



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Portugal

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.

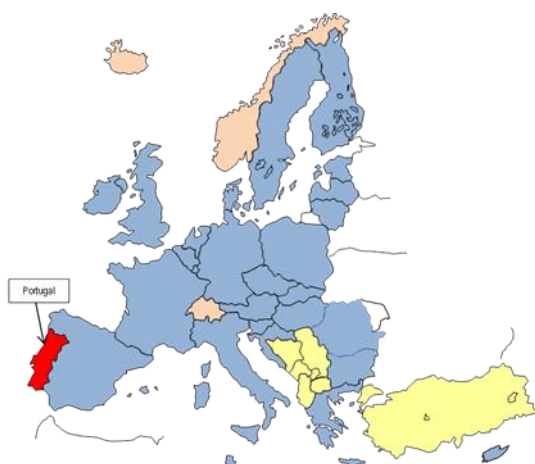
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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



Portugal



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In the EU/EC since	1986
Population (2013)	10,487,289
GDP PPP per capita (2012)	€17,746
Currency	Euro
Main language	Portuguese

The National Health service is largely funded through general taxation. Dentists work mostly in the private sector. Only a few regional health centres and hospitals include oral health professionals. There is a the Portuguese Public Oral Health Programme (PPOHP) that provides assistance to certain vulnerable groups.

Dentists, stomatologists & odontologists:	9,097
Population ratio (active workers):	1,153
Membership of the OMD by dentists:	100%

The specialties of Oral Surgery and Orthodontics were implemented only in 1999; six further specialties have now been approved. Continuing education for dentists has been mandatory since January 2009. The competent authority and regulatory body is the Ordem dos Médicos Dentistas (OMD) - the Portuguese Dental Association, to which all dentists must belong.

Government and healthcare in Portugal

Portugal is a parliamentary democratic republic, with Lisbon, the nation's largest city, as its capital. The constitution grants the division, or separation, of powers among legislative, executive, and judicial branches. The four main institutions as described in this constitution are the President of the Republic, the Parliament, known as the Assembleia da República (English: Assembly of the Republic (Portugal)), the Government, headed by a Prime Minister, and the Courts. Both the President and the Parliament are elected by means of universal suffrage, through national elections.

The President of the Republic is elected by direct universal suffrage for a five-year term. He/she has a supervisory non-executive role with a threefold role: executive power supervisor, armed forces Supreme Commander and international representative of the State. **The Parliament** (Assembly of the Republic) is a chamber composed of 230 deputies elected, by popular vote for legislative terms of four years from the country's twenty-two constituencies, eighteen in mainland Portugal corresponding to each district, one for each autonomous region, Azores (Portuguese: Açores) and Madeira, one for Portuguese living in Europe and a last one for those living in the rest of the world, according to a system of proportional representation and the highest average method (Hondt method). The Portuguese Parliament has the legislative competence, as well as political and fiscal power above the government.

The President of the Assembly of the Republic is the second hierarchical figure in the Portuguese state, after the President of the Republic.

The government, whose head is the Prime Minister, is the leader of the party with most votes in each election, appointed

by the President on the basis of the election results and after consultation with the political parties. The President also appoints the other members of the government under the recommendation of the prime minister.

The Courts are organized into several levels. The Supreme Courts are institutions of last resort/appeal. The Constitutional Court oversees the constitutionality of the laws.

The administrative system comprises 5 regions (North, Centre, Lisbon, Alentejo and the Algarve), 18 districts and 2 autonomous regions (the Azores and Madeira). The districts are further divided into municipalities (concelhos), which have their own level of elected government and boroughs (freguesias). The islands (Azores and Madeira) have their own political and administrative structures.

Healthcare is controlled by a Minister of Health.

The **Ministry of Health** is responsible for developing health policy as well as managing the National Health Service (Serviço Nacional de Saúde). Five regional health administrations are in charge of implementing the national health policy objectives, developing guidelines and protocols and supervising health care delivery. Decentralisation efforts have aimed at shifting financial and management responsibility to the regional level. In practice, however, the autonomy of regional health administrations over budget setting and spending has been limited to primary care. In the Autonomous Regions of Azores and Madeira, there is an effective autonomy on regional health strategy and administration over budget setting and spending.

