



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Italy

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The revised EU Manual of Dental Practice (Edition 5) was commissioned by the Council of European Dentists¹ in April 2013. The work has been undertaken by Cardiff University, Wales, United Kingdom. Although the unit had editorial control over the content, most of the changes were suggested and validated by the member associations of the Committee.

About the authors²

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

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

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

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

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

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

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

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

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

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

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

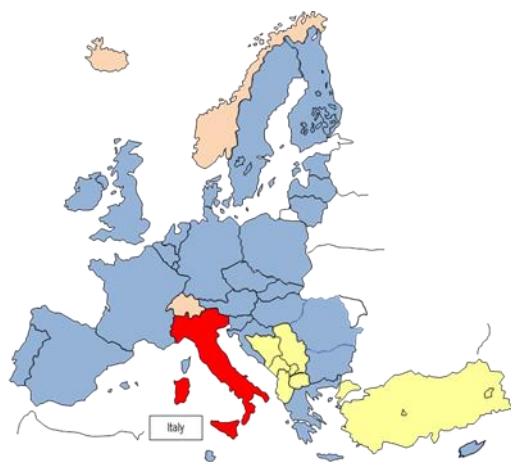
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Italy



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In the EU/EEA since	1957
Population (2013)	59,685,227
GDP PPP per capita (2012)	€22,955
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:	58,723
Population to (active) dentist ratio:	1,300
Members of Dental Associations (two):	52%

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 Rome.

There is a central government elected by (mainly) proportional representation. The country is divided into 20 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. The central government establishes health coverage, namely, the typology of services guaranteed under the NHS provision called LEA - (Livelli essenziali di assistenza = Essential Level 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).

OECD 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. Meanwhile 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 President of the Region, acting through the "Assessore alla sanità" (Health Commissioner, who is a member of the Regional Government). The organisational 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 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.

	Year	Source
% GDP spent on health	9.2% 2012	OECD
% of this spent by government	78.2% 2012	OECD



Oral healthcare

In principle, there is a comprehensive oral health care system, which functions within the National Health Service (SSN). 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, dental care provided by NHS dentists comprises restorative treatment and only occasionally prosthetics and implants, with co-payment by the patient.

	Year	Source
% GDP spent on oral health	0.82% 2007	CECDO
% of OH expenditure private	95% 2007	CECDO

Dentistry should be considered as private sector treatment in Italy, as only 4% of dental care is provided within the NHS. However, the two main dental associations, ANDI and AIO agree that in the last few years, there have been signs of an increase of public supply, both in the form of new models of delivery, and of joint public/private care.

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 was estimated in 2013 to be about €10 billion.

LEA

The revision of the LEA in 2008 redefined and updated the range of services and treatments offered by the SSN.

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 then current interventions at regional level, led to the activation of programmes for the 0-14 years group, which include the monitoring and treatment of cavities, the diagnosis of malocclusions and 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' are 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: abiotomaschysis and other familial malformations, some rare diseases, drug addiction, and so on.
- Second, one takes into account the diseases and the conditions in which health 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 detail, 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 must be punctually defined.

Treatments:

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

SOCIAL VULNERABILITY

Receivers:

The Regions and other self-ruling Provinces should choose instruments for the evaluation of the socio-economic situation, 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. provision of dental appliances to subjects from 0 to 14 years of age with an IOTN index = 5 (but not including the cost of the fabrication)
6. deep pulpotomy in immature root apices, for 0 to 14 years groups.

GENERAL POPULATION

Finally, to all citizens, included those 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.

In 2010, an average Italian family (4 persons) spent €1,000 per year on oral health care.

Private insurance for dental care

There are some private healthcare insurance plans. Some include routine dental care and prosthetic appliances.

However, by 2013, this market was changing, because there is a trend to develop dental plans as a part of the coverage provided by all supplementary health insurances.

Quality of Care

'Clinical Recommendations' were elaborated by several universities and scientific and professional associations, including ANDI and AIO. In 2012, they were approved for use by Ministry of Health.

Both public and private practices are checked or "authorised" by District Health Service (ASL) which means that they have to comply with certain professional and structural standards, which may be different from Region to Region.

