentists who are elected every three years. By law there are five members in each provincial committee. There is no consumer or other representation, but legal advice may be available. In each triennium, the Presidents of the Provincial Committees meet to elect five members to a National Committee for ethics, which then appoints its own President.

Fitness to Practise/Disciplinary Matters

Each ethical body has disciplinary powers and patients can complain to them about the care that they have received. Both the patient and the dentist can be legally represented during any hearings.

If found guilty of a breach of the code, a dentist can be warned or admonished, temporarily suspended up to a maximum of six months or permanently suspended for bringing the profession into disrepute. Warnings can be given for failure to provide an estimate of the cost of treatment.

Dentists can appeal to a central appeals committee which has a state judge as a member. Patients can appeal to the National Ethical Committee and/or take civil action against the dentist. If such an action is successful then the case is referred back to the disciplinary process.

The above system applies to both the private and the public sector. In practice some dentists have been temporarily suspended, but very few permanently.

Standards

There is no formal monitoring in either sector other than patient complaints. In private practice these would be directed to the appropriate ethical committee but in the Public Service they are first investigated by a clinical officer who theoretically has the power to suspend or fire the dentist concerned. In practice this never happens and cases are instead considered by a Regional Board of Specialists who in extreme cases may refer them to the Ethical Committee.

Data Protection

Italy has complied with the Data Protection Directive and personal data are protected under the new rules of the privacy code. Patients have to sign a release form, in order

to make available data for professional and scientific reasons.

Advertising

Dental services can be advertised according the Code of Ethics and dentists can only inform the general public of their title and area of practice.

There is no specific Italian position relating to the Advertising, Electronic Commerce and Data Protection Directives.

Insurance and professional indemnity

Liability insurance is not compulsory for dentists but insurance is provided by private general insurance companies (addresses available from the dental associations), or the dentists themselves. Exact cover and the cost of the insurance depends on the contract and the type of practitioner.

Corporate Dentistry

Dentists can join together and for professional companies, namely companies where the only partners are dentists. Non- dentists can be members of these professional companies, but clinical matters must be the responsibility of a Dental Director.

Tooth whitening

Tooth whitening is considered a medical device depending on the percentage content of whitening agent, as established by EU Directive.

Health and Safety at Work

In the case of accidental inoculation or wound from patients at risk, public health services are available for the private practitioners, single dentists or Dental Associations and are linked to private insurances for *professional* diseases, which are not compulsory, but the proper protocols in this matter (of the Public Health Service) must be followed.

Ionising Radiation

Radiation protection is regulated by law. Training in radio protection is mandatory for undergraduate dentists with updates from the dental associations.

The competent person and therefore responsibility is always of the dentist. The equipment must be registered and every one two years it is mandatory that an XR Qualified Expert should check the equipment. And, continuing education and training of the dentists is necessary every 5 years.

Hazardous waste

Clinical waste is stored for a month at the practice and given to a sanitary waste company at the end of every month. X-Ray liquids and amalgam are normally disposed of once a year. There is a specific book where these operations should be always written and described - about stored quantities

Amalgam separators are not compulsory by law.

Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Regional government Assessorato Sanità
Electrical installations	Government Ministero Industria)
Infection control	Government (Ministero Salute)
Medical devices	Government (Ministero Salute)
Waste disposal	Regional regulation

Financial Matters

Retirement pensions and Healthcare

Pension premiums are paid at between 12.5% and 20% of gross earnings for self-employed people. Those employed pay 8.89% which is increased to 32.7% by the employer. The right to join the 'private providence institution' (called ENPAM) has been recognised. The contribution is 12.5% and this provides cover for sickness, maternity leave, pensions and social security.

Retirement pensions in the public sector are typically 80% of a person's salary on retirement. Retirement ages are 63 (women) and 65 (men).

In the public sector dentists can practice until the age of 70. In private practice the decision when to work and retire depends upon an individual dentist.

Taxes

The highest rate of income tax is 45% on earnings over about €75,000. Currently self-employed people pay 5% extra tax on their gross annual income, as a contribution to the public health system.

