



EFOSA

EUROPEAN FEDERATION OF ORTHODONTIC SPECIALISTS ASSOCIATIONS
FEDERATION EUROPEENNE DES ASSOCIATIONS DE SPECIALISTES EN ORTHODONTIE

The EFOSA European Orthodontic Guide

2013 - 2014

**European Federation of Orthodontic Specialists Associations
EFOSA**

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THE EFOSA EUROPEAN ORTHODONTIC GUIDE

Preface

In accordance with the EFOSA Constitution, Article 4, one of the Federation's main aim is:

“formulating and updating the conditions of professional practice of orthodontic specialists in each of the member countries of Europe while seeking the unification of the national legislations governing the practice of the profession”

The fulfillment of this aim is not possible if there is no knowledge of the orthodontic situation in all European countries. However, the collection of data concerning the Orthodontic Specialty and profession in Europe is not an easy task. In the European Union (EU) there are 27 country members and also 20 non-EU country members in the Council of Europe. Each country has a different health system which also applies to the status of the Orthodontic Specialty.

The earliest effort to collect data and publish it was made by James Moss. An article of his appeared in 1993 in the European Journal of Orthodontics titled: “Orthodontics in Europe 1992”.

In 2001-2002, EFOSA conducted a major survey on the status of orthodontics in Europe. It gathered information about the number of general dental practitioners and orthodontists and the perceived quality of their training. Additional information was gathered concerning average fees, insurance, and the methods of providing care as well as data on the use of dental assistants and hygienists. In 2004, an article was published in the orthodontic journal “Progress in Orthodontics” by Wolfgang J. Schmiedel, Frans P.G.M. van der Linden and Ronald J. Bijlstra under the title “European Orthodontic Specialists in 2002”.

The information was updated in 2005 and 2010 respectively and was presented in two posters at the 6th and 7th International Orthodontic Congress in Paris and in Sydney.

Since 2006, EFOSA has been collecting various European orthodontic data through the ongoing “Country Reports” project. In 2007, data was also collected from the European Countries on the topic of “orthodontic insurance systems”. The first report was named “European Orthodontic Health Insurances”. It was presented in 2008 in booklet-form during the Lisbon General Assembly Meeting. This guide was updated in 2009 and again in 2010.

The EFOSA Council in October 2010, and the General Assembly in June 2011, decided that it was time to create a “European Orthodontic Guide”. This would contain everything concerning orthodontics in the European Union and the Continent of Europe.

All EFOSA members and observers were asked to provide information about their country in such a way that would be able to create a “reference book” in which information is easy to understand and compare. The “European Orthodontic Guide” is

basically an exchange of information between country members. It will not only be useful from a practical point of view in giving ideas on solving problems which other countries have already solved, but will also contribute in unifying the European Orthodontic Community . The Guide is describing the Status of the Specialty, the Education, the Orthodontic Profession, the Insurance System and the Healthcare and Pension System for Orthodontic Professionals in each country. Also, under “Comments” it gives the opportunity for a country to express its concerns, ideas and thoughts about the present and future of orthodontics.

This Guide is a joint effort by many people. EFOSA would like to thank Doctors Jon-Olav Aabakken, Gabriela Alexandrova, Ted Bennitt, Claude Bourdillat-Mikol, Christoph Büchler, Owen Crotty, Ewa Czochrowska, Preben Dømgaard, Martina Drevenšek, Jose Maria Feliu, Américo Ferraz, Gabriele Floria, José Luis Gandia, Eran Gleicher, Alessandro Greco, Janne Grønhøj, Kristin Heimisdottir, Katri Herman, Odile Hutereau, Barbara Jaeger, Eva Karlstedt, Heidrun Kjellberg, Abraham Kyrakidis, Luca Lombardo, Julian O’Neill, Anna Papadogeorgaki, Marja Riitta Perkiömäki, Jiri Petr, Maarten Raadsheer, Kari Line Roald, Jonathan Sandler, Christian Scherer, Silvia M. Silli, Mladen Slaj, Eva Sramkova, Gerard Steenvoorden, Serdar Usumez and Bart Vande Vannet for their invaluable contributions to the project.

Updates to the existing European Guide will be made when information is submitted by the few countries that have yet to provide their countries data.

Finally, in order to keep this guide constantly up to date, once every two years each country would receive its last report in order to revise it and send it back to the editor.

June 2013,

Alexandros Kokkas
President EFOSA

European Economic Area Members and Countries with a Bilateral Agreement with the EU

Austria



Population: 8,404,252

Proportion of population aged 0-14 years: 14.7%

Status of the Orthodontic Specialty

The orthodontic specialty is not officially recognized yet.
There are no recognized dental specialties.

Orthodontic Education

There are 3 orthodontic specialty programs at the Universities Graz, Innsbruck and Vienna. The postgraduate orthodontic education at the University of Vienna is in accordance with the NEBEOP guidelines. The other programmes do not conform to the Erasmus guidelines.

There is one Master program in Orthodontics (Private Danube University in Krems) outside the 3 year orthodontic specialty programs.

Continuous education is mandatory.

The Orthodontic Profession

The number of orthodontists is unknown, no official data is available.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. Approximately 5% work for the state health system (no official data).

Corporate practice is allowed.

The majority of orthodontists work in their own practice. Non dentists cannot be owners of dental practices.

Advertisement is allowed, but strictly restricted.

The percentage of orthodontic cases treated by non-orthodontists is approximately: 80% (no official data, approximations differ by region between 50% and 80%).

Dental assistants are allowed to work in the mouth under surveillance of the doctor.

The orthodontic fees are free and are considered reasonable.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

The orthodontist calculates the fee for each individual treatment based on the difficulty of the treatment, the device and the duration. The patient has to pay the

whole fee to the orthodontist and gets (a small) part of the fee refunded by his public insurance company. There are about 10 different public insurance companies; each company refunds different amounts.

Healthcare and Pension for the Orthodontists

Healthcare insurance is mandatory, but free of choice, and dentist are as well members of the compulsory retirement pension insurance, as of the pension insurance systems run by the regional Dental/Medical Associations.

EFOSA Member Organization:

VERBAND ÖSTERREICHISCHER KIEFERORTHOPÄDEN (VÖK)

Website: www.voek.info

Belgium



Population: 10,839.905 (2010)

Proportion of population aged 0-14 years: 13.1%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 2001

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

Other recognized dental specialties are: periodontology

Orthodontic Education

There are 5 orthodontic specialty programmes. They conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes (which is a ManaMa , Master after Master in Orthodontics).

Continuous education is mandatory

The Orthodontic Profession

The number of orthodontists is 415 which is considered adequate.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. No orthodontists work for the state health system.

Corporate practice is allowed.

The majority of orthodontists work in their own practice. Non dentists cannot be owners of dental practices.

Advertisement is not allowed and strictly forbidden.

The percentage of orthodontic cases treated by orthodontists is approximately: 70%

Dental assistants are not allowed to work in the mouth.

The orthodontic fees are free and are considered low to average.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

Currently, the major payers contributing to the costs related to orthodontic health care in Belgium for the age group of 0-22yrs. are: (if a demand was introduced before the age of 15 years)

1. The compulsory national health insurance RIZIV/INAMI :

Refunds are given for 2 appliances for 36 months of treatment.

(an extension can be requested in case of severe anomalies, e.g; clefts, multiple agenesis ...). This total amount equals ±634 € (2010)

2. The Public Health Insurance Funds

Most Public Health Insurance Funds provide a complimentary insurance between 385 € and 740 € depending on the diagnosis. Some use the IOTN index.

3. Private or employer insurances

4. Private contracts

5. The patient / parents

Healthcare and Pension for Orthodontic Professionals

Healthcare is provided through the national security system and private insurances. A pension is provided to those who accept the ' fee convention '. This is for the dentists. For the specialists in orthodontics this is not possible, so he/she has to provide this on his own.

EFOSA Member Organization:

BELGIAN UNION OF ORTHODONTISTS SOCIETIES (BUOS)

Website: www.buos.be

Croatia



Population: 4,412,137

Proportion of population aged 0-14 years: 15.1

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1967.

The title is granted after orthodontic certification exams and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health

Other recognized dental specialties are: Endodontics, Family Dentistry, Oral Medicine, Oral Surgery, Pediatric Dentistry, Periodontology, Prosthetic Dentistry

Orthodontic Education

There is one officially recognized orthodontic specialty program.

It conforms to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory, but is not limited to orthodontics.

The Orthodontic Profession

The number of orthodontists is 198 which is considered high.

General practitioners are allowed to practice orthodontics, but cannot be financed by the state insurance.

The orthodontists mainly work in their own practices where treatment is financed by the Croatian Institute for Health Insurance. Approximately 80% work with the state health system.

Corporate practice is allowed.

Only orthodontists can be owners of orthodontic practices, but only as private offices.

Advertisement is allowed under control of Croatian Dental Chamber

The percentage of orthodontic cases treated by orthodontists is approximately 95%

The orthodontic fees are free for private offices and controlled for cases paid by the State insurance. Fees are considered reasonable.

It is mandatory to use dental assistants in private offices, but obligatory for offices with State Health Insurance Institute contract. Dental assistants are not allowed to work in the patients' mouth.

