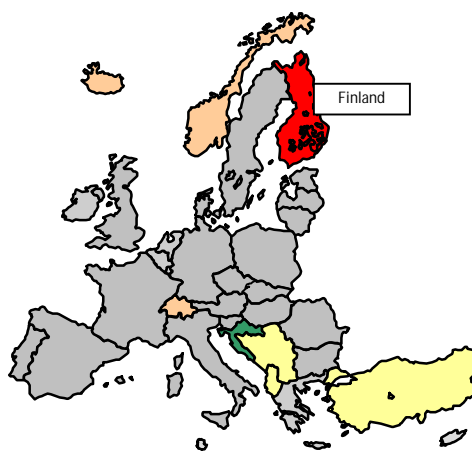


## Finland



In the EU/EEA since	1995
Population (2008)	5,300,484
GDP PPP per capita (2007)	€29,421
Currency	Euro
Main language	Finnish 95%
	Swedish 5%

Healthcare is funded largely through general taxation, with an additional special tax for health which is paid by everyone including those who have retired.

Number of dentists:	5,866
Population to (active) dentist ratio:	1,178
Members of Finnish Dental Association:	98%

The use of dental specialists and the development of dental auxiliaries are both well advanced.  
Continuing education for dentists is not mandatory.

Date of last revision: 1<sup>st</sup> October 2008

## Government and healthcare in Finland

Finland is a Nordic country. The land area is 2,628 sq km and the country has Norway, Sweden and Russia as adjacent neighbours. The capital is Helsinki (the northernmost capital in Europe).

Finland was a province and then a grand duchy under Sweden from the 12th to the 19th centuries, and an autonomous grand duchy of Russia after 1809. It won its complete independence in 1917.

The national parliament has 200 members, elected under a system of proportional representation. The President of the Republic is elected by direct popular vote. In the regular course of events, a Presidential election takes place every six years. Finland has a unicameral Parliament with 200 seats. The minimum age for voting and standing for election is currently 18. The Prime Minister is elected by Parliament and thereafter formally appointed to office by the President of the Republic. The President appoints the other ministers in accordance with a proposal from the Prime Minister. In 2008 there were 20 ministers in the Cabinet.

Regional government is organised through 6 provinces, and 432 municipalities (or *Kunta*).

In Finland healthcare is funded largely through general taxation, with an additional special tax for health which is paid by everyone including those who have retired.

The Primary Health Care Act (PHC Act) of 1972 reformed the planning of primary health services by establishing a network of health centres funded by the municipalities. These provide a range of local public services, including medical services, radiology, laboratory and dental services - although the latter varies between health centres.

	Year	Source
% GDP spent on health	8.3% 2005	FDA
% of this spent by governm't	77.8% 2005	OECD

## Oral healthcare

A comprehensive survey of oral health in adults was conducted as part of a nationwide study of health status in Finns in year 2000. Over 6000 persons attended in the study, which included clinical and radiological oral examination. The results are published by the National Public Health Institute, (Health and Functional capacity in Finland 2004) in pdf-form:

[http://www.ktl.fi/attachments/suomi/julkaisut/julkaisusarja\\_b/2004b12.pdf](http://www.ktl.fi/attachments/suomi/julkaisut/julkaisusarja_b/2004b12.pdf)

The responsibility for planning oral healthcare lies with the Ministry of Social Affairs and Health, but the actual service is usually provided by municipalities. The government social insurance agency (the Kansaneläkelaitos or KELA), also provides some assistance in paying for healthcare, again under the strategic direction of the Ministry. The agency is self-regulating, under the supervision of the Finnish parliament, has its own budget, and 263 branch offices in municipalities. However if the KELA has a budget deficit the government is obliged by law to make up the total spent, from taxation.

	Year	Source
% GDP spent on oral health	0.42%	2005 FDA
% of OH expenditure private	62%	2005 FDA

About 70% of the population receive oral healthcare regularly (in a two-year period) and oral examinations would normally be undertaken every 1-2 years.

The dental services are delivered either through the system of public health centres, or by private dentists, denturists and dental laboratories. About 36% of dental care is state-funded (half by the municipalities, half by central government) and 56% is paid for directly by households. 7% of the balance is paid by KELA and 1% by employers.