Under the scope of the Constitution, the NHS is by definition and universal and “tendentially free”. Taking into account the economic and social conditions of the user and chronically ill patients, about 40 % of the population are exempt of any extra co-payment when using the Service.

Beneficiaries pay a “taxa moderadora” [co-payment] for each appointment or treatment provided in the SNS. A regular appointment in a Health Centre, for example, costs €5, while an emergency appointment in a hospital costs from €15 to €20, plus the costs of any other clinical procedure.

The **Health Centre** and the **Health Family Unit (HFU)** are the basic units of the National Health Service (SNS). Distributed throughout geographic areas, who provide essential health care of both preventive and curative nature. For general practice and family medicine, public healthcare, nursing, immunisation and some diagnostic tests the Health and the HFU are the primary care contact points. Centre is the first place to go. Under the Portuguese healthcare system, patients are assigned a general practitioner/family doctor (medico de familia) at their local health centre or health family unit.

Aside from administrative staff, family and general medical doctors, there are public health doctors (public health authority) and nurses in some Health Centres. There are also other professionals working there, such as social workers, oral hygienists, environmental health workers, nutritionists and psychologists. Only a small number of stomatologists and a very few dentists (médicos dentistas) work in Health Centres and HFU.

Hospitals services include ambulatory (specialist appointments), internal and emergency patients. There are different kinds of Hospitals with specific target intervention. There are also some private Hospitals.

The NHS pays part of the cost of most medicines, though some are totally subsidised, particularly those which are vital for treating certain illnesses.

The Portuguese health system is characterised by three coexisting systems:

The National Health Service (Sistema Nacional de Saúde - SNS), which is funded largely through general taxation. The NHS provides universal coverage, even to the groups below.

Special social health insurance. In addition to NHS schemes, there is health subsystems for certain professions, for example for lawyers, banks, military and public servants, covering about 25% of the population. Each fund has its own administrative structure and each one pays a different level of benefit as a contribution towards the cost of care.

Voluntary private health insurance - In addition to NHS, about 20% of the population is covered by private insurance schemes or mutual funds.

The Parliament decides the level of health expenditure each year.

Oral healthcare

Publicly funded oral healthcare

The Portuguese Public Oral Health Programme (PPOHP) began in 2005, after the guidelines for fluoride intake were revised and implemented by the Ministry of Health.

Until 2008 the main purpose of the PPOHP was to promote oral health in the kindergartens and public schools of the first cycle, as well as take some preventive actions such as promoting tooth brushing at the schools. This part of the program still is held by hygienists that do some fissure sealing, and nurses from the public health system.

Since 2008 the Portuguese government, together with PDA, introduced in the PPOHP the “dental voucher”. This programme presents a new complementary public strategy to control oral

	Year	Source
% GDP spent on health	10.2% 2011	OECD
% of this spent by government	65.0% 2011	OECD

diseases, focused on dentist and hygienist action. For the first time ever, some specific groups of the population have access to oral health promotion, prevention and treatment of oral diseases integrated in a public program. There is a specific budget of €16 million for this program (2013) and is defined by

the government for each year. About half a million people is enrolled in PPOHP.

This is a programme where every private dentist who is interested to join, can do so freely and gives the chance for the patients to choose freely to whom to go, from a list of private enrolled dentists. The dentists attend to the patients in their own clinics or offices.

Each of the vulnerable selected groups has a specific program to be fulfilled by the patient and the dentist.

There is a programme for the people over 65 years old, identified as a low income specific group that benefit from the public *Solidarity Complement for Seniors*, who can access the dentist every year for a group of identified basic dental treatments. This group can also have a public co-payment for removable prostheses up to €250 (2013).

Another group that benefits from this programme is pregnant women who are followed up by the public health system. They have also right to a specific group of basic treatments during pregnancy and until 3 months after the birth of the child.

Patients with Human Immunodeficiency Virus have also a group of basic treatments that they can access. The treatment

needs of this group are known to be greater, so the programme takes that in account.

Children and adolescents (from 3 to 16 years old) have a specific programme with particular emphasis at the ages of 7, 10, 13 and 16 years old, where everybody is observed for diagnosis, a treatment plan and basic treatments or fissure sealing.

The programme data of the "dentist voucher" are registered in software specially developed for this purpose and contains the diagnosis, treatment plan and treatments performed for each patient. This software has also other functionalities including all the procedures related to the payments to dentists.

