
Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Greece

Authors:

Dr Anthony S Kravitz OBE

and

Professor Alison Bullock

Professor Jon Cowpe

with

Ms Emma Barnes

Cardiff University, Wales, United Kingdom

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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.

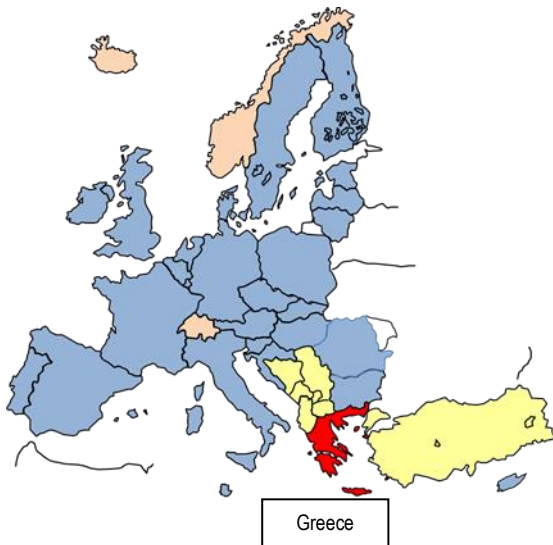
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

¹ CED Brussels Office, Avenue de la Renaissance 1, B - 1000 Brussels, Tel: +32 - 2 736 34 29, Fax: +32 - 2 732 54 07

² The authors may be contacted at AnthonyKravitz@gmail.com



Greece



In the EU/EEA since	1982
Population (2013)	10,772,967
GDP PPP per capita (2011)	€18,680
Currency	Euro
Main language	Greek

General healthcare is provided by a complex mixture of private practitioners & hospitals, the clinics of the National Organisation of Health Services and since 1983 by the National Health Service. Oral healthcare, besides preventive services offered free by NHS clinics to all children, is mostly provided by private practitioners, with patients paying the total or partial cost of care. Due to uninsured oral health care, one third of the total NHS expenditure is paid out of household budgets, while 96% of dentists are in private practice.

Number of dentists:	14,125
Population to (active) dentist ratio:	1,197
Members of Dental Association:	100%

There are only two recognised specialties (Orthodontics and Oral and Maxillofacial Surgery) but there are many other specialists in private practice. The only auxiliaries are dental technicians and a limited number of chairside assistants. There is a single national association, the Hellenic Dental Association (HDA), to which all dentists must belong through their registration with the Regional Dental Society. CPD development is not mandatory in practical terms & is organised by the HDA and the dental societies in various fields and specialisations.

Date of last revision: 2nd January 2014

Government and healthcare in Greece

Geographically, Greece is a rural and mountainous country. However, due to extensive urbanisation, nearly half of the population (over 4 million people) live in its capital, Athens.

The Constitution of 1975 and its revisions in 1986 and 2001, introduced a Presidential Parliamentary Republic form of Government:

- Legislature is exercised by the Parliament and the President of the Republic.
- The Executive is exercised by the Government and the President of the Republic.
- Judicial function is exercised by Courts. Decisions are executed in the name of Greek people.

The President of the Republic is elected by the Parliament. The number of the members of the Parliament, who are elected directly by the citizens, cannot be less than 200 or exceed 300.

The constitutional revision of 2001, reduced significantly the responsibilities of the President of the Republic and, at the same time, promotes decentralisation. Regional bodies of the State have general decisive competency for the affairs of their region - whereas central bodies of the State lead, coordinate and control the legitimacy of the actions of the Regional bodies.

It is important to add that the Constitution provides for the participation of Greece in International organisations and the European Union. Such organisations' legislation has a superior effect on national legislation.

Greece possesses a Constitution which enjoys political and historical legitimacy, is modern and adapted to international developments, and despite possible limitations on particular issues, provides a satisfactory institutional framework for Greece in the 21st century.

