

Regional European Organisation of the FDI

National Report on the activities of 2024

Country: ITALY
Association: ANDI

Please classify your national report by following subjects:

Changes *in the association and its organisation*

There have been no major changes to the association and its organization. ANDI national elections will be held in May 2026.

Trends and developments: *in professional politics* *in health and social politics* *in educational politics* *in the insurance system (incl. the public health insurance and private insurance schemes)*

Presentation to G7

ANDI was invited to present a report on national oral health during the Health G7 meetings, developed following the data gathered by ANDI data center (Centro Studi ANDI). After that, ANDI board members participated in shared roundtables on the topic of universal coverage and anti microbial resistance. The participation was key in forwarding the message of dental practitioners as fully-fledged members of the medical community and oral health as one of the key aspects of general health and social well-being.

Dental Amalgam Phase-Out:

Dental amalgam was almost entirely phased out as of July 2022, although it may still be used in rare, exceptional cases—for example, when treating uncooperative patients where no viable alternatives are available.

It is important to note that even prior to this restriction, the use of dental amalgam had been in steady decline for over 15 years and was already uncommon in most dental practices.

Following the adoption of the National Plan for the Elimination of Dental Amalgam (November 2020), the complete phase-out of amalgam use (besides the border situations listed above) has been reached.

Public and Private Insurance Systems:

There have been no significant changes to the public or private dental insurance systems. In Italy, the National Health Service (NHS) provides basic dental care services defined under the Essential Levels of Care (LEA), primarily targeting vulnerable patient groups. However, the NHS does not offer universal coverage for routine check-ups or hygiene treatments. Currently, approximately 95% of dental care in Italy is delivered through private practices and paid directly by patients out-of-pocket.

In response to this gap, ANDI has begun engaging with the dental insurance sector through its dedicated foundation, FAS (Fondazione ANDI Salute).

FAS aims to promote ethical and patient-centered insurance models by ensuring patients retain full freedom in choosing their dental providers and by reinforcing the principles of informed consent. This initiative seeks to bring a deontologically sound approach to the evolving landscape of dental insurance in Italy.

Today, FAS provides a set of services (including emergency remote diagnostics and domestic assistance for fragile patients) to more than 400.000 patients.

Corporate Dentistry

position of NDA towards dental chains

problems with dental chains

possible solutions

ANDI firmly opposes the model of corporate dentistry and the proliferation of dental chains. At the core of corporate dentistry lies a constitutional principle that prioritizes market opportunities over clinical judgment—an orientation fundamentally incompatible with the values and ethics of the dental profession.

In corporate dental ventures, trained healthcare professionals often occupy an ancillary role in the decision-making hierarchy. This structure undermines the authority of the National Chamber and the Ministry of Health, making effective oversight difficult. As a result, regulatory gaps emerge, creating grey areas in the ethical and professional standards governing dental practice in Italy. Further concerns are raised in a recent CED (Council of European Dentists) report on dental tourism, which highlights how corporate dental chains are structurally incapable of establishing meaningful therapeutic relationships with patients. Instead, they tend to accelerate treatments and rely heavily on misleading advertising tactics to attract clients.

In response to such issues, Italy enacted legislation in 2018 to regulate medical advertising. Spearheaded by ANDI, the law requires all healthcare facilities to appoint a medical director. In the field of dentistry, this role must be held by a member of the Commissione Albo Odontoiatri (CAO), thereby subjecting them to the ethical and disciplinary oversight of the professional chamber. This regulation has been adapted with few specifications in 2024.

Building on this legal framework, ANDI continues to advocate for all healthcare providers—including dental chains—to align with the model of professional associations. This would require

at least two-thirds of the investment capital in a healthcare facility to come from qualified medical professionals. Such a model would ensure that clinics fall under the regulatory authority of the Health Ministry and the National Chamber, thereby reinforcing professional and ethical compliance.

A key strategy in this advocacy effort is investing in the next generation of dental professionals. ANDI actively promotes responsible models of dental practice and professional associationism among young dentists. Senior ANDI members regularly lead courses and seminars during the sixth year of dental school, introducing students to the legal, managerial, and ethical dimensions of the profession. This initiative aims to redirect young professionals away from corporate chains and towards more sustainable and ethically sound career paths.

Changes in fees:

No changes reported.

Information regarding promotion of the World Oral Health Day:

Due to personnel relocation, we concentrated on the virtual campaign.

Further information (activities):

What are your 3 main concerns?

- *Generational turn (how to meaningfully introduce a new generation of dentists to the profession)*
- *Professional education (how to monitor over quality and quantity of academic and continuing education)*
- *Relation between national conditions and international regulation*

3 points you would like to discuss

See the 3 points above