PROVIDING DENTAL CARE IN IRELAND:

A WORKFORCE CRISIS

IDA
irish dental association

A proposal to address the growing challenges of recruitment and resourcing in the dental sector

Prepared by the Irish Dental Association
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Foreword

In 2023, the Irish Dental Association marks its centenary year. Our mission is and has always been to advocate for the highest standards in oral health provision on behalf of our more than 1,800 members.

A resourcing and staffing crisis is now looming large as we enter the next chapter in our history. This is already being felt across the dental profession, and, critically, among those who require dental treatment and services, many of whom are among the most vulnerable in our society and communities.

Our analysis shows that we need at least 500 extra dentists across the private sector and public service immediately.

Currently, private dental practices cannot recruit dentists to fill vacancies and this is having a real impact on patient access to dental care, whereby practices have a reduced capacity to treat emergencies and are providing less appointments due to a lack of staff.

In the public dental service, where the numbers of dentists has dropped by almost one quarter over the past 15 years, the lack of staff has led to a situation where less than half of children who should be seen under the school screening programme actually are seen. In fact, there are children in parts of the country that are facing a 10-year backlog in accessing the school dental screening programme.

We are not producing nearly enough dental graduates to supply the public and private sectors. Years of underinvestment - despite promises by successive Governments of otherwise - means that our dental schools do not have the basic capacity to educate and train enough dental practitioners to meet population needs and account for dentists retiring from the sector.

Worryingly, we are also not retaining enough of those that are graduating every year from our dental schools at UCC and TCD, given the reliance of these institutions on the fees generated by international students who generally return home upon graduation. In practice, what this means is that barely half of the 90 dentists who graduate every year opt to practice in Ireland long term.

Within this plan, we have identified a number of measures that, through cooperation, collaboration and effective coordination, can alleviate what will only become a more acute issue if not urgently addressed.

We are ready and waiting to sit down to discuss and develop the best pathway forward to ensure access to essential oral healthcare for all.

Dr Caroline Robins
President
Irish Dental Association

Key Findings And Recommendations

CRITICAL SHORTAGES

1. There are at least 500 extra dentists needed across the private sector and public service immediately to meet the needs of a rising population and to replace retiring dentists.
2. In 2016 there were 45 dentists per 100,000 population in Ireland, which left Ireland in the bottom quintile of OECD countries.
3. The numbers of practicing public-only dentists has dropped by almost one quarter (23%) over the past 15 years, down from 330 in 2006 to 254 in 2022.
4. The number of dentist positions advertised in the private sector increased by 95% in just three years, with two-thirds of vacancies left unfilled last year.

CAUSE AND EFFECT

1. Lack of dental graduates due to decades of under investment in the dental schools at UCC and TCD.
2. High number of dental graduates training in Ireland but practicing overseas; barely half of the 90 dentists who graduate every year opt to practice in Ireland long term.
3. Lack of graduate places for Dental Hygienists and Dental Nurses.
4. Lack of a Foundation Training Programme to provide mentored experience.
5. Failure to recognise and formally register a wider range of specialities outside of orthodontics and oral surgery.
6. Current work permit rules are restricting dentists and dental practitioners from Non-EEA countries from working in Ireland.

KEY RECOMMENDATIONS

- Significant investment and expansion of the two dental schools at UCC and TCD.
- Reintroduction of a Foundation Training Scheme to facilitate new graduates in gaining experience in a mentored environment.
- Work permit changes for dentists and dental nurses.
- Recognition and formal registration of a broad range of dental specialities particularly in areas such as disability and paediatrics.
- Reform of the Dental Council's 'Register of Dentists' to include location, services provided, hours worked, to give a reliable overview of the number and availability of practicing dentists in the country.

Background

The staffing and resourcing crisis in the dental sector is the biggest issue currently facing dentists and dental patients in Ireland. Access to dental care is in crisis right now and it requires urgent intervention.

As a representative body, we have heard from members – in both the private and public sectors – that they are encountering increasing difficulties in recruiting dental team members, including dentists, dental hygienists and dental nurses.

This issue is gaining increasing importance and is having a real impact on our members' ability to run their practices and dental clinics efficiently.