There has been a major change in Finland affecting all healthcare from the beginning of March 2005. A new Act imposed new requirements on municipalities, which must organise their health care so that patients will receive an assessment of their need for non-emergency treatment from a health care professional – not necessarily a doctor – within three days, while the necessary treatment must be provided within 3 to 6 months. However, emergency treatment must be provided immediately.

The new legislation also applies to dental care where treatment must at least be initiated within 6 months of the treatment assessment. The Ministry has also published definitions for the necessary treatments in various sectors of dental care – ie those included in the guaranteed access system. However, it is suggested that the new system will

cause a lot of problems in dental care, in particular, the reason being that over half of adult patients have turned to private dentists who are not covered by the new legislation

### Private Care

In 2008 the Finnish Dental Association estimated that about half of adults were treated within private insurance schemes (about 1% of children under 18 years).

### The Quality of Care

Although the state authorities provide recommendations for dentists, for example for filling materials and practice hygiene, the standards of dental care are not actively monitored in private practice in Finland. The only routine system is random checks on billing by the KELA. They assess the average cost per patient and ensure that the calculated bill reflects the amount of work done. Care provided in health centres is subject to quality assurance.

Patient complaints are generally managed by the National Authority of Medicolegal Affairs or the Consumer Complaints Board, supplemented by a patient ombudsman system. Also, since the Patient Injury Act in 1987 there has been a Patient Insurance Centre which may indemnify injuries which occur during treatment. Liability insurance is, however, included in the membership fee of the Finnish Dental Association X-rays are actively monitored by the authorities.

### Health Data

	Year	Source
DMFT at age 12	1.20	2003 OECD
DMFT zero at age 12	42%	2003 FDA
Edentulous at age 65	40%	2000 OECD

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

### Fluoridation

There are no fluoridation schemes in Finland.

## Education, Training and Registration

### Undergraduate Training

To enter dental school a student has to have completed secondary school (usually at the age of 18). There is an entrance examination, which is similar to that of medical students. The undergraduate course lasts for 5 years.

Two of the four original dental schools (known as *Hammaslääketieteiden laitos*) were closed 1998, leaving two (Helsinki and Oulu) open. However, the dental school in Turku University reopened as an undergraduate facility in 2004, because of a shortage of dentists (it had remained as a postgraduate school only before then). Dental schools are part of the Colleges of Medicine.

Year of data:	2008
Number of schools	3
Student intake	145
Number of graduates (2007)	81
Percentage female	74%

There has been a large increase in the student intake 2007-08.

Quality assurance for the dental schools is provided by the Ministry of Education.

### Qualification and Vocational Training

#### Primary dental qualification

The primary degree which may be included in the register is: *Licentiate in Odontology (hammaslääketieteiden lisensiaatti) (HLL)*.

#### Vocational Training (VT)

Graduates can only register in Finland when they have completed 9 months' salaried, supervised training, working as a dentist under the supervision of an experienced dentist. At least 6 months of this training must be undertaken in health centres, and up to 3 months can be done in a private surgery. In principle there are educational targets, but it is only up to the employer how to fulfil these. There is no theoretical training. They are salaried as "junior" health centre dentists, with salaries of approximately €40,000 a year.

Diplomas from other EU countries are recognised without the need for vocational training.

### Registration

To register in Finland, a dentist must have a recognised degree or diploma awarded by the universities, and have completed 9 months supervised training. The register is administered by National Authority for Medicolegal Affairs (the competent authority).

Cost of registration (2008)	€ 300
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Finnish university graduates pay a lower fee (€68 in 2008).

### Language Requirements

There are no formal linguistic tests in order to register for EU graduates, although dentists are expected to speak and understand Finnish (or Swedish in certain areas).

However, under the EU Directive implemented in 2007 an employer can require that the dentist speaks Finnish.

Dentists from outside the EU have to prove (by examination) that they are proficient in either the Finnish or Swedish languages.

### Further Postgraduate and Specialist Training

#### Continuing education

Continuing education is not mandatory but under Finnish legislation there is a general requirement to keep skills updated. Postgraduate education is delivered through the Finnish Dental Society Apollonia.

#### Specialist Training

Specialists train in Universities; also, in health centres and hospitals which have contracts with the universities.