Beside mandatory standards, some regions have developed and applied further standards of accreditation, to permit work on behalf of NHS. According to a 2012 survey by ANDI (Servizio Studi, in collaboration with the ISCO Institute) 93% of Italians highly trust their dentists with the same level of confidence they have with their family doctor.

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.

According to a 2010 study (Servizio Studi ANDI) based on ISTAT data, 39.7% Italians visited a dentist at least once a year, compared to 11.5% who never visited.

However, intensity of treatment, that is the number of dental visits per person per year, is estimated to be low compared to international standards.

Re-examinations for adult patients occur usually on an annual basis.

Health data

	Year	Source
DMFT at age 12	1.00 2009	OMS-MdP
DMFT zero at age 12	No data	
Edentulous at age 55	18% 2009	OMS-MdP
Source: OMS on ANDI's Mese della Prevenzione 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 prevention dedicated leaflets 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:	2013
Number of public schools	32
Number private schools	2
Number hygienist schools	31
Dental student intake	984
Number of graduates (2012)	883
Percentage female	47%
Length of course**	6 yrs

** The course was lengthened in the academic year 2010/11 to 6 years

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 and San Raffaele in Milan. The dental course is 6 years in length. Students in the private dental schools are responsible for paying their own fees.

The number of non-resident foreign students is announced annually by ministerial decree: in 2013 it was 86.

Quality assurance for the dental schools is provided by the M.I.U.R. (Ministry of Education, University and Research), with some joint responsibility with the Ministry of Health.

Qualification and Vocational Training

Primary dental qualification

A dentist is a professional holding a university degree in medicine and surgery, or in dentistry and prosthetics. A dentist is responsible for the prevention, diagnosis and treatment of diseases of the teeth, mouth, jaws and associated tissues.

Law 409/1985 established the profession of dentist, and defined the requirements for education and professional qualifications.

The legal practise of dentistry is permitted (in 2013) by:

- graduates in Dentistry
- graduates in Medicine and Surgery enrolled in a university course before January 28th 1980, with or without a specialisation in Dentistry
- graduates in Medicine and Surgery enrolled in the university course after 28 January 1980, holding the diploma of specialisation in dentistry or authorised to practice dentistry according to D. lgs. 386/98.

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)

Vocational training is not mandatory.

Registration

To register as a dentist, an applicant must have a degree or diploma in dentistry included in the Annex of the EU Directive 2005/36 or be recognised both by the Ministry of Health (Foreign Affairs) and by one dental faculty. This means that a new graduate from another EU country, who is not yet practising, must pass a post-qualification examination to register to practise dentistry. For graduates from non-EU countries the degree must be validated by Ministry of Health with a proper examination.

The prerequisite for professional practice is the registration as a dentist at a related provincial Chamber.

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.

After registration, the dentist can practise anywhere in Italy.

Language requirements

The Dental Chamber may verify a foreign dentist's knowledge of language and professional rules, according to the D.lgs 9 November 2007, n. 206, and the following decree of Ministry of Health 29 July 2010, n. 268

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'

Medical trainees are paid during the period of training for their specialisation, when specialisation follows the first degree. Trainees in dental specialist training are not paid. 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.

A new system for dental specialist training has been approved allowing a title in Orthodontics, Pediatric Dentistry, Oral Surgery, General clinical dentistry, but the rules are not yet in place.

Workforce

Dentists

Year of data:	2012
Total Registered	58,723
In active practice	45,896
Dentist to population ratio*	1,300
Percentage female	34%
Qualified overseas	550
* this refers to "active" dentists	

There is some reported unemployment amongst dentists in Italy, because of supply-demand imbalance, mainly in southern Italy.

Movement of dentists across borders

In 2013, this was a negligible phenomenon and was limited to areas near the borders.

Specialists

Year of data:	2012
Orthodontics	1,795
Oral Surgery	16
OMFS	640

Stomatology	11,016
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In Italy, two specialties, Oral Surgery and Orthodontics are recognised. There is also a medical specialty of Oral Maxillo-facial surgery.