More critically, it is also having a real impact on patients and is becoming an ever-greater impediment to patients' ability to access vital healthcare.

We estimate that we need at least 500 extra dentists – across the private sector and public service - immediately to meet the needs of rising population and to replace retiring dentists.

In May 2022, the Minister for Health, Stephen Donnelly T.D. accepted that there is a need for specific workforce planning for oral health and reaffirmed the Government's commitment to the development of a dental workforce plan.

In October 2022, the Association wrote to the Minister for Health to seek the urgent establishment of a National Dental Workforce Planning Group to address the current crisis in dental staffing which is impacting significantly on access to dental care.

In the absence of any engagement on this urgent issue, we have prepared this document outlining the extent of the current crisis and proposed solutions.

“We estimate a need for at least 500 extra dentists - across public and private service – immediately”

Government strategy:
Smile agus Sláinte

The National Oral Health Policy was launched in April 2019. It has two primary aims: to provide the supports for every individual to achieve their personal best oral health – including the provision of an appropriately accessible and adaptable service across the life course – and to reduce oral health inequalities across the population by providing additional support to vulnerable groups to access oral healthcare and improve their oral health.

The policy adopts a 'primary care approach', where the majority of oral healthcare is provided by a local oral healthcare professional of the individual's choosing. This approach emphasises prevention, local access, person- and family-centred care, and facilitation of choice for the public.

Implementation of the policy will depend upon the availability of skilled dentists and dental team members. A report completed as part of the National Oral Health Policy, found that in 2016 there were 45 dentists per 100,000 population in Ireland.

According to the report, this lies within the bottom quintile of OECD countries. In the intervening period we believe the situation has deteriorated further and the number of practicing dentists per head of population has reduced.

Despite the fact that the numbers of dentists registered with the Dental Council are increasing, we know from our members that the number of dentists available to treat patients is decreasing.

Department of Health figures (2019) state there are 58 registered dentists per 100,000 population. We would, however, question the accuracy of this figure because we currently have no reliable data to show the number of active or practicing dentists in the country.

In 2104, in advance of the publication of the National Oral Health Policy, Hasse and Batchelor recommended that the data shortcomings regarding number and location of practicing dentists should be addressed as a matter of urgency.

They suggested that one way of doing this would be to update the Dental Register to include information such as location, services provided and hours worked. To our knowledge, no progress has been made in updating the dental register in the intervening years.

"Implementation of the policy will depend upon the availability of skilled dentists and dental team members."

Public Service

As the union representing public dental surgeons, we have consistently highlighted the staffing crisis in the public dental service.

There can be no doubt but that there are severe recruitment and retention issues for the sector, largely arising from policy decisions which have reflected a very low priority being attached to properly staffing the sector.

In November 2017, IDA carried out a survey of Principal Dental Surgeons in the HSE. Nearly all of those who responded had tried to recruit dentists in their area over the previous five years.

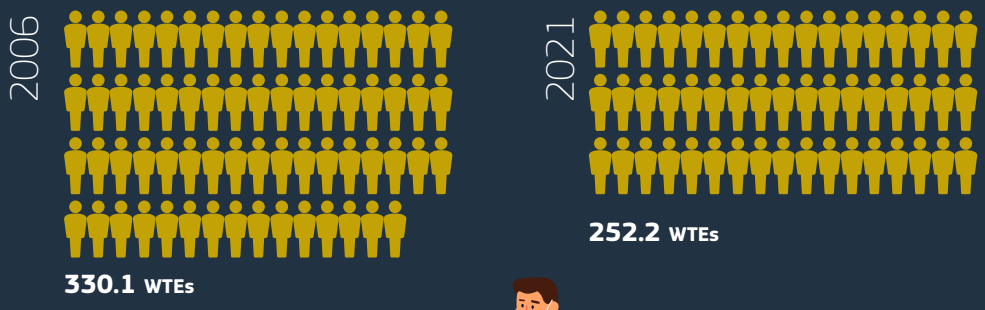
Of these, over half had experienced problems in attracting suitable candidates and three-quarters believed there were less suitable candidates than five years ago.

HSE figures obtained show that there were 330.1 wholetime equivalents (WTEs) employed in the public dental services in December 2006.

