



Council of European Dentists

MANUAL OF DENTAL PRACTICE 2014

Finland

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

About the authors²

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

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

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

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

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

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

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

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

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

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

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

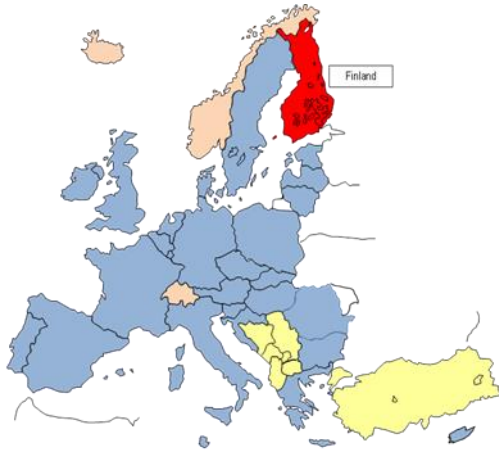
In 2010 Emma joined Cardiff Unit for Research and Evaluation in Medical and Dental Education (CUREMeDE) as a Research Associate. Working in close collaboration with the Wales Deanery, (School of Postgraduate Medical and Dental Education), her work focuses on topics around continuing professional development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

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Finland



| | |
|---------------------------|---------------------------|
| In the EU/EEA since | 1995 |
| Population (2013) | 5,434,357 |
| GDP PPP per capita (2012) | €27,544 |
| 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: | 5,925 |
| Population to (active) dentist ratio: | 1,208 |
| 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: 31st January 2014

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 2013 there were 19 ministers in the Cabinet.

Regional government is organised through 6 provinces, and 320 municipalities.

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.

For more information please consult http://www.stm.fi/c/document_library/get_file?folderId=6511570&name=DLFE-26813.pdf

| | Year | Source |
|------------------------------|------------|--------|
| % GDP spent on health | 8.8% 2011 | OECD |
| % of this spent by governm't | 74.8% 2011 | 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 6,000 persons took part in the study, which included clinical and radiological oral examination. The results are published by the National Public Health Institute in pdf-form:

http://www.terveys2000.fi/julkaisut/oral_health.pdf

New results from year 2011 will be published in due course, see http://www.thl.fi/en_US/web/en

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 and has its own budget. However if the KELA has a budget deficit the government is obliged by law to make up the total spent,

| | Year | Source |
|-----------------------------|------------|--------|
| % GDP spent on oral health | 0.40% 2007 | CECDO |
| % of OH expenditure private | 60% 2007 | CECDO |

from taxation.

About three quarters of the population receive oral healthcare regularly (in any 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.

Municipalities 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 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. In connection

with the Cross-border Health Directive, the Ministry will publish information in 2014 about what care will be reimbursed from other Member States.

Private Care

Private care is available to Finnish residents, but as of 2013 there were no private insurance schemes offering to finance this.

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 Supervisory Authority for Welfare and Health 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. In addition, X-rays are actively monitored by the authorities.

Health Data

| | Year | Source |
|----------------------|-----------|--------|
| DMFT at age 12 | 0.70 2009 | WHO |
| DMFT zero at age 12 | 42% 2007 | CECDO |
| Edentulous at age 65 | 40% 2007 | CECDO |

“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 5.5 years.

There are four dental schools: the University of Eastern Finland, University of Helsinki, University of Oulu and University of Turku. Dental schools are part of the Colleges of Medicine.

| Year of data: | 2013 |
|---------------------|---------|
| Number of schools | 4 |
| Student intake | 186 |
| Number of graduates | 100 |
| Percentage female | 68% |
| Length of course | 5.5 yrs |

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 (hammaslääketieteen lisensiaatti) (HLL)*.

Vocational Training (VT)

From 2014, a vocational training period of six months is part of the undergraduate training, which will be extended to 5.5 years. The vocational training will be done in salaried positions, in community health centres, with a monthly salary of approximately €3,000.

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. The register is administered by National Authority for Medicolegal Affairs (the competent authority).

A "decision" fee on licensing for Finnish qualified dentists is €100 (2013). Where a dentist's qualification was in another EU/EEA country this is €400.

For those from outside the EU/EEA this is €600. For these dentists the education of the applicant will be evaluated by a Finnish university (usually the dental school in the University of Turku) and there are usually clinical and theoretical tests, paid for by the applicant.

There is no annual re-registration fee.

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, an employer can require that the dentist speaks Finnish and/or Swedish.

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 (except in radiation protection), but under Finnish legislation there is a general requirement to keep skills updated. Continuing education is delivered mostly through the Finnish Dental Society Apollonia.

Specialist Training

Specialists are trained 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 led also to a degree, eg specialist in orthodontics. However, from 2014, a university degree is no longer awarded for medical and dental post-graduate studies.

Oral Surgery was combined in 1999 with Oral maxillo-facial surgery, as a medical specialty. There are about 100 post-graduate positions in the country, so there is a limit to how many can train. Trainees are paid approximately €44,000 a year (2013).