Professional Indemnity insurance is not mandatory

Orthodontic Insurance System

The Croatian Institute for Health Insurance (CIHI) is the only government health insurance agency and fully covers orthodontic fees for any kind of therapy, all malocclusions and for all patients up to age of 18. There are no other insurance companies, nor government nor private that cover orthodontic treatment.

Fees covered by CIHI are determined by the Ministry of Health, and the average fee for a fixed appliance treatment, including radiographs, varies between 1500 and 1800 Euros, depending on severity of malocclusion and duration of treatment. Orthognathic surgery is also fully covered by CIHI regardless of age. For patients above 18 years of age and private patients under 18 years fees vary between 1500 and 3000 Euros. The average fee for a removable appliance treatment, including radiographs, varies between 250 and 300 Euros per year

Healthcare and Pension for Orthodontic Professionals

There is full health care for all Croatian citizens and pension rights after the age of 60 for women and 65 for men.

EFOSA Member Organization:

CROATIAN ORTHODONTIC SOCIETY

Website: www.orto.hr

Cyprus



Population: 804,435

Proportion of population aged 0-14 years: 16.9%

Status of the Orthodontic Specialty

The authority responsible for the specialty recognition is the Ministry of Health
The other recognized dental specialty is Maxillofacial Surgery.

Orthodontic Education

There are no orthodontic specialty programmes.
Continuous education is not mandatory

The Orthodontic Profession

The number of orthodontists is 38 which is considered high.
General practitioners are allowed to practice orthodontics
The orthodontists work in private practices. No orthodontists work for the state health system.

The majority of orthodontists work in their own practice. Non dentists can be owners of dental practices.

Advertisement is not allowed

The percentage of orthodontic cases treated by orthodontists is approximately: 70%

Dental assistants are not allowed to work in the mouth.

The orthodontic fees are free and are considered reasonable.

Orthodontic Insurance System

In Cyprus, Orthodontic treatment is delivered privately. The private insurance companies usually do not cover orthodontic treatment fees, since it's considered an aesthetic treatment. Only if someone is working in a bank, the Bank Health Insurance Fund covers 850 € for two arch comprehensive orthodontic treatment.

The Ministry for Social Benefits covers 2600€ for a two arch treatment for people who receive financial assistance from the state.

Healthcare and pension for orthodontic professionals

Orthodontic professionals should contribute to their **pension fund** (common for dentists and physicians) and to the **government social insurance fund**.

EFOSA Member Organization:

CYPRUS ORTHODONTIC SOCIETY

Website: www.cos.com.cy

Czech Republic



Population: 10,505,000

Proportion of population aged 0-14 years: 14.3%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1954.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

Other recognized dental specialty is maxillofacial surgery

Orthodontic Education

There are seven training centers at :

Charles University in Prague, 1st Faculty of Medicine, Charles University in Prague, 2nd Faculty of Medicine, Charles University in Prague, 3rd Faculty of Medicine, Charles University in Prague, Faculty of Medicine in Hradec Králové,, Charles University in Prague, Faculty of Medicine in Pilsen, Masaryk University in Brno, Palacky University in Olomouc

They all follow the same officially recognized orthodontic specialty programme which conforms to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is not mandatory.

The Orthodontic Profession

The number of orthodontists is 334 which is considered adequate.

General practitioners are not allowed to practice orthodontics.

The orthodontists mainly work in private practices. Approximately 5% work for the state health system at the Universities or in the University hospitals.

Corporate practice is allowed

Non dentists can be owners of dental/orthodontic practices.

Advertisement is allowed but limited.

The percentage of orthodontic cases treated by orthodontists is 100%

The orthodontic fees are partially controlled by the government and are considered low to average.

Dental assistants are allowed to work in the mouth if they have the education of a general nurse or a dental hygienist.

Professional Indemnity insurance is mandatory

Orthodontic Insurance System

All citizens in Czech Republic have an obligatory health insurance. There are eight health insurance companies in the country. There is not much difference in coverage of orthodontic treatment.

From these eight health insurance companies, one is owned by the state while the rest are private. However, all work with the obligatory health insurance system the same way. Each citizen has to choose in which health insurance company he/she will be insured and the money for health insurance goes to that company (part of the salary of the employee, part from the employer). The insurance company pays for treatments, some medications etc.

Orthodontic treatment is provided by the specialists in their privately owned practices and in orthodontic departments in the University Hospitals. Insurance companies pay only orthodontic specialists for orthodontic treatment.

The costs of orthodontic treatment are divided in three parts:

1. The fee for the orthodontist which is paid fully from the health insurance company irrespective of the severity of malocclusion and without the patient's age limit. The prices are set centrally and the orthodontist can not charge anything more, if he has the contract with the health insurance company of the patient. Only few orthodontists work without the contract with the health insurance companies.
2. The cost of materials for fixed appliances which are paid in full by the patient.
3. The cost of the removable appliances which is paid by the health insurance 100% in clefts and congenital facial deformities, 80% in middle and severe malocclusions and 50% in small anomalies in children up to 18 years old, and 0% in minor anomalies for adults.

Healthcare and Pension for Orthodontic Professionals

There are no special healthcare programmes or services for orthodontic professionals. Conditions for pension and entitlement to social security for orthodontists doesn't differ from those for the other population.

EFOSA Member Organization:

CZECH ORTHODONTIC SOCIETY

Website: www.orthodont-cz.cz

Denmark



Population: 5,560,628

Proportion of population aged 0-14 years: 17.9

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1978.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Danish National Health Board.

Other recognized dental specialty is Dental, Oral and Maxillofacial Surgery.

Orthodontic Education

There are two officially recognized orthodontic specialty programmes. They conform to the Erasmus guidelines.

There are Master programmes in Orthodontics outside the recognized orthodontic specialty programmes, but they are attended only by non-Danish students.

Continuous education is mandatory.

The Orthodontic Profession

The number of orthodontists is 190 which is considered adequate.

General practitioners are allowed to practice orthodontics, but their work is assessed as if they were orthodontists.

The orthodontists mainly work in municipal clinics. Approximately 70% work in the public health system.

Corporate practice is allowed.

The orthodontists who are in the private sector work in their own practice, in group practices or as employees for dental or orthodontic practices.

Non dentists can be owners of orthodontic/dental practices.

Advertisement is allowed, but mainly exists in dental journals.

The percentage of orthodontic cases treated by orthodontists is approximately: 80%

The orthodontic fees are free and are considered rather low.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the mouth.

Professional Indemnity insurance is not mandatory

Orthodontic Insurance System

Up to the age 18:

Orthodontic treatment is free of charge in the public dental health service if the malocclusion is fulfilling certain criteria set up by the Danish National Health Board. The goal is to keep the orthodontic treatment level at approximately 25 percent. Treatment is recommended if there is a high risk for dental and functional problems. Orthodontic treatment for cosmetic reasons is not offered by the public dental health service.

If the patient or the parents prefer the treatment to take place in a private practice, it is possible. In these cases the parents have to pay 35 % of the total price of the orthodontic treatment. The remaining 65% is paid by the municipality (if the criteria are fulfilled).

If there is an indication for prosthetics/implant(s) the patients under certain circumstances has the possibility to get these implants paid by the Regions (Counties) after the age of 18. The orthodontic part of the treatment has to be done in the public dental health service.

Over 18 years:

Generally orthodontic patients has to pay the total amount for the orthodontic treatment. Some patients may be members of a general supplemental health insurance, which under circumstances will refund the patient 500-600 Euros.

If orthognatic surgery is necessary as a part of the orthodontic treatment, the whole treatment is free. The treatment is done and paid by the Regional Hospitals (Counties), and in many cases the orthodontic part of the treatment is done in a private practice.

Healthcare and Pension for Orthodontic Professionals

Orthodontists who are in the public sector usually have about 18% of their income automatically set aside for their pension (mandatory).

Orthodontists who are in the private sector must set money aside themselves for their pension. It is currently difficult to sell private practices with a profit upon retirement.

EFOSA Member Organization:

THE DANISH SOCIETY OF ORTHODONTIC SPECIALISTS (Foreningen af Specialtandlæger i Ortodonti)

Website: <http://fsonet.dk>

Estonia



Population: 1,340,194

Proportion of population aged 0-14 years: 15.3

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 2000.

The authority responsible for the specialty recognition is the Estonian Health Care Board.

Other recognized dental specialties are: Maxillofacial Surgery, Restorative Dentistry, and Periodontology

Orthodontic Education

There is one officially recognized orthodontic specialty program at the University of Tartu. It conforms to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory. Every 5 years all dentists present their continuous education documents to the special board of the Estonian Dental Association. The Estonian Orthodontic Society and Estonian Dental Association arrange courses in the field of orthodontics with international and national lecturers every year. The Estonian Dental Association keeps records of all the courses an orthodontist has taken.

The Orthodontic Profession

The number of orthodontists is 58 which is considered adequate

General practitioners are not allowed to practice orthodontics.

The orthodontists mainly work in private practices. State practice is almost nonexistent.

Corporate practice is allowed.

The majority of orthodontists work in group practices as employees for dental/orthodontic companies.

