Dental Hygiene Around the World

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1. **Tell us about the overall state of oral health in your country.**
   According to the information provided by the Ministry of Health, the data published on major national and international articles and periodicals a high incidence and prevalence of periodontal diseases and caries is related to the Italian population; increase of incidence and prevalence in oral cancer has been reported.

   Limited Public oral disease preventative actions on the territory.

   97% of the total dental health treatments are conducted by the private sector.

2. **Tell us something we don’t know about dental hygiene in your country.**
   - In Italy the Dental Hygienist is a professional with a University Bachelor Degree
   - The dental Hygienist has got several curricula options and different working chances both in private and public sectors
   - The DH can work independently as a free lance/consultant or being the owner and or the manager of a DH office.
   - Present in the Dental market since the early ’80s (more than 30 years!)
   - Increasing number of professionals (estimated number more than 6000 DH)
   - The DH is involved in the ECM System as all the other health professionals.

3. **What’s the best job you’ve ever had in or related to dental hygiene?**
   Several.

   I worked in the dental hygiene education field. I’ve been a dental hygiene professor for 15 years at University in Rome. I’m also involved with dental hygiene school programs, working with elementary school children.

4. **When was dental hygiene as a career introduced in your country? How have you seen it change over the years?**
   The first school for Dental Hygienist was opened in Bari Italy in the early ’80s.

   During the last 30 years the official academic curricula concerning the DH changed several time until it became a University Bachelor Degree based on 3 year course.

   After this first bachelor Degree the Dental Hygienist could continuing the study for other 2 year in order to achieve an II Laurea Degree, called specialist degree, or submit Masters/Short Univ courses ect.

   The DH could continue in the UNI career as RESEARCHER, and or being employed as teachers, coordinator, or tutor.

   Thanks to the several changes also accrued in the International and local legislation, the DH could work as a employ in the private sector (97%) or public sector, could work as a free lance/ consultant for several Dental offices and or could open a Dental Hygiene office by themselves or in association with other professionists.

   An increasing number of DH are also involved in the Dental industry as researcher, trainer, consultant and in the sales.

5. **What’s the biggest obstacle your country faces regarding dental hygiene?**
   1. Too many Dental Hygienist associations and the absence of a Public National Register are limiting the possibility to have a unique Professional’s data base and that leads to:
   2. a lack of surveillance,
   3. a limited ECM system efficacy,
   4. patient’s limits in the selection of the authorized and well trained practitioners.
6. The current economic crises and the general Public sector expense review (included Hospitals and Universities) lead to:
   1. reducing in the number of confirmed contracts for Dental Hygienist
   2. delayed and or postponed new employment contracts
   3. very few DH employed in the Public Sector

7. What is the biggest complaint among hygienists in your country?
   1. Frequent and wider illegal/unauthorized dental hygiene services provided by dental assistants/dental nurses and or dental technicians (forbidden by international and local lows).
   2. Dental hygienists perceived as “competitors” on the dental market by the dentists
   3. Underpayment / limited salary in some territories
   4. Limited services provided by DH if compared to the DH’s services portfolio (DH curricula and potentiality wider compared to the daily activities)

8. What do you hope to see in the dental hygiene field in the next 10 years?
   1. Increase in quality of the Univ courses offers.
   2. Increasing in the number of the independent Dental Hygiene offices
   3. Increasing in the number of working association between Dental Hygienists and other Dental Practitioners
   4. Increasing of the number of Practitioners employed in the Public Services (Hospitals, Schools ect.) and in the Universities
   5. Institution of the National Public Register (or similar register)
   6. Implementation of the ECM system, monitoring/surveillance, Dental Hygiene “license”.
   7. More “international” environment and strong EU Parliament oriented legislation/regulations concerning the Dental Professional and the market (General and Dental market).
   8. More international competition
   9. I hope that it will be allowed for dental hygienist to perform anesthesia in order to work more easily (forbidden by international and local lows).

9. How do hygienists in your country give back to their community? How often do hygienists in your country give back on average?
   Data and general information not available.

   Regarding myself, I was, and am involved with no profit societies and charities dealing with poor dental health in Italy and Romania.

10. What is the estimated total number of hygienists currently employed in your country?
    In Italy there are not a specific public register (Ordine professionale) for Dental Hygienists. The Dental Hygienists are not obliged by low to submit any professional Association; they are free to decide to be member of one or more (or no one!!) of the several DH Associations present in Italy.

    For that reason collecting precise information about all the DH in Italy is not possible in this moment.

    The total ESTIMATED number of the Dental Hygienist employed in Italy is about 6000.

    No data about unemployment.