

Iceland



Date of last revision: 1st October 2008
(please note changes arising from the financial problems later in October 2008 are not reflected in this Manual)

In the European Economic Area

Population (2008)	314,321
GDP PPP per capita (2007)	€31,444
Currency	Kroner ISK)
	118 ISK = €1.00 (2008)
Main languages	Icelandic

There is a comprehensive state healthcare system funded mostly by general taxation. Care provided within hospitals is free at the point of delivery, except some accident and emergency care. But, in contrast to general healthcare, almost all oral healthcare is paid for by private individuals and households, on a fee-per-item basis. Assistance in paying for these dental fees is limited to the reimbursements from the Icelandic social security agency.

Number of dentists:	360
Population to (active) dentist ratio:	1,107
Members of Dental Association:	90%

The use of dental specialists is widespread but the development of clinical dental auxiliaries is limited to dental hygienists. Continuing education for dentists is not mandatory.

Government and healthcare in Iceland

Iceland is a large mountainous island situated in the Atlantic Ocean, just south of the Arctic Circle. It is 798 km from its nearest European neighbour, Scotland. The highland interior is largely uninhabitable and most of the population centres are situated on the coast. 180,000 people, over 62% of the total population, live in the greater Reykjavík area (the capital).

Settled since 874AD, the present republic was founded in 1944 and is governed by the *Althing* (Parliament) whose members are elected every four years. There is also a President, who is a former minister of the parliament. The President has no role in day to day politics. The economy is heavily dependent on fisheries, with marine products constituting 51% of all exports. Aluminium from aluminium smelters provide an increasing part of the export.

The health service in Iceland is primarily financed by central government. Financing is mainly based on taxes (85%) with 15% as patient co-payments by way of fee for service. Care provided within hospitals is free at the point of delivery, except some accident and emergency care.

	Year	Source
% GDP spent on health	10.0% 2007	OECD
% of this spent by governm't	82.4% 2007	OECD

Oral healthcare

In contrast to general healthcare, for which a comprehensive state-funded system exists, most oral healthcare for adults is paid for by individuals and households, on a fee-per-item basis. Assistance in paying for these dental fees is limited to the reimbursements from the Icelandic social security agency.

The national dental health insurance system pays according to a public fee schedule set by the Minister of Health. These fees are generally different from the fees used by private dental practitioners, since private dentists in Iceland are allowed to set their own fees.

The national dental health insurance scheme offers partial reimbursement of the cost of dental treatment for children under 18 and adults aged 67 years or older. For children under 18, 75 per cent (according to the public fee schedule) of the cost of most dental treatment is reimbursed with the exception of crowns, bridges and orthodontic treatment. The cost of orthodontic treatment can be reimbursed up to ISK 150,000 (€1,272) according to special rules.

People with chronic illness, old-age pensioners and disability pensioners also have their costs covered in full or in part. For this group 50, 75 or 100 per cent of the cost (according to the public fee schedule) of dental treatment may be covered. Full dentures and partial dentures are covered. Gold and porcelain crowns or bridges and implants can be reimbursed up to ISK 80,000 (€678) per year. The cost of implants for use with attachments under dentures is partially reimbursed for pensioners who cannot use full dentures due to ridge resorption or other problems. The cost of dental treatment (including orthodontic treatment), for congenital malformations and serious abnormalities such as cleft palate and aplasia, and the cost of dental treatment necessary because of accidents and illness, is reimbursed according to special rules. Part of the cost of dental treatment that is necessary to prevent serious complications due to infection in teeth and periodontium, of the immunocompromised patients, such as patients with leukemia or head- and neck cancer, patients waiting for a transplant, (transplant patients), patients who need bone marrow transplants and other comparable patients is also reimbursed.

Dental treatment is not subsidized for the rest of the population. No private dental insurance is available either.

	Year	Source
% GDP spent on oral health	0.60% 2001	IDA
% OH expenditure private	No data	

The social security agency operates the system independently within the framework of health policy set by the Ministry of Health. It spends an annual budget of central government funds, which is set by the Ministry of Finance. Within the Ministry of Health there is a Chief Dental Officer (*yfirtannlæknir*) who promotes dental policy and also has a public health role monitoring oral health at a national level. The social security agency also has its own Chief Dental Officer (*tryggingayfirtannlæknir*).

No information is available of how often the whole population visit their dentists.

Recall visits are normally carried out for most adult patients at 6-12 monthly intervals.

Private Insurance

There is no private dental insurance. Only accidents are covered by private insurance.