Advertisement is not allowed

The orthodontic fees are free and considered reasonable.

It is not mandatory to use dental assistants. Dental assistants are not allowed to work in the mouth.

Professional Indemnity insurance is not mandatory

Orthodontic Insurance System

The Estonian Health Insurance Fund covers all expenses of orthodontic treatment for persons under 19 years of age if the following are diagnosed:

Angle Class II division 1 in case of an overjet more than 9mm

Angle Class III

Retained incisors or canines

Missing incisor or canine or missing more than 1 premolar or molar on each side of the jaw

In case of cleft lip and/or palate or additional malformations

Open bite with contacts only in molars

If the patient is over 19 years of age the Estonian Health Insurance Fund is not covering any orthodontic treatment expenses.

If orthodontic treatment is in progress and the patient becomes 19 years old, the insurance will continue covering the treatment cost for the year.

For adults, orthodontic treatment costs are not covered by the insurance fund. However, in a case of orthognathic surgery, the hospital surgical fee is covered.

EFOSA Member Organization:

ESTONIAN ORTHODONTIC SOCIETY

Website: www.eestiortodont.ee

Finland



Population: 5,401,267

Proportion of population aged 0-14 years: 16,5%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1975.

The title is granted after a three-year full-time training and a pass of the national examination by the Universities.

The authority responsible for the specialty recognition is the National Board of Medicolegal Affairs.

The other recognized dental specialties are Oral and Maxillofacial Surgery (six years of education), Clinical Dentistry (includes subgroups of Cariology and Endodontics, Periodontology, Prosthetics and Stomatognathic Physiology, Pediatric Dentistry), Oral Diagnostics (major in oral pathology or in oral radiology), and Dental Public Health.

Orthodontic Education

Universities of Helsinki, Oulu, Turku, Kuopio, and Tampere have an officially recognized programs for the orthodontic specialty, and they conform to the Erasmus guidelines.

There are no Master programs in Orthodontics outside the recognized orthodontic specialty programs.

Continuous education is recommended by the authorities, but is not mandatory with the exception of some courses in radiology.

Orthodontic Profession

The number of orthodontists is 151 which is considered adequate.

Dentists, who are not specialized in orthodontics, may do orthodontic treatments, but mostly they do it in the guidance of a specialized orthodontist.

The majority of the orthodontists work in the publicly funded health services, municipal health centers (50-60%) and dental clinics of the hospitals (10%). Approximately 20% of the orthodontists work in the private sector and approximately 30% work both in the municipal and private sectors.

Orthodontists in the private sector often work in group practices, which they might partly own.

Dental assistants and hygienists as well as non-specialized dentists are commonly part of the orthodontic team. Dental assistants are allowed to work in the patients' mouth.

The orthodontic fees are free, but monitored, and are considered reasonable.

Professional Indemnity Insurance is mandatory.

Orthodontic Insurance System

The bulk of the orthodontic services are organized by municipal health centers, and these publicly funded services are free of charge for children and adolescents up to the age of 18 years. The fees for the patients older than 18 years are relatively low. The

governmental authorities guide the delivery of the orthodontic services by recommendations. Severe malocclusions are treated in the municipal health centers (a 10-grade scale by Heikinheimo is largely used in the assessment of the need of treatment). The malocclusions that are graded as in the need of special health care (such as craniofacial malformations and surgical patients) are treated in the dental clinics of the hospitals. Private orthodontic care is always an option. Those who use private services pay for the treatments themselves. The state social insurance company (KELA) provides only limited coverage of the costs of some defined cases treated in the private sector.

Healthcare and Pension of the Orthodontists

The healthcare and retirement plan of the orthodontists are similar to other occupations. The retirement plan depends on whether the orthodontist is working in the state or private sector.

EFOSA Member Organization:

ORTHODONTIC SECTION OF THE FINNISH DENTAL SOCIETY APOLLONIA

Website: www.Apollonia.fi

France



Population: 64,612,939

Proportion of population aged 0-14 years : 18.5

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1977.

The title is granted after examinations in the Universities and it is protected by law.

The authority responsible for the specialty recognition is the French National Order of Dentists.

Other recognized dental specialties are: Maxillofacial Surgery and Dental Medicine.

Orthodontic Education

There are 16 orthodontic specialty programmes which conform to the Erasmus guidelines.

In 2013 a new law about the specialty occurred in France:

The orthodontic diplomas can be delivered in 3 year full time programmes in orthodontic university hospital departments. Postgraduate students have to pass a final National Examination in a State Dental School with a recognised Department of Specialisation in Orthodontics. The opening of such a department is only possible after an official authorization by the Ministry.

Each University decides how many students it can teach each year, but they need the approval by the Ministry of Education.

Private schools are still not allowed to deliver diplomas in France, neither for General Dentists nor for Specialists. In 2012, a huge problem appeared with the opening of “PESSOA University” in the South of France which is linked with a private University with the same name in Portugal and provides private courses in Dentistry. French National Order Chamber and all the professional associations are against such a development and trying to find legal ways to deal with this problem, taking into consideration the European legislation.

Continuous education is mandatory.

A new law from the “High Health Authority” (HAS) is effective since the beginning of 2013. It is called “Continuous Professional Development” (DPC)

Every doctor has to fulfill 3 half days of continuous education each year, with several ways of learning. The aim is to find the individual needs and to improve the practice. The continuous education will be controlled by the “French National Order of Dentists”.

The Orthodontic Profession

The number of orthodontists specialists is 2200, which is considered rather adequate. In France general dentists are allowed to practice any kind of orthodontic treatments. For general practitioners who want to study orthodontics, some Universities deliver a “University Diploma in Orthodontics” and they are allowed to have this information on their outside office door.

The orthodontists mainly work in private practices. Only 4% of the orthodontists work for the state health system.

Corporate practice is allowed

Some young orthodontists work as employees in Health Centers at the beginning of their carrier.

The majority of orthodontists work in their own practice or in group practices.

Non dentists cannot be owners of dental/orthodontic practices.

Advertisement is not allowed in newspapers or any other commercial way.

It is allowed only at the front door of the office but the size must be reduced (no commercial poster)

The percentage of orthodontic cases treated by orthodontists is approximately 70%.

Dental assistants are not allowed to work in the mouth.

The orthodontic fees are free and are considered adequate.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

In France, orthodontic care for those under the age of 16 years is covered by Social Security for a maximum of 6 semesters. Patients can be summoned by the Social Security's dentist for a checking. Adult treatments are not refunded, except those who need maxillo-facial surgery (in this case they are refunded for one single semester).

Since 1986, patients are reimbursed less than 200 € by the Social Security for fees going from 500 € to 1000 € per semester, depending on the regions of France and on the reputation of the practitioner. Generally, patients have an additional private insurance which gives them all or a part of the fees that are not covered by the Social Security.

Orthodontic fees are free, except for the very poor people who are covered since the year 2000 by the CMU (Universal illness state insurance). For these people fees are fixed by the government, i.e. 484 € for a multi-brackets appliance and 330 € for the other appliances.

The guaranteed reimbursement of the social security has not changed for more than 20 years and the part of the amount that families have to bare is higher year after year. Not all of the patients have an additional private insurance.

Healthcare and Pension for Orthodontic Professionals

There is no retirement age limit for a practicing orthodontist. Nevertheless a specialist can retire at 65 years.

Most of the specialists have a healthcare and pension agreement (convention) with the national social security system. If so, they have healthcare and pension rights.

During their years of practice they can also pay for a private complementary (additional) pension.

EFOSA Member Organization:

SYNDICAT DES SPECIALISTES FRANCAIS EN ORTHOPEDIE DENTO-FACIALE (SSFODF)

Président : Dr. Claude Bourdillat-Mikol

General Secretaries: Dr. Yves Trin et Dr Alain Vigie du Cayla

Treasurer : Dr. Jean Louis Nègre

Website: www.ssfodf.org

Germany



Population: 81,751,602

Proportion of population aged 0-14 years: 13.4

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1955-1956.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Local Dental Body (Zahnärztekammer)

Orthodontic Education

There are orthodontic specialty programs in the Universities and in approved orthodontic practices.

There are no Master programs in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory

The Orthodontic Profession

The number of orthodontists is 3000 which is considered adequate.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. Only 3% of the orthodontists work for the state health system.

Corporate practice is not allowed. Non dentists cannot be owners of orthodontic/dental practices.

Advertisement is not allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 70%.

Dental assistants are allowed to perform selected work in the mouth.

The orthodontic fees are controlled by insurances and the state and are considered low. The latest update left them on the same level as 1988.

Professional indemnity insurance is not mandatory.

Orthodontic Insurance System

Germany has a compulsory health insurance system. Up to 90% of the population are members of one of the 250 government affiliated insurance bodies (GKV). Insurance premiums are levied at around 15% of the gross monthly income. The premium covers every person in the family, with the exception of those who are self employed. These have to pay the premiums for themselves.

The remaining 10% of the population are either civil servants or military, where health coverage is taken over by the state, or are clients of private health insurance companies (PKV), where premiums are levied equivalent to the risk (age, gender,

individual medical history). Entry to the PKV world is granted for self-employed and for those with a yearly gross income above € 43.500 for the past 3 years. The PKV does not provide free coverage for family members.