There are many small islands in Greece, which makes the planning and delivery of many services more difficult. There are 13 regions but no regional governments and many services are provided locally by the 54 prefectures, which are directed by an elected prefect and have a public health department. There are also several layers of regional administration, each with different legal responsibilities. Access to health services has been a constitutional right since 1975.

Healthcare in Greece is provided by a complex mixture of social security organisations and since 1983, a basic framework of state-funded national health services has been established. The laws which established and modernized the National Health System (ΕΣΥ) afterwards, were intended to cover all the Healthcare requirements and demands of the



entire Greek population. The Hellenic NHS is therefore a partially unified system of public hospitals in large cities, supported by a system of rural health centres and regional medical centres staffed by full-time and exclusive salaried doctors.

Primary Health Care services are also provided apart from Health Centres, and within the NHS by contracted private practitioners and medical centres of the central health provider ΕΟΠΥΥ which covers approximately 98% of the population, ΕΟΠΥΥ owns hospitals (secondary healthcare services) which will be, most probably, absorbed in the near future by the NHS. Additionally, ΕΟΠΥΥ directly through its own health facilities

provides services to citizens of all ages who are insured under the other available security schemes.

The Social Security System in Greece was reformed a few years ago to abolish the 300 social security schemes (mostly occupational schemes) which formerly existed and to replace them by or unify them in 3-4 major ones.

OGA, the insurance organisation for the agricultural labour force, as before regarding pensions and OAEE (Social Security Scheme of Liberal Professionals: covering tradesmen, craftsmen, and employees in the sector of Tourism) remains unchanged.

	Year	Source
% GDP spent on health	9.0% 2012	OECD
% of this spent by government	65.1% 2012	OECD

Oral healthcare

Public health care

	Year	Source
% GDP spent on oral health	1.10%	2013 HDA
% of OH expenditure private	96%	2013 HDA

The NHS provides free healthcare to all. NHS health centres emphasise more on preventive and other simple treatments to children under the age of 18, without excluding the rest of the population.

This apart, oral healthcare in Greece is almost entirely provided by private practitioners, with patients paying the entire cost of the care themselves. This is reflected in that one third of the total expenditure on private healthcare in Greece is on oral health, and about 96% of dentists are in private practice. Those who are not self-employed private practitioners work in hospitals (as NHS employees), in NHS rural health centres, or are employed part-time by the IKA.

Within NHS hospitals dentists provide preventive care and emergency or full treatment as needed to all hospitalised patients, free of charge.

EOPYY: On January 1st 2012, there was a reform in primary and secondary health care of insured persons in Greece, due to the establishment and functioning of the National Organisation for Health Services (EOPYY) and the entry into force of the Integrated Health Care Regulation (EKPPY).

EOPYY was established and aims at equal access for all insured persons to a single system of provision of healthcare services. It is a Public Legal Entity and is subject to the Ministry of Health. The Health Care Sectors (with their units) of the majority of all Insurance Schemes, (ie IKA, OGA, OAEE, OPAD, DEH, HSAP, ETVA, OTE, OIKOS NAYTOY) are transferred and integrated - as services, competences and personnel - to this National Organisation for Health Care.

According to the Integrated Health Care Regulation (EKPPY), the basic health care providers of EOPYY, which the above-mentioned insured persons are entitled to visit, are the following:

- Health Care Units (former Health Care Units of IKA – ETAM)
- Physicians of the Health Care Units of EOPYY that receive patients in their private practice
- Private physicians that have a contract with EOPYY
- Outpatient hospital services of the National Health System (ESY)
- Health Care Centres of ESY
- Rural health clinics
- Regional health clinics
- Hospitals of the ESY for hospitalization
- Private clinics that have a contract with EOPYY
- Chronic dialysis units – dialysis units

According to the EKPY, the insured persons pay a 15% participation rate for paraclinical tests, insofar as these are not carried out in EOPYY units or ESY establishments.

Furthermore, when the medical visits, costs or hospitalisation are paid, then, they cannot be reimbursed.