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 (up to 5%).

Please see the next column for more details of specialties

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.

Numbers with "special interest" in each subject

Description	Number
Odontostomatologic surgery	344
Odontostomatologic surgery N.O.	4
Dental practice	37
Dental and stomatological practice	214
Dentistry	1,031
Dentistry and prosthetics	143
Dentistry and dental prosthetics	957
Dentistry and prosthetics	1,319
Dentistry and stomatology	129
Odontostomatology	5,850
Odontostomatology II	68
Odontostomatology N.O.	651
Stomatology	114
Stomatology (oral diseases and prosthetics)	110
Stomatology and dentistry	45
	11,016
Orthodontics and gnathology	9
Orthodontics	23
Orthodontics and gnathology	1,763
	1,795
Oral surgery	16

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

The profession is ruled by Law n. 43/2006

Education and training is provided by universities and is for three years, leading to a diploma, which must be obtained before a dental hygienist may legally practice. There is a *Numerous Clausus* to access the course and an exam of admission has to be passed. There is no compulsory registration upon qualification.

A two years' postgraduate specialisation is available.

Hygienists can only work under the prescription of a dentist. Their duties (defined by Decree in 1999) include oral hygiene and prevention instructions. Hygienists are not permitted to provide local anaesthesia. Most of hygienists work as independent professionals, with no fixed fees.

**Dental Technicians**

Dental technicians are trained in technical schools, in a three plus two year course, which is needed to get the diploma of a technician. After the first three years, the student must pass an examination to become '*Operatore meccanico odontotecnico*,' which will entitle practise exclusively as an employee.

For a self-employed practice, the student must continue the course for another two years, and then pass another examination, which will lead to a licence to practice. Students passing this examination will also achieve a 'high school' level diploma, which eventually could permit the access to the university course in Dentistry.

The qualification has to be registered to the *Camera di Commercio* of each Province.

To be entitled to be a manufacturer of custom medical devices, a dental technician must apply for a special registration, at the Ministry of Health.

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.

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

Their duties, as stated by the CCNL (National Collective Work Contract), 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:	2011
General practice (see below) *	41,939
Public dental service **	3,157
University	400
Hospital	300
Armed Forces	100
General Practice as a proportion is	91%

* Source: Agenzia Entrate 2011

** Source: Ministry of Health

General Practice figures *	
Dentists, independent practice	35,339
Dental clinics	5,062
Dental companies	1,538

*** This refers to "associates offices" ("studi associati") which are, under a statutory law, different both from single practitioners' offices and "dental companies". These are included in general practice.

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".

About 42,000 dentists were self-employed in 2013, including a number of physicians practising general medicine who have dental equipment in their office. The Ministry of Finance lists as dentists those who have a specific fiscal dentistry code. They charge fees almost exclusively as 'items of service', the levels of which are controlled by market forces. They work mostly in small or medium sized practices (80%) in relation to the number of patients and staff. Not all are owners – many are "associates" who work on commission.

A survey by ANDI Servizio Studi (Research Department), carried out at the beginning of 2012, showed that many dentists struggle to open their own practice within 5 years from the date their professional registration. Despite this fact, in 2011, 91% of registered dentists had their own practice.

The ANDI study, referred to earlier, indicated a deterioration of employment from the previous year. Nevertheless, the majority of Italian dentists were reacting to this situation by investing in their profession and in particular by modernising their practices, in particular by investment in high-tech equipment.

The structure of practice is slowly changing. Increasing numbers of dentists share offices and establish multiprofessional clinics. Many young dentists are forced by economic factors to become salaried other than self-employed dentists.

Employment contracts for dental staff members are agreed at national level. This contract, which rules salary, hours of work, sickness insurance, holidays, maternity leave, retirement and

social security, is not exclusive to dental practice, but to all regulated professions which run independent offices.

Joining or establishing a practice

Dentists must apply to the Region in order to get the authorization to establish a practice. The relevant requirements may vary from Region to Region.

Fee scales

The law for liberalisation (L. 248/06) has abolished dental minimum fees. In November 2007 ANDI produced and published the "Nomenclature & Fees Booklet", which Italian dentists follow on a voluntary basis.