Another publicly funded oral health care system is called ADSE (Social Protection for Public Workers) and considers a public co-payment for dental treatments delivered by dentists in their clinics or offices for these public workers and their families. It also includes prosthodontic rehabilitation.

There are other public systems that consider a co-payment, but may disappear. It also includes prosthodontic rehabilitation that, in some cases, might need prior approval.

Most of oral health care is provided in private (liberal) practices. Few public hospitals and health centers from the National Health Service have stomatologists and a few dentists. Some private hospitals also have dentists.

Domiciliary dental care is not offered in the public health system.

There is no data about the frequency of attendance by patients for their routine oral healthcare.

	Year	Source
% GDP spent on oral health	0.36% 2004	OMD
% of OH expenditure private	40% 2004	OMD

Private insurance for dental care

Almost all insurance companies include dentistry in their scope. These insurances are often expensive and can have three options: reimbursement, convention and a combined solution.

In the first system, the patient pays the total cost of treatment to the dentist and then reclaims reimbursement, as appropriate from the company. Prior approval applies through reports from the dentist and sometimes, partial reimbursement may happen in advanced prosthodontic rehabilitations. In the second system, the cheaper and the most common, for each treatment the dentist earns a certain amount defined by the insurance company. Besides the amount paid by the company, the patient may have to make a direct co-payment to the dentist that varies depending upon the contract established between the company and the patient.

Most private insurance provide limited coverage, as all "insurance products" assume a supplementary nature relative

to the NHS coverage. In 2013, approximately 20% of the population had taken out some form of VHI. About half of the policies are group insurance provided by the employer, and half are individual policies.

These insurances are mostly for high or upper middle class and business executives. The private insurance policies which people can purchase provide a range of medical benefits including or not dental care. The last ones are the most expensive. Only dental insurance is not available.

Generally the level of the premiums is linked to the age of the insured individuals, and the insurance company may refuse to provide cover if the risk of costly treatments is high.

There is also a market product nominated by dental plan which is not subject to a proper regulation - often a source of controversy due to its confundibility aspect to consumers, when compared with traditional insurance products.

In the two political-administrative autonomous Regions, the health systems are also autonomous. In the *Região Autónoma da Madeira* (Madeira) there is a public insurance plan providing reimbursement for dental care with some exclusions. A few dentists are salaried in hospital primary care. In the *Região Autónoma do Açores* (Azores) most of all of the nine isles of the archipelago are equipped with dental care in health centres - about eighteen regional health centres in total.

The Quality of Care

The quality of the care provided is monitored by the OMD and in most of the cases fraud or illegal practice is identified and pursued by the joint action of several public health authorities. Complaints from patients are dealt with in two different ways, by the Order or/and by the Courts.

The OMD issues on a regular basis several clinical and professional regulatory guidelines and the Manual of Good Practice

Health data

	Year	Source
DMFT at age 12	1.50 2007	CECDO
DMFT zero at age 12	44% 2007	CECDO
Edentulous at age 65	39% 2001	ONSA

"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 are no artificial water fluoridation areas in Portugal. In Azores and Madeira you can find some places (mainly in Azores) where you can find natural water fluoridation. The PPOHP recommends the use of fluoridated toothpaste for children included in the programme.

Education, Training and Registration

Undergraduate Training

To enter dental school a student must finish secondary school, and then undertake national exams, to apply to the university, according to the *Numerous Clausus* that are defined per public and private University. Then the candidates are selected after consideration of the average classification obtained on the secondary school and on the national exams.

Year of data:	2012
Number of public schools	3
Number of private schools	4
Student intake	716
Number of graduates	553
Percentage female (2006)	66%
Length of course	5 yrs
VT mandatory?	No

The public dental schools are located in university faculties of Medicine (*Coimbra*) and in faculties of Dental Medicine (*Porto* and *Lisbon*). The private schools are in Institutes of Health (North - CESPU and South - Egas Moniz), in the Fernando Pessoa University and in the Catholic University. Some students in private schools receive scholarships, but not all.

Until the entry into the EU in 1986, many dentists qualified as "Stomatologists" who are medical practitioners with an additional, two or three years of dental training. They are trained in public hospitals of the National Health Service. Portugal EU membership has caused a growth of the number of dentists (*Médicos Dentistas*) whose curriculum meets the requirements of the Professional Qualifications Directive and a dramatic reduction of the number of stomatologists. By 2013, only a handful of stomatologists were being trained per year.