However, by December 2021, this figure had dropped by 24% (77.9 WTEs) to 252.2. This has happened at a time when the under 16 population has increased by 20% over the past decade to 1.1 million. Furthermore, 27% of public service dentists are over the age of 55 and close to retirement. This will likely exacerbate staffing shortages across the public dental service in the coming years.

Staff shortages, clinic closures and a lack of policy and direction by the HSE are putting an intolerable burden on the public dental service and are undermining its ability to provide an effective service.

Figures released by the HSE in February 2022, show that there are 4,342 children and special care patients on public dental surgery lists for procedures under general anaesthetic. There are a further 9,354 people on acute hospital lists for Oral Surgery and Maxillo-Facial Surgery.



2006-2021

Number of Dentists in Public Service

-24%

+24%

2011-2021

Population under 16yrs - 1,100,000

Children are missing out on fundamental early diagnosis, prevention and intervention, resulting in more drastic treatment or, in the worst cases, extractions being required during the formative teenage and early adult years."

The severe under-resourcing of the sector has also led to a significant deterioration in the level of preventative care and screening taking place through the school screening programme. In Ireland, primary school children should be having check-ups in second, fourth and sixth class. However, due to the lack of staffing in the sector, many children are missing out on these three vital dental checks.

Last year (2022) 99,367 children were seen under the school screening programme. This is less than half of those who should have been seen (i.e. students in second, fourth and six classes). Furthermore, of those who are being seen, many are being seen late, with some children only receiving their first appointment when they are in their fourth year of secondary school.

This means that some children are not receiving an initial check-up until they are 16 years of age and are therefore missing out on fundamental early diagnosis, prevention and intervention, resulting in more drastic treatment or, in the worst cases, extractions being required during the formative teenage and early adult years.

Six years ago, we published data showing the result of this under-staffing, where in some areas of the country, dentists were pulling almost as many children's teeth as they were filling. In Laois, for example, dentists carried out 1,200 extractions and 1,800 fillings in one year. In Offaly, it was 915 extractions and 1,100 fillings.

Since then, our concerns have continued to fall on deaf ears and the school screening programme continues to be under-resourced and neglected.

We do not support the proposals in the National Oral Health Policy to effectively outsource children's dental care from a risk-based, targeted public dental service model to an under- capacity private sector.

Under the model proposed for children in the National Oral Health Policy, we believe inequity in healthcare delivery will continue. Evidence from the NHS in England has shown that just halfof children entitled to attend the dentist for free actually do so.

Recent research from Amárach Consulting found that 75% of dentists in private practice would find it difficult to provide oral healthcare packages to children under 7. This shows the lack of capacity and capability in private practice to take on this important cohort of patients.

2016 IDA data

Extractions **1,800** Fillings **1,200**

Extractions **1,800** Fillings **915**

2021 HSE data

4,342

children and special care patients on public dental surgery lists for procedures under general anaesthetic

9,354

people on acute hospital lists for Oral Surgery and Maxillo-Facial Surgery

PRIVATE PRACTICE

The extent of vacancies in the sector and the demand for dental healthcare professionals can be seen clearly when examining the number of positions in private practice advertised each year in the Journal of the Irish Dental Association (JIDA).

The number of dentist positions advertised increased from 238 in 2018 to 464 in 2021, an increase of 95% in just three years.

Recruitment problems also exist for dental team members such as dental hygienists and dental nurses.

The recruitment deficit has now reached crisis levels. It is having a measurable impact on our members' ability to run their practices and dental clinics efficiently and, more importantly, on patients' ability to access vital healthcare.

In the private sector, our data shows that the majority of vacancies cannot be filled. A survey we carried out in September 2022 found that two-thirds of practices who tried to recruit dentists over the previous 12 months could not fill the vacancy due to a shortage of candidates. Half of practices who attempted to recruit dental nurses or hygienists could not find a candidate.

Two-thirds of dentists who responded to the survey said the staffing shortage is having an impact on patient access to dental care in their practice.

About two-thirds said their capacity to treat emergency appointments has reduced over the past year, while three-quarters of dentists said their practice could open for additional hours and provide more appointments if more staff were available.

"Two-thirds of dentists who responded to the survey said the staffing shortage is having an impact on patient access to dental care in their practice."