Future developments

Italian dentists overwhelmingly (69%) disagree with the rules on tariff liberalisation in terms of advertising, including professional societies, etc. In particular, they are against the possibility of creating partnerships between professionals with capital partners. Those in agreement with the rules (15.7%) were predominantly women under 35 years of age. Despite the criticism on this new instrument of practice, which is awaiting the issue of decrees leading to operation, nearly half of all dentists will consider the possibility of joining these companies (see "Corporate Dentistry" in the next section).

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.

Theoretically, everyone is eligible to receive this service, but in reality it is mostly used by the lower or 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.

Working in Hospitals

Some dentists are employed in hospitals, either full or part-time, to treat hospitalised and non-hospitalised patients.

To gain access to hospital employment dentists must apply a local or national call for tender.

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

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

	Number	Year	Source
ANDI	23,396	2012	ANDI
AIO	7,053	2012	FDI

ANDI

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 (as ANDI was called at that time) changed its constitution to allow them to become members.

ANDI has an Executive Board formed by the President, 4 Vice Presidents, 1 National Secretary, 1 Secretary dedicated to cultural issues, 1 Secretary dedicated to the issues concerning the management of profession and a Treasurer. They are elected, according to the 2010 Constitution, every four years by the Elective Congress.

ANDI has its own Head Office located in centre of Rome with a full time staff of 10 employees and a second national office dedicated to specific services (ie insurance, media center, Fondazione ANDI) in Milan. From May 2008 all the activities carried out by ANDI Headquarters have been certified according ISO-9001 Certification.

ANDI has 20 regional branches and 100 provincial branches with their own offices and employees.

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

AIO

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 two employees. AIO has 50 provincial/district branches in every region and Italian province, with their offices and employees. AIO Publications are distributed free of charge to all members and another 18,000 dentists. The AIO website www.aio.it is the most visited dental website since 2004. AIO is an ISO 9001 provider of Italian Ministry of Health for Continuing Education in Medicine for all health professionals.

AIO has received the Patronage of the Italian Ministry of Health for the publication of the Guidelines for Prevention in Dentistry.

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* (National Federation of Medical and Dental Chambers).

It was founded in 1946 with the purpose to coordinate the provincial Chambers 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 Chambers that the National Federation represents unitarily, develop different functions and the more important are :

1. Keep the Roll
2. To maintain the independence and dignity of the Chambers 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 provincial medical and dental chamber by a commission of 5 dentists, who are elected every three years. There is no consumer or other citizen/patient representation but legal advice may be available.

At the beginning of each mandate, the Presidents of the Provincial commissions elect a national commission, again composed of 5 members, which then appoint its own national president.

ANDI has adopted in 2013 a specific and more restrictive Ethical Code for its own members.

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 code infringement, a dentist can have imposed four levels of sanctions: warning, censorship, temporary suspension from practising for up to a maximum of six months, or erasure from the register.

Dentists can appeal to a National Appellate Court for disciplinary judgments (Central commission for health professions - Ministry of Health. *Commissione Centrale Esercenti professioni sanitarie - CCPS*.)

Patients may report ethical problems before opening a lawsuit.



Standards

There is no formal monitoring in any sector, other than patient complaints. In private practice these would be directed to the appropriate ethical committee.

In the Public Service they are first investigated by a clinical officer who, theoretically, has the power to suspend or discharge the dentist concerned. In practise 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/sensible 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. A National Authority is in charge for surveillance upon citizens' request

Advertising

Dental services can be advertised according to the Code of Ethics and general law. Dentists (and physicians as well) cannot make any comparative advertising. They can only inform patients about every aspect of the profession (ie office staff, fees, provided services) as long as they are related to the argument to be advertised, truthful and correct, not violating the obligation of professional secret, not ambiguous, misleading and denigratory (Presidential decree n. 137/2012, art.4)

Insurance and professional indemnity

Liability insurance will be compulsory for dentists and physicians from August 2014.

A general national insurance policy does not exist. There are instead a number of private insurance companies as well as insurance policies proposed by professional associations. There are no uniform costs, as they depend from the specific professional activity the dentist is practicing.