Even though provision and indemnity for dental healthcare services are provided for in the EOPYY, no financial package from the budget had been allocated for contracting dentists, by 2013. Dental healthcare services are provided by the Hospitals and health centers of ESY and the former dental clinics of IKA and the other insurance schemes, which have been integrated into EOPYY.

Private insurance for dental care

In Greece, very few people (approximately 1%) use private insurance schemes to cover their dental care costs. It only exists as a supplementary cover to medical insurance. Individuals insure themselves by paying premiums directly to the insurance company. Any dental costs are still paid in full by the patient, and are then reclaimed from the company concerned.

Private insurance companies are self-regulating and bear all the financial risks of treatment. Generally the level of the premiums is not linked to the level of risk or current health status of the person as it is the case with other medical insurance. Also dentists play no role in promoting or selling this insurance. In Greece there are a limited number of private dental care plans - schemes where the dentist or a group of dentists bear most of the risk.

The Quality of Care

The National Government has the ultimate responsibility for the payment of fees, the quantity and quality of work and, together with the Hellenic Dental Association - the HDA – ethical behaviour.

For work carried out on behalf of the Social Security Schemes, standards of dental care are monitored by dentists employed part-time by the Schemes. They examine the mouths of patients after treatments which required prior approval, but do not perform random checks. For ethical reasons they are restricted to judgement about whether treatment has been completed - the “quantity” of treatment, and may not comment on the quality of the work carried out.

Health data

	Year	Source
DMFT at age 12	1.56	2013 HDA survey
DMFT zero at age 12	62.0%	2013 HDA survey
Edentulous at age 65*	31.5%	2007 HDA survey

* Oulis et al.: Community Dent Health. 2012 Mar 29(1):29-32

“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 of any kind.



Education, Training and Registration

Undergraduate Training

There are two public dental schools in Greece. One is located in Athens and belongs to the National and Kapodistrian University of Athens and the other one is in Thessaloniki and belongs to the Aristotle University of Thessaloniki. Admission to the school requires the successful participation to very competitive national exams.

Year of data:	2012
Number of schools	2
Student intake	250
Number of graduates	275
Percentage female	62%
Length of course	5 yrs

The duration of training is 10 semesters (5 years), during which the first two years are devoted to medico-biological sciences courses taught in the Medical school, along with Medical students. In 2013 there were approximately 1,300 dental undergraduate students in the two schools.

Qualification and Vocational Training

Primary dental qualification

The main qualifications which may be included in the dental register, in order to practise include:

- Diploma in Dentistry ('*Ptychio odontiatrikis*) and
- Certification (Licence to Practise Dentistry) from the Hellenic Dental Association.
- Registration to a Regional Dental Society.

Vocational Training (VT)

There is no structured, regulated post-qualification vocational training in Greece. However, for those graduates who are applying for enrolment in a postgraduate programme, in a clinical dental specialty, a 2 year period of clinical experience after graduation is mandatory, on the basis of an "unwritten law" and as an extra requirement for acceptance into the programme.

Registration

In order for a dentist to practise in Greece, he/she must have a recognised diploma from Greece or another European member state which is automatically recognised, once it complies with minimum training requirements of the Directive. Since January 2014 a licence to practice is provided by the Hellenic Dental Association, instead of the Prefecture (Law 4025/11). The Hellenic Dental Association is, on behalf of the Ministry of Health, the competent authority, to examine the diploma and, provided that the applicant has no criminal record, grants the licence to practise in Greece. After registration, the newly qualified dentist will be registered with one of the 52 competent Regional Dental Societies.

All regional Societies are automatically members of the Hellenic Dental Association. Dentists pay an annual fee, in order to be registered with the competent Regional Societies.

Each Regional Dental Society sets a fixed amount of subscription required of the dentist each year; this amount may vary, according to the needs of each Regional Dental Society. The average amount is €100. From this fee, a fixed amount (€45) is contributed to the HDA.