The students who entered university in 2005 or after have study plans of five years, which includes theoretical education and practical training. Before 2005 the courses were of 6 years' duration.

Qualification and Vocational Training

Primary dental qualification

The *Bologna Declaration* was adopted by Portugal and reformed the structures of the higher education system. Before the Bologna process the main degree which could be included in the register was the *Carta de curso de licenciatura em medicina dentária*. After Bologna, its official designation is *Carta de curso de mestrado integrado em medicina dentária*, Master's degree. (diploma conferring official recognition of completion of studies in dentistry).

Vocational Training (VT)

In 2013, there was no requirement for post-qualification vocational training, although its implementation could be considered by the OMD (*Ordem dos Médicos Dentistas*) due to a special disposition related to future mandatory vocational training. So it is compatible with the choice of *law rules* contained in the OMD Statute.

Distinctively and complementary, there are also several State-run youth employment programmes applicable for qualified professions such as dentists.

Registration

To obtain registration an applicant must hold a degree or Diploma in Dentistry (Dental Medicine) or meet the requirements of the Professional Qualifications Directive.

Applications are exclusively addressed to the OMD, which also holds the register. The OMD Statutes define the acts that a dentist may perform as "the study, prevention, diagnosis and treatment of dental and oral diseases, jaws and annexed structures".

Cost of registration (2012)*	€250+
*€250 to €1,000	

The variable registration fee depends on the extension of administrative procedures for the analysis of each request.

Language requirements

Migrants must have basic knowledge of Portuguese, the official language necessary for practising the profession in Portugal. Nevertheless, this disposition needs further development in order to be completely transposed into an official control.

Further Postgraduate and Specialist Training

Continuing education

Continuing education is regulated by the OMD. There is an internal rule which regulates continuing education that already foresees conditions and the terms of mandatory CPD.

The OMD offers an annual continuing education programme; this includes one annual multidisciplinary scientific, social and professional congress (3 days). There are also several courses such as: short courses, usually at the end of the-day; mini-courses (half-a-day courses) and practical courses. Dentists who attend may pay a registration fee and receive a Certificate of Attendance (most of it are being freely offered by OMD to its members).

Specialist Training





OMD holds the exclusive and public competencies for implementing and recognising dental specialties.





Specialist training in Portugal, in the recognised specialties of orthodontics and oral surgery, is at least 3 years in length, takes place in the OMD recognised higher education centres, and is followed by a clinical cases presentation examination to a jury nominated by the OMD. Students receive no remuneration during training.

In 2013, the OMD approved the specialties of paediatric dentistry, periodontology, endodontics, prosthodontics, dental public health, and of hospital dental medicine.

Boards of the new specialties are running for full implementation by the OMD.

The titles awarded for specialist qualification (provided by OMD) are:

-  Orthodontics (*especialista em ortodontia*)
-  Oral surgery (*especialista em cirurgia oral*)
-  Paediatric dentistry (*especialista em odontopediatria*)
-  Periodontology (*especialista em periodontologia*)

-  Endodontics (*especialista em endodontia*)
-  Prosthodontics (*especialista em prostodontia*)
-  Dental public health (*dental public health*)
-  Hospital dental medicine (*especialista em medicina dentária hospitalar*)

Specialists must register as such in a register administered by the OMD.

Workforce

The Structure of the Dental Profession

As in several other EU countries, dentists did not exist as an identifiable independent profession until Portugal became a member of the European Community (in 1986). All dentists now trained and qualified in Portugal since then are recognised under the Professional Qualifications Directive, and may work in any EU/EEA country

Dentists

Dentists ("Medicos Dentistas"), in Portugal, work almost exclusively in private practice.

Year of data:	2012
Medicos Dentistas registered	8,568
Medicos Dentistas in active practice	7,779
Population to dental worker ratio*	1,153
Percentage female	57%
Qualified overseas	840
Stomatologists	650

Odontologists 668

* active dentists, stomatologists & odontologists

"Odontologists"

The former group of "technicians", designated as odontologists, are recognised only in Portugal. They were introduced in the early 1980s, but are no longer being trained. Their qualification is insufficient to be recognised as dentists, even under Acquired Rights, as their training does not comply with the Professional Qualifications Directive.