There is a minimum of 2 years pre-training (working as a dentist after basic education), before entering specialist training. Training lasts for 3 years (Oral and Maxillofacial Surgery, 6 years) and includes a University examination. Specialist education leads also to a degree, like specialist in orthodontics. To become a Doctor in Odontology a thesis (like a PhD) must be completed.

Oral Surgery was combined in 1999 with maxillo-facial surgery, as a medical specialty. There are about 60 post-graduate positions in the country, so there is a limit to how many can train. Trainees are paid approximately €36,000 a year.

There is training in 4 main specialties:

- ✚ Orthodontics
- ✚ Dental Public Health
- ✚ Oral Maxillo-Facial Surgery
- ✚ Clinical Dentistry

Clinical Dentistry is a specialty with 6 subgroups. These are:

- ✚ cariology
- ✚ periodontology
- ✚ prosthetics
- ✚ oral radiology
- ✚ oral pathology
- ✚ microbiology

The titles obtained by specialists in orthodontics and oral surgery, the two specialties recognised by the EU, are:

- ✚ 'todistus erikoishammaslaakarin oikeudesta oikomishoidon alalla/bevis om speciallisttandlakarrattigheten inom området tandreglering' (certificate of orthodontist) issued by the competent authorities.



'todistus erikoishammaslaakarin oikeudesta suukirurgian (hammas- ja suukirurgian) alalla/bevis om specialisttandlakarrattigheten inom området

oralkirurgi (tand- och munkirurgi)' (certificate of oral or dental and oral surgery) issued by the competent authorities.

## Workforce

### Dentists

Year of data:	2007
Total Registered	5,866
In active practice	4,500
Dentist to population ratio*	1,178
Percentage female	69%
Qualified overseas	200

\* active dentists only

Many dentists practice in more than one sphere of practice.

There is a decrease in the workforce as more dentists retire than are being trained. So, a dental school in Turku which had been closed was reopened in 2003. It was calculated that by year 2020 there would be approximately 3,700 dentists in active practice, but with the reopening of the school the number is now estimated at approximately 4,000 (against the 4,600 estimated in 2005).

There is some small reported unemployment amongst dentists in Finland (between 10 to 20 dentists, around 0.33%) - the unemployment benefits are described by the FDA as "good".

#### *Movement of dentists across borders*

About 75% of the foreign dentists working in Finland qualified in the EU/EEA and 25% outside the EU/EEA

About 160 Finnish qualified dentists were working abroad.

#### *Specialists*

In Finland 4 dental specialties are recognised under the National Authority for Medico-legal Affairs:

- Orthodontics
- Oral Surgery
- Dental Public Health
- Clinical Dentists

Patients can go directly to specialists, without referral

In the following table, the specialty of "Clinical Dentistry" has been broken down into the known sub-specialties

Year of data:	2007
Orthodontists	149
Endodontists	3
Paedodontists	86
Periodontists	2
Prosthodontists	144
Oral Surgeons	85
Dental Public Health	105
Others	86

### Auxiliaries

The system of use of dental auxiliaries is well developed in Finland and much oral health care is carried out by them. In Finland, apart from chairside dental surgery assistants, there are three types of clinical dental auxiliary:

- Dental hygienists
- Dental technicians
- Denturists

Year of data:	2006
Hygienists	1,575
Technicians	507
Denturists	331
Assistants	6,168
Therapists	0
Other	0

#### *Dental Hygienists*

The title is legally protected and there is a registerable qualification which dental hygienists must obtain before they can practice. There is an entrance examination into a polytechnic, where they undertake 3.5 years education and training, which includes basic professional studies and studies to boost occupational skills. The register is held by the National Authority for Medico-legal Affairs.

Dental hygienists work in all services only under the prescribed instructions of a dentist. They work usually as part of the team although they can work independently. They may undertake infiltration local anaesthesia. They take legal responsibility for their work and they may accept payment from patients, if they have a practice of their own. This is very rare – only some 20 hygienists in the country operate like that.

They are normally salaried.

*Dental Technicians*

The title is legally protected and there is a registerable qualification which dental technicians must obtain before they can practice. Like hygienists, there is an entrance examination into a polytechnic, where they undertake 3.5 years education and training. A register is held by the National Authority for Medicolegal Affairs. Their duties are to prepare dental prosthetic and orthodontic appliances to the prescription of a dentist and they may not work independently.