Corporate Dentistry³

From 2013 a new kind of professional company has been introduced in Italian law: Società Tra Professionisti (STP). This professional company allows dentists to join together with other (non-dentist) professionals and with non-professional associates, but clinical matters must be the responsibility of a Dental Director.

Registration of the STP is mandatory, both in a special register kept by the local Medical and Dental Chamber, and in local Trade Chamber - similarly to any other trade company.

³ In 1997 the law 1815/39 (from 1939), preventing professionals from establishing joint companies with non-professional associates, was abrogated. But at that time (in 1997), the government did not introduce new legislation on "professional companies", which operate in other EU countries. This "vacatio legis" permitted dentists to "legalise" their practices with a "commercial company" in which they owned the office and equipment, while "officially" the practice was run by a "health director" (physician or dentist) who may or may not be an associate. Sixteen years later and after many legislative failures, a new law offers the opportunity of establishing a professional company where non-professional associates cannot prevail. The 1,538 dental companies recorded above are pure commercial companies with or without professional associates

Tooth whitening

Cosmetic Directive 2011/34 was implemented in Italian law in October 2012. At September 2013 tooth whitening products (TWP) containing more than 6% of hydrogen peroxide were still available for professional dental use labelled as "medical devices".

The Minister of Health granted the requests made by ANDI, to put forward a Law Decree, approved in July 2013 by the Council of Ministers, a rule which heavily penalises those who exercise and those who favour the illegal exercise of a health profession

Health and Safety at Work

In case of accidental inoculation or wound from sharp instruments used on patients - potentially "high risk, public health services are immediately available for any dental staff member to make any appropriate laboratory exam or prevention treatment. Each employee is furthermore protected by compulsory workers' national insurance (INAIL).

Ionising Radiation

Radiation protection is regulated by law, according to UE Directives. Continuing education in radiation protection is mandatory for dentists with updates on a regular basis.

The X-ray equipment must be registered and, every two years, equipment must be checked by a "qualified expert", ie an engineer or a nuclear physicist. And, continuing education and training of 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

For	Administered by
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

For self-employed dentists the mandatory contribution to the professional pension fund (ENPAM, co-shared by both dentists and physicians) is 12.5% of gross earnings. Starting from 2014, this will be raised gradually to 21% in year 2021.

Besides the pension benefits based on individual contributions, this pension scheme provides coverage for ill-health retirement, maternity leave, and survivors' pension benefits.

Dentists who are employed in the NHS or other private or public clinics and offices are entitled to pay a reduced rate of 2% to ENPAM, besides what is paid to the mandatory national general pension fund (INPS): 8.89% charged on the employee salary and an additional fee, up to 32.7 %, paid by the employer.

Retirement pensions in the public sector are usually based on 80% of the final salary. Retirement ages are 63 (women) and 65 (men).

In the public sector dentists can practice until the age of 70. In private practice the self employed dentist retirement age is a free choice.

Taxes

Taxation in Italy is progressive. From 2011, personal income taxation varies in five bands, from 23% for income up to €15,000 to 43% for income over €75,000.

Currently (in 2014) self-employed people pay 5% extra tax on their gross annual income, as a contribution to public health.

VAT/sales tax

VAT is payable at various rates depending on the type of goods. Standard VAT rate: is 22% (Oct 2013), and there are reduced rates of 10% on pharmaceuticals, passenger transport, admission to cultural and entertainment events, hotels, restaurants. A reduced rate of 4% is applied to foodstuffs, medical, books

Dentists pay 22% 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

Rome Zurich = 100	2003	2013
Prices (including rent)	79.7	72.0
Wage levels (net)	33.4	36.4
Domestic Purchasing Power	44.3	48.6

Source: UBS August 2003 and November 2012



Other Useful Information

Main national associations:	Information Centre:
<p>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</p>	<p>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</p>
<p>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</p>	
Competent Authority:	Publications:
<p>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</p>	<p>ANDI and the AIO both have national journals:</p> <p>  AIO: <i>Prospettiva Odontoiatrica</i>  ANDI: <i>ANDI Informa</i> </p> <p>There are also numerous journals There are also several journals published by scientific societies in different clinical areas: endodontics, prosthetic, implantology, restorative, pedodontics, prevention, etc.</p>