Staff Shortages / Access to Dental Care

- **48%** Shortage of dentists / Associates
- **35%** Shortage of dental nurses
- **17%** Shortage of hygienists

The biggest staffing issue reported by dentists is a shortage of dentists / Associates, followed by a shortage of dental nurses.

- **65%** No candidate found
- **35%** Candidate found

- **55%** No candidate found
- **45%** Candidate found

Recruitment (for last 12 months)

- **65%** Yes
- **35%** No

Two-thirds of dentists said the staffing shortage was having an impact on patient access to dental care in their practice.

- **65%** Yes
- **35%** No

About two-thirds said their capacity to treat emergency appointments has reduced over the past year.

- **76%** Yes
- **24%** No

Three quarters said their practice could open for additional hours / provide more appointments if more staff were available.

Solving the workforce crisis

1. INCREASED EDUCATION AND TRAINING

INCREASE GRADUATE PLACES AT IRELAND'S DENTAL SCHOOLS

The staffing crisis cannot be separated from the lack of training and education places.

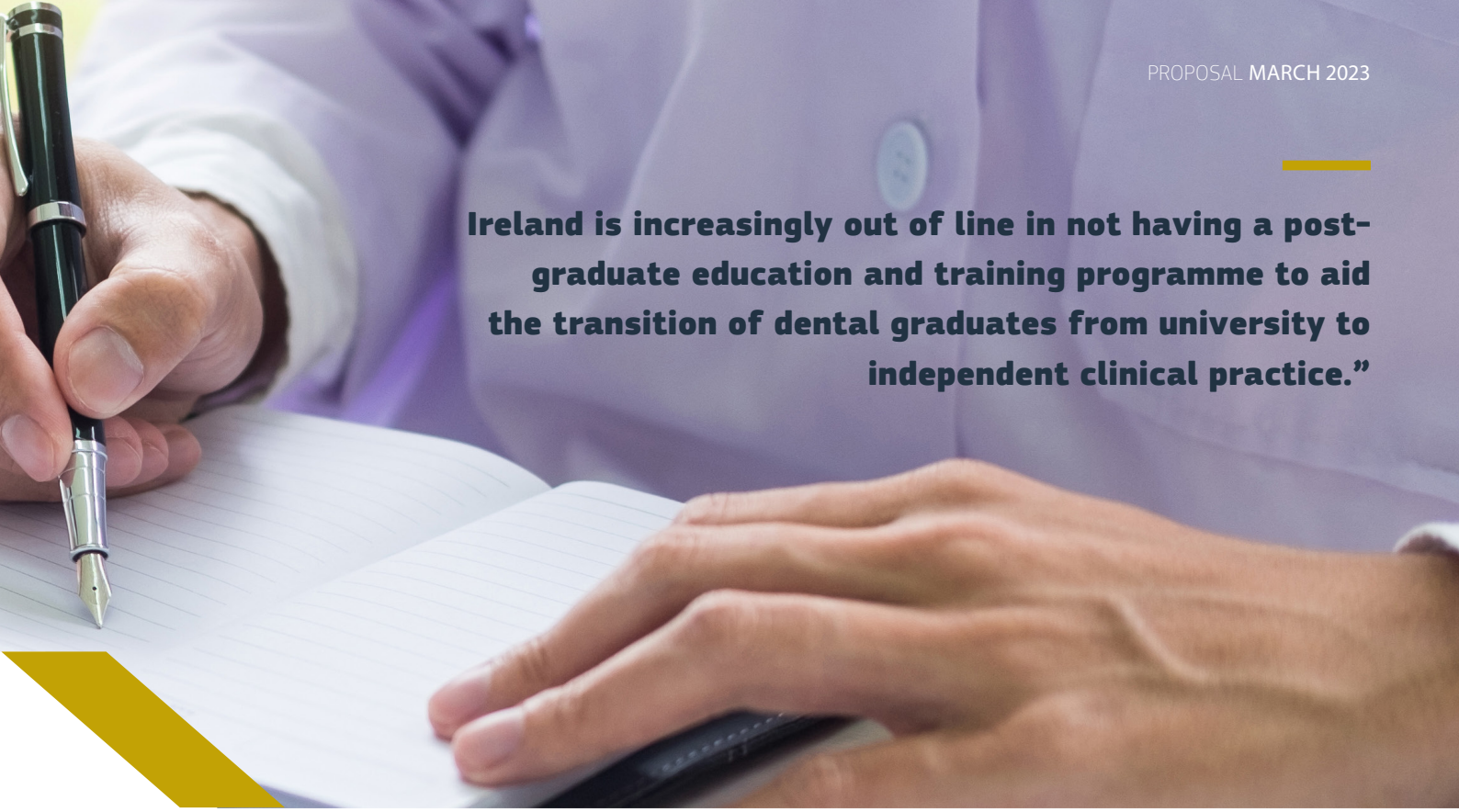
The two dental schools in Dublin and Cork are struggling, due to entirely inadequate funding to cope with the existing numbers in training. There is no capacity to quickly or significantly increase the total numbers in training – and no progress has been made on the building of a new dental school in Cork since the sod was turned on the site in 2019. In addition to the lack of capacity, there is also an issue concerning the number of graduate dentists who remain in Ireland and practice here.