Individual technicians are normally salaried and work in commercial laboratories which bill the dentist for work done.

*Denturists*

In Finland, denturists are operating auxiliaries who can provide complete dentures to the public. There is a qualification and the register is held by the National Authority for Medicolegal Affairs.

They train in the same school as hygienists/technicians, and there is an entrance examination. Their training lasts an additional half-year (the person must be a dental technician first).

They work mostly in their own private practices. Whilst they do receive referrals from dentists, generally their patients come directly from street. Whilst they cannot provide partial dentures it is reported that they do so, illegally. There is control of their ethics and practices by the authorities, as with dentists, but their fees are not regulated. Their average earnings are thought to be less than dentists.

*Dental Chairside Assistants*

Assistants follow 2.5 years training under the authority of the dentist and with institutional support. They receive a diploma, which they need to register. Registration is by the National Agency of Medico-legal Affairs and they are paid by salary by their employers.

## Practice in Finland

Oral health services are provided in both the public and private sectors with about half of dentists in each sector.

Year of data:	2007
General (private) practice	2,280
Public dental service	2,135
University	136
Hospital	72
Armed Forces	10
Student Health Service	72
General Practice as a proportion is	51%

### Working in General Practice

In Finland, dentists who practice on their own or as small groups, outside hospitals or health centres, and who provide a broad range of general treatments are said to be in *private practice*. In 2007 dentists who worked in this way, provided approximately 50% of the care for the adult population. About 40% of private practitioners worked in single dentist practices and approximately 600 were employees of private dental care firms, either *PlusTerveys* or small companies of two or three (see below). During the years just prior to 2008, new companies, such as MedOne, which hires dentists for communities, have emerged.

Most dentists in private practice are self-employed and earn their living through charging fees for treatments. The patient pays the dentist in full and some then reclaim partial reimbursement from the local office of the *KELA*.

#### *Fee scales*

As already described, Public health insurance (KELA) used to reimburse a certain part of the dental treatment costs of patients born in 1956 or later who sought treatment in private dental surgeries. From December 2002 these age limits were abolished. This compensation amounts to 35 to 40% of the fees charged by private dentists. A private practitioner is free to decide the price for treatment (fee-for-service) but the compensation is calculated from KELA's price list.

Treatments which do not attract a government subsidy include fixed and removable prosthetics and most orthodontics or dental laboratory costs. Orthognatic surgery cases are normally covered – a prerequisite is a statement from orthodontist and oral surgeon. War-veterans have some better benefits, like their prosthodontic care being included in the scheme (at partial reimbursement).

The Finnish Dental Association is not allowed - due to competition law - to make any recommendations for fees and prices are set by the market. However, the majority of dentists stay within a 15-30% range. Prior approval for treatment is not required for any treatment under any of the schemes for receiving free care or a subsidy.

#### *Joining or establishing a practice*

There are no rules which limit the size of a dental practice or the number of associate dentists or other staff working

there. However, private group practices are supervised by the provincial government. Apart from this there are no standard contractual arrangements prescribed for dental practitioners working in the same practice. Premises may be rented or owned and are normally in houses, flats or business premises - not usually in shops or purpose-built clinics. The state offers no assistance for establishing a new practice, and generally dentists must take out commercial loans from a bank. When starting a new practice private dentists have to inform the local health authorities.

The premises for the surgery are usually rented, but the equipment is usually owned by a single practitioner or by the (small) company owned by the working dentists. The auxiliaries are usually employees for this company but the dentists can be either employees or (more frequently) working as independent dentists.

### Working in the Public Dental Service

Public services are provided mainly in health centres organised by municipalities singly or collectively. Dental services are part of other local health services. A local chief dental officer is responsible for arrangements, together with other local authorities.

Before 2002 it was possible to limit dental services to special age groups only. Municipalities in Finland are very independent and some limitations were in use in many of them.

Since 2002 limitation by age is no longer possible, but the municipalities can still organise the services in their own way to some degree. The main principle is that municipalities are - in general - responsible for the health services for people in need, but also the Ministry of Social Affairs ensures that municipalities act within the new law.

Municipalities get funding for these services from the central government, but most of the financing must come from their own internal funds, through taxes. Patients also pay quite a large co-payment. Despite these fees the charges are about half of what patients pay in private sector.