VAT/sales tax

VAT is payable at various rates depending on the type of goods. Dentists pay 19% on most materials and equipment, but VAT is not payable on treatment.



Other taxes are also payable for the creation of waste, advertising and the use of X-rays.

Various Financial Comparators

Zurich = 100	Rome 2003	Rome 2008
Prices (excluding rent)	73.4	80.6
Prices (including rent)	79.7	82.4
Wage levels (net)	33.4	59.0
Domestic Purchasing Power	44.3	73.3

Source: UBS August 2003 and January 2008

Other Useful Information

<i>Main national associations:</i>	<i>Information Centre:</i>
Associazione Nazionale Dentisti Italiani (ANDI) Lungotevere Raffaello Sanzio 9 I - 00153 Roma ITALY Tel: +39 06 5833 1008 Fax: +39 06 5830 1633 Email: esteri@andinazionale.it Website: www.andi.it	Federazione Ordini dei Medici Chirurghi e degli Odontoiatri, Piazza Cola di Rienzo 80/A Roma ITALY Tel: +39 06 362 031 Fax: Email: webmaster@fnomceo.it Website: www.fnomceo.it
Associazione Italiana Odontoiatri (AIO) Via Cavalli 30 10138 Torino ITALY Tel: +39 11 4336917 Fax: +39 11 4337168 Email: aio@tiscalinet.it Website: www.aio.it	
<i>Competent Authority:</i>	<i>Publications:</i>
Ministero della Salute Divisione Ospedaliera Ufficio No 6 Via Dell' Industria 20 I 00144 Roma Lungotevere Ripa 1 Roma Tel: +39 06 59941 Fax: +39 06 59942 417 Email: ecmsupporto@sanita.it Website: www.ministerosalute.it	ANDI and the AIO both have national journals:  AIO: <i>Prospettiva Odontoiatrica</i>  ANDI: <i>ANDI Informa</i> There are also numerous scientific journals

Dental Schools:

<p>Name of school: Ancona</p> <p>UNIVERSITÀ POLITECNICA DELLE MARCHE - ANCONA</p> <p>Istituto di Scienze Odontostomatologiche Facoltà di Medicina e Chirurgia Via Tronto, 10 - 60020 Torrette di Ancona ITALY Tel: +39 71 2206219/20 Fax: +39 71 2206221 Email: odonto@univpm.it</p> <p>Dentists graduating each year: 24 Number of students: 120</p>	<p>Name of school: Bari</p> <p>UNIVERSITÀ DEGLI STUDI DI BARI</p> <p>The Dean of the Dental School DIPARTIMENTO DI ODONTOSTOMATOLOGIA E CHIRURGIA P.zza Giulio Cesare, 11 70124 Bari ITALY Tel: +39 80 5478762 Fax: e-mail: g.favia@doc.uniba.it Dentists graduating each year: 35 Number of students: 175</p>
<p>Name of school: Bologna</p> <p>UNIVERSITÀ DEGLI STUDI DI BOLOGNA</p> <p>DIPARTIMENTO DI SCIENZE ODONTOSTOMATOLOGICHE Via San Vitale 59 - 40125 Bologna ITALY Tel: +39 51 278011 Fax: +39 51 235208 E-mail: carlo.prati@unibo.it Dentists graduating each year: 28 Number of students: 150</p>	<p>Name of school: Brescia</p> <p>UNIVERSITÀ DEGLI STUDI DI BRESCIA</p> <p>Dipartimento di Sp Chir Sc Radiol e Medico-Forensi Clinica Odontoiatrica P.le Spedali Civili, 1 - 25123 Brescia ITALY Tel: +39 394544-3995780-383424 Fax: +39 30 303194 Email: sapelli@master.cci.unibs.it Website: www.med.unibs.it/didattica/cl/cl_prin.html Dentists graduating each year: 20 Number of students: 100</p>
<p>Name of school: Cagliari</p> <p>UNIVERSITÀ DEGLI STUDI DI CAGLIARI</p> <p>CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Via Binaghi, 4/6 - 09121 Cagliari ITALY Tel: +39 70/537411 Fax: +39 70/537416 e-mail: vpiras@unica.it Dentists graduating each year: 20 Number of students: 100</p>	<p>Name of school: Cantazaro [New school]</p> <p>UNIVERSITÀ DEGLI STUDI DI CATANZARO - "MAGNA GRECIA"</p> <p>CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Viale Europa - Campus Universitario di Germaneto - 88100 Catanzaro ITALY Tel: +39 9613697215 Fax: +39 9613697276 email: giudice@unicz.it Dentists graduating each year: none yet Number of students: 30</p>
<p>Name of school: Catania</p> <p>UNIVERSITÀ DEGLI STUDI DI CATANIA</p> <p>DIPARTIMENTO SPECIALITÀ MEDICO-CHIRURGICHE Azienda Policlinico - Via S. Sofia, 78 95125 Catania ITALY Tel. and Fax: +39 95/3782759 E-mail: M.Caltabiano@unict.it Dentists graduating each year: 22 Number of students: 120</p>	<p>Name of school: Chieti</p> <p>UNIVERSITÀ DEGLI STUDI DI CHIETI</p> <p>Dipartimento di Scienze Odontostomatologiche Via dei Vestini, 31 - 66100 CHIETI ITALY Tel: +39 871 3554070 Fax: +39 8713554070 e-mail: scaputi@unich.it Dentists graduating each year: 42 Number of students: 210</p>
<p>Name of school: Ferrara</p> <p>UNIVERSITÀ DEGLI STUDI DI FERRARA</p> <p>DIPARTIMENTO DISCIPLINE MEDICO CHIRURGICHE DELLA COMUNICAZIONE E DEL COMPORTAMENTO SEZIONE DI ODONTOIATRIA Corso Giovecca, 203 - 44100 Ferrara ITALY Tel: +39 32-205277 Fax: +39 202329 Email: g.calura@unife.it</p>	<p>Name of school: Firenze</p> <p>UNIVERSITÀ DEGLI STUDI DI FIRENZE</p> <p>DIPARTIMENTO DI ODONTOSTOMATOLOGIA Segreteria del C.L.O.S.P.D. Via del Ponte di Mezzo, 46/48 50127 Firenze ITALY Tel: +39 55/331130 Fax: +39 55/331130 Email: odontopdm@odonto.unifi.it Dentists graduating each year: 22 Number of students: 110</p>