Currently, the Dental Schools graduate about 90 dentists each year. However, just a fraction of these graduates are among the dentists who newly register with the Irish Dental Council.

There needs to be a significant increase in funding made available to our dental schools in order to increase the number of places available to dental students.

In addition, the two dental schools graduate approximately 25 dental hygienists annually. This is simply not enough and the number of available places for dental hygienists needs to be bolstered significantly.

There is also a need for additional training places for dental nurses to address the huge shortage of staff in this area. The Association believes that there needs to be new training programmes and an expansion of the existing two-year higher certificate in dental nursing.



Ireland is increasingly out of line in not having a post-graduate education and training programme to aid the transition of dental graduates from university to independent clinical practice."

REINTRODUCTION OF A FOUNDATION TRAINING SCHEME

Internationally, it is standard for a period of post-graduate education and training programme (Vocational/Foundation Training) to facilitate new graduates in gaining experience in a mentored environment.

Ireland is increasingly out of line in not having such a system to aid the transition of dental graduates from university to independent clinical practice.

Until 2011, Ireland had a Dental Foundation Training programme (previously Vocational Training) which was a one-year voluntary training programme with approximately 12 places available to new graduates from the two dental schools.

The programme was run in a primary dental care environment, with participants spending two days per week in general dental practices, two days in the HSE dental services and one day a week in a programme of lectures and small group teaching as part of continuing dental education.

In 2013, a group of stakeholders, including the IDA, the two dental schools, RCSI and the Dental Council submitted a proposal to the Department of Health that a Dental Foundation Training programme be reestablished whereby trainees, upon graduation from the two dental schools, would rotate through different areas of work experience in both public and private sectors.

The report outlined that the programme would help to address the considerable unmet dental need of the Irish population while, at the same time, it would underpin continuing professional development of new graduates here in Ireland.

The proposal had the full support of the dental profession in Ireland. Unfortunately, the Department of Health did not support the proposal at the time. We believe it is vital that this Foundation Training Programme be introduced as a matter of urgency as part of the solution to the workforce crisis in the sector.

2. BROADEN THE SKILLS MIX

There must be recognition and formal registration of a broader range of dental specialities.

This is particularly important in areas such as special care dentistry and paediatrics where a recognised register of dental specialists would assist patients in accessing the correct level of care to match their need.

Currently, there are just two recognised specialities in Ireland - orthodontics and oral surgery.

As such, we are out of line with international comparators in not having a register of dental specialities in a range of areas.

Any solution to the workforce crisis in dentistry will likely include expanded roles for dental team members such as dental hygienists and dental nurses.

The need for structured career pathways for dental auxiliaries has long been recognised. We believe there must be appropriate education and qualifications provided to equip dental healthcare professionals with the additional skills they will need.

Any new scope of practice or expanded roles must be properly regulated by the Dental Council, with mandatory registration for these professionals.

"We are calling for the decision to place dental nursing on the ineligible occupation list, to be urgently reversed in order to enable non-EEA dental nurses to take up these vital roles within dental practices."

3. UPDATE THE DENTAL REGISTER

We are calling for the Dental Council's 'Register of Dentists' to be updated as recommended by Hasse and Batchelor (2014), to include information such as location, services provided, and hours worked.

