IDA
irish dental association

PROMOTING INDEPENDENT PRACTICE

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What is independent dental practice?

Independent dental practice refers to a situation whereby a dental practitioner does not deal directly with or enter into a contract with any third party for the provision of dental treatment to patients.

The dentist enjoys full clinical autonomy and is not limited in the range or type of treatments that can be offered to a patient, or materials that can be used, or techniques employed that might otherwise require approval by a third party.

Professional practice is provided in accordance with the training and competency of the dentist and in compliance with the ethical guidance as determined by the Dental Council.

Budgetary constraints are agreed between the dentist and patient in the provision of care to patients. The overriding obligation on the dentist is to provide care to patients in their best interest, as determined by the professional judgement of the dentist, and consistent with the dentist's professional obligations.

In such circumstances the dentist treats patients in a direct relationship and charges a private fee that they set themselves independent of any third party. The patient is required to pay the fee agreed with the dentist, and with fees displayed in accordance with the requirements of the Dental Council and explained clearly to the patient. This private fee can be as set in addition to, or alternative to, providing care under the terms of third-party schemes.

In some cases, a dentist engaged in fully independent practice will not enter any State or third-party contract for the provision of dental care, nor do they enter a contract with dental insurers.

The Committee makes no distinction between dentists who work in traditional practices and those who work in the newer, so-called corporate dental chains, where dentists should have the same right to practise independently as those in more traditional dental practices.

Why is the IDA promoting independent practice?

The IDA GP Committee has adopted the policy of promoting independent practice in recognition of the ethical and commercial considerations that apply in various models of practice.

Promotion of independent practice also reflects the impact of the unilateral cuts imposed by the Government to State dental schemes in 2010. These cuts had a huge and lasting impact on the dental sector, particularly for those practices with a high dependency on State schemes. In the intervening period, dentists have built up their private practice and the IDA GP Committee wishes to encourage this.

In particular, the Committee feels that patients' best interests are best served where there are:

- no restrictions on treatments that will be funded and provided as determined by external parties;
- no limitations as regards quality of materials to be used;
- no restrictions as regards clinical techniques to be employed;
- no limitations as regards definitions of clinical treatment that can be provided;
- no budgetary constraints that impact on the extent of care provided;
- no approvals required by a third party for treatments to be provided;
- no unreasonable time delays as regards the provision of care; and,

- no circumstances where a treatment plan is not discharged due to externally imposed constraints, and where no alternative arrangements are made by external parties for the provision of such treatments as are prescribed by the dentist and supported by the patient.

From a dentist's perspective, the Committee is also supportive of reducing dental practices' reliance on income generated from third-party schemes.

The IDA wishes to ensure the greatest independence for dental practice and to enable a strong direct relationship between the dentist and their patient without the need or wish to have a third party come between the dentist and their patient.

Promotion of independent practice is in response to feedback received from members regarding their participation in certain underfunded State dental schemes and the impact this has had on their practice, their patients, and on their own stress levels.

The GP Committee also accepts that properly funded schemes with an emphasis on proper patient care and/or co-payment models can work.

It is of course a matter for individual dentists to decide whether to apply for or hold a third-party contract.

Feedback from members

A survey of dentists carried out by the IDA in 2015 found that one-fifth of dentists who held Dental Treatment Services Scheme (DTSS) contracts were considering leaving the Scheme. A further survey of members, carried out in 2016, found that 80% of dentists had experienced problems with the operation of the Scheme in the previous five years. Three-quarters of respondents said their participation in that State scheme had led to increasing anxiety and stress levels.

In particular, members were concerned about the restrictions under the Scheme on their ability to provide certain treatments to patients even if these treatments were required.

	PATIENT FEE INCOME					EARNINGS PER TREATMENT	
	Private €	DTSS €	Average treatment time (mins)	Overheads €	Lab costs and extras €	Private €	DTSS €
Examination/x-ray	55	33	20	31		24	2
Prophylaxis	60	31	30	46		14	-15
Amalgam restoration	85	50	25	38		47	12
Composite restoration	95	52	25	38		57	13
Extraction	85	40	25	38		47	1
Surgical extraction	143	75	35	54		89	21
Endodontic treatment	433	195	90	138		295	56
Partial denture	353	239	60	92	95	166	52
Full upr/lwr denture	490	326	60	92	100	298	134
Full upr and lwr denture	856	479	60	92	200	564	186
Chrome cobalt denture	1,000		80	123	150	727	
Reline	180	131	30	46	65	69	19
Denture repair	80	63	15	23	30	27	10

Benefits of independent practice for Irish dentists

The following benefits of independent practice were identified by IDA members in a survey carried out in 2017:

- not having to deal with the restrictions on treatments for patients under the current State schemes;
- avoiding the bureaucracy and administration associated with third-party schemes, and the associated cost;
- reduction in administrative workload;
- more control over clinical practice and work; and,
- control over fee setting.

Drawbacks of moving to independent practice

The following impediments to independent practice were identified by IDA members in the 2017 survey:

- regular patients who have medical cards;
- loss of income from State and third-party schemes;
- pressure from local community to see medical card patients;
- moral obligation;
- having to turn medical card patients away;
- loss of potential income to competitor dentists; and,
- lack of business skills to promote practice as a business.

The figures

Private out-of-pocket spending accounts for the vast majority of expenditure on dental care and treatment in private dental practices in Ireland.

