ENSURING ACCESS TO DENTAL CARE IN INFLATIONARY TIMES

A pre-budget submission 2023 prepared by the Irish Dental Association.

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IDA
irish dental association

Executive summary.

Oral and dental health forms an essential part of the general health and well-being of all of Ireland's population and throughout an individual's entire life.

To a large extent, oral diseases are entirely preventable. Yet, when they occur, the damage is not reversible, and it can become an expensive issue for not only the patient, but the wider healthcare system to treat.

After years of underinvestment and outdated policy, **access to essential services and dental care is now in crisis** and requires urgent intervention through a series of measures in Budget 2023.

The Irish Dental Association represents over 1,800 dentists across the country, and advocates for oral health and the development of ethical, rewarding and sustainable practice on a life-long basis – to the benefit of dentists and, most importantly, their patients.

This submission explains why oral health matters and the reasons why access to dental care is at crisis point.

We know that oral diseases and conditions disproportionally affect the poorer and more vulnerable members of society. As people become increasingly challenged by inflationary and cost-of-living pressures, we believe that the **reform and expansion of the Med 2 scheme, alongside an entirely new medical card scheme (DTSS), can significantly alleviate the difficulties faced by patients in accessing dental care**, regardless of their socioeconomic status.

Ahead of Budget 2023, there is an **opportunity for Government to ensure this critical reform is done in the most equitable and sustainable manner** so that people can access essential care in their community, and reduce the potential burden (patient demand and financial) on healthcare systems in the future.

The changes we are calling on will improve access to oral healthcare across all income groups. These **six key recommendations for Budget 2023** are set out in greater detail in this submission and summarised below:

1. **Reform of the Dental Tax Relief (Med 2) Scheme** to expand the tax band/allowance to the 2009 level of 40% (current level is 20%) and specifically to include dentures in the scheme.
2. **Reform the medical card scheme (DTSS)** to adequately meet the needs of the most vulnerable in our society
3. **Develop a workforce planning strategy for oral healthcare** to meet population increases, changing work patterns and patient needs nationally
4. To **amend the critical skills list for non-EEA visa applicants** to include dental nurses and to reform work permit rules for non-EEA citizens seeking work as dental nurses (currently prohibited) or as dentists (permitted only where dentist works as an employee with a single employer – most private dentists are self-employed and many work in more than one practice)
5. **Investment in the HSE public dental service** to sufficiently recruit and retain 400 whole time-equivalent dentist posts, and improve pay and conditions to stem the recruitment and retention crisis in the public dental service
6. **Investment in UCC and TCD dental schools** to expand facilities and increase intake.

We welcome the opportunity to discuss this submission with you as a matter of priority.

Mr Fintan Hourihan
Chief Executive
Irish Dental Association

The Dental Care Context.

Why Oral Health Matters

Oral and dental health forms an essential part of general health and well-being. Oral diseases also share common risk factors with chronic diseases such as heart disease, obesity and diabetes. Our experience to date is that oral health is not prioritised in terms of promotion, funding or service delivery.

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 and 'general' healthcare diseases should therefore be closely connected, and should be achieved through individual, professional and community-level approaches.

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 extraction of teeth) with underprivileged groups being the most vulnerable. This causes huge problems for the patient over the following years.

Socio-Economic Status and Oral Health

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, in prison or living in remote and rural communities; and people from minority and/or other socially marginalised groups.

Evidence of the Current Crisis

The evidence of the scale of the current crisis is numerous and widespread:

- Significant waiting lists for private dental care
- Exodus of large numbers of dentists from the medical card scheme

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- Delays in medical card patients receiving dental appointments due to the shortage of participating dentists in the DTSS forcing patients to travel further to see dentists, to wait longer for appointments or to postpone appointments to receive dental treatments
- Massive waiting lists for children to receive dental and orthodontic care provided by the HSE public dental service.
- Collapse in the school dental screening service causing many children to be seen by the HSE dental service for the first time at ages 12 to 14 instead of being seen three times at primary school level (1st, 4th and 6th class).

Explaining the access crisis

The reasons why we are seeing these indicators of a new crisis in access to dental care comprise the following:

- Significant increases in costs of providing dental care, including an additional €67m per annum in PPE during the Covid pandemic
- Rising treatment fees during a cost-of-living crisis
- Shortages of dental practice staff resulting in reduced capacity within private dental practices to offer patient appointments
- Lack of capacity within the public dental service to provide dental and orthodontic care to children and special care patients.
- Lack of alternative options for medical card patients after the exodus of large numbers of dentists from the medical card scheme.

Solving the Dental Care Crisis.

Our recommendations

To address the current difficulties in accessing dental care we suggest the Government should examine a number of ideas which we believe will improve oral health in the short and medium term.

Without addressing these issues now and as part of Budget 2023, dentists fear that the crisis situation in dental care will only deteriorate in the coming year - now is the opportunity to deliver change for our patients.