This would give a reliable overview of the number and availability of practicing dentists in the country and allow an informed assessment to feed into workforce planning for the sector.

4. CRITICAL CHANGES TO WORK PERMIT RULES

Reform of work permit rules for non-EEA citizens seeking work as dental nurses is urgently required since dental nursing was added to the list of ineligible occupations for work permits. This means that non-EEA dental nurses can no longer get a work permit to work in Ireland. This is in contrast to medical nurses who have long been named on the critical skills list for work permits.

We are calling for the decision to place dental nursing on the ineligible occupation list, to be urgently reversed in order to enable non-EEA dental nurses to take up these vital roles within dental practices. We believe dental nursing should be added to the critical skills list for work permits.

We are also calling for changes to work permit rules for non-EEA dentists.

Currently, non-EEA dentists who register with the Irish Dental Council must hold a General Employment Permit for up to five years in order to work here and during this time cannot be self-employed, which is the main employment model for dentists in this country.

Work permits should be brought in line with the recent changes made for non-EEA doctors, whereby doctors who have been in the State for between 2-5 years with a General Employment Permit may apply for a new permission granting them the right to work without a permit.

At the very least, dentists should be added to the critical skills list for work permits which would allow them to apply for Stamp 4 status after two years.

5. AMENDMENTS TO DENTAL COUNCIL EXAMINATIONS FOR NON-EEA DENTISTS

It is currently quite a difficult and lengthy process for non-EEA dentists to register to practice as dentists in Ireland, which may be a factor in the shortage of dentists available to practice here.

The Irish Dental Association acknowledges and supports the need for Dental Council examination of non-EEA dentists to ensure patient safety and the upholding of standards.

However, some consideration should be given to amendments that could be made to modernise and make it more efficient, particularly regarding the curriculum for these examinations, the frequency with which they are held and the feedback given to candidates.

We believe the exams could be held more frequently (they are currently held just once a year). The curriculum to be assessed should be clear and easily accessible, with the use of multiple-choice questions such as those used in the Canadian entrance exam.

We consider certain elements of the examination to be unnecessarily onerous and could focus more closely on day-to-day skills, knowledge, attitudes and competencies required of a dentist in general practice.

Furthermore, detailed feedback should be provided to candidates who fail to meet the required standard in the examination.

6. RESOURCING THE PUBLIC SERVICE

The Public Dental Service must be adequately staffed and resourced.

Too many children are slipping through the fault lines, despite all the evidence showing that the younger a child is when they are first examined, the less likely the need for major treatment or extractions later.

Based on the current population, 450 whole time equivalent dental posts are needed in the HSE public dental service in order to address the difficulties apparent in the service and to enable the service deliver on its stated objectives of preventing dental health difficulties as well as caring for and treating children and other vulnerable groups.

As a starting point, we are calling on the HSE to hire 76 wholetime equivalent dentists immediately to bring the service back to the levels it was at in 2007 (some 16 years ago).

The Orthodontic Service in the HSE is also suffering hugely as a result of the cutbacks and lack of resourcing, which have led to the creation of long waiting lists for screening and treatment.

The number of Specialist Orthodontists recruited over the past decade has been completely inadequate when one considers the lengthy waiting lists for orthodontic care.

HSE figures from February 2022, show that there are 13,294 patients on orthodontics waiting lists, 11,088 of whom are waiting longer than a year with 5,076 waiting longer than 3 years. These are patients with the most severe of orthodontic needs.

We are calling on the HSE to hire 76 wholetime equivalent dentists immediately to bring the service back to the levels it was at in 2007

Why Oral Health Matters

Oral and dental health forms an essential part of general health and well-being. Oral diseases share common risk factors with chronic diseases such as heart disease, obesity and diabetes.

Diseases of the mouth and oral cavity have a significant impact in terms of pain, suffering, impairment of function and reduced quality of life. To a large extent, oral diseases are entirely preventable. Yet, when they occur, the damage is not reversible, and they can be among the most expensive to treat.

The approach to prevention and treatment of oral diseases should recognise their interconnection with general health non-communicable diseases and should therefore be closely connected, and should be achieved through individual, professional and community-level approaches.