Language requirements

Dentists from other member-states of the EU, who wish to practise in Greece, need to show competency in using and communicating in Greek language, according to the rules of Article 7 of the Professional Qualifications Directive 36/2005.

Further Postgraduate and Specialist Training

Continuing Education

For dentists practising within the NHS, continuing education is required by law. However, since there is no structured continuing education programme available, there are no sanctions connected with non-compliance.

Although a large number and variety of scientific activities take place annually all over the country for all dentists, no continuing education system exists, in a mode of mandatory and points-earning attendance of lectures, seminars, symposia and conventions. By 2013 the Board of the Hellenic Dental Association had made a proposal to the Ministry of Health and Welfare and legislation is expected to be effected at a future date.

Specialist Training

Two dental specialties are recognised by the Ministry of Health and Social Solidarity, namely Orthodontics and Oral and Maxillofacial Surgery, with the latter requiring two diplomas, Dental and Medical.

Orthodontic training is provided in both dental schools and is for 3 years.

By a Law of 2003 the training period for the acquisition of the specialty of Oral and Maxillofacial Surgery, was increased to 5 years, and includes General Surgery and 48 months of specialty training. It is both a Dental and a Medical specialty and, although the specialty is under the Medical Directive, the holders of this specialty are required to be registered in both the Dental and Medical associations.

Apart from the above the Ministry of Education has approved and recognises the existence of postgraduate programmes in clinical dental specialisations, leading to a Master's Degree at Athens University. The duration of these programmes is 2 to 3 years and a certificate along with the Master's Degree is awarded at the end of this period, for the following specialisations:

<i>Specialty</i>	<i>Duration (years)</i>
Prosthodontics,	3
Orthodontics,	3
Oral Biopathology oriented to Oral Surgery,	3
Endodontics,	3
Paediatric Dentistry,	3
Oral Biopathology oriented to Oral Diagnosis and Radiology,	3
Oral Pathology,	3
Operative Dentistry,	3
Dental Biomaterials,	2
Periodontics,	3
Implants Biology	3
Oral Biology	2
Community Dentistry	3
Oral and Maxillofacial Surgery (2 diplomas)	

There are various purely scientific societies for specialists. These are best contacted via the Hellenic Dental Association.

Following other Ministerial Decisions, the Ministry of Education has approved and recognised for the Dental School of the Aristotle University of Thessaloniki the existence of postgraduate programmes leading to the following specialisations:

<i>Specialty</i>	<i>Duration (years)</i>
Oral Surgery – Implantology and Dental Radiology	3
Orthodontics	3
Fixed Prosthodontics-prosthetic Implantology	3
Removable Prosthodontics	3
Endodontology	3
Operative Dentistry	3
Periodontology-Biology of Implants	3
Oral Pathology	3
Preventive and Community Dentistry	3
Paediatric Dentistry	3
Oral and Maxillofacial Surgery (2 diplomas)	5

Workforce

Dentists



Year of data:	2013
Total Number	14,125
In active practice (Registered)	9,000
Dentist to population ratio*	1,197
Percentage female	47%
Qualified overseas	No data
* active dentists only	

The HDA have explained that due to the financial and fiscal crisis that Greece was suffering in the period until publication of the Manual, the number of active dentists, (meaning those dentists who have paid their Annual Subscription fees and are practising) changed dramatically, influencing concomitantly all the subcategories.

According to their calculations in 2013, the actual number of active dentists was approximately 9,000 and this is because a large number of dentists - due to a variety of reasons - did not pay their dues and do not practise. They estimated there was 12% unemployment, 20% not paying their financial obligations and approximately 4% have left the country to establish abroad, for economic or other reasons.

Specialists

There are two categories of recognised specialists:

-  Orthodontists
-  Oral Maxillo-facial surgeons

Most Orthodontists work in private practice, while most surgeons work in Hospitals and private practice.

Year of data:	2013
Orthodontics	476
OMFS	174
Endodontics	100
Paediatric Dentistry	200
Periodontics	200
Prosthodontics	200
Dental Public Health	
Others	

10% of orthodontists and 19% of OMF surgeons were female in 2013.