1: Reform of the Dental Tax Relief (Med 2) Scheme

The Taxes Consolidation Act 1997 provides for tax relief in respect of qualifying health expenses including dental charges. Routine dental treatment is explicitly excluded under the legislation and is defined as "the extraction, scaling and filling of teeth and the provision and repairing of artificial teeth or dentures".

However, an individual can claim tax relief in respect of non-routine dental care provided by a registered practitioner.

A comprehensive and non-exhaustive list of relevant procedures is available on the Revenue Commissioners' website. This list includes major interventions such as periodontal treatment for gum disease and orthodontic treatment to provide braces.

Until 2009, marginal rate relief (40%) was allowable for those dental treatments covered by the scheme. Since then, relief has been confined to standard rate (20%) relief only – this is not sufficient and has directly led to increased net costs for patients, and thereby reduced access etc.

We believe that **reform and expansion of the Med 2 scheme, alongside an entirely new medical card scheme (DTSS), can significantly alleviate the difficulties faced by patients in accessing dental care, regardless of socioeconomic status.**

There are a number of options which are available for consideration:

- Expansion of the range of treatments for which relief could be claimed at the standard rate, such as dentures.
- Allowing marginal rate relief for some or all dental treatments.
- Allowing marginal rate relief subject to a ceiling for some or all dental treatments including dentures.

In order to ascertain the likely impact of any such changes we surveyed our private practice members in late June 2022.

Receiving over 200 responses from a sample of approx. 1,500 members, our survey found the following responses:

- 86% of dentists believe that reform of the Med 2 dental scheme would improve access to dental care.

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- Asked about the likely benefits for patients of extending the Med 2 scheme, 38% cited improved oral health, 35% suggested it would result in more affordable dental care and 27% would expect improved access to dental care.
- When we asked what dentists expect if the Med 2 scheme is left unchanged, 21% expect greater inequality in oral health, 17% forecast lower oral health outcomes, 13% predict less access to dental care, and 4% forecast greater dental tourism / patients travelling abroad.
- 88% of dentists believe that additional treatments should be included among those for which tax relief could be provided within the Med 2 scheme.
- 89% believe that relief on dental treatments provided should be at the marginal-rate of tax.
- 90% of dentists favour extension of the scheme to allow tax relief on the provision of dentures.
- 45% of dentists believe that all dental treatments should be covered by the scheme.
- 13% believe that all routine treatments should be covered.
- 9% believe that fillings should be covered by the scheme.

2: Improving access for medical card patients

The Association has advocated for many years in highlighting the unsuitability of the current scheme (DTSS) for the 1.5 million adults who hold medical cards. We have consistently sought the commencement of discussions with the Department of Health on an entirely new approach to providing dental care for these patients.

The Association is ready and has prepared for such negotiations over many years. We have commissioned independent research and earlier this year we published a report by Professor Ciaran O'Neill, a health economist at Queen's University Belfast, wherein he examines the options available to consider in replacing the current scheme which all parties agree is unfit for purpose.

The Association has repeatedly been promised that the Department of Health will instruct its officials to enter discussions with the Association on a new scheme, but deadlines suggested by the Minister for Health have passed on many occasions and we are no closer to addressing the obvious problems in accessing care by medical card holders. Meanwhile the crisis worsens on a daily basis as more and more dentists leave the scheme.

Interim measures, such as the implementation of fee increases have made no impact on the availability of dentists for medical card holders.

The Irish Dental Association is calling on the Government to deliver a **meaningful roadmap to reform, in consultation with dentists, to completely overhaul of the medical card (DTSS) scheme,** where there are now less than 650 contracted dentists actively seeing patients.

Solving the Dental Care Crisis.

3: Measures to address the staffing crisis in dental practices

The Association has a number of suggestions to alleviate the current crisis in the recruitment of dental staff in private practices, a problem which is exacerbating the difficulties in accessing care for many patients and results in longer waiting times for dental appointments.

As recently as 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. We believe the Government urgently needs to engage with the Association in order to introduce a dental workforce plan to address the current staffing crisis affecting dentists, nurses, hygienists and support staff.

We have heard from members – in both the private and public sectors - for a number of years that they are encountering increasing difficulties in recruiting dental team members, including dentists, hygienists and dental nurses. This issue is gaining increasing prominence and is having a real impact on our members ability to run their practices and clinics efficiently, and on patients' ability to access vital healthcare.

Last year (September 2021), we surveyed our members in private practice in order to assess the extent of the staff shortage issue. **The majority of respondents (80%) said they had tried to recruit dental team members in the previous 12 months. However, one-third of dental practices that were recruiting staff have not made a hire due to a shortage of suitable candidates.**

Previously, in November 2017, the Association carried out a survey of Principal Dental Surgeons working the HSE public dental service. Nearly all of those who responded had sought to recruit staff over the previous 5 years. Of these, over half had experienced problems in attracting suitable candidates, while three-quarters believed there were less suitable candidates than in the previous 5 years.