Figures from the Central Statistics Office show that in 2017, a total of €460m was spent in general dental practices and other private dental practices, of which household out-of-pocket payments accounted for €356m (77%).

The two State schemes (medical card and PRSI) accounted for €64m (14% of total expenditure) and voluntary healthcare payment schemes (i.e., VHI and other insurance or payment plans) accounted for €18m (less than 3%).

Research by MedAccount Services presented at the IDA practice management seminar in January 2016 showed that income from one State scheme – the DTSS – represents just 20% of total income for an average practice.

The research also found a huge disparity between the average fees paid by private patients for treatment and the fees paid by the State under the DTSS.

When practice overheads are taken into account, it was found that dentists are making a loss on some treatments and are barely breaking even on many others (see Table above).

It is of course a matter for individual dentists to decide whether to apply for or hold a DTSS – or any other third-party – contract. The implications of the disparity in fees and profitability between dentists who treated patients privately and under the terms of the DTSS needs to be considered individually by each dentist.

Background to State dental schemes in Ireland

DTSS

Under Section 67 of the Health Act, 1970, the HSE is obliged to provide dental treatment and dental appliances to medical cardholders. Since 1994, patients eligible for dental treatment have received this treatment under the DTSS. Eligible patients are adult medical cardholders (over the age of 16) and receive certain treatments free of charge. The Scheme is operated by the HSE. Private practitioners who wish to participate in the Scheme enter into a contract with the HSE to provide dental treatment to medical cardholders.

Medical cardholders are free to choose their treating dentist from a panel of dentists held by the HSE.

In 2010 huge cuts were unilaterally imposed on the Scheme. Neither the Association nor its members were consulted or given notice. The cuts restricted treatment under the Scheme to clinical emergency circumstances only, and effectively abandoned all elective dental treatment.

DTBS

The Dental Treatment Benefit Scheme (DTBS) was established in 1952 and is funded though the Social Insurance Fund. The Scheme is managed by the Department of Social Protection. Private dentists are contracted to provide the treatment in their own self-funded practices and are paid on a fee-per-item basis, not on a capitation basis.

Under the current Scheme, employees, self-employed persons and retirees (with a sufficient number of PRSI contributions) are entitled to an annual examination and scale and polish. Huge cuts were also imposed to this Scheme in 2010, which resulted in an 87% decrease in expenditure on the Scheme from €69 million in 2008 to €9 million 2011.

State funding for other healthcare professions

Dentists in the Republic of Ireland do not receive a single cent toward the running of their practices.

Whereas the State spends €3.6 billion annually building, staffing and equipping hospital medicine within the HSE, no such assistance is provided for dental care in the community. Likewise, before a cent is spent on caring for medical card patients, GMS doctors in general practice can receive up to €100,000 per annum in grants towards employing nurses, secretaries, practice managers, and where they are located in remote rural locations, while pension payments are also available to doctors.

Massive State support is provided to dentists in Northern Ireland in the form of grants and pensions, which leaves dentists in this State, particularly those close to the border, at a significant disadvantage.

While we are not stating that receipt of State support for clinical care should per se compromise standards of professional practice, clearly, part of the cost of promoting independent practice is the opportunity foregone to secure State support towards running costs.

Independent practice and the new oral health policy

The national oral health policy, Smile agus Sláinte, was published in April 2019. The policy proposes a radical shift in the treatment of children from the public dental service to private general dental practitioners (GDPs) who would hold a contract with the State to treat children. This proposes that a new State scheme would be introduced to the Irish dental landscape.

Under the proposals, private GDPs would be contracted by the State to deliver allocated oral healthcare packages or 'bundles'. Packages would cover prevention, primary care and emergency care. Eight oral healthcare packages would be available for children up to the age of 16.

The dentist would be paid for the whole oral healthcare package and not per item provided within the package. Under the proposals, payment is made on the basis of the package, irrespective of the number of items provided when the patient accesses care.

The estimated cost of the proposed children's scheme is based on the current schedule of fees under the DTSS (medical card scheme) as follows:

- examination fee: €33.00;
- filling (composite): €51.88;
- fissure sealants (two teeth): €50.06; and,
- fluoride therapy: €22.65.

Public service dentists

The GP Committee recognises and supports colleagues working in the public dental service who are required to work with budgetary limitations but who are fully autonomous dentists entitled to full clinical independence.

The GP Committee also recognises that professional and ethical obligations on dentists employed in the public service must never be compromised or subject to interference, and care must always be provided in accordance with the clinical judgement of a dentist.

The GP Committee agrees that dentists working in the public service cannot be held liable for the failure of the public service to fund treatments as prescribed by dentists in exercise of their clinical decision making and treatment planning.

Challenges ahead

Promotion of independent practice poses a number of challenges, which the Association's GP Committee is committed to addressing. These include:

- promoting a clearly understood rationale among stakeholders for independent practice and the motivation of dentists who promote independent practice;
- ensuring that there is consistency as regards the quality of care provided in all models of care, and that independent practice is associated with the highest standards of care;
- ensuring the economic viability of independent practice;
- ensuring that regulatory standards are discharged to the optimal level in independent practice;
- verifying that ethical standards are met without any compromise in the professional obligations that rest on all dentists;
- ensuring that professional education and professional development is delivered in a fashion that recognises the environmental and economic circumstances of dentists in independent practice; and,
- challenging any attempt to characterise independent practice in an unfavourable light by vested interests.