Besides the two categories of recognised specialists there are a considerable number of specialists who are working in private practice or at a university, and they are covering all the common specialisations in dentistry.

Patients usually consult specialists on referral from a primary care dentist, but they are permitted to go directly to specialists.

Auxiliaries

The only recognised dental auxiliaries in Greece are dental technicians, and dental chairside assistants. There are no denturists, hygienists or therapists.

Year of data:	2013
Hygienists	0
Technicians*	4,500
Denturists	0
Assistants*	2,000
Therapists	0
Other	0
*estimated	

Dental Technicians

In order to become a Dental Technician in Greece a 4-year training is required, in a Technical University School. In order to practise, a licence to practise issued by the Ministry of Health is required and registration with the syndicate of laboratory owners in the Local Small Industries Chamber is obligatory.

In order to become a Dental Technician Assistant it is necessary to train for 3 years in a Technical Professional Institute or Lyceum and work in a dental laboratory. Upgrading to a Dental Technician obtaining a licence to work, following exams, is with the Ministry of Health and Welfare.

Dental technicians are allowed to work independently, by establishing a private laboratory and working under the strict prescription of the dentist they can provide services to dentists only. Dental technicians are not allowed to work in the mouth of a patient by constructing or repairing dental appliances in the mouth of patients.

In 2013 it was estimated (by the HDA) that there were 1,250 dental laboratories.

Dental Chairside Assistants

Dental Chairside Assistants are persons who are employed by a dentist in order to assist him/her in practising 4-handed sitting Dentistry and they are not permitted to work independently or without the supervision of a dentist. They must hold a diploma, certificate or other evidence of formal qualification, after a two-year course at a Private Technical College, along with at least 6 months post-qualification in a practice. Obtaining a licence to work is with the Ministry of Health, following examinations. Registration in a State body is not obligatory.

Their duties include the preparation of the dental office and the patient before treatment, as well as reception duties, infection control, procedures, equipment maintenance, public relations, secretarial duties and assisting the dentist at the chairside.

The majority of dentists work without assistants, while only 23.3% of dental offices declare employment of a qualified (or not) assistant.

Practice in Greece

Year of data:	2013
General (private) practice*	7,404
Public dental service (exclusively)	452
Various Insurance Funds	781
University	237
Hospital	452
Armed Forces	71
Other Public services	55
General Practice as a proportion is	82%

*this figure includes only those in solely private practice. However, the other 1,144 dentists who work in one of the other services (but not those who are exclusively in the PDS) also work in private practice, meaning that 95% of dentists do some private practice.

A dentist working full time at the NHS would look after about 1,500 – 1,800 children and young people under 18 years, as an average estimate, depending on the area. Patients typically return to their dentist for routine oral re-examinations annually.

Working in General (Private) Practice

Dentists who practice on their own (solo practice), or in a group practice providing a broad range of dental treatments are called *Private General Dentists*, while the ones working exclusively in the field of a specialty are called *Private Specialists Dentists*. About 85% of dentists work as General practitioners and 15% as Specialists.

Dentists in private practice are self-employed, and earn their living through charging fees for treatments (item of service). Approximately 10% of dentists in private practice are also part-time salaried employees of the EOPYY social security, of other social security funds or are part-time academics or military dentists. The terms of any contracts with social security organisations state that insured members must be accepted as patients, and a prescribed scale of fees, decided by the State, must be used.

For treatments where the patient is paying the total amount of the cost, there is no externally regulated scale of fees per work at the most (upper limits), while there is a regulated price at the least (lower limits) – although this lower scale is basically now obsolete, (issued in 1993).

Joining or establishing a practice

A Presidential Decree of 2001 provides for the function of Private Agents of Provision of Primary Health Services (ie Dental Clinics). This decree provides that dentists can share a clinic or dental chair, as well as establish Dental Companies ("Multi-dental clinics": children's oral health care, Aesthetic and reconstructive dental clinics etc.). In 2011, the Ministry of Health – issued new provisions for the establishment and function of Private Health Care Practices (Law 3919/2011).