In both systems GKV and PKV, fees for medical treatment are set by the government. The patient hands in their medical bills to the insurance provider who then reimburses the patient.

The PKV and civil servant groups receive full or partial reimbursement for medical treatment according to the extent of coverage that the individuals had chosen. Coverage for orthodontic treatment is usually limited to patients aged 18 and younger.

The GKV has numerous complications such as:

- There is no cost reimbursement. The treatment is strictly based on benefits.
- There is no coverage for minor cases needing treatment. Germany has developed a classification system (KIG) that is based on the Index of Orthodontic treatment need (IOTN). The KIG is comprised of 5 levels of treatment need. Levels 3 to 5 are covered by the GKV. The orthodontist or dentist applies for coverage by means of a treatment plan.
- Fees are earned in points instead of currency, with a Euro to point ratio that has been declining for the past 20 years.
- If the treatment plan is approved, the patient has to pay 20% of the quarterly fees to the orthodontist, while 80% are paid from the GKV according to the point value at that time. The 20% are meant as an incentive to keep the patient's compliance up, as the full 20% are refunded at the end of a successful treatment. The idea has its merits, but the orthodontist is carrying the burden to collect the funds from the patients.
- The "80% portion" has only theoretical monetary value, since each orthodontic office works under a capped budget.
- Also, there is a degression in fees of up to 40% starting above an average number of cases treated. This leads to an effect, that the economical base for treating patients in Germany is partially lost. The orthodontists are tempted to exercise case selection and limit their office capabilities. Also, the PKV patients become highly attractive, because their treatment is not subject to fee degression and budgeting mechanisms.

EFOSA Member Organization:

BERUFSVERBAND DER DEUTSCHEN KIEFERORTHOPÄDEN (BDK)

Website: www.bdk-online.org

Greece



Population: 11,309,885

Proportion of population aged 0-14 years: 14.4

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1988.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

The other recognized dental specialty is Oral and Maxillofacial Surgery which is a common specialty for both Dentistry and Medicine.

Orthodontic Education

There are 2 University orthodontic specialty programmes (University of Athens and University of Thessaloniki). They are both high quality and conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is not mandatory yet. The Ministry of Health recently proposed a CE scheme and is in negotiations with the Greek Dental Association and the main dental scientific societies.

The Orthodontic Profession

The number of orthodontists is 450 which is considered very high.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. A small number works for the state health system.

Previous restrictive laws pertaining to the medical and dental professions have been recently banned. However, corporate practice currently does not exist in Greece.

The majority of orthodontists work in their own practice as solo practitioners.

Advertisement is not allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 80%.

All orthodontists have assistants, even though it is not mandatory. By law, dental assistants are not allowed to work in the patients' mouth.

The orthodontic fees are free and are considered low.

Professional Indemnity insurance lately became mandatory

Orthodontic Insurance System

Orthodontic care is provided both from the state and the private sector. It is mandatory for all individuals living in Greece and their families to be insured through their occupation in various social insurance funds.

There is lack of harmonization of finance and coverage.

People who work in the private sector as employees have the right to free orthodontic treatment, which is provided exclusively in state owned clinics.

People who work for the state (i.e. Government employees, teachers) and self employed small business owners have no orthodontic coverage. On the other hand, the cost of orthodontic treatment can be claimed against income tax.

The rest i.e. Doctors, Engineers, Lawyers, Military, Bank employees, people who work for the Electric Company, the Post Office, the Telephone Company, the Press etc that are insured through their occupation, they go to the private orthodontist, they pay the agreed fee, and then their insurances pay them back a predetermined price or a percentage of the orthodontic treatment cost. Most of the time, these refunds are below 1000 Euros.

Private insurances do not cover orthodontic treatment unless it is necessary because of an accident.

In 2008 the government tried to reform the social insurance system by unifying many of the insurance funds. The number went down to 5 main social insurance funds. However nothing really changed in orthodontic coverage so far. Lately the system changed again in an effort to reduce the number of social insurance funds to one.

Healthcare and Pension for the Orthodontists:

Every dentist is obliged to be insured in the social insurance fund for health professionals. This insurance provides free hospital treatment in state hospitals and pension when the dentist retires. Most of the dentists also have private insurance for better health and pension coverage.

Comments:

The combination of the financial crisis, which recently has hit Greece, and the high number of orthodontists has brought many problems into the orthodontic profession. Greek orthodontists are very sceptical about their professional future.

EFOSA Member Organization:

HELLENIC PROFESSIONAL UNION OF ORTHODONTISTS

Website: www.esoecorthodontikoi.gr

Iceland



Population: 318,452

Proportion of population aged 0-14 years: 20.9

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1964

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health

Other recognized dental specialties are: Periodontics, Maxillofacial surgery, Pedodontics, Operative dentistry, Endodontics, Geriatric dentistry, Radiology, Prosthetics, Public health dentistry and Oral medicine.

Orthodontic Education

There are no orthodontic specialty programmes in Iceland.

Continuous education is organized by the Icelandic Dental Association by rewarding every dentist which attends courses of more than 50 hours per 2 years with a special mark (VEIT) which can be used officially to show activity in seeking knowledge.

This has to be confirmed by giving certificates or diplomas to prove attendance.

A new state law was confirmed in May 2012 and regulations will be changed in the coming future.

The Orthodontic Profession

The number of orthodontists 15, which is considered high.

General practitioners are allowed to practice orthodontics. However, there is a reimbursement from the social security system for difficult cases only if the treatment is performed by a certified specialist.

All orthodontists work in private offices, as all dentists in Iceland.

Corporate practice is allowed.

Non dentists can be owners of orthodontic/dental practices.

Advertisement is generally not allowed, but regulation just changed in May 2012 and will be changed in the coming future.

The percentage of orthodontic cases treated by orthodontists is approximately 98%.

The orthodontic fees are free, variable and controlled by the orthodontist. By law, orthodontists are not allowed to have standardized fees.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the patients' mouth under the surveillance of the specialist / dentist.

Professional Indemnity insurance is mandatory

Orthodontic Insurance System

There is only one system in Iceland that pays for orthodontic treatment and this is a fixed amount. The fee, the orthodontist takes for the treatment, is decided by the orthodontist himself.

There are no private insurance companies in Iceland covering orthodontic treatments; everything is covered by the social insurance system.

The state insurance pays ISK 150.000 which equals 880 Euros for every individual younger than 21 years of age that needs fixed orthodontic treatment in at least one jaw.

All surgeries are covered within the state hospitals and therefore, the patient does not pay.

In some rare cases such as cleft lip and palate patients, 95% of the total treatment cost is paid for by the public insurance system.

Healthcare and Pension for Orthodontic Professionals

Orthodontists organize their healthcare and pension rights privately.

EFOSA Member Organization:

ICELANDIC ORTHODONTIC SOCIETY

Ireland



Population: 4,588,252

Proportion of population aged 0-14 years: 21.3

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 2000.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Dental Council

Only other recognized dental specialty is Oral Surgery

Orthodontic Education

There are 2 orthodontic specialty programmes. They conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes
Continuous education is mandatory

The Orthodontic Profession

The number of orthodontists is 136 which is considered adequate.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices, approximately 70%.

Corporate practice is not allowed.

The majority of orthodontists work in their own practice.

A dental practice has to be owned by a dental professional whether a specialist or not - a practice that offers orthodontic treatment can be owned by a non-orthodontist and the treatment can be provided by a non-orthodontist, but only a registered specialist can call himself an orthodontist.

Advertisement is allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 60%.

Dental assistants are allowed to work in the mouth providing they have followed further training to allow them to qualify as Orthodontic Therapists - currently there are no such training programmes in Ireland.

The orthodontic fees are not controlled by the state.

Professional Indemnity insurance is mandatory

Orthodontic Insurance System

Orthodontic care is provided both from the state and the private sector. State provision of orthodontics is through public health or state owned orthodontic clinics mainly, with a limited amount of treatment being carried out in the orthodontic departments of the 2 dental schools. To qualify for public health provision, the patient has to be referred from the general dental section of the public health sector, to the orthodontic section. IOTN is currently used to assess the severity of treatment, and this is then used to define whether the patient qualifies for public health treatment. Each public health area has a consultant as overall coordinator of treatment, with qualified orthodontists carrying out the treatment in the majority of the clinics. There is no fee for public health orthodontics.

In the private sector, there is no state control over the fees. There is limited private medial health cover for orthodontics. However, the cost of orthodontic treatment can be claimed against income tax, providing a tax rebate of approximately 20%.

Some state employee groups, e.g the police and prison officers, have grouped together and have set up their own insurance group to cover medial & dental expenses. Basically this scheme allows the person who is contributing to the scheme to claim approximately €400 per annum per family member towards the cost of treatment. All orthodontic fees are paid directly to the orthodontist and then the allowance is claimed back from the insurance company - the remainder can be claimed against tax as in the private sector.

Healthcare and Pension for Orthodontic Professionals

Through the State if employed within the Public Service and self-funded if in private practice.