The Quality of Care

Quality of care is monitored by the Chief Medical Officer, mostly through patient complaints. There is also a basic statistical analysis of the patterns of treatment provided by each dentist, and any practitioner whose profile differs substantially from the norm may be questioned by the social security agency.

For most minor issues the agency will issue a warning to the dentist; more serious cases are referred to a liaison committee where both the agency and the dental association have their representatives.

Health data

	Year	Source
DMFT at age 12	2.12 2005	MUNNIS
DMFT zero at age 12	48% 1998	OECD
Edentulous at age 65	25% 2004	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 schemes to increase the fluoride intake in Iceland.

Education, Training and Registration

Undergraduate Training

Iceland has one dental school (<http://www.hi.is/pub/tann>) - the Faculty of Odontology at the Icelandic University in Reykjavík.

Year of data:	2008
Number of schools	1
Student intake	7
Number of graduates	6
Percentage female	67%

This small faculty offers undergraduate training in dentistry. The course normally lasts six years and the first term is devoted to chemistry, dental morphology and an introduction to anatomy and physiology. At the end of the first term there is a competitive examination from which the seven students with the highest average mark are permitted to continue into the second term.

Although instruction is in Icelandic, the course texts are in English and examinations in the first year may be written in English. Tuition in Icelandic is available in the University and after the first year all instruction and examinations are in Icelandic. Class sizes are small in the clinical courses, which has ensured a very high standard of clinical training.

Qualification and Vocational Training

Primary dental qualification

The title on qualification is the degree *candidatus odontologiae*, which is recognised as a dental qualification throughout the European Economic Area.

Vocational Training (VT)

There is no post-qualification vocational training.

Registration

The Ministry of Health and Social Security is the competent authority responsible for issuing dental qualifications. A dentist seeking recognition in Iceland should therefore approach the Ministry for application. If the applicant is a national of an EU/EEA Member State and holds a dental qualification awarded on completion of training in a Member State he/she is eligible to benefit under the Dental Directive. In addition to an application the following documents must be submitted:

- a certified proof of citizenship in a EEA country.
- a statement from the competent authorities in the home country of the applicant that his/her training for basic qualifications complies with the training standards laid down in the Directive.
- a certified copy of the diploma showing that the applicant is registered as a dentist in the home country.
- a certified copy of the applicant's licence as a specialist (if applying for a specialty).

- a certificate of good standing with the competent authority in the Member State of origin or last residence. This certificate must not be older than three months.
- a translation of any document in English certified as correct by government authority or official translator.
- a curriculum vitae (not compulsory)

When the Ministry has made the formal assessment the applicant will become fully registered and the licence to practice will be issued.

If the applicant is not a national of a EEA Member State the procedure for recognition is more complicated, but the same documents have to be submitted, then the qualifications of the applicant will be assessed by a special board under the medical faculty of the University of Iceland, responsible for evaluating the dental training in Iceland. The board always contacts the applicant's university directly. Full address and telephone/fax numbers of that university are therefore needed. In individual cases more documents may be needed.

The cost of registration (for dentists) in 2008 was not given.

Language requirements

When the confirmation of the applicant's university has been received the applicant has to pass an examination, where his/her knowledge in the Icelandic language is tested, and in most cases the applicant also has to pass other tests, including public health and health legislation. When these requirements are fulfilled the medical faculty will give its recommendations to the Ministry.

Further Postgraduate and Specialist Training

Continuing education

Continuing education for dentists is not mandatory. Nevertheless, the Icelandic Dental Association has an active continuing education system for Icelandic dentists.

The purpose of organised continuing education for dentists is to promote the maintenance of professional knowledge among the greatest number of dentists for the benefit of themselves and their patients (clients). The name of the continuing education project is "Active Continuing Education for Icelandic Dentists" (ACEID), and a Professional Committee is appointed to oversee the continuing education system. Dentists presenting confirmation of having attended courses, congresses and lectures recognised by the ACEID board acquire points for accumulation of units within ACEID.

The reading of articles in recognised professional journals also merits points for up to 5 hours of units per year. The Professional Committee have to approve the articles. Dentists can then send responses into the ACEID Professional Committee and thus earn units. Annually, certificates are issued to dentists fulfilling the ACEID requirements. To be deemed active in ACEID, dentists must have attended recognised continuing education courses for at least 20 hours per year.

The Professional Committee consists of three members:

- One appointed by the Iceland Dental Association (TFI) board of directors.
- One from the University of Iceland's Faculty of Dentistry.
- One elected at the TFI annual meeting.