There is no state assistance for establishing a new practice, but there is a central fund which may lend up to €3,000. Since at least €40,000 is typically required, to open a practice dentists usually take out a commercial loan from a bank. New dental

practices may be located anywhere, and there is no limitation on the number of practices.

Working in Public Clinics

Just over half the dentists employed in the NHS work in health centres, providing services to children under the age of 18. They are full-time salaried employees in 'exclusive occupation' - without other part-time work commitments. These centres also provide emergency services to adults and the elderly.

Working in Hospitals

The creation of the NHS in 1983 successfully brought the majority of hospitals in Greece into public ownership. Hospital dentists work as salaried employees of the government, the army or a university - treating patients who are confined to hospital, have other special needs or need emergency care. Hospital dentists are always employed in "full and exclusive occupation", a secure form of job tenure which does not allow other private or part-time work.

Dentists in hospitals may be employed as a *director*, or one of three grades of *supervisor*. For each grade there is a minimum age (lowest grade, 45; highest grade, 55) and a minimum number of years of required experience. The whole process of appointing a hospital dentist is governed by law and the final decision lies with an appointments committee.

A law ensures that statutory Social Security Organisations must act jointly with the Consortium or Union of Social Security to:

- ✚ co-operate and enter into policy contracts with the Ministry of Health. These contracts will specify charges for the care provided as well as the diagnostic tests (clinical and laboratory);
- ✚ negotiate with private clinics and foreign hospitals with the permission of the Minister of Labour and Social Affairs and the Minister of Health.

Working in Universities and Dental Faculties

Dentists who work in dental schools are employees of the universities. Full-time and part-time staff are free to work in private practice, but they must contribute 10% of their gross earnings to the University.

The main academic titles within a Greek dental faculty are full-time clinical instructor, assistant professor, associate professor and professor. "Faculty members" (ie. those at assistant professor grade and above and after 3 years of service, they may obtain a secure job tenure) but they must hold a PhD. or equivalent degree. When faculty posts become vacant they are filled by open competition, with the final decision made by the Assembly of the Electorate. According to a new Law 4009/11, the final decision is made by a 7 member body, two of them as external electors.

Working in the Armed Forces

Of the 71 dentists who work in the Armed Forces, only two are women (2013).

Professional Matters

Professional associations

	Number	Year	Source
Hellenic Dental Association	9,000	2013	HDA

There is a single national association, the Hellenic Dental Association which is a federation of 52 regional societies. All active dentists must belong to the HDA.

The HDA is administered by a Council consisting of 15 members. This Council is elected every three years by the General Assembly of the HDA. The GA consists of the Presidents of the Regional Dental Societies (52), the 15 members of the previous Council and the electors who, in their turn, are elected by the General Assemblies of their Societies. The number of the electors is proportionate to the number of the dentists of the Societies. The 10 out of the 15 members of the Council of HDA are elected in any case from the wider geographical area of Athens (Athens, Piraeus, suburbs). The other 5 can be from the provinces of the Country.

The HDA has its headquarters in Athens and there are no regional offices.

Ethics and Regulation

Ethical Code

Dentists in Greece have to work within an ethical code which covers relationships and behaviour between dentists, and advertising. The ethical code is administered by the Regional Dental Associations and the Hellenic Dental Association.

If a dentist has employees, they are protected by the national policies and European laws on equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

Fitness to Practise/Disciplinary Matters

Serious complaints by patients are referred to the Central Disciplinary Council of the Ministry of Health and Welfare and within the NHS there are also disciplinary councils in hospitals and in local health centres. Furthermore the disciplinary boards of each local dental association will deal with complaints. Where complaints are not due to misunderstandings, a patient may be examined by an expert dentist from a university.