Comments

Currently there are shortages of patients, partly due to the general economic slow-down but also because more general dentists are carrying out their own orthodontic treatment following withdrawal of state funding for most general dental work.

EFOSA Member Organization:

ORTHODONTIC SOCIETY OF IRELAND

Website: www.orthodontics.ie

Italy



Population: 60,626,442

Proportion of population aged 0-14 years: 14

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1972.
The title is granted after examinations and it is protected by law.
The authority responsible for the specialty recognition is the Ministry of Education.
The other recognized dental specialty is Maxillofacial Surgery.

Orthodontic Education

There are 19 orthodontic specialty programmes. Some conform to the Erasmus guidelines.
There are Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.
Continuous education is mandatory.

The Orthodontic Profession

The number of orthodontists is more 1300 which is considered adequate.
General practitioners are allowed to practice orthodontics.
The orthodontists mainly work in private practices. However, the majority of orthodontists work in general dentistry practices.
Only 5% of the orthodontists work for the state health system.
Corporate practice is allowed.
Non dentists can be owners of dental/orthodontic practices.
Advertisement is allowed but the practitioners should respect and follow the guidelines of the professional association.
The percentage of orthodontic cases treated by orthodontists is approximately 85%.
Dental assistants are not allowed to work in the mouth.
The orthodontic fees are free and are considered reasonable.
Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

Orthodontic care is provided from the public health system and private practitioners with a big prevalence for the second (nearly 90%).
Universities linked with the National Health Care System are in charge of treating severe pathologies (cleft palate, various syndromes, and rare illness) or individuals in socially and economically poor situations. Due to the limited local budgets they have to select their patients very carefully.
There is no insurance coverage for standard orthodontic treatment costs.

Healthcare and Pension for Orthodontic Professionals

The Orthodontists associated with the Professional Order are obliged to subscribe and pay two pensionary contributions (ENPAM). One is fixed based on age while the other varies since it is based on annual income. A fund is provided for future pension.

EFOSA Member Organization:

**ASSOCIAZIONE SPECIALISTI ITALIANI ORTODONZIA ITALIAN
ASSOCIATION OF ORTHODONTIC SPECIALISTS
(ASIO)**

Website: www.asio-online.it

Luxembourg



Population: 511,840

Proportion of population aged 0-14 years: 17.6

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 2011.

The title is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

Other recognized dental specialty is Oral Surgery.

Orthodontic Education

There are no orthodontic specialty programmes.

Continuous education is not mandatory.

The Orthodontic Profession

The number of orthodontists is 25 which is considered adequate.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices.

Corporate practice is not allowed.

The majority of orthodontists work in their own practice or in group practices.

Non dentists cannot be owners of dental/orthodontic practices.

Advertisement is not allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 70%.

The orthodontic fees are considered reasonable.

It is not mandatory to use dental assistants. Dental assistants are not allowed to work in the mouth.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

The National Insurance is “La Caisse Nationale de Sécurité Sociale (CNS)”

Every orthodontist working in Luxembourg is obliged to have an agreement with the National Healthcare System.

In orthodontic treatments under the age of 17 with removable appliances, fees are fixed and under control by the CNS. The fees are reimbursed up to 85%. The Insurance covers a maximum of 27 months for the treatment.

For fixed appliances, fees are not fixed. However, the orthodontist is obliged to come to an agreement with the CNS about the final amount. Fees are reimbursable by the CNS with the same conditions as for removable appliances.

Fees for Cleft-palate cases are fixed and under the control of the CNS.

Adults Orthodontic Treatments are non-refundable.

Healthcare and Pension for Orthodontic Professionals

Orthodontists are affiliated with the CNS for healthcare and are obliged to pay the CNAP (Caisse nationale de pension) every month in order to receive a pension when they retire.

EFOSA Member Organization:

SOCIETE LUXEMBOURGEOISE D'ORTHODONTIE (SLODF)

Website: www.orthodontielux.lu

Norway



Population: about 5 million

Proportion of population aged 0-14 years: 18.7%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1952.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

Other recognized dental specialties are: Oral surgery, Periodontics, Pedodontics, Endodontics, Prosthodontics, Radiology.

Orthodontic Education

There are 3 officially recognized orthodontic specialty programmes. (the Universities of Oslo, Bergen and Tromsø). They conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programme.

Continuous education is not mandatory for maintaining the license as orthodontist, but mandatory for maintaining the license as a dentist.

The Orthodontic Profession

The number of active orthodontists is 226, which is considered adequate.

General practitioners are allowed to practice orthodontics, but their patients receive no state refund for the treatment. Refund is only obtained when the treatment is done by a recognized specialist in orthodontics.

The orthodontists mainly work in private practices. Approximately 5 % work for the State health system. The majority of orthodontists work in their own practice, but some in group practices and some as employees for dental/orthodontic companies.

Corporate practice is allowed.

Non dentists can be owners of dental/orthodontic practices.

Advertisement is allowed.

Almost all orthodontic cases are treated by orthodontists.

The orthodontic fees are partially controlled by the state and are considered reasonable.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the patients' mouth under the liability of the orthodontist.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

“State” refund is based on an “official price”. These prices are set by the government, and are adjusted yearly. The orthodontists themselves determine the amount they will charge the patient in addition to the “official price”: The patients have the right to know the total cost before treatment starts. (This price will depend on competition)

To illustrate the cost, the first visit to the orthodontist with a consultation fee and a panoramic x-ray will cost, (€)

Type of cost	Official price	Refund	Individual extra
Specialist consultation	95	47	varies
Panoramic x-ray	48	27	varies
Total	143	74	varies

All patients under the age of 20 yrs will get the same refund for these records even if there is no need for treatment.

When treatment starts, the refund is based on

1. the severity of the malocclusion and
2. whether the patient has a sibling who has received refund for orthodontic treatment previously.

The treatment must begin at the latest the year the patient turns 20 year of age (in order to receive the “state refund”)

There are three main refund groups:

Group A (100% refund)

A1: Cleft-lip and palate patients

A2: Patients with inherited craniofacial disorders

A3: Orthognathic-surgery-patients: If the treatment plan is made together with a hospital or a university-clinic (No age-limit)

Group B (75%/ 90 % refund) (90 % is for “sibling moderation”)

B1: Overjet more than 9 mm

B2: Unilateral cross bite or scissors bite (forced bite) involving more than

- 3 pairs of teeth
- B3: Open bite with occlusal contacts only on the molars
 - B4: Impacted incisors, canines or premolars where active traction is necessary
 - B5: Negative overjet cases where all incisors are inverted
 - B6: Congenitally missing or lost incisor, canine
 - B7: Deep bite, 6 mm or more
 - B8: Scissors bite, both sides, involving more than two pairs of teeth on both sides
 - B9: Congenitally missing two or more teeth in the same side-segment. (3rd molars NOT included)
 - B10 If space is closed by orthodontics: Congenitally missing single teeth in the lateral segment or lost molar (by hypoplasia)

Group C (40% /60 % refund) (60 % is for the “sibling moderation”)

- C1: Overjet 6-9mm
- C2: Open bites involving three or more pairs of teeth
- C3: Inverted incisor or canine
- C4: Deep bite
- C5: Diastema (more than 3 mm) or excess space (more than 6 mm)
- C6: Space deficiency in the anterior area (4 mm or more)

The “official” price list and the refund have been increased minimally the last three years. There is a large variety when it comes to the individual extra the orthodontist may charge his/her patients. The patients are entitled to know the full cost of the treatment before treatment starts.

The amount of public refund for orthodontic treatment in Norway (2011) was about 74 million €.

EFOSA Member Organization:

NORWEGIAN ASSOCIATION OF ORTHODONTISTS

Website: www.kjeveortopediskforening.no

Poland



Population: 38,200,037

Proportion of population aged 0-14 years: 15.1

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1972.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health.

Other recognized dental specialties are: Dental Surgery, Prosthodontics, Periodontology, Orthognatic Surgery, Conservative Dentistry and Paedodontics.

Orthodontic Education

There is 1 officially recognized orthodontic specialty programme. It conforms to the Erasmus guidelines.

There are Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory.

The Orthodontic Profession

The number of orthodontists is 1100, which is considered adequate.

General practitioners are allowed to practice orthodontics.

Approximately 90 % of the orthodontists work in the private sector. About 50% also work for the state health system.

Corporate practice is allowed.

The orthodontists who are in the private sector work in their own practice, in group practices and as employees for dental/orthodontic companies.

Non dentists cannot be owners of dental/orthodontic practices.

Advertisement is allowed.

There are no safe data for the percentage of orthodontic cases treated by orthodontists.

The orthodontic fees are free and are considered average.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the patients' mouth.

Professional Indemnity insurance is mandatory

Orthodontic Insurance System

The Polish insurance system is based on a mandatory health insurance premium for all citizens. The state office called the National Health Fund (NHF) is responsible for collection and distribution of health care money. Orthodontic services are free of charge for insured patients on a limited scale.

Procedures refunded by NHF are:

- Specialist's examination: for children and adolescents under 12 years of age,
- Diagnostic radiographs: one panoramic radiograph, one lateral cephalometric radiograph during treatment under 13 years of age,
- Cephalometric analysis: one during treatment for children under 13,
- Removable appliances: for children under 12, with monthly appointments until 13,
- Removable space maintainers: for children under 12,
- Dentures for children under 12.