The chairman of the professional committee is a member of the TFI board. The committee's function is to evaluate the courses, lectures, congresses and article reading worth units in ACEID. The committee keeps a record of dentists' participation in ACEID and sees to it that they receive certificates at the beginning of the year for their participation. Dentists active in ACEID may display their

certificates in their waiting rooms and, in addition, may use ACEID after their names in the telephone directory.

Specialist Training

The Faculty of Odontology has no specialist training programmes. Specialist training courses are only available at universities outside Iceland. To be accredited by the Ministry of Health training must last at least 3 years and be at an approved institution, approved by the Icelandic University and the Ministry of Health.

Continuing education arrangements are limited to one lecture series in the spring semester about subjects related to dentistry and weekend courses on irregular schedule. Teaching is in Icelandic.

Workforce

Dentists

Year of data:	2008
Total Registered	360
In active practice	284
Dentist to population ratio*	1,107
Percentage female	35%
Qualified overseas	41

* this refers to *active* dentists only

About 60% of practising dentists live, and work, in the Greater Reykjavik area.

Movement of dentists across borders

Whilst about 10% of the workforce qualified overseas, there is a very little movement of Icelandic trained dentists to other countries.

Specialists

All specialists work in private practice, although some do part-time work at the dental school.

Year of data:	2008
Orthodontics	10
Endodontics	2
Paedodontics	4
Periodontics	10
Prosthodontics	4
Oral Radiology	0
Oral Surgery	3
Dental Public Health	4
Others	5

Patients may go directly to a specialist, without the need for a referral from a primary dentist.

In 2008, there were also a number of registered but retired specialists (5 orthodontists, 1 paedodontist, 1 periodontist and 2 prosthodontists).

Auxiliaries

In Iceland, other than dental chairside assistants, there are two types of dental auxiliary:

- Dental hygienists
- Dental technicians

Year of data:	2004
Hygienists	30
Technicians	125
Denturists	0
Assistants	304
Therapists	0
Other	0

Later figures not available

Dental hygienists

There is no dental hygienist training available in Iceland. The Ministry of Health decides which external diplomas are recognised and awards licences to hygienists to practice.

They work in private practices and at the dental school as salaried employees. Whilst they can diagnose, they can only practice under the supervision of a dentist. They may give local anaesthetics and they take their own legal responsibility for their work.

Most Icelandic hygienists are members of the Union of Dental Hygienists. They are paid by salaries or fees.

Dental technicians

There is a school for Dental Technicians in Reykjavik, near the Dental School, and training lasts for 4 years. Dental technicians are usually self-employed, working in their own laboratories or workshops – although some technicians are employees of an individual dentist or group practice.

Technicians can work without supervision, but not clinically directly with patients, and the dentist is ultimately responsible for the quality of the prostheses. Technicians have to register to the Ministry of Industry.

There are no denturists in Iceland.

Dental Chairside Assistants

Since 1990 there has been a qualification for dental chairside assistants and it is in fact a requirement to have this in order to work for a dentist. Training is for two years in high school and one year in dental school. Registration is under the auspices of the Chief Medical Officer. However due to the shortage of dental chairside assistants, dentists are allowed to hire whomever they choose if no qualified DCA applies.

Dental assistants are normally salaried.

Practice in Iceland

All dentists in Iceland work in general practice. Some teach also part-time in the dental school – hence the numbers below total more than the number of active dentists.

Year of data:	2008
General (private) practice	284
Public dental service	
University	23
Hospital	
Armed Forces	
General Practice as a proportion is	100%

Working in General (Private) Practice

Dentists who practise on their own or as small groups, outside hospitals or schools, and who provide a broad range of general and sometimes specialist treatments are said to be in *private practice*. All dentists in Iceland are in private practice. A dentist would normally look after about 800 regular patients on his/her "list".

All dentists are self-employed and earn their living partly through charging fees for treatments and partly by claiming government subsidies for some types of patient.

All Icelandic dentists must work under the Law of Competition so they are not allowed to have a fixed rate for anything. Some patient groups (0-18 years, older than 67 and the officially disabled) get some refunds of their dental bills from the social security agency and that sum is fixed. This fixed sum is decided upon by the Ministry of Health. The Icelandic Dental Association has no say in deciding how much is refunded.

The main treatments, for which the level of reimbursement is fixed and automatic, are examination and diagnosis, fillings, X-ray investigation, periodontology, endodontics and prevention. Reimbursements for oral surgery, crowns and bridges or orthodontics are only decided after prior approval of the treatment plan by the social security agency.