The theoretical ultimate sanction for either a private practitioner or a NHS-employed dentist is the forfeiture of the right to practice. However the sanctions which are typically applied are usually restricted to warnings and financial penalties. Dentists have a right of appeal within this process, to the disciplinary board of the Hellenic Dental Association.

Ultimately patients also have the right to appeal to Greek civil and criminal law.

Data Protection

The EU Directive on Data Protection has been enacted in Law. This law has introduced an independent body for data protection.

Advertising

Legally, advertising in the health sector is not allowed and dentists are only allowed to publish a notice three times in the newspapers, when they open a practice.

Dentists may provide information by way of a website, but they must conform to the CED Code of Ethics relating to the Electronic Commerce Directive.

Indemnity Insurance

Liability insurance is not compulsory for dentists. However, professional indemnity insurance is available from private general insurance companies. A dental practitioner will pay approximately €8 minimum fees annually for this, providing €25,000 in case of certified liability (malpractice on behalf of the dentist), if he/she is insured through a group-insurance plan – with his/her Regional Dental Society - and not individually. Practitioners may increase their cover beyond the minimum and even include overseas cover.

Corporate Dentistry

Under a Presidential Decree of 2001, companies could provide oral healthcare; the legal status of the companies could vary. But, only in Limited Companies could people other than health professionals (fund holders such as businessmen etc) participate.

Under a new law N.3919/2011 and a Ministerial Decision (24948/2011), dentistry has been liberalised, in terms of the provision and operation of dental practices. In particular, any natural or legal person may operate a dental practice or a dental company, provided that the scientific responsibility lies with the dentist.

There is no restriction with regard to share ownership of dental entities and the previous limitation 51%-49% (favouring dentists), is no longer in force. Finally, dentists can work in different entities of various forms (dental practices, clinics, multi-practice clinics and they can be responsible simultaneously in all of them, at the same time.

Tooth whitening

Tooth whitening is regulated under medicinal rules in Greece, and as with all items of procedure in the oral cavity, may only be provided by dentists.

Health and Safety at Work

Inoculations - such as for Hepatitis B - are not compulsory for dental workers. However, since 1995, all faculty members and all undergraduate level students at the University of Athens, School of Dentistry are inoculated for Hepatitis B. Students refusing to be vaccinated have to sign a special form explaining the reasons.

Ionising Radiation

Both the EU and the National Radiological Protection Board Guideline Notes for Dental Practitioners have been adopted and presented on the site of the Dental School of the University of Athens.

Apart from requiring the usual "CE" tag, radiological equipment does not require any specific notification.

Specific continuing education is also not mandatory for those conducting ionising radiation

Hazardous waste

Amalgam separators are required by Common Ministerial Decision in 2003: "Handling and Management of Hazardous Waste Materials: Regulations cover the disposal of clinical waste.

Regulations for Health and Safety

For	Administered by
Ionising radiation	Greek Atomic Energy Commission
Electrical installations	Ministry of Health
Waste disposal	Ministry of Health & Welfare, Ministry of the Interior, Ministry of the Environment, Central Union of Municipalities and Communities, Ministry of the Finance, Public Administration, Ministry of Labour
Medical devices	Hellenic Drug Organisation
Infection control	Centre for Disease Control, Athens University-School of Dentistry, Regional Dental Society of Attica

Financial Matters

Retirement Pensions and Healthcare

In April 2008, Law 3655/2008 was enacted providing for the administrative and organisational reform of the System of Social Security. Among other provisions by this law three occupational schemes which used to cover liberal professionals - Scientists (ie Doctors, Dentists, Pharmacists, Lawyers, Notaries, Engineers, Architects.) are incorporated to one new one - the ETAA (Unified Scheme for Independent Professionals). The Hellenic Dental Association along with the other Independent professionals reacted unfavourably to the implication of the new law, as it was perceived that it will undermine their rights.

The pension system in Greece has historically been based on a public pension pillar, although by 2013 there had been severe changes. It consists of three parts: an earnings-related primary pension; an earnings-related supplementary pension; and minimum pension benefits.