Other orthodontic procedures including fixed appliance therapy or orthopaedic treatment are paid by patients themselves.

The National Health Fund also covers costs of all orthodontic services for children and adolescents under 21 years of age with congenital facial deformities such as: cleft lip and palate, haemifacial microsomia, Treacher Collins syndrome, Apert syndrome, Crouzon syndrome, Down syndrome, Goldenhar syndrome, Pierre Robin syndrome, cranio-clavicular syndrome, ectodermal dysplasia, malocclusions connected with cerebral damage, long face syndrome, and temporo-mandibular joint ankylosis. Only specialized centers with multi-disciplinary staff can provide refunded health care for this group of patients.

Healthcare and Pension for Orthodontic Professionals

The National Health Fund provides free healthcare and pension for all Polish citizens, who are under the national health system. Private insurance systems are also available.

EFOSA Member Organization:

Polish Orthodontic Society

Website: www.pto.info.pl

Portugal



Population: 10,636,979

Proportion of population aged 0-14 years: 16,6%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1999.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ordem Dos Medicos Dentista (OMD)

The other recognized dental specialty is Oral Surgery.

Orthodontic Education

There are 3 University orthodontic specialty programmes (University of Lisbon, Oporto and Coimbra). They conform to the Erasmus guidelines.

There are 2 Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is not mandatory.

The Orthodontic Profession

The number of orthodontists is 52 which is considered low.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices (approximately 90%)

Corporate practice is allowed.

The majority of orthodontists work in their own practice as solo practitioners.

Advertisement is allowed.

The percentage of orthodontic cases treated by orthodontists is not quantified.

Dental assistants are not allowed to work in the patients' mouth.

The orthodontic fees are free and are considered reasonable.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

There is no specific state orthodontic health insurance in Portugal. Some private insurance companies (very few of them) include orthodontic care in their insurance health plans.

Healthcare and pension for the Orthodontists:

Every dentist is obliged to be insured in the social insurance fund for health professionals. This insurance provides free hospital treatment in state hospitals and pension when the dentist retires. Most of the dentists also have private insurance for better health and pension coverage.

EFOSA Member Organization:

**SOCIEDADE PORTUGUESA DE ORTOPEDIA DENTO-FACIAL (SPODF) -
Portuguese Orthodontic and Dento-Facial Orthopaedic Society**

Website: www.spodf.pt

Slovakia



Population: 5,435,273

Proportion of population aged 0-14 years: 15.3 %

Status of the Orthodontic Specialty

The orthodontic specialty has been officially recognized since 1954.

The title is granted after examinations and it is protected by law.

The Slovak Medical University (Bratislava) is the authority responsible for the specialty recognition. Since 2012 also Clinics of Dentistry and Maxillofacial Surgery (Kosice).

The other recognized dental specialty (in Slovakia) is Oral and Maxillofacial Surgery.

Orthodontic Education

There is one officially recognized orthodontic specialty programme. It conforms to the Erasmus guidelines.

There is no Master programme in Orthodontics outside the recognized orthodontic specialty programme.

Continuous education is mandatory.

The Orthodontic Profession

The number of orthodontists is 180 which is considered adequate.

General practitioners are not allowed to practice orthodontics.

The majority of orthodontists work in their own practice.

Corporate practice is not allowed.

Non dentists cannot be owners of dental/orthodontic practices.

The percentage of orthodontic cases treated by orthodontists is almost 100%.

The fees for orthodontic treatment are controlled by the state and are considered reasonable.

It is mandatory to use dental assistants. Dental assistants are not allowed to work in the mouth.

Professional indemnity insurance is mandatory.

Orthodontic Insurance System

1st Category

The orthodontic treatment of children up to 18 years of age with anomalies which significantly affect the stomatognathic system, hence the whole patient's health, is fully financially covered by the state health insurance.

These anomalies include:

Skeletal open bite
Non-occlusion in lateral segments
Progenia vera
Class II malocclusions , overjet more than 9 mm
Cleft lip and palate and other congenital anomalies

2nd Category

The orthodontic treatment of children up to 18 years of age with anomalies which do not significantly affect the stomatognathic system, is partially financially covered by the state health insurance.

These anomalies include:

Anterior open bite of 2mm and more
Crossbite in incisors and in lateral segments of jaws
Deep bite with traumatic gingiva
Protrusive anomalies with overbite 4.5 – 9 mm
Hypodontia of 4 and more adult teeth
Impacted, palatally positioned and hypodontie of canine
Impacted upper incisors

In the following cases orthodontic treatment is fully covered by the state health insurance without any age limitation: Pre-surgical treatment in progenia and severe skeletal open bite, congenital developmental anomalies, cleft lip and palate, TMJ disorders and injuries.

The cost of different other treatments (e.g. aesthetic corrections, small diastema etc.) and any other treatment for patients over 18 years of age must be fully covered by the patient.

Healthcare and Pension for Orthodontic Professionals

Every dentist is insured in the social and health insurance system. This insurance provides free hospital treatment in state hospitals and pension when the dentist retires.

EFOSA Member Organization:

SLOVAK ORTHODONTIC SOCIETY

Website: www.orto.sk

Slovenia



Population: 2,057,227

Proportion of population aged 0-14 years: 14.3%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1965.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Medical Chamber of Slovenia.

Other recognized dental specialties are: Preventive Dentistry, Prosthodontics, Periodontology, Endodontics and Oral and Maxillofacial Surgery which is a common specialty for both Dentistry and Medicine.

Orthodontic Education

There is one University orthodontic specialty programme (University Clinical Center – Department of orthodontics) and 2 programmes held at private institutions (in collaboration with University Clinical Center). They try to conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory and controlled by the Medical Chamber of Slovenia. License has to be renewed every 7 years (150 points have to be achieved in 7 years).

The Orthodontic Profession

The number of orthodontists is 69 which is considered adequate.

General practitioners are allowed to practice orthodontics but they are not paid by the State Insurance.

65 orthodontists work in the Public State Health Insurance System, 42 of them in private institutions with a contract with the National State Health Insurance, 20 in Public Health Centers and 3 at the University Medical Center.

There are also 4 orthodontists which work privately with no contract with the State Health Insurance.

The majority of orthodontists work in their own practice as solo practitioners.

Advertisement is not allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 90%.

All orthodontists have assistants. If an orthodontist has contract with the State Health Insurance it is mandatory to have an assistant. By law, dental assistants are not allowed to work in the patients' mouth.

The orthodontic fee is regulated by the State Health Insurance for orthodontists who work with it. Fees for adults are free and are considered reasonable.

Professional Indemnity insurance is mandatory in Slovenia.

Orthodontic Insurance System

Orthodontic treatment is covered by National Health Insurance System for children whose malocclusions were diagnosed before the age of 16. Orthodontic treatment has to be started before the age of 18.

Patients over 18 years of age have no orthodontic coverage.

Light malocclusions are not covered by National Health Insurance (according to Eismann –Farcnik index).

There are long waiting lists in Slovenia. Orthodontic treatment starts according to the severity of malocclusion.

Orthodontic care is provided both from the state and the private sector. It is mandatory for all individuals living in Slovenia and their families to be insured through their occupation in National Health Insurance System of Slovenia.

At the moment there are no private health insurance companies in Slovenia.

Since there is only one National Health Insurance the fees do not vary.

Healthcare and Pension for the Orthodontists:

Every dentist is obliged to be insured in the social insurance fund for health professionals. This insurance provides free medical treatment, free hospital treatment in hospitals and pension when the dentist retires. Some of the dentists also have private insurance for better pension coverage.

Comments:

In spite of the quite large number of orthodontists, there are long patient waiting lists. The main reason is that only very light malocclusions are excluded from insurance coverage. Because of the financial crisis in Slovenia the National Health Insurance lowers the fees and all other expenses. The number of general dentists who practice orthodontics is increasing.

EFOSA Member Organization:

SLOVENIAN ORTHODONTIC SOCIETY

Website: www.sod-slovenija.si

Spain



Population: 47.190.493. (2011)

Proportion of population aged 0-14 : 14,34%.

Status of the Orthodontic Specialty

The Orthodontic Specialty is not officially recognized yet.

Orthodontic Education

There are 14 Orthodontic Specialty Programs in state and private Universities. They conform to the Erasmus guidelines.

There are Masters programs in Orthodontics outside the orthodontic specialty programs.

Continuous education is not mandatory yet.

The Orthodontic Profession

The number of practitioners of orthodontics is considered high.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. Only 0.5% work in the National Health system.

About 60% work in their own private practices while the rest work for other orthodontists, dentists or companies.

Corporate practice is allowed.

Non-dentists can be owners of dental/orthodontics practices.

Advertisement is allowed, but under the regulations of the National Council of Dentists.

The percentage of orthodontic cases treated by orthodontists is 40% .

Dental assistants are not allowed to work in the patients' mouth. The Dental Hygienists can do dental cleaning , fluoride and sealants application, or dental hygiene teaching.

The orthodontic fees are free and are considered reasonable.