A dentist only receives a payment directly from the social security agency in particular circumstances which include treating the institutionalised elderly, those with learning difficulties or patients receiving subsidised treatment for birth defects and other handicaps. The effects of some serious accidents are also covered.

Fee scales

The fee scale for social security subsidised treatment is a highly detailed list of over 100 possible treatment items. Specialists may charge up to 32% above the stated fixed fee for social security subsidised work.

Joining or establishing a practice

There are no rules which limit the size of a dental practice in terms of the number of associate dentists or other staff. However, most dentists own their own practice, with a few younger practitioners who work with colleagues, often in

dental centres. There are no standard contractual arrangements prescribed for dental practitioners working in the same practice.

The TFI Moralising Rules

Premises may be rented or owned, but cannot be in the same part of a building as another dentist without that practitioner's consent, or for up to two years after the original dentist has left the property. There is no state assistance for establishing a new practice, so normally dentists take out commercial loans from a bank. Occasionally small communities will create incentives to attract or keep a dentist in their area, for example by providing cheap accommodation or buying the dental equipment and leasing it back to the dentist at a low cost.

The clinics are housed in ordinary buildings, in malls, among offices etc., where the need for dental care or convenience for people for a visit is the priority.

There are no specific contractual requirements between practitioners working in the same practice. A dentist's employees however are protected by national laws on equal employment opportunities, maternity benefits, occupational health, minimum vacations and health and safety. Furthermore, a contract between the Icelandic Dental Association (TFI) and the Association of Chairside Assistants (the *Félag lannækna og aðstoðartólks lannækna*, or *FTAÞ*) sets a minimum wage for qualified dental chairside assistants.

There are no private practitioners practising completely outside any state or insurance system. Dentists are able to form companies/corporate bodies.

Working in Hospitals

In Iceland no dentists hold positions in hospitals. Instead hospitals hold lists of dentists who are contracted to be on call for any patients, usually emergency cases, who require dental treatment. Urgent care may be provided in an operating theatre, but since there are no dental clinics within any of the hospitals in Iceland, most treatment is deferred until the patient can attend a private practice.

Working in the University Dental Faculty

Dentists work in the dental faculty, but only as part-time employees of the University. They also work in private practice outside the faculty.

Within the faculty there are three main grades of staff, Professors, Assistant Professors and Lecturers who have typically received at least three years' postgraduate training; and general part-time teachers who only require the basic *Cand. Odont.* qualification.

Working in the Armed Forces

The US Navy base at Keflavik has its own dental service, operated by the Navy. However, the soldiers and their families can visit Icelandic specialists outside the base. In that case it is based on a special agreement between the navy and those specialists who want to be a part of such agreement.

Professional Matters

Professional associations

There is a single professional association, the Icelandic Dental Association (*Tannlæknafélag Íslands* or *TFÍ*) to which over 90% of dentists belong.

	Number	Year	Source
Icelandic Dental Association	303	2008	FDI

It is funded totally by members' subscriptions and has a permanent office in *Reykjavík*. As well as advising members on ethical and disciplinary matters, the association also has a role in negotiating conditions of work and pay, in conjunction with the government social security agency.

All specialties are represented within a single Society of Specialists, the *Félag sérfræðimennnaðra tannlækna*, which is best contacted through the Icelandic Dental Association.

Ethics

Dentists in Iceland work under an ethical code which covers relationships and behaviour between dentists, contact with patients, consent and confidentiality, continuing education and advertising. The code is administered by the Icelandic Dental Association through an ethical committee. Within the laws governing dentistry many of the same ethical issues are also monitored by a government committee chaired by the Chief Medical Officer.

Fitness to Practise/Disciplinary Matters

Patients may complain directly to the social security agency, to the Chief Medical Officer, to a special committee established by Icelandic Dental Association (TFÍ) and The Consumers' Association of Iceland, or to the TFÍ who can set up an arbitration committee.

The liaison committee meets when necessary and has 3 representatives from the Icelandic TFÍ and 3 from the social security agency. The Committee decides which complaints should be upheld and determines the resulting penalties, including warnings or fines but usually paying back the cost of treatment. In extreme cases a dentist may have their right to practise, within the TFÍ/social security agency contract, temporarily limited.

Advertising

People in the health care profession are forbidden to advertise their businesses. However, they are allowed to have their own internet homepage with the following information: name and profession, address, opening hours, telephone number and fax. The home pages may also carry a picture of the staff and/or of the building.

