

# **ENSURING EQUITABLE ACCESS TO DENTAL CARE: ACCESS, EDUCATION AND REFORM**

A pre-budget submission  
2024 prepared by the  
Irish Dental Association.

21 July 2023



# introduction.



***Access to dental care in Ireland is in crisis. Oral and dental health forms an essential part of general health and well-being, yet, for more than two decades now, oral health has been ignored by consecutive Government's in terms of promotion, funding, and service delivery.***

The Irish Dental Association has long called for measures that would improve access to oral healthcare for all patients in the short and medium term. But the State's so-called "blind spot" when it comes to dentistry and oral health means that no meaningful attempt has been made to address the challenges for patients in accessing dental care, or stop the rapid deterioration of the public dental service.

According to the CSO, 80% of expenditure on dental care in Ireland is out-of-pocket. This shows that state assistance towards the cost of dental care is extremely limited as compared with other health conditions. Much more worryingly, however, it indicates that good oral health is very strongly linked to socio-economic status, with oral diseases and conditions disproportionately affecting the poor and vulnerable members of societies across the life cycle.

In Budget 2024, we believe the Government should prioritise spending on oral health towards

vulnerable groups, in particular medical card patients and children.

For context, in the public dental service, the numbers of dentists has dropped by almost one quarter over the past 15 years. This has led to a sharp falloff in the level of preventative care and screening taking place in the community with children missing out on fundamental early diagnosis, prevention and intervention, resulting in more drastic treatment or, in the worst cases, extractions being required.

We are also not producing nearly enough dental graduates to supply the public and private sectors. Years of underinvestment - despite more 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.

In order to address this imbalance, we are calling on the Minister for Health, alongside the Department of Finance and Department of Public Expenditure to agree and commit to properly funding and resourcing dentistry and oral healthcare in Ireland to ensure equitable access to care.

In this document, **we have outlined seven budgetary recommendations, estimating that an additional allocation of €71m is required to address the resourcing crisis and training and an allocation of between €108 – €232.5 million to deliver a reformed medical card scheme (DTSS).**

This, alongside meaningful consultation and constructive dialogue with the profession, is an important next step in tackling the long-standing barriers that have faced patients in accessing public dental services, whether the medical card scheme or school screening programme.

The unfortunate reality is that, sadly, without the political willingness, patients – in particular children and those most vulnerable – will continue to fall further behind in terms of their oral health and shoulder the burden of a system crumbling under decades of inaction and neglect.

*Patient access, not political soundbites, must be central