Dental Schools:

Name of school: Ancona	Name of school: Bari
<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: +39 071 2206219/20 Fax: +39 071 2206221 Email: m.procaccini@univpm.it</p> <p>Dentists graduating each year: 25 Number of students: 120</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: +39 080 5478762 Fax: e-mail a.desiate@doc.uniba.it Dentists graduating each year: 18 Number of students: 140</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: +39 051 278011 Fax: +39 051 235208 E-mail: carlo.prati@unibo.it</p> <p>Dentists graduating each year: 30 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: +39 030 394544-3995780-383424 Fax: +39 030 303194 Email: paganelli@med.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 CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Via Binaghi, 4/6 - 09121 Cagliari ITALY Tel: +39 070/537411 Fax: +39 070/537416 e-mail: vpiras@unica.it</p> <p>Dentists graduating each year: 20 Number of students: 100</p>	<p>Name of school: Catanzaro</p> <p>UNIVERSITÀ DEGLI STUDI DI CATANZARO - "MAGNA GRECIA" CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Viale Europa - Campus Universitario di Germaneto - 88100 Catanzaro ITALY Tel: +39 09613697215 Fax: +39 09613697276 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 DIPARTIMENTO SPECIALITÀ MEDICO-CHIRURGICHE Azienda Policlinico - Via S. Sofia, 78 95125 Catania ITALY Tel. and Fax: +39 095/3782759 E-mail: malber@unict.it Dentists graduating each year: 23 Number of students: 120</p>	<p>Name of school: Chieti</p> <p>UNIVERSITÀ DEGLI STUDI DI CHIETI Dipartimento di Scienze Odontostomatologiche Via dei Vestini, 31 - 66100 CHIETI ITALY Tel: +39 0871 3554070 Fax: +39 08713554070 e-mail: artese@unich.it Dentists graduating each year: 54 Number of students: 200</p>
<p>Name of school: Ferrara</p> <p>UNIVERSITÀ DEGLI STUDI DI FERRARA DIPARTIMENTO DISCIPLINE MEDICO CHIRURGICHE DELLA COMUNICAZIONE E DEL COMPORTAMENTO SEZIONE DI ODONTOIATRIA Corso Giovecca, 203 - 44100 Ferrara ITALY Tel: +39 032-205277 Fax: +39 032-202329 Email: g.calura@unife.it Dentists graduating each year: 20 Number of students: 70</p>	<p>Name of school: Toscana - Firenze</p> <p>UNIVERSITÀ DEGLI STUDI DI FIRENZE DIPARTIMENTO DI ODONTOSTOMATOLOGIA Segreteria del C.L.O.S.P.D. Via del Ponte di Mezzo, 46/48 50127 Firenze ITALY Tel: +39 055/331130 Fax: +39 055/331130 Email: odontopdm@odonto.unifi.it</p> <p>Dentists graduating each year: 22 Number of students: 110</p>
<p>Name of school: Foggia</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 0881 588041 - e-mail: presidenza.odontoiatria@unifg.it</p> <p>Dentists graduating each year: none yet Number of students: 70</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: +39 010/3537235 or 7370-7362 Fax: +39 010/3537352 Email: giorgioblasi@unige.it Dentists graduating each year: 25 Number of students: 140</p>