Professional Indemnity Insurance is mandatory.

Orthodontic Insurance System

Orthodontic care is not provided by the state. It is only found in the private sector. The national health system covers only some dental treatments as extractions, prevention, and conservative treatments for patients under 15 years old or pregnant women (depending on the regions).

It is mandatory for any worker to be insured in the National Health System or in a private Insurance system. Most of the private insurances pay back a percentage of the dental fees.

Private insurance companies do not cover the whole cost of orthodontic treatments but they set a special standard fee for orthodontic services.

Healthcare and Pension for the Orthodontists

Every dentist is obliged to be insured in the National Health System which provides them medical assistance and free hospital treatment. It also provides a pension which is rather low. Most of the dentists have private insurances or personal funds for better health and retirement coverage.

Comments

Because of the current financial crisis and the extremely high number of dental professionals it is very difficult for the new generations of dentists and orthodontists to find a job. Most of them work for other dentists or dental companies owned by non-dentists. Frequently they have bad working conditions and are underpaid.

Most of the general dentists practice orthodontics and they only refer difficult cases to the orthodontists i.e. surgical cases, TMJ cases or severe adult cases.

The Spanish orthodontists are sceptical about their future.

EFOSA Member Organization:

AESOR (ASOCIACIÓN ESPAÑOLA DE ESPECIALISTAS EN ORTODONCIA)

Website: www.aesor.org

Sweden



Population: 9,580,424

Proportion of population aged 0-14 years: 17.0

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1965.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the The National Board of Health and Welfare.

Other recognized dental specialties are: Pedodontics, Periodontology, Oral Surgery, Endodontics, Prosthetic Dentistry, Dental Radiology, Stomatognathic Physiology.

Orthodontic Education

There are 7 officially recognized orthodontic specialty programmes. They conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is not mandatory.

The Orthodontic Profession

The number of orthodontists is 269 which is considered adequate.

General practitioners are allowed to practice orthodontics

The orthodontists mainly work in state clinics. Approximately 80% work for the state health system.

Corporate practice is allowed.

Non dentists can be owners of dental/orthodontic practices.

Advertisement is allowed.

The percentage of orthodontic cases treated by orthodontists is approximately 70%.

The orthodontic fees are partially controlled by the state and are considered medium.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the mouth under supervision.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

Under 20 years of age:

The orthodontic treatment is free of charge for children and adolescents up to the age of 20 years (except for one county where the limit is 23 years of age) if the severity of the malocclusion reaches a certain level, i.e. IOTN index >3 . Approximately 25-30% of the children/adolescents receive free orthodontic treatment. Those who do not reach the level for refunding pays 100%.

For adult patients the national health insurance system refunds 30-50% of the fee depending on treatment length and complexity. The refund is based on an “official price” but the fee is not fixed. The rules for refunding are stricter than for children/adolescents. If the malocclusion is severe (i.e. surgery cases, cleft lip/palate, syndroms) the adult patient pays a small annual fee (~100 Eur) for the treatment.

Healthcare and Pension for Orthodontic professionals

Every employed dentist is insured and gets pension from the state and from the employers. Most of the dentists also have private insurance for a better health and pension coverage.

EFOSA Member Organization:

THE SWEDISH ASSOCIATION OF ORTHODONTISTS

Website: <http://www.sof.w.se>

Switzerland



Population: 7,870,134

Proportion of population aged 0-14 years: 15.1

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1972.

The title is granted after examinations and it is protected by law.

The Swiss Orthodontic Society together with the Swiss Dental Association (SSO) act as the competent authorities for specialists' registration on behalf of the Swiss national health administration.

Other recognized dental specialties are: Oral Surgery, Periodontology and Prosthodontics.

Orthodontic Education

There are 4 officially recognized fulltime orthodontic specialty programs.

They conform to the Erasmus guidelines.

There are 4-year Master programs in Orthodontics at the Universities of Berne and Geneva, which lead to the title of Master of advanced studies orthodontics and oral biology.

Continuous education is mandatory for all dentists in Switzerland and under the governance of the Swiss Dental Association. The compulsory number of 80 hours of training per year are controlled by the Swiss health authorities.

The Orthodontic Profession

The number of orthodontists is considered high.

General practitioners are allowed to practice orthodontics.

The orthodontists mainly work in private practices. A very small percentage works for public health systems.

Corporate practice is allowed.

Non dentists can be owners of dental/orthodontic practices.

Advertisement is allowed. However, the members of the Swiss Dental Association do not advertise.

The percentage of the orthodontic cases treated by orthodontists is approximately 50%.

The orthodontic fees are controlled by the state in the cases the state health system is refunding the patients. The private fees are free and are considered reasonable.

It is not mandatory to use dental assistants. Dental assistants are not allowed to work in the patients' mouth.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

1. State Insurances:

The National insurance for all residents in Switzerland is the Invalidity/Disability Insurance.

Only in about 10% of all orthodontic cases (the most severe problems) the Swiss Invalidity Insurance pays the cost of the whole treatment, up to the age of 20 years. These are the cases of cleft lip, hyperodontia, anodontia and of extreme open bite (mordex aperus), closed bite (mordex clausus), Class II and III malocclusions, In some Cantons there is a community insurance which reimburse a percentage of the cost of treatment up to an age, in cases which fall into certain criteria.

2. Private health insurances:

All health-insurances in Switzerland are private. There are 87 insurances and a general law, which describes the basic treatments of those insurances. Orthodontic treatments and all other dental care are not in the basic insurances except after trauma. A majority of these insurance companies offer a premium package including orthodontic treatment. One must choose this package long before the visible need of orthodontics. The participation in cost is generally 50 -70%. Not all patients get these premium packages covering orthodontic treatment. With this system the orthodontic insurance coverage responsibility is up to the patients/parents.

Comments

Switzerland is oversaturated with orthodontists and it has become very hard for the young specialists to open a new practice.

EFOSA Member Organization:

SWISS ORTHODONTIC SOCIETY

Website: www.swissortho.ch

The Netherlands



Population: 16,655,799

Proportion of population aged 0-14 years: 17.5

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1953.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Specialist Registration Committee of the Dutch Dental Association (N.M.T)

The other recognized dental specialties is Orofacial Surgery

Orthodontic Education

There are 3 officially recognized university orthodontic specialty programmes. They conform to the Erasmus guidelines.

There are no Master programmes in Orthodontics outside the recognized orthodontic specialty programmes.

Continuous education is mandatory and is controlled every 5 years.

The Orthodontic Profession

The number of orthodontists is 285 which is considered adequate.

General practitioners are allowed to practice orthodontics

Approximately 95% of the orthodontists work in the private sector..

Corporate practice is allowed.

Non dentists or orthodontists can be owners of orthodontic practices.

Advertisement is allowed

The percentage of orthodontic cases treated by orthodontists is approximately 60%

The orthodontic fees are controlled by the state and are considered very low.

It is not mandatory to use dental assistants. Dental assistants are allowed to work in the mouth.

Professional Indemnity insurance is mandatory

Orthodontic Insurance System

There is a basic health care insurance which every Dutch citizen is obliged to have, available from any of the Dutch health care insurance companies. Content and price limits are set by the government.

Cleft lip and palate and other equally severe orthodontic anomalies are covered by this basic health care insurance (physiotherapy etc.)

There is a basic health care insurance, available from any of the Dutch health care insurance companies, of which content and price limits are set by the government and which every Dutch citizen is obliged to have.

Cleft lip and palate and other equally severe orthodontic anomalies are covered by this basic health care insurance. Other orthodontic care is private, but can be covered by a range of private insurances that are available. Although this is private care, the fees for this orthodontic care are also set by the government.

There is a wide variety in the way that the private insurance companies refund costs for orthodontic care. This can range from 0 -100% coverage for both children and adults. Usually, insurances refund a percentage ($\pm 75\%$) of the total cost of treatment for children up to 18 years of age. It is the customer's right to choose whichever private insurance they like for their specific premiums offered. These 'supplementary insurances' don't just cover orthodontics but also more complicated dental work, physiotherapy etc.

Healthcare and Pension for Orthodontic Professionals

Each orthodontist is responsible to arrange his/her insurance plan on his/her own.

EFOSA Member Organization:

DUTCH ASSOCIATION OF ORTHODONTISTS (VERENIGING VAN ORTHODONTISTEN)

Website: www.orthodontist.nl

United Kingdom



Population: 62,435,709

Proportion of population aged 0-14 years:

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1998.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the General Dental Council.

Other recognized dental specialties are: Special Care Dentistry, Oral Surgery, Paediatric dentistry, Endodontics, Prosthodontics, Restorative dentistry, Dental Public Health, Oral Medicine, Oral Microbiology, Oral and Maxillofacial Pathology, Dental and Maxillofacial Radiology.

Orthodontic Education

There are 12 orthodontic specialty programmes. Once you have your MJDF/MFDS/MFD you can apply to train at the Universities of Belfast, Birmingham, Bristol, Cardiff, Dundee, Glasgow, Leeds, Liverpool, London, Manchester, Newcastle or Sheffield.