There is training in 5 main specialties:

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

Clinical Dentistry is a specialty with 4 subgroups. These are:

- ✚ cariology
- ✚ periodontology
- ✚ prosthodontics
- ✚ paedodontics

Oral Diagnostics is a specialty with 3 subgroups. These are:

- ✚ oral radiology
- ✚ oral pathology
- ✚ microbiology

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

- ✚ Erikoishammaslääkärin tutkinto, hampaiston oikomishoito / Specialtandläkarexamen, tandreglering

(Certificate of completion of specialist training in orthodontics)

- ✚ Erikoishammaslääkärin tutkinto, suu ja leukakirurgia / Specialtandläkarexamen, oral och maxillofacial kirurgi

(Certificate of completion of specialist training in oral surgery)

Workforce

Dentists

| Year of data: | 2013 |
|--------------------------------|-------|
| Total Registered | 5,925 |
| In active practice (estimated) | 4,500 |
| Dentist to population ratio* | 1,208 |
| Percentage female | 69% |
| Qualified overseas | 200 |

* active dentists only

The register does not distinguish between working or retired persons.

Of the 4,500 working-age dentists described as “active” the FDA estimates that 180 were not actually working in 2013.

Many dentists practice in more than one sphere of practice.

The annual intake of dental students has been increased since 2003 and also more dentists from outside Finland have been licensed. According to the workforce prognostics the number of working age dentists will remain quite stable until the 10 years from then. There were sufficient numbers of dentists in 2013 to service the population with oral healthcare - the problem is an unequal geographical distribution of them.

Again in 2013, there was some small reported unemployment amongst dentists - about 20-30 dentists, 0.5%. Unemployment benefits for salaried dentists are described by the FDA as “being good”.

Movement of dentists across borders

About 80% of the foreign dentists working in Finland qualified in the EU/EEA and 20% outside the EU/EEA.

In 2013, about 160 Finnish qualified dentists were working abroad.

Specialists

There are 5 dental specialties that are recognised under the National Supervisory Authority for Welfare and Health:

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




Patients can normally consult a private specialist without referral, but in public care other routines may be necessary.

In the following table, the specialty of “Clinical Dentistry” has not been broken down into the known sub-specialties.

| Year of data: | 2013 |
|----------------------|------|
| Orthodontists | 156 |
| Clinical Dentistry | 291 |
| OMFS | 104 |
| Dental Public Health | 90 |
| Oral Diagnostics | 31 |

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: | 2013 |
|---------------|-------|
| Hygienists | 1,490 |
| Technicians | 450 |
| Denturists | 400 |
| Assistants | 4,800 |
| Therapists | 0 |
| Other | 0 |

All data estimated by the FDA

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 Supervisory Authority for Welfare and Health.

Dental hygienists work usually as part of the dental team, although they can work independently. The examination, diagnosis and treatment planning is, by Health Care Professionals Act of 1994, restricted to physicians and dentists.

However, dental hygienists can undertake "health checks". This is described by the FDA as a "grey area". Treatment planning can cover a two years' time span and the hygienist works then under the directions given by the dentist. In KELA, the organisation subsidises the dentist's examination and for referral it is a prerequisite that the patient gets a reimbursement from the hygienist doing the work.

Hygienists may undertake infiltration local anaesthesia. They take legal responsibility for their work and may accept payment from patients, if they have a practice of their own. However, this is very rare – in 2013 only about 20 hygienists operated this way

Otherwise, 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 Supervisory Authority for Welfare and Health.

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 Supervisory Authority for Welfare and Health.

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 Supervisory Authority for Welfare and Health 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: | 2013 |
|-------------------------------------|-------|
| General (private) practice | 1,994 |
| Public dental service | 2,165 |
| University | 86 |
| Hospital | 113 |
| Student Health Service | 72 |
| Other settings | 70 |
| General Practice as a proportion is | 44% |

Working in General Practice

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 2011, dentists who worked in this way, provided approximately 50% of the care for the adult population. In 2013, about 30% of private practitioners worked in single dentist practices.

Despite the emergence of companies, most dentists in private practice remain self-employed and earn their living through charging fees for treatments. The patient pays the dentist in full and all citizens are entitled to reclaim partial reimbursement from the local office of the *KELA*. However, usually now the reimbursement is taken into account when paying the dentist's bill, so called "immediate-reimbursement". For example:

The dentist's fee is €100, KELA's subsidy is €35, the patient thus pays €65 to the dentist, and the dentist claims the remaining €35 from KELA after treatment.

<http://www.kela.fi/web/en/reimbursements-of-the-costs-of-private-medical-treatment> gives further information.

Fee scales

The compensation from the public health insurance (KELA) is 30-35% 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 (as a 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.

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 law.

Municipalities obtain their 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. Treatment is free of charge to people under 18 years of age.

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 approximately 20% lower than those 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 other settings

A small number of dentists work in the Student Health Service (YTHS), and for companies which hire a dental workforce. The Armed Forces, public administration and associations are also employers of a few dozen dentists.