There is no specific body to register odontologists, although they do need to register at the Ministry of Health. There is also a disciplinary body working to regulate and produce an ethical code for them, called CEPO.

"Stomatologists"

Stomatologists are regulated and registered as members of a college of the Portuguese Medical Association.

Movement of dentists across borders

There is a significant cross border movement, which the OMD report as increasing significantly.

Specialists

The specialties of Orthodontics and Oral Surgery were introduced in 1999. Oral Maxillo-facial surgery is a medical specialty.



Year of data:	2012
Orthodontics	51
Oral Surgery	4
OMFS	93

Dental specialists work in private practice, only.

New specialties recognised by the OMD are currently (in 2014) in the implementation phase.

Auxiliaries

Other than Dental Assistants, for whom there is no organised formal education, or training requirements, there are two other recognised technical professions in Portugal. They are:

-  Dental hygienists
-  Dental technicians

Year of data:	2012
Hygienists	520
Technicians	546
Denturists	0
Assistants	No data
Therapists	0
Other	0

Dental Hygienists

Dental hygienists must train in dental schools or Health Institutes and gain the recognisable qualification before they can work. Their training course has a 3-year duration, and at the end they have a course certificate.

There are four higher education institutions providing such training: the Faculdade Medicina Dentária da Universidade de Lisboa; ISAVE - Instituto Superior do Alto do Ave; CESPU - Norte; Escola Superior de Saúde de Portalegre.

To work dental hygienists have to be registered. The registration is administered by the Ministry of Health. Hygienists must work under the supervision of a dentist, who must be present at the office when they are working. Their fields of action are oral hygiene education and screening, oral examination, clinical record data and prophylaxis (scaling), the application of topical products and sealants, clinical assistance to the dentist and care of dental equipment. They are not allowed to do local anaesthetics.

Dental Technicians

Most dental technicians do not have academic (degree) qualifications. However, training for dental technicians is at dental schools and Health Institutes and lasts 3 years, at the end of which the student has a certificate (a registerable qualification) for dental technicians. Legally, they can only prepare prostheses. Students may study for one more year and obtain a degree (4 years).

As with hygienists, there are four higher education institutions in such area: Faculdade Medicina Dentária da Universidade de Lisboa, ISAVE - Instituto Superior do Alto do Ave, CESPU - Norte, Instituto Superior de Ciências da Saúde Egas Moniz-Almada.

They must register at the Ministry of Health. Those who are responsible for manufacturing the prosthesis (medical devices) must be registered at the Competent National Authority for Medical Devices (INFARMED)

Technicians work in dental laboratories and cannot offer services to the public. They earn their fees from dentists for the work they provide to them. However, OMD have reported that there is illegal practice of dentistry, which is being pursued by the public authorities.

Dental Assistants

There is no available information about the number of dental assistants in Portugal. There is no register for them. Dental Assistants in Portugal are mandatory in each dental team working under a valid clinical direction.

There is no compulsory formal training for dental assistants. However they can obtain technical training in some universities or institutes that provide professional courses. The OMD also allows them to attend specific seminars and workshops organised during the annual OMD congress.

Practice in Portugal

The figures for hospitals refer to stomatologists who practise only in hospitals. The remainder are in general (private) practice. Approximately 50% of the population has no access to dental care, due to financial reasons, amongst others.

Year of data:	2012
General (private) practice	9,007
Public dental service	43
University	446
Hospital	90
Armed Forces	16
General Practice as a proportion is	94%

Working in General Practice

More than 90% of dentists work in private practice and claim payment directly from patients.

There are also public and private illness funds. In these situations the dentist claims his fees directly from the fund and there is no patient charge in most cases, except for treatments that are not covered. Sometimes, a patient may have to make a co-payment.

Fee scales

As outlined above, in private practice, where patients pay 100% of fees, the dentist sets the fees. For work with patients included in publicly funded health care system, each fund is self regulating, setting the fees and the OMD have no part in the process.

Specialists receive the same fees as the generalists, when they are paid by the publicly funded health care system or by private insurance companies.

The control on the quality of care provided in private practice is under the OMD ethical code and its guidelines and regulation.

Joining or establishing a practice

For establishment of dental practices there is a need for licensing. The law regulates the operation of dental clinics as health units which, regardless of their name and legal structure, carry out activities related to the prevention, diagnosis and treatment of disorders and diseases of the teeth, mouth, jaws and adjacent tissues.