The courses take 3 years (or equivalent part-time) and consist of clinical training (in a hospital) alongside academic study (at the university). After 3 years you will sit the examination for the Membership in Orthodontics (M.Orth) and, if successful, you will gain a Certificate of Completion of Specialist Training (CCST). This will allow you to be included on the specialist list and be known as a Specialist in Orthodontics. Trainees are also required to study for a higher degree, such as the MSc or DDS, during their training. You will normally receive a salary during your training, although you will be required to pay tuition fees. Some posts are unfunded (i.e. you will not get paid).

There is one Master programme in Orthodontics outside the recognized orthodontic specialty programmes, at Warwick University.

Continuous education is mandatory for all dentists in the UK. The requirement is for 250 hours of CPD in every five years. 75 hours of this must be “verifiable”; supported by a certificate of attendance or participation in ‘approved’ courses. There is also a requirement for Clinical Governance in the form of Audit and/ or Peer Review.

The Orthodontic Profession

The number of orthodontists is more than 1200 which is considered low by comparison with other European countries.

General practitioners are allowed to, and do practice orthodontics.

The orthodontists mainly work in private practices. Approximately 40% own their practices and the rest work as employees. 95% of the orthodontists provide care to NHS patients.

Corporate practice is allowed.

Non dentists can be owners of dental/orthodontic practices.

Advertisement is not allowed. Recently the General Dental Council has reminded Dentists that they will take action against Dentists making fraudulent claims as to their qualifications or treatment techniques.

The provision of orthodontics varies considerably across the UK. In some areas the majority of orthodontics is provided by specialists while, in other areas, general dental practitioners provide a large part of the service. The percentage of orthodontic cases treated by orthodontists is thought to be 60%.

The orthodontic fees are controlled by the state in the NHS and are considered low. Private fees are free and are considered reasonable.

Professional Indemnity insurance is mandatory.

Orthodontic Insurance System

The National Health Service (NHS) was founded in 1948 with the mission of providing all health care to the whole population in the UK free of charge at the point of delivery. The demand and costs of this quickly became unsupportable and the government soon introduced charges for drug prescriptions and for adult dental treatment.

Over the years, the NHS charges have steadily increased to the point that the fixed charge for many prescription medicines is much higher than their actual cost and dental charges to adults is 80% or more of the fees. In some cases the NHS charges are higher than private fees.

Child dental treatment has always remained free of charge. The NHS fee for orthodontics has been low compared to other countries in the EU, currently about £1,200. But there is a shortage of orthodontists, demand is high and the fees paid by the government were reliable. Thus the great majority of orthodontics has been provided through the NHS both in privately owned specialist practices and in Orthodontic departments in General Hospitals. There has been very little need or demand for privately funded orthodontics except for adults.

Because of the NHS, there has been no tradition of private health insurance in the UK until recently. Private health insurance has been limited mainly to medical and surgical care and for the avoidance of long NHS waiting lists. There is very little dental insurance and what there is excludes orthodontics, (except the surgery associated with orthodontics) or pays only a very small proportion of the fees.

There are one or two dental capitation schemes in which the patient pays a monthly sum, which is decided by the dentist, and for which the patient is entitled to routine dental care, but not orthodontics.

The usual way of charging for private orthodontics in the UK is to ask for an upfront payment of about 30% of the total fee and then to charge a fixed sum per month for the balance of the previously estimated treatment duration. Private orthodontic fees in the UK are in the range of £2000 - £10,000 depending on location.

There have previously been two schemes for orthodontic insurance in which the parent starts paying when the child was about seven or eight years of age and would then eventually receive free orthodontic treatment at about twelve years of age. Both of these schemes closed because their rates of interest were less favourable than if the parent had simply borrowed from the bank.

There are two or three schemes currently operating in which the patient receives an interest free loan repayable over two or three years for their orthodontic treatment. The orthodontist receives full payment of the fees at the start of the treatment but a percentage of the fee is deducted by the insurers which vary according to the length of repayment agreed by the patient.

On 1st April 2006 the UK government introduced a “New Contract” in England and Wales which were intended to limit the continuing expansion of the costs of orthodontic treatment under the NHS. Dentists and orthodontists were given fixed sum contracts based on their activity in the previous year. NHS orthodontic payments used to be made at the end of treatment and because orthodontic treatment can take between 18 and 24 months the contracts in orthodontics were awarded based on the activity of the practice nearly two years earlier.

For well established and stable practices with a steady work load this was acceptable; but for practices which had started or expanded in the previous two years this represented a significant drop in their income from the NHS. At the same time the government introduced IOTN to define eligibility for NHS treatment. Only IOTN Dental Health Component Grades 4 & 5 may be treated under the NHS now.

In addition the government is not agreeing to provide NHS contracts to new practices even in areas where there are not enough orthodontists to meet the patients’ dental health needs.

All these factors have left many patients unable to access NHS orthodontic treatment and we are experiencing a significant expansion in the demand for private orthodontic

treatment. But there is no expansion in dental insurance so patients have to pay their fees without insurance support.

Comments

There are insufficient orthodontic training places in the UK. Only about 35-40 trainees qualify each year. Also, there has been a major decline in the number of university professors and lecturers in orthodontics in recent years. In a survey by BOS in 2005, there were only 34 such posts, 10 less than in 2000.

More orthodontists are retiring each year than are qualifying. Around 40-45 specialist orthodontists are expected to retire each year over the next ten years so no increase in specialists can be expected over this time. (BOS Survey 2005)

There is no shortage of dentists wishing to train as orthodontists. Despite the fact that it takes at least a further five years after the normal 5 year BDS dental course before qualifying as a specialist.

Waiting lists for treatment are as long as three years in some parts of the country. The distribution of orthodontists is very uneven across the country. The current system of funding NHS orthodontics tends to freeze in this inequality. The system of NHS contracts introduced in 2006 imposes a quota on the number of patients each orthodontist can treat. Practices cannot expand without securing enhancements to their contracts from the PCT. The NHS only funds treatment for cases with a significant need for orthodontics. Minor cosmetic problems are excluded.

Most problems are best treated in adolescence while the patient is growing fast. Deferring treatment stores up problems for later. The scope for change in an adult is more limited and surgery is more likely to be involved. Increasing numbers of adults are coming forward for the treatment they were unable to have in adolescence. Recent BOS figures show that 18% of orthodontic patients are adults. Private orthodontic treatment can be very expensive. Large numbers of deserving patients are unable to afford treatment outside the NHS.

EFOSA Member Organization:

British Orthodontic Society

Website: www.bos.org.uk

Non- EU Council of Europe Members

Turkey

Population: 73,722,988



Proportion of population aged 0-14 years: 25.6

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1927.

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the ministry of Health.

Orthodontic Education

The officially recognized orthodontic specialty programmes conform to the Erasmus guidelines.

Continuous education is not mandatory.

The Orthodontic Profession

General practitioners are allowed to practice orthodontics.

The majority of orthodontists work in their own practice.

Approximately 5% work for the state health system.

The percentage of orthodontic cases treated by orthodontists is approximately 80%.

The orthodontic fees are free and are considered reasonable.

Dental assistants are allowed to work in the mouth.

Orthodontic Insurance System

Currently our country does not have a standalone standardized orthodontic health insurance system. The orthodontic insurance is a part of the general health insurance system. Recently the three different social security organizations are summoned under one single body called the Social Security Organization (SGK). Every insured party and his family members are covered with a health insurance. Orthodontic treatment is covered until the age of 18. No orthodontic index is applied and any form of orthodontic correction is paid by the SGK. The SGK, however, limits the payments of radiographs. The orthodontic materials are paid by the patients and are not reimbursed.

EFOSA Member Organization:

TURKISH ORTHODONTIC SOCIETY

Website: www.tod.org.tr

EFOSA observers

Israel

Population: 7,881,000



Proportion of population aged 0-14 years: 28%

Status of the Orthodontic Specialty

The orthodontic specialty is officially recognized since 1977

The title is granted after examinations and it is protected by law.

The authority responsible for the specialty recognition is the Ministry of Health

Other recognized dental specialties are: Prosthodontics, Endodontics, Periodontics, Pedodontics, Oral Surgery, Oral Medicine, Oral Pathology, Public Health Dentistry.

Orthodontic Education

There are 4 officially recognized orthodontic specialty programs.

They conform to the Erasmus guidelines.

There are no "Master Programs in orthodontics" outside the official recognized orthodontic specialty 3 year programs.

Continuous education is not mandatory for orthodontists.

The Orthodontic Profession

The number of active orthodontists is approximately 140.

The orthodontists mainly work in private practices.

The majority of orthodontists work in their own practice or employees for dental companies.

The orthodontic fees are not controlled by the state and are considered reasonable.

Dental assistants are not allowed to work in the patients' mouth.

Corporate practice is allowed

Non dentists can't be owners of dental/orthodontic practices.

Advertisement is allowed.

Professional indemnity insurance is not mandatory.

Orthodontic Insurance System

There are different private orthodontic insurance plans.

Healthcare and Pension for Orthodontic Professionals

There is the Public healthcare insurance and other voluntary pension plans

EFOSA Member Organization:

ISRAEL ORTHODONTIC SOCIETY

Website: www.orthoisrael.org.il

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