<p>Name of school: Insubria</p> <p>UNIVERSITÀ DEGLI STUDI DI INSUBRIA</p> <p>Corso di Laurea Specialistica in Odontoiatria e Protesi Dentaria</p> <p>Clinica Odontoiatrica - Via Piatti, 10 - 21100 - Velate (Va) ITALY Tel. +39 0332 825625 Fax +39 0332 825655 Email angelo.tagliabue@uninsubria.it Dentists graduating each year: 20 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</p> <p>Clinica Odontoiatrica: Edificio Delta 6 Località Coppito - 67100 L'Aquila ITALY Tel.: +39 0862433836 Fax: +39 0862433826 Email: roberto.gatto@virgilio.it</p> <p>Dentists graduating each year: 30 Number of students: 150</p>
<p>Name of school: Messina</p> <p>UNIVERSITÀ DEGLI STUDI DI MESSINA CORSO DI LAUREA SPECIALISTICA IN ODONTOIATRIA E PROTESI DENTARIA</p> <p>Policlinico "G. Martino" 98100 Gazzi – Messina, ITALY Tel. +39 090/ 2216901 Email: cordasco@unime.it Dentists graduating each year: 25 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</p> <p>Istituto di Clinica Odontoiatrica e Stomatologica Via della Commenda, 10 - 20122 Milano, ITALY Tel. +39 02/50320237 or +39 02/50320238 Fax +39 02/50320239 Email: andrea.sardella@unimi.it Dentists graduating each year: 60 Number of students: 240</p>
<p>Name of school: Milano</p> <p>UNIVERSITÀ DEGLI STUDI DI MILANO - BICOCCA Dipartimento di Neuroscienze e Tecnologie Biomediche CLINICA ODONTOIATRICA</p> <p>Azienda Ospedaliera S. Gerardo, ITALY Tel. +39 039.233-2301/2143/3485 Fax +39 039/2333482 e-mail: marco.baldoni@unimib.it Dentists graduating each year: 30 Number of students: 130</p>	<p>Name of school: Modena</p> <p>UNIVERSITÀ DEGLI STUDI DI MODENA E REGGIO EMILIA Istituto di Clinica Odontoiatrica</p> <p>Policlinico: Via Del Pozzo, 71 41100 Modena, ITALY Tel. +39 059/4222326-361181 Fax +39 059/373428 – Email – segr.clopd@unimore.it</p> <p>Dentists graduating each year: 15 Number of students: 70</p>
<p>Name of school: Napoli</p> <p>UNIVERSITÀ DEGLI STUDI DI NAPOLI Dipartimento di Scienze Odontostomatologiche e Maxillo-facciali</p> <p>Via Pansini, 5 – 80131 Napoli, ITALY Tel. +39 081/7462192 Dipartimento: Tel. +39 081/7462089 Segreteria: Tel. +39 081/7462088 – Fax: +39 081/7462197 E-mail: matarass@unina.it Dentists graduating each year: 30 Number of students: 120</p>	<p>Name of school: Napoli</p> <p>UNIVERSITÀ DEGLI STUDI DI NAPOLI - II FACOLTÀ CORSO DI LAUREA SPECIALISTICA IN ODONTOIATRIA E PROTESI DENTARIA</p> <p>Via S. Andrea delle Dame 6 - 80138 Napoli, ITALY Tel. +39 081/5665476 Fax +39 081/5665477 Email : gregorio.laino@unina2.it</p> <p>Dentists graduating each year: 24 Number of students: 120</p>
<p>Name of school: Padova</p> <p>UNIVERSITÀ DEGLI STUDI DI PADOVA Dipartimento Integrato Interaziendale di Odontoiatria</p> <p>Via Venezia, 90 – 35100 Padova, ITALY Tel. +39 049 8213999 - 8218669 Fax +39 049 8070364 Email: marialuisa.valente@unipd.it</p> <p>Dentists graduating each year: 25 Number of students: 140</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</p> <p>Policlinico " P. Giaccone " - Via del Vespro, 129 90127 Palermo, ITALY Tel. +39 091.6552208 Fax +39 091.6552203 e-mail: giuliana@unipa.it Dentists graduating each year: 25 Number of students: 120</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 0521292759 or +39 0521702033 Fax +39 0521292955 Tel. +39 0521986722 e-mail: mauro.gandolfini@unipr.it Dentists graduating each year: 25 Number of students: 100</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 0382-423516 Tel. +39 0382-516203 e-mail: discodon@unipv.it Dentists graduating each year: 22 Number of students: 110</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. +39 075/5855804 Segreteria: Tel. +39 075/5855808 or +39 075/5855809 Email: stefano.eramo@alice.it Dentists graduating each year: 15 Number of students: 75</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 "TOR VERGATA" CORSO DI LAUREA IN ODONTOIATRIA E PROTESI DENTARIA Policlinico "Tor Vergata" Viale Oxford, 81 00133 Roma ITALY Tel. +39 06/20900270 Fax +39 0620900269 Email: paolacozza@tiscali.it Dentists graduating each year: 33 Number of students: 160</p>	<p>Name of school: Roma</p> <p>UNIVERSITÀ DEGLI STUDI DI ROMA "LA SAPIENZA" FACOLTÀ DI MEDICINA E CHIRURGIA I^A Policlinico Umberto I Dipartimento di Scienze Odontostomatologiche Viale Regina Elena, 287/A - 00161 Roma ITALY Dip: +39 06/44230812 Fax +39 0649976603 Email: ersilia.barbato@gmail.com Dentists graduating each year: 66 Number of students: 300</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 Tel. +39 06/30154079 - +39 06/30154286 Fax +39 06/3051159 e-mail: iclod@rm.unicatt.it Dentists graduating each year: 25 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. +39 079/228507 Fax +39 079/228541 Centralino Università: Tel. +39 79/228211 Email: pfluglie@uniss.it Dentists graduating each year: 20 Number of students: 100</p>	<p>Name of school: Toscana -Siena</p> <p>UNIVERSITÀ DEGLI STUDI DI SIENA DIP. DI SCIENZE ODONTOSTOMATOLOGICHE Viale Bracci - Policlinico Le Scotte, 53100 Siena ITALY Segreteria: Tel. +39 0577/585771 Direzione: Tel. +39 0577/585772 or +39 0577/42383 Fax +39 0577/586155 Email: ferramar@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 0116334045-4055-4043 Fax +39 0116636489 Email: stefano.carossa@unito.it Dentists graduating each year: 45 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 +39 040/3992263 Fax +39 040/3992665 – Email r.dilenarda@fmc.units.it Dentists graduating each year: 30 Number of students: 100</p>
<p>Name of school: Verona</p> <p>UNIVERSITÀ DEGLI STUDI DI VERONA 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 045581212 - +39 0458124251 Fax +39 0458027437 Email: pierfrancesco.nocini@univr.it Dentists graduating each year: 25 Number of students: 100</p>	<p>Name of school: Milano (PRIVATE)</p> <p>UNIVERSITÀ VITA SALUTE SAN RAFFAELE - MILANO CORSO DI LAUREA IN ODONTOIATRIA E P.D. Via Olgettina 48. 20132 Milano ITALY Tel. +39 02/26432970 - +39 02/26432994 Fax: +39 02/26432953 Email: gherlone.enrico@hsr.it Dentists graduating each year: none yet Number of students: 70</p>