The first pillar covers employees in the private sector and certain self-employed persons. The pension is financed on a pay-as-you-go basis and the contribution rate is unequally shared between the employee and the employer; the actual rate depends on the profession of the employee. Before 2010, it amounted to 6.67% for employees but increased to 8.87% in arduous occupations. The corresponding employer rate was 13.33% or 17.73% for arduous occupations – although in 2013 the Government was phasing in a programme for firms to cut these contributions by one-quarter. For the supplementary pension an additional contributions rate has to be paid.

Employees in the public sector are paid directly from the national budget during retirement. A number of cuts have seen public sector pension benefits decrease substantially over the past few years. Besides the earnings-related part of the pension system a minimum pension is paid to those without adequate means.

All dentists who practise, regardless of their working status (self-employed, employees, NHS) are obligatorily registered in the ETAA-TΣAY. (Insurance and Retirement Fund of Health Professionals) and consequently, are entitled to receive a pension from it. Dentists who are exclusively self-employed, receive a full pension from ETAA-TΣAY.

Dentists are entitled to more than one pension scheme; they receive a reduced pension from ETAA-TΣAY, and a supplementary one from the organisation for which they provide their services. For example, a dentist employed by the NHS will receive a pension from the NHS and also a pension from the ETAA-TΣAY.

The full pension of ETAA-TΣAY for an exclusively self-employed dentist who has been practising for 39 years is approximately €1.562 a month (before taxes) in 2013.

For a full pension the minimum retirement age for both sexes is 62 years of age and having practised for 40 consecutive years. However, many work beyond this, in private practice.

Taxes

There are three rates of income tax for all employees and pensioners. For net income up to €25,000 a rate of 22% applies; from €25,001 up to €42,000 a rate of 32% applies and for income exceeding the €42,001 the applicable rate is 42%.

VAT

The standard rate of VAT in Greece is 23%. This is the rate charged on most dental materials and equipment. There is a reduced rate of 13% for dental materials and appliances for intraoral use are charged at this rate. Then, there is a super-reduced rate of 6.5% at which local anaesthetics are charged. No VAT applies on the payment of dental fees. Special rates apply to supplies on certain Aegean islands.

Various Financial Comparators *(Source: UBS August 2003 & November 2012)*

Athens Zurich = 100	2003	2012
Prices (including rent)	72.0	56.7
Wage levels (net)	37.3	30.2
Domestic Purchasing Power at PPP	46.7	47.1

Other Useful Information

Main national association and information centre	Competent Authority and Information centre for NHS posts:
<p>Hellenic Dental Association 38, Themistokleous Street GR- 106 78 ATHENS GREECE Tel: +30.210 38 13 380 +30.210 33 02 343 Fax: +30.210 38 34 385 E-mail: eo0@otenet.gr, or heldenas@otenet.gr Website: www.eoo.gr</p>	<p>Ministry of Health 17-19 Aristotelous Street GR- 101 87 ATHENS GREECE Tel: + 30 213 216 10 10 Fax: Email: deyp@yyka.gov.gr Website: www.moh.gov.gr</p>
Publications:	
<p><i>Journal of the Hellenic Dental Association</i> <i>Hellenic Stomatological Review</i></p>	

Dental Schools:

Athens	Thessaloniki
<p>National & Kapodistrian University of Athens School of Dentistry 2 Thivon str., Goudi GR - 115 27 ATHENS Tel: +30.210.74.61.000 Fax: +30. 2 10 7461187 Email: seer@dent.uoa.gr Website: www.dent.uoa.gr</p> <p>Dentists graduating each year: 130 Number of students: 650</p>	<p>Aristotle University of Thessaloniki School of Dentistry University Campus GR-541 24 THESSALONIKI Tel: +30.231 999.471 Email: info@dent.auth.gr Website: www.dent.auth.gr</p> <p>Dentists graduating each year 140-150 Number of students: 650 to 700</p>