The staffing crisis is linked to a lack of training and education places. The two dental schools graduate about 25 dental hygienists annually. This is completely inadequate and needs to be be **increased to 75 over an agreed timeline**.

4: To amend the critical skills list for non-EEA visa applicants to include dentists and dental nurses

We are seeking the reform of work permit rules for non-EEA citizens seeking work as dental nurses (currently prohibited) or as dentists (permitted in limited circumstances). We believe both professions should be added to the critical skills list for work permits.

Four years ago, in 2018, we made a submission to the Department of Justice to have dental nursing included on the critical skills occupation list for employment permit purposes. At that time, we noticed members were having real difficulties recruiting dental nurses. However, our submission was unsuccessful and in the intervening period the recruitment challenge has become more pronounced.

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In recent times, dental nursing was added to the list of ineligible occupations for work permits which 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 non-EEA visa applicants.

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.

5: Tackling the crisis in our public dental service

The severe under-resourcing of the public dental sector for well over a decade has led to a significant deterioration in the level of service provided and particularly the extent to which preventative care and screening is taking place in schools, with the consequence that children re seeing their dentist for the first time at far too late a stage in their development.

This has been exacerbated by the Covid-19 pandemic and the redeployment of dentists and dental team members, but the problems existed long before the pandemic.

Before the emergence of Covid-19, the provision of community dentistry in Ireland was a cause for concern – now **the resourcing levels have become a full-blown crisis.** The HSE Community Dental Service deals with our most vulnerable special needs patients and children, yet according to figures obtained from the HSE, **the number of dentists employed in the public dental service fell by 24% between December 2006 and December 2021**; from 330.1 whole time equivalents (WTEs) to 252.2 WTEs. This has happened at a time when the under 16 population has increased by 20% over the past decade to 1.1 million.

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.

The impact is clear to see, with figures released by the HSE in February 2022, showing 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.

In addition, the impact of insufficient resources and the very low priority which has been attached to properly staffing and funding the service, has resulted in a situation where in a large number of cases, **children are being seen by a dentist for the first time, under the school screening programme, in sixth class (age 12).** The school screening service is designed to see children at first/second, fourth and sixth class.

Failure to immediately address this crisis will have significant long-term implications. Our current resourcing levels mean that **we are missing early-stage issues in both children and patients with special needs**, which could have major long-term health effects.

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Increased dental employment levels and appropriately directed staff resource allocation are urgently required. We believe that a recruitment campaign needs to be commenced, at the direction of the Minister, to achieve a complement of **400 whole time-equivalent posts in the HSE public dental service.** This is to address the difficulties apparent in the service and to enable the service to deliver on its stated objectives of preventing dental health difficulties, and caring for and treating children and other vulnerable groups.

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.

6: Increasing investment in our dental schools

There is a well-established shortage of dentists as the competition within international labour markets intensifies and the availability of dentists.

There are more dentists on the register of the Irish Dental Council than at any other time previously. **For the last 13-15 years, graduates from Irish dental schools have only made up about a third of those registering with the Dental Council each year.**

The Dental Schools graduate about 90 dentists each year and about 65-70 of these were admitted to the programme either through the CAO system or other college entry methods such as the mature code applicants and special access processes.

The number of dental graduates for the three most recent years available - 2018, 2019 and 2020 - are available in the table below.

These figures are taken from the HEA's Student Records System (SRS).

Higher Education Institution	**2018**	**2019**	**2020**
Trinity College Dublin	40	45	42
University College Cork	38	50	47
TOTAL	**78**	**95**	**89**

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Even if all the 20 or so places accessed by students who have been admitted from overseas were given over to the CAO system it would have very little impact on the numbers in practice, and any impact will be at least 6 years down the road (given that the very earliest this could happen is the 2023 intake, graduating in 2028) and, in reality probably nearer 2030.

What is clear is that, of the 200 dental graduates annually, the two dental schools only provide a fraction of the dentists who newly register with the dental council each year. We estimate **we need hundreds of extra dentists to meet the needs of rising population, changing work patterns and to replace retiring dentists** from both public and private sectors.

The two dental schools in Dublin and Cork are struggling, due to completely inadequate funding, to cope with the numbers in training as it is.

There is no capacity to quickly, or significantly, increase the total numbers in training. The planned development of a new dental school in UCC has not seen any progress since it was due to begin development in 2019.

The Minister for Higher Education, Mr Simon Harris, has told the Dáil recently that

> "there is no quota placed on dental courses and therefore the places offered are a matter for the higher education institutions, in line with their autonomy."

However, this ignores the fact that the schools can only operate within the financial budgets agreed by the Department of Higher Education and therefore as a first step three needs to be a significant increase in funding made available to our dental schools.

Summary of recommendations.

1. **Reform of the Dental Tax Relief (Med 2) Scheme** to expand the tax band/allowance to the 2009 level of 40% (current level is 20%) and specifically to include dentures in the scheme
2. **Reform the medical card scheme (DTSS)** to adequately meet the needs of the most vulnerable in our society
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For further information.

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