Despite the 2002 law, it has not been possible to arrange all dental services in health centres, because of the limited municipal resources. However the intention was not the organisation of all dental services into the public sector, but was to give patients choice. There has been some change in the content of dental care in health centres, which means more patients are seen, with more adults and older patients.

Health centres have proved popular to dentists as working places. Surveys have shown that patients have attached great value to the dental service they have received both in health centres and in the private sector. There is no major difference in the treatment between the sectors and also the sectors work together well. However, health centres cannot offer continuing care as often as is offered as the private sector - especially in the big cities. The main emphasis has so far been on children and a range of (so called) "special groups".

The procedure for handling of complaints is the same as in the private sector - however, the Consumer Complaints Board is only for the private sector.

In single municipalities, there are different types of procedures for monitoring quality, but there is no national quality system in public health sector.

A dentist working in a health centre can get a higher position usually through specialist training or by being chosen for the position of a local chief dental officer.

The provision of domiciliary (home) care is not very common in Finland, and is usually provided by public health dentists.

Salaries of dentists employed in public health clinics are comparable to that of private practitioners.

### Working in Hospitals

Dentists work in hospitals as salaried employees of the local municipality (or a federation of municipalities), or one of the small number of private hospitals. They undertake mostly surgical treatments, but also other demanding treatments and "normal" treatment to hospital patients.

There are generally no restrictions on these dentists seeing other patients outside the hospital. The quality of dental care is assured through dentists working in teams under the direction of experienced specialists. The complaints

procedures are the same as those for dentists working in other settings

### Working in Universities and Dental Faculties

Dentists working in dental schools are salaried employees of the university. They are allowed to combine their work in the faculty with part-time employment or private practice elsewhere.

The main academic title within a Finnish dental faculty is that of university professor. Other titles include teachers and assistants. There are no formal requirements for postgraduate training but senior teachers and professors will have completed a PhD, and most will also have received a specialist clinical training. Apart from these there are no other regulations or restrictions on promotion.

The quality of clinical care, teaching and research in dental faculties is assured through dentists working in teams under the direction of experienced teaching and academic staff. The complaints procedures are the same as those for dentists working in other settings.

### Working in the Armed Forces

The dentists working full time for the Armed Forces are all male.

## Professional Matters

### Professional associations

There is a single main national association, the Finnish Dental Association. The Association represents private and public health dentists and combines this role by trying to emphasise to common, professional matters.

	Number	Year	Source
Finnish Dental Association	4,218	2008	FDI

The Finnish Dental Association monitors the professional, economic and social interests of its members. The Association operates as a link between dentists working in various professional fields and aims to encourage professional cohesion.

The Dental Association promotes treatment of oral and dental diseases in Finland and sponsors oral health care. The Association pursues sound oral health care and availability of high-quality services across the country.

The association's highest policy body is a 40-member representative body. The Board consists of 11 members and is led by the President of the Association. In the office in 2008 there were 17 people working, led by the Executive Director. About 98% of active dentists were members.

### Ethics

#### *Ethical Code*

Dentists are subject to the same ethical code as their medical colleagues. For example, they must only use proven techniques and must constantly update their clinical skills. There is also a special law to protect patients' rights, consent and confidentiality. The Finnish Dental Association has its own ethical code.

There are no specific contractual requirements for dentists working in the same practice. A dentist's employees however are protected by the national and European laws on equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety.

#### *Fitness to Practise/Disciplinary Matters*

Supervision of the practice of the medical and dental professions is by the National Authority for Medicolegal Affairs, with about 15 complaints being made against dentists each year. Another avenue for complaint can be the provincial government. There is also a Consumer Board, which is only for private practitioners. This receives about 30 complaints against dentists a year.

The consequences of a complaint which is upheld can be a written warning, a reminder of duty to exercise proper care, an admonition or even a restriction on the right to practice dentistry.

There are also local consumer Ombudsmen. When a problem arises, a consumer can get in touch with the consumer advisor in his or her own municipality. The advisor will provide the consumer with information on his or

her position, consumer goods, their quality and marketing. Municipal consumer advice is provided free of charge.

#### *Data Protection*

In 1993, a law on patients' rights came into force. The law concerns patients' right to information, the right to see any medical documents concerning them and the right to autonomy. A medical ombudsman was also introduced by the law. However, the ombudsman's role to the patient is advisory only.