<p>Dentists graduating each year: 13 Number of students: 70</p>	
<p>Name of school: Foggia [New school]</p> <p>UNIVERSITÀ DEGLI STUDI DI FOGGIA Dipartimento di Scienze Chirurgiche c/o Azienda Ospedaliera Universitaria Ospedali Riuniti-Foggia - Viale Pinto, 71100 Foggia ITALY Tel./fax +39 881 588041 – e-mail: presidenza.odontoiatria@unifg.it Dentists graduating each year: none yet Number of students: 35</p>	<p>Name of school: Genova</p> <p>UNIVERSITÀ DEGLI STUDI DI GENOVA CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Presidenza Facoltà di Medicina e Chirurgia Via L. Battista Alberti 4 - 16132 Genova ITALY Tel. +39 10/3537235 or 7370-7362 Fax. +39 10/3537352 Email: giorgiobiasi@unige.it Dentists graduating each year: 30 Number of students: 150</p>
<p>Name of school: Insubria</p> <p>UNIVERSITÀ DEGLI STUDI DI INSUBRIA</p> <p>Corso di Laurea Specialistica in Odontoiatria e Protesi Dentaria Clinica Odontoiatrica - Via Piatti, 10 - 21100 - Velate (Va) ITALY Tel. +39 332 825625 Fax +39 332 825655 Email angelo.tagliabue@uninsubria.it Dentists graduating each year: 19 Number of students: 100</p>	<p>Name of school: L'Aquila</p> <p>UNIVERSITÀ DEGLI STUDI DI L'AQUILA CORSO DI LAUREA SPECIALISTICA IN ODONTOIATRIA E PROTESI DENTARIA Clinica Odontoiatrica: Edificio Delta 6 Località Coppito - 67100 L'Aquila ITALY Tel.: +39 862433836 Fax: +39 862433826 Email: roberto_gatto@virgilio.it Dentists graduating each year: 25 Number of students: 120</p>
<p>Name of school: Messina</p> <p>UNIVERSITÀ DEGLI STUDI DI MESSINA CORSO DI LAUREA SPECIALISTICA IN ODONTOIATRIA E PROTESI DENTARIA Policlinico "G. Martino" 98100 Gazzi – Messina ITALY Tel. +39 90/ 2216901 Email: cordasco@unime.it Dentists graduating each year: 24 Number of students: 120</p>	<p>Name of school: Milano</p> <p>UNIVERSITÀ DEGLI STUDI DI MILANO CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Istituto di Clinica Odontoiatrica e Stomatologica Via della Commenda, 10 - 20122 Milano ITALY Tel. +39 2/50320237 or +39 2/50320238 Fax +39 2/50320239 Email: istitutoclinicaodonto@unimi.it Dentists graduating each year: 50 Number of students: 200</p>
<p>Name of school: Milano</p> <p>UNIVERSITÀ DEGLI STUDI DI MILANO - BICOCCA Dipartimento di Neuroscienze e Tecnologie Biomediche CLINICA ODONTOIATRICA Azienda Ospedaliera S. Gerardo ITALY Tel. +39 39.233-2301/2143/3485 Fax +39 39/2333482 e-mail: marco.baldoni@unimib.it Dentists graduating each year: 19 Number of students: 100</p>	<p>Name of school: Modena</p> <p>UNIVERSITÀ DEGLI STUDI DI MODENA E REGGIO EMILIA Istituto di Clinica Odontoiatrica Policlinico: Via Del Pozzo, 71 41100 Modena ITALY Tel. +39 59/4222326-361181 Fax +39 59/373428 – Email – segr.clopd@unimore.it Dentists graduating each year: 14 Number of students: 60</p>
<p>Name of school: Napoli</p> <p>UNIVERSITÀ DEGLI STUDI DI NAPOLI Dipartimento di Scienze Odontostomatologiche e Maxillo-facciali Via Pansini, 5 – 80131 Napoli ITALY Tel. +39 81/7462192 Dipartimento: Tel. +39 81/7462089 Segreteria: Tel. +39 81/7462088 – Fax: +39 81/7462197 E-mail: martina@unina.it</p>	<p>Name of school: Napoli</p> <p>UNIVERSITÀ DEGLI STUDI DI NAPOLI - IIA FACOLTA CORSO DI LAUREA SPECIALISTICA IN ODONTOIATRIA E PROTESI DENTARIA Via S. Andrea delle Dame 6 - 80138 Napoli ITALY Tel. +39 81/5665476 Fax +39 81/5665477 Email : gregorio.laino@unina2.it Dentists graduating each year: 24 Number of students: 120</p>