In order to promote quality and safety, by adopting a similar system to that established regarding already regulated health centres, this law defines the requirements which concern facilities and equipment, as well as the rules regarding organisation and operation.

It also regulates the licensing process and establishes the supervising bodies, and the tools for the practice of dentistry at national and regional levels. The licence is issued by one of the five Health Regional Administrations.

Dentists in private practice are free to join individually the Portuguese Public Oral Health Programme (PPOHP). Mixed practices also exist and are increasing. No government funding is available for the purchase of dental practices.

OMD negotiated with the Ministry (Direcção Geral de Saúde) healthcare for children and other target groups. Progress had already been made with the Portuguese Public Oral Health Programme (PPOHP) on children and teenagers and then with pregnant, aged people and HIV patients. This programme is also held in Health Centres.

The PPOHP has a primary strategy for intervention, based on oral health promotion, oral disease prevention and basic dental treatment

Working in the Public Clinics

There are about 400 Public Health Centres (Centros de Saúde) and some HFU (Unidades de Saúde Familiar): few dentists work in these units.

Working in Hospitals

Only Stomatologists work in the approximately 80 Public hospitals in Portugal, and there are very few dental services. The number of private hospitals is growing and some dentists work there. There is no data available.

Working in Universities and Dental Faculties

The dentists who work in the dental schools are salaried, although most of them maintain commitments in private practice. Their duties are mainly teaching. The quality of this function is monitored by the Ministry of Higher Education.

Working in the Armed Forces/Military Health Services

There are dentists working in the military health services. In 2012 this included 7 in the Army (1 female), 4 in the Navy (2 females) and 5 in the Air Force (4 females).



Professional Matters

Professional associations

The national dental association is the Portuguese Dental Association (*Ordem dos Médicos Dentistas* (OMD)), which is the Public Authority that administers the dentists' (Médicos Dentistas) register. All dentists are members - it is mandatory to be a member to practise.

	Number	Year	Source
Ordem dos Médicos Dentistas	8,568	2012	OMD

The OMD is also represented at the regional level. The OMD is a Public Entity, autonomous, independent from the Portuguese State, which regulates dental practice in Portugal. There is a full time working office structured by a national headquarter in Porto (north of the country) and 3 local delegations - one in Lisbon and two more in each one of the two political and administrative autonomous regions (Azores and Madeira).

The OMD has a General Assembly, a Board of Directors a Fiscal Board and also a Disciplinary Board. The President (Bastonário) of the OMD, as well as the Board of Directors and the Fiscal Board, are directly elected by all members. The Disciplinary Board is also directly elected but within an autonomous election.

The OMD provides the relevant, professional information to its members. This includes international and national legislation and also transnational recommendations

Stomatologists are members of a college of the Portuguese Medical Association.

There is no specific body to register odontologists, although they do need to register at the Ministry of Health. There is also a disciplinary body working to regulate and produce an ethical code for them, called CEPO.

Ethics and Regulation

Ethical Code

In Portugal, there are laws and codes which control professional conduct and ethical behaviour. They include fitness to practise, advertising and continuing education.

The OMD has also issued quality rules within the profession, such as the Manual of Good Practice.

Fitness to Practise/Disciplinary Matters

If *prima facie* evidence is found to support any complaint, it may be referred to the Ethical Council of OMD for investigation.

The Council has the power to reprimand the dentist, suspend the activity for up to five years or expel him or her from the OMD. Any appeal against a decision of the Council is made to the administrative courts.

None of the above prevents civil action by patients in the courts. Dentists may also appeal to the courts. Criminal offences are included in the court process.

Data Protection

There is an internal Portuguese Law that transposed the EU Directive on Data Protection. Dentists must comply with this legislation by legalising their clinical database and also by preventing clinic files from any privacy violation.

Advertising

The OMD is responsible for some specific regulation about health services advertising in Portugal. There is an internal national rule according to the general law and also according to the Ethical Code for Dentists. The general Law does not allow absolute restrictions to advertising.

Indemnity Insurance

Liability insurance is not compulsory for dentists. However, professional insurance is provided by private general insurance companies. Cover depends on the dentist's individual requirements and premiums will vary to reflect this. There is no minimum mandatory rate.

All OMD members' can benefit from the professional basic indemnity insurance plan, free of charge.