From an economic perspective, oral diseases have direct costs – treatment expenditure, environmental impact, indirect costs - productivity losses due to absence from school and work, and also intangible costs in terms of detrimental impacts on people's quality of life.

Our experience to date is that oral health is not prioritised in terms of promotion, funding or service delivery.

For treatment expenditures alone, dental diseases gave rise to approximately €92 billion in treatment expenditure in addition to productivity losses of €52 billion in the EU in 2015.

Dental expenditures are substantial, both in absolute terms and relative to the costs of other diseases. The treatment costs are greater than for respiratory diseases, dementia and cancer but less than cardiovascular diseases and diabetes, diseases that oral health also has an impact on.

Treatment Expenditures

Respiratory diseases (€57 billion)

Dementia (€73-83 billion)

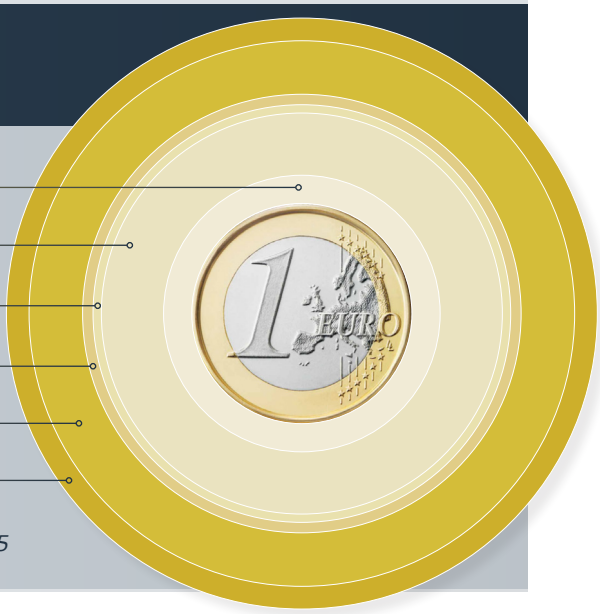
Cancer (€86 billion)

Dental diseases (€90 billion)

Cardiovascular diseases (€111 billion)

Diabetes (€119 billion)

For various diseases in the EU-28 Countries in 2015



Financing, access and provision Oral health care in Europe. Juliane Winkelmann Jesús Gómez Rossi Ewout van Ginneken, European Observatory on Health Systems and Policy

It is also important to note that over 80% of expenditure on dental care in Ireland is out of pocket expenditure according to the CSO because state assistance towards the cost of dental care is extremely limited as compared with other health conditions. This reinforces the existing evidence that good oral health in Ireland is very strongly linked to socio-economic status and income level.

We believe that reform and expansion of the Med 2 scheme, to expand the tax band/ allowance to the 2009 level of 40% (current level is 20%) and specifically to include dentures, would significantly alleviate the difficulties faced by patients in accessing dental care, regardless of socioeconomic status.

As with most diseases, early diagnosis is key for a successful outcome. Investment in timely and effective oral healthcare results in the enhancement of general health, better quality of life for patients, and a reduction in the financial burden on healthcare systems. Where investment is low, resources are primarily allocated to emergency oral care and pain relief (unfortunately, often little more than the extraction of teeth) with underprivileged groups being the most vulnerable. This causes huge problems for the patient in the intervening years.

Last year, the World Health Assembly adopted a resolution on oral health and requested the Director-General to develop, in consultation with Member States, a draft global strategy on tackling oral diseases.

This requires member state governments, including Ireland, to develop a concerted plan to integrate oral health into general health policies and to develop specific initiatives to address the many problems in oral health.

As part of its rationale, the WHO Assembly stated there is a strong and consistent association between socioeconomic status (income, occupation and educational level) and the prevalence and severity of oral diseases and conditions.

Across the life cycle, oral diseases and conditions disproportionately affect the poor and vulnerable members of societies, often including those who are on low incomes; people living with disability; older people living alone or in care homes; refugees, those in prison or living in remote and rural communities; and people from minority and/ or other socially marginalised groups.

“Our experience to date is that oral health is not prioritised in terms of promotion, funding or service delivery.”

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Commissioned by the Irish Dental Association