#### *Advertising*

Advertising is permitted, subject to national legislation and a professional code of ethics. Dentists are permitted to use the post, press or telephone directories, without obtaining prior approval.

Dentists are allowed to promote their practices through websites but they are required to respect the legislation on Data Protection and Electronic Commerce.

#### *Insurance and professional indemnity*

Under the Patient Injuries Act 1987 (amended in May 1999), the aim was to withdraw from fault liability as a prerequisite for compensation, ie "no-fault insurance". Patient insurance is therefore compulsory for doctors and dentists, and the Finnish Dental Association provides an optional scheme for those members who work in private practice. The scheme provides cover for all patient injuries caused during dental care. Within this cover negligence is not a prerequisite for compensation - no proof of malpractice is needed and compensation is provided for financial losses over €200 (thus excluding insignificant injuries).

The insurance only covers bodily injuries which are *likely* to have resulted from treatment, so 100% certainty is not necessary. However, the law does not mean that all injuries that occurred in connection with medical and dental treatment are compensated for. In other words, certain consequences that patients might suffer were left outside of the scope of this insurance.

When considering whether a consequence could have been avoided, the evaluation is based on the standard of an experienced medical professional and top specialist skills are not presumed.

Compensation is paid for bodily injuries which are likely to result from treatment injury, a defect in the equipment, an infection which originated from treatment (in certain cases), an accident which is connected with an examination or treatment, wrongful delivery of pharmaceuticals or other unreasonable injury.

The compensation covers medical and dental treatment expenses, other necessary expenses caused by the injury, loss of income, pain and suffering, permanent functional defect and permanent cosmetic injuries. Claims for compensation have to be presented to the Patient Insurance Centre within three years of the date at which patient has learned or should have known about the injury. Notwithstanding this, compensation has to be claimed not later than ten years from the event that led to injury.

In 2007 the Patient Insurance Centre received 701 claims from dental patients, 60% from private sector and 40% from public sector. 36% of these patients obtained compensation. Most common dental injuries were root canal perforations, during root canal treatment, or nerve injuries connected to teeth extractions. Mean compensation in the private sector was approximately € 3,000.

Fees for the insurance do not vary according to the type of treatments undertaken by dentists. In 2008 a general dental practitioner would pay €738 annually for this. Failure to insure by a dentist leads to an eventual increased insurance premium – a penalty premium may be as high as ten times the normal rate; in practice it is three times higher.

The premium covers a dentist's work in Finland only, and not for work undertaken overseas.

#### *Corporate Dentistry*

*PlusTerveys* is built only for dentists and physicians, but other companies can vary and non-dentists may own or part own these companies and share in any profits, this is not being regulated.

#### *Tooth Whitening*

Tooth whitening products are partly classified as medicinal and partly cosmetics. In 2008, the authorities have not been active in this matter and so at that time any person can provide tooth whitening to customers as a "cosmetic procedure".

## Health and Safety at Work

There is legislation in the field of employee protection. HepB vaccination is not mandatory, however most dentists and dental nurses have had it administered.

### Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Government owned company
Electrical installations	Government owned company
Infection control	National Agency for Medicines <a href="http://www.nam.fi">www.nam.fi</a>
Medical devices	National Agency for Medicines <a href="http://www.nam.fi">www.nam.fi</a>
Waste disposal	Local municipality government

#### *Ionising Radiation*

Training in radiation protection is part of initial dental training and further training is mandatory – 40 hours every 5 years. A dentist may take radiographs or can delegate this task to a trained dental nurse.

#### *Hazardous Waste*

The EU Hazardous Waste Directive 91/689 was incorporated into Finnish laws in 1993. Amalgam separators have been legally required since 1997.

## Financial Matters

### Retirement pensions and Healthcare

The national insurance premiums (4.1% of earnings) include a contribution to the national pension scheme. Retirement pensions in Finland are typically 60% of a person's salary on retirement. The official retirement age in Finland is 63 to 68, although the average age of retirement is 59. Dentists practice, on average, to a little over 60 years, although they can practice past this age.

Most of general health care is paid directly through income tax.

### Taxes

There is a national income tax (dependent on salary), a municipal tax (which varies according to municipality: in Helsinki 17.5%) and a church tax (which church non-attenders do not have to pay).