Corporate dentistry

According to the Deontological Code of the OMD, dentists may form into companies.

Non-dentists can own a company, but according to the law and the Deontological Code, companies must have a clinical director, who must be a dentist.

Tooth whitening

Portugal has implemented the EU legislation that restricts the free sale of products that contain more than 0.1% hydrogen peroxide concentration, whilst no specific national legislation exists on tooth whitening products. The regulating national authority is the INFARMED.

Health and Safety at Work

Vaccines, such those as for Hepatitis B, are not compulsory for the workforce. A co-payment of 40% for the cost of them is guaranteed by the National Health Service.

Ionising Radiation

There is an internal law that transposes the EURATOM Directive. There is formal training in radiation protection for the one responsible for the radiation practise in each dental office. For dentists the law assumes that their general qualification in dentistry already allows them to work with radiation practices.

There is no mandatory continuing education requirement.

Hazardous waste

Portugal has specific legislation on hazardous waste, concerning the general question of waste management. The law has even created a new electronic integrated System (SIRER), in order to register the relevant information on the

level of produced and imported waste by the responsible units. Nevertheless, this legislation does not refer specifically to amalgam, because as it was said, it is a generic law.

All those responsible for each unit related to hazardous waste have to comply with the law, by assuming some specific legal obligations towards the Health Ministry, such as sending regular and periodic information about the individual waste management. This is also a requirement for licensing the health unit.

Amalgam separators

At a national level, there is some regulation that recommends the use of the amalgam separators. But this is not legally mandatory. The spirit of the law points out the importance of its use, in order to improve the achievement of complete equipment by the dental professionals

Regulations for Health and Safety

For	Administered by
Ionising radiation	Laboratory of Radiological Protection and Safety and the National Institute of Engineering, Technology and Innovation
Electrical installations	Local city authorities, and (forthcoming) regulation by the Ministry of Health
Waste disposal	Ministry of Health
Medical devices	Ministry of Health
Infection control	Ministry of Health

Financial Matters

Retirement pensions and Healthcare

General health care is funded largely through general taxation, as explained. The NHS provides universal coverage tendentiously free.

Insurance Scheme Social Security benefits apply to Portuguese nationals, qualifying European Union nationals, and those legally resident in Portugal as well as their spouses and dependents. Social Security provides benefits for retirement, unemployment, sickness, work-related accidents, disability, death and old age, maternity, paternity and adoption

The retirement age is 65 years, but it will be extended to 66 years starting in 2014. It is possible to defer the pension until the age of 70.

The social security system has three basic schemes:

- ✚ There is a contributory scheme for employed individuals and their families (Employees pay premiums of about 11% of earnings - with employers contributing 23.75% of earnings).
- ✚ There is a contributory scheme for self-employed individuals. They one can choose to pay the obligatory rate of 25.4%, based on the previous year's income, that gives compulsory cover only (retirement, disability, death and old age, maternity, paternity and adoption), or a voluntary 32% rate that also covers sickness and other family benefits
- ✚ There is also a non-contributory scheme for those who do not meet the minimum income requirements to belong to either of the first two schemes (for disability, retirement, death and family).

Dentists can practice beyond 66 if they wish, as there is no age limit. The retirement earnings estimation is the best salary of the 10 out of the final 15 years. However, this base is being extended, such that it will reach lifetime average earnings from 2017.

Taxes

Income Tax

There is a national income tax (dependent on salary). The lowest rate is 14 %, for an annual gross income below €7.000 and the higher is 45 % at incomes above €40,000.

VAT/sales tax

A reduced rate of 6% (applies to general to basic food products, pharmaceutical products, water, medical, newspapers, hotels, passenger transport). Anesthesia and prosthetic devices are charged at this 6% rate. An intermediate rate of 13% (applies to general to other food products, wine, agricultural supplies, cultural events)

A standard rate of 23% applies to remaining goods and services not subject to the above rates. Dental materials and equipment are charged at this 23% rate.