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 | 4,240 | 2013 | FDI |

The Finnish Dental Association looks after 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 maintain strong professional cohesion.

The Association promotes treatment of oral and dental diseases in Finland and sponsors oral healthcare. 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 2013 there were 20 people working, led by the Executive Director. About 95% 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 Supervisory Authority for Welfare and Health, with about 15 complaints being made against dentists each year. Another avenue for complaint can be the provincial government. There is also a Consumer Complaints 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 2012 the Patient Insurance Centre received 675 claims from dental patients, 60% from private sector and 40% from public sector. More than a third 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 € 3,300.

Fees for the insurance do not vary according to the type of treatments undertaken by dentists. In 2014, a general dental practitioner would pay €525 annually for this. Failure to insure by a dentist leads to an eventual increased insurance premium.

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. Oral Hammaslääkärit Plc is a company for dental care services, which is listed on the NASDAQ OMX Helsinki. There are other companies as well.

Tooth Whitening

In Finland, Council Directive 2011/84/EU on tooth whitening products has been implemented into legislation. However, national competent authorities have considered tooth whitening products also as medical devices and the legal situation is unclear in 2014.

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

| For | Administered by |
|--------------------------|---|
| Ionising radiation | Government owned company |
| Electrical installations | Government owned company |
| Infection control | The National Institute for Health and Welfare |
| Medical devices | National Supervisory Authority for Health and Welfare |
| 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 (5,2% 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 was 60.5 in 2013. 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.

Various Financial Comparators

| Helsinki Zurich = 100 | 2003 | 2012 |
|----------------------------------|------|------|
| Prices (including rent) | 84.5 | 80.3 |
| Wage levels (net) | 56.6 | 56.0 |
| Domestic Purchasing Power at PPP | 61.5 | 64.0 |

Source: UBS August 2003 & November 2012

Taxes

National income tax:

Income tax on earned income is paid to the local town or city (15% to 20%), paid to the church (1% to 2% - although voluntary) and is paid to the State on a progressive scale of 6.5% to 31.75% for incomes over €100,000.

In addition, there is a social security charge called 'the health insurance contribution of the insured' paid by individuals (2%).

VAT/sales tax

There are 3 levels of value added tax, at the following rates (from January 2013):

- standard rate (24%),
- reduced rate (14%): This reduced rate is for the supply of foodstuffs, animal feed and restaurant and catering services
- lowest rate (10%): This rate is for the supply of books, pharmaceutical products, and a number of other items.

Medical and dental services are not subject to VAT. Cosmetic procedures, such as cosmetic surgery, are subjected to VAT tax from 2014.

Other Useful Information

| Main national associations and Information Centre: | |
|--|---|
| <p>Suomen Hammaslääkäriliitto (Finnish Dental Association) Fabianinkatu 9 B 00130 Helsinki, FINLAND Tel: +358 9 622 0250 Fax: +358 9 622 3050 Email: toimisto@hammaslaakariliitto.fi Website: www.hammaslaakariliitto.fi</p> | <p>Specialist associations and societies: 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: toimisto@apollonia.fi Website: www.apollonia.fi</p> |
| <p>National Institute for Health and Welfare (THL) P.O. Box 30, 00271 Helsinki, Finland Tel. +358 29 524 6000 E-mail: info@thl.fi Website: www.thl.fi</p> | |
| Competent Authority: | Publications: |
| <p>National Authority for Medicolegal Affairs PO Box 265 00531 Helsinki Finland Tel: +358 295 209 111 Fax: +358 295 209 700 Email: kirjaamo@valvira.fi Website: http://www.valvira.fi/en/</p> | <p>The Finnish Dental Journal (<i>Suomen Hammaslääkärilehti-Finlands Tandläkartidning- Finnish Dental Journal</i>) Fabianinkatu 9 B, 00130 Helsinki, FINLAND Email: toimisto@hammaslaakarilehti.fi Homepage: www.hammaslaakarilehti.fi</p> |

Dental Schools:

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| <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: hanna.thoren@helsinki.fi Website: www.helsinki.fi/hammas/eng/index.html</p> <p>Dentists graduating each year: 35 Number of students: 200</p> | <p>Turku University of Turku Department of Dentistry Lemminkäisenkatu, 2 20520 Turku, Finland Tel: +358 2 333 81 Fax: +358 2 333 8413 E-mail: juha.varrela@utu.fi Website: www.med.utu.fi/dent/en/</p> <p>Dentists graduating each year: 25 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: perti.pirttiniemi@oulu.fi Website: www.oulu.fi/hammaslaaketiede/</p> <p>Dentists graduating each year: 35 Number of students: 220</p> | <p>Kuopio University of Eastern Finland Institute of Dentistry Kuopio campus P.O.Box 1627 FI-70211 KUOPIO Tel: +358 290 4450 1111 E-mail: jari.kellokoski@uef.fi Website: www.uef.fi/en/hammas/etusivu</p> <p>The school was reopened in 2010</p> |