<p>Dentists graduating each year: 21 Number of students: 100</p>	
<p>Name of school: Padova</p> <p>UNIVERSITÀ DEGLI STUDI DI PADOVA Dipartimento Integrato Interaziendale di Odontoiatria Via Venezia, 90 – 35100 Padova ITALY Tel. +39 49 8213999 - 8218669 Fax +39 49 8070364 Email: gafavero@tin.it Dentists graduating each year: 28 Number of students: 150</p>	<p>Name of school: Palermo</p> <p>UNIVERSITÀ DEGLI STUDI DI PALERMO Dipartimento di Scienze Stomatologiche " G.MESSINA "</p> <p>Corso di Laurea in Odontoiatria e Protesi Dentaria Policlinico " P. Giaccone "- Via del Vespro, 129 90127 Palermo ITALY Tel. +39 91.6552208 Fax +39 91.6552203 e-mail: ggallina@odonto.unipa.it e-mail: gallina.giuseppe@tiscalinet.it Dentists graduating each year: 20 Number of students: 100</p>
<p>Name of school: Parma</p> <p>UNIVERSITÀ DEGLI STUDI DI PARMA Dipartimento di Scienze Otorino-Odonto- Oftalmologiche e Cervico-Facciali Sezione di Odontostomatologia Osp. Riuniti - Via A. Gramsci, 14 - 43100 Parma ITALY Tel. +39 521292759 or +39 521702033 Fax +39 521292955 Tel. +39 521986722 e-mail: mauro.bonanini@unipr.it Dentists graduating each year: 10 Number of students: 60</p>	<p>Name of school: Pavia</p> <p>UNIVERSITÀ DEGLI STUDI DI PAVIA DIPARTIMENTO DI DISCIPLINE ODONTOSTOMATOLOGICHE "SILVIO PALAZZI" CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Policlinico S. Matteo p.le Golgi 2 - 27100 Pavia ITALY Tel. e Fax +39 382-423516 Tel +39 382-516203 e-mail: discodon@unipv.it e-mail: giuseppe.resta@unipv.it Dentists graduating each year: 20 Number of students: 100</p>
<p>Name of school: Perugia</p> <p>UNIVERSITÀ DEGLI STUDI DI PERUGIA CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Policlinico Montelucre - 06100 Perugia ITALY Presidenza: Tel. +39 75/5855804 Segreteria: Tel. +39 75/5855808 or +39 75/5855809 Email: urbani@unipg.it Dentists graduating each year: 15 Number of students: 75</p>	<p>Name of school: Piamonte [New school]</p> <p>UNIVERSITÀ DEGLI STUDI DEL PIEMONTE ORIENTALE "A. AVOGADRO" SCDU Odontoiatria e Stomatologia Ospedale Maggiore della Carità di Novara Viale Piazza d'Armi 1 – 28100 Novara ITALY Tel. +39 321/3734871-3734872 Fax: +39 321/3734843 e-mail: odonto@maggioreosp.novara.it Dentists graduating each year: Number of students: none yet</p>
<p>Name of school: Pisa</p> <p>UNIVERSITÀ DEGLI STUDI DI PISA CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Dipartimento di Chirurgia: Via Roma 67, 56126 Pisa ITALY Tel. +39 50/555131 050 or +39 553423 or +39 50/993391 Fax +39 50/555232 Email: m.gabriele@med.unipi.it Dentists graduating each year: 14 Number of students: 75</p>	<p>Name of school: Roma</p> <p>UNIVERSITÀ DEGLI STUDI DI ROMA "LA SAPIENZA" FACOLTÀ DI MEDICINA E CHIRURGIA I° Policlinico Umberto I Dipartimento di Scienze Odontostomatologiche Viale Regina Elena, 287/A - 00161 Roma ITALY Dip: +39 6/44230812 Fax +39 649976603 Email: antonella.polimeni@uniroma1.it Dentists graduating each year: 60 Number of students: 300</p>
<p>Name of school: Roma</p> <p>UNIVERSITÀ DEGLI STUDI DI ROMA "TOR VERGATA" CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Policlinico "Tor Vergata" Viale Oxford, 81 00133 Roma</p>	<p>Name of school: Roma (PRIVATE)</p> <p>UNIVERSITÀ CATTOLICA DEL SACRO CUORE ISTITUTO DI CLINICA ODONTOIATRICA Largo "A. Gemelli", 8 - 00168 ROMA ITALY</p>