Insurance and professional indemnity

Liability insurance is a compulsory for dentists. It is called "Patients' Insurance". All insurance is provided by private insurance companies. The normal cost would be about Ikr 66,000 (€560) per year.

This insurance does not cover a dentist practising abroad.

Data protection

Clinical records must be kept in a safe place and access restricted to those workers who must use them.

The Data Protection Commission is authorised, pursuant to the Act on the Recording and Presentation of Personal Information, to give access to information contained in clinical records, including biological samples, for the purposes of scientific research, provided that the research meets the conditions for scientific research, cf. Article 2 (4) of this Act. Such access may be subject to conditions considered necessary at each time. Every time a clinical record is examined for the purposes of scientific research, this must be entered into the record, in keeping with paragraph 1 and 2.

Corporate Dentistry

Only dentists may be part-owners and/or on the board of the small companies allowed in Iceland.

Tooth whitening

The supply of products with less than 0.1% peroxide is relevant to Cosmetics and is likened to sales of toothpaste – open to anybody. For products with greater than 0.1% supply and use is limited to dentists (and dental hygienists under prescription).

Health and safety at work

Inoculations, such as Hep B, are not a compulsory for the workforce, but highly recommended. The TFÍ every 5 years organise inoculations for dentists and their staff.

Regulations for Health and Safety

<i>for</i>	<i>administered by</i>
Ionising radiation	The Ionising Radiation Agency
Electrical installations	The Electrical Society Agency
Waste disposal	Environmental Health and Protection Offices in each commune in the country, eg. Reykjavik
Medical Devices	Icelandic Medicines Control Agency
Infection Control	Environmental Health and Protection Offices in each commune in the country

Ionising Radiation

There are specific regulation about radiation protection, they are issued by Icelandic Radiation Protection Institute (<http://www.gr.is/english/>). Dentists and Dental Chairside Assistance staff are educated in radio protection. There is no mandatory continuing training for radiation protection.

Hazardous waste

The EU law on the disposal of clinical waste are enforced. Since 2000 amalgam separators have been mandatory and there are regulations for the safe disposal of clinical waste.

Financial Matters

Retirement pensions and Healthcare

In Defined Benefit Schemes the retirement pension is typically 50% of a person's salary on retirement, with a lump sum of one and a half times the final salary. This assumes a minimum number of years service. All other dentists can arrange private pension schemes, contributing up to a maximum of 30% (depending upon age) of *net relevant income* to a *money purchase plan*. The retirement age in Iceland is 67. Dentists may practise beyond 67 years of age.

The government funds approximately 85% of health care costs with remaining costs being paid for privately.

Taxes

The principal direct taxes are individual income tax (the regular rate being 35.72% in 2007 after deduction of personal allowance) and corporate income tax (15%). Individual income tax is divided between a national tax of 22.75% for the income year 2007 and municipal income tax at an average rate of 12.97%. Income up to ISK 79,055 (€670) per month is tax-free. A charge of ISK 6,075 (€51.50) is levied on individuals 16- 69 years old, who have income above ISK 948,660 (€8,040) for a Construction Fund for the Elderly.

Capital gains are taxed according to special rules for financial income for individuals, but treated as ordinary income for companies. Inheritance tax is also levied.

VAT

VAT/sales tax: Payable at 24.5% on some goods; including dental equipment and consumables.

Other Useful Information

<i>Main National association and information centre</i>	<i>Competent Authority:</i>
Tannlæknafélag Islands Icelandic Dental Association Síðumúla 35 Box 8596 128 Reykjavík ICELAND Tel: +354 57 50 500 Fax: +354 57 50 501 Email: tannsi@tannsi.is Website: http://www.tannsi.is	Ministry of Health– Vegmúla 3 - IS-150 Reykjavík - Iceland Tel: +354 545 8700 Fax: +354 551 9165 E-mail: postur@hbr.stjr.is Website: http://hbr.stjr.is/interpro/htr/htr.nsf/pages/forsid-ensk
<i>Publication:</i>	
The Icelandic Dental Journal – information can be found at: http://um.margmidlun.is/um/tannsi/vefsidur.nsf/index/1.0010?open	

Dental School:

The Dental Faculty
 The University of Iceland
 Tel: +354 525 4871 & - 4850
 Fax: +354 525 4874
 Email: givars@hi.is
 Website: <http://www.hi.is/pub/tann>
 Dentists graduating each year: 7
 Number of students: 35