#### *National income tax:*

The highest rate of income tax is 60% of all earnings over about €100,000 (earnings under this attract a lower rate).

In addition to income tax, national insurance premiums are paid at 4.6% of salary, and sickness insurance fees are paid at 1.5% of salary.

#### *VAT/sales tax*

There is a value added tax, payable at a rate of 22% on purchases. Medical and dental services are not included.

### Various Financial Comparators

Zurich = 100	Helsinki 2003	Helsinki 2008
Prices (excluding rent)	86.1	96.9
Prices (including rent)	84.5	95.0
Wage levels (net)	56.6	77.5
Domestic Purchasing Power	61.5	81.6

*Source: UBS August 2003 & January 2008*

## Other Useful Information

<i>Main national associations and Information Centre:</i>	
<p><i>Suomen Hammaslääkäriiliitto</i> (Finnish Dental Association) Fabianinkatu 9 B 00130 Helsinki, FINLAND Tel: +358 9 622 0250 Fax: +358 9 622 3050 Email: <a href="mailto:hammaslaakariliitto@fimnet.fi">hammaslaakariliitto@fimnet.fi</a> Website: <a href="http://www.hammaslaakariliitto.fi">www.hammaslaakariliitto.fi</a></p>	<p><i>Specialist associations and societies:</i> Dentists' scientific organisation: Finnish Dental Society Apollonia Bulevardi 30 B 00120 Helsinki, FINLAND Tel: +358 9 680 3120 Fax: +358 9 646 263 E-mail: <a href="mailto:toimisto@apollonia.fi">toimisto@apollonia.fi</a> Website: <a href="http://www.apollonia.fi">www.apollonia.fi</a></p>
<p>National Research and Development Centre for Welfare and Health (STAKES) PO Box 220 00531 Helsinki, FINLAND Tel: +358 9 36 671 Fax: +358 9 761 307 Website: <a href="http://www.stakes.fi">www.stakes.fi</a></p>	
<i>Competent Authority:</i>	<i>Publications:</i>
<p>National Authority for Medicolegal Affairs PO Box 265 00531 Helsinki Finland Tel: +358 9 7729 20 Fax: +358 9 7729 2138 Email: <a href="mailto:kirjaamo@teo.fi">kirjaamo@teo.fi</a> Website: <a href="http://www.teo.fi">www.teo.fi</a></p>	<p>The Finnish Dental Journal (<i>Suomen Hammaslääkärilehti-Finlands Tandläkartidning</i>-Finnish Dental Journal) Fabianinkatu 9 B, 00130 Helsinki, FINLAND Email: <a href="mailto:hammaslaakariliitto@fimnet.fi">hammaslaakariliitto@fimnet.fi</a> Homepage: <a href="http://www.hammaslaakariliitto.fi">www.hammaslaakariliitto.fi</a></p>

## Dental Schools:

<p>Helsinki University of Helsinki Department of Dentistry Mannerheimintie 172 POB 41 00014 Helsingin yliopisto, Finland Tel: +358 9 1911 Fax: +358 9 1912 7519 E-mail: <a href="mailto:jukka.meurman@helsinki.fi">jukka.meurman@helsinki.fi</a> Website: <a href="http://www.Helsinki.fi">www.Helsinki.fi</a> Dentists graduating each year: 35 Number of students: 200</p>	<p>Turku (new school) University of Turku Department of Dentistry Lemminkäisenkatu, 2 20520 Turku, Finland Tel: +358 2 333 81 Fax: +358 2 333 8413 E-mail: <a href="mailto:pekka.vallittu@utu.fi">pekka.vallittu@utu.fi</a> Website: <a href="http://www.utu.fi/med/dent/">www.utu.fi/med/dent/</a> Dentists graduating each year: 25 (starting in 2009) Number of students: 100</p>
<p>Oulu University of Oulu Department of Dentistry Aapistie 3 90220 Oulu, Finland Tel: +358 8 537 5011 Fax: +358 8 537 5560 E-mail: <a href="mailto:sinikka.vuoti@oulu.fi">sinikka.vuoti@oulu.fi</a> Website: <a href="http://www.oulu.fi/hamm">www.oulu.fi/hamm</a> Dentists graduating each year: 35 Number of students: 220 [DN: figure to be updated]</p>	