<p>ITALY Tel. +39 6/20900270 Fax +39 620900269 Email: alberto.barlattani@uniroma2.it Dentists graduating each year: 33 Number of students: 160</p>	<p>Tel. +39 6/30154079 - +39 6/30154286 Fax +39 6/3051159 e-mail: iclod@rm.unicatt.it Dentists graduating each year: 24 Number of students: 120</p>
<p>Name of school: Sassari</p> <p>UNIVERSITÀ DEGLI STUDI DI SASSARI ISTITUTO POLICATTEDRA DI CLINICA ODONTOSTOMATOLOGICA Viale San Pietro 43/c - 07100 Sassari ITALY Tel. +39 79/228507 Fax +39 79/228541 Centralino Università: Tel. +39 79/228211 Email: dental@uniss.it Dentists graduating each year: 19 Number of students: 100</p>	<p>Name of school: Siena</p> <p>UNIVERSITÀ DEGLI STUDI DI SIENA DIP. DI SCIENZE ODONTOSTOMATOLOGICHE Viale Bracci – Policlinico Le Scotte ITALY 53100 Siena – Segreteria: Tel. +39 577/585771 Direzione: Tel. +39 577/585772 or +39 577/42383 Fax +39 577/586155 Email: ferrarimar@unisi.it Dentists graduating each year: 24 Number of students: 120</p>
<p>Name of school: Torino</p> <p>UNIVERSITÀ DEGLI STUDI DI TORINO Corso di Laurea Magistrale in Odontoiatria e Protesi Dentaria C.so Dogliotti, 38 – 10126 Torino ITALY Tel. +39 116334045-4055-4043 Fax +39 116636489 Email: fcl-med-clopps@unito.it Dentists graduating each year: 40 Number of students: 200</p>	<p>Name of school: Trieste</p> <p>UNIVERSITÀ DEGLI STUDI DI TRIESTE U.C.O. di Clinica Odontoiatrica e Stomatologica Ospedale Maggiore Via Stuparich, 1 - 34125 Trieste ITALY Tel +39 40/3992263 Fax +39 40/3992665 – Email r.dilenarda@fmc.units.it Dentists graduating each year: 16 Number of students: 75</p>
<p>Name of school: Udine</p> <p>UNIVERSITÀ DEGLI STUDI DI UDINE Dipartimento di Scienze Chirurgiche Azienda Ospedaliero-Universitaria " S. Maria della Misericordia" di Udine P.le S. Maria della Misericordia - 33100 Udine ITALY Tel. +39 432-559455 Fax: +39 432-559868 Email: maxillo.universitaria@aoud.sanita.fvg.it Dentists graduating each year: Number of students: none yet</p>	<p>Name of school: Verona</p> <p>The Dean Clinica Odontoiatrica UNIVERSITÀ DEGLI STUDI DI VERONA</p> <p>Dipartimento di Scienze Morfologico-Biomediche Sezione di Chirurgia Maxillo-Facciale e Odontostomatologia Univ. degli Studi di Verona - Policlinico G.B. Rossi Piazzale L.A. Scuro, 10 - 37134 Verona ITALY Tel. +39 45581212 - +39 458124251 Fax +39 458027437 Email: pierfrancesco.nocini@univr.it Dentists graduating each year: 20 Number of students: 100</p>
New hygienist school	
<p>Name of school: Milano</p> <p>UNIVERSITÀ VITA SALUTE SAN RAFFAELE - MILANO CORSO DI LAUREA IN IGIENE DENTALE Via Olgettina 48. 20132 Milano ITALY Tel. +39 2/26432970 - +39 2/26432994 Fax: +39 2/26432953 Email: gherlone.enrico@hsr.it Dental Hygienists graduating each year: Number of students: none yet</p>	

	Number of		Annual
	Undergrads		Graduates
	2008		2007
Ancona	120		24
Bari	175		35
Bologna	150		28
Brescia	100		20
Cagliari	100		20
Cantazaro (new school)	30		0
Catania	120		22
Chieti	210		42
Ferrara	70		13
Firenze	110		22
Foggia (new school)	35		0
Genov a	150		30
Insubria	100		19
L'Aquila	120		25
Messina	120		24
Milano	200		50
Milano Bicocca	100		19
Modena	60		14
Napoli	100		21
Napoli	120		24
Padova	150		28
Palermo	100		20
Parma	60		10
Pavia	100		20
Perugia	75		15
Piemonte (new school)	0		0
Pisa	75		14
Roma	300		60
Roma	160		33
Sassari	100		19
Sienna	120		24
Torino	200		40
Trieste	75		16
Udine (new school)	0		0
Verona	100		20
Public total	3,905		771
Roma (Private)	120		24
Overall total	4,025		795