2012	Number of dental students	Annual dental graduates	Number of hygienist students	Annual hygienist graduates
Ancona	120	24	45	15
Bari	140	18	45	15
Bologna	150	30	45	15
Brescia	100	20	45	15
Cagliari	100	20	60	20
Cantazaro (new school)	30	0	30	15
Catania	120	23	15	
Chieti	200	54	30	10
Ferrara	70	20	30	10
Firenze	110	22		
Foggia (new school)	35	0		
Genova	140	25	72	24
Insubria	100	20	60	20
L'Aquila	150	30	30	10
Messina	120	25	10	
Milano	240	60	240	80
Milano Bicocca	130	30	90	30
Modena	70	15	30	10
Napoli	120	30	60	20
Napoli	120	24	45	15
Padova	140	25	90	30
Palermo	120	25	40	20
Parma	100	25		
Pavia	110	22	48	16
Perugia	75	15		
Pisa	75	14	45	15
Roma Tor Vergata	160	33	60	20
Roma La Sapienza	300	66	150	50
Sassari	100	20	20	10
Toscana-Siena	120	24	105	35
Torino	200	45	90	30
Trieste	100	30	45	15
Verona	100	25	70	20
Public total	4,065	859		
PRIVATE				
Roma	120	24	60	20
Milano San Raffaele (new)	70	0	75	25
Overall total	4,185	883	1,880	630