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

Various Financial Comparators

Lisbon Zurich = 100	2003	2012
Prices (including rent)	68.5	58.6
Wage levels (net)	25.1	32.2
Domestic Purchasing Power at PPP	37.7	45.8

Source: UBS August 2003 & November 2012

Other Useful Information

Competent Authority:	Main National Association and Information Centre:
<p>Ministério da Saúde Departamento de Recursos Humanos da Saúde Avenida Miguel Bombarda, 6 1000-208 Lisboa Tel: + 351 21 798 4200 Fax: + 351 21 798 4220 E-mail: drhs@drhs.min-saude.pt Website: http://www.min-saude.pt</p>	<p>Ordem dos Médicos Dentistas (OMD) Av. Dr Antunes Guimarães, 463 4100 -080 Porto Portugal Tel: + 351 22 619 7690 Fax: + 351 22 619 7699 Email: omdsede@omd.pt Website: www.omd.pt</p>
Publications:	
<p>Revista da OMD Av. Dr Antunes Guimarães, 463 4100 - 080 Porto Portugal Tel.: +351 22 619 7690 Fax: +351 22 619 7699 Email: omdsede@omd.pt Website: www.omd.pt</p> <p>Os Números da Ordem – Estatísticas Av. Dr Antunes Guimarães, 463 4100 - 080 Porto Portugal Tel.: +351 22 619 7690 Fax: +351 22 619 7699 Email: omdsede@omd.pt Website: www.omd.pt</p>	<p>Lisbon Delegation Campo Grande, 28 – 7º B 1700-093 Lisboa Portugal Tel: + 351 21 794 1344 Fax: + 351 21 799 3551 Email: omdlisboa@omd.pt Website: www.omd.pt</p> <p>Madeira Delegation Conjunto Habitacional do Amparo S. Martinho Avenida do Amparo nº 147 9000-276 Funchal Tel.: +351 291 761 178 Fax: +351 291 768 252 Email: omdmadeira@omd.pt Website: www.omd.pt</p> <p>Azores Delegation Angra Office Center Palmeiras Park Rua Dr. Aníbal Bettencourt nº 242 – D 9700 - 240 Angra do Heroísmo Email: omdacores@omd.pt Website: www.omd.pt</p>

**Dental Schools:****Public Faculties:**

Faculdade de Medicina Dentária do Porto
Rua Dr Manuel Pereira da Silva
4200 Porto
Tel: + 351 22 5093938
Fax: + 351 22 5507375
Email: fmdup@fmd.up.pt
Website: www.fmd.up.pt

Dentists graduating in 2012/2013= 103
Number of students: 425

Faculdade de Medicina Dentária de Lisboa
Cidade Universitária
1600 Lisboa
Tel: + 351 21 7922600
Fax: + 351 21 7957905
Email: correio@fmd.ul.pt or secretario@fmd.ul.pt
Website: www.fmd.ul.pt

Dentists graduating in 2012/2013 = 46
Number of students: 284

Faculdade de Medicina da Universidade de Coimbra
Licenciatura de Medicina Dentária
Av. Bissaya Barreto
3049 Coimbra
Tel: + 351 23 9400 578
Fax: + 351 23 9402 910
Email: md@fmed.uc.pt
Website: www.fmed.uc.pt

Dentists graduating in 2012/2013 = 43
Number of students: 233

Private Faculties:

Instituto Superior de Ciências da Saúde do Norte
Rua Central de Gandra,
[1317 - 4858-116](tel:+351224157100) Gandra PAREDES
Tel.: 22 415 71 00
Fax: 22 415 71 02
E-mail: info@cespu.pt
Website: www.cespu.pt

Dentists graduating in 2012/2013= 94
Number of students: 635

Instituto Superior de Ciências da Saúde Egas Moniz
Quinta da Granja
Travessa da Granja
2825 Monte da Caparica
Tel: + 351 21 294 6700
Fax: + 351 21 294 6768
Email: iscsem@egasmoniz.edu.pt
Website: www.egasmoniz.edu.pt

Dentists graduating in 2012/2013= 100
Number of students: 613

Universidade Fernando Pessoa
Rua Carlos da Maia, 296
4200-150 Porto
Tel: + 351 22 507 4630
Fax: + 351 22 507 4637
Email: reitoria@ufp.edu.pt
Website: <http://www.ufp.pt/>

Dentists graduating in 2012/2013= 123
Number of students: 588

Universidade Católica Portuguesa
Centro Regional das Beiras
Estrada da Circunvalação,
3504-505 Viseu
Tel: +351 23 241 9500
Fax: +351 23 242 8344
Email: info@crb.ucp.pt
Website: www.crb.ucp.pt

Dentists graduating in 2012/2013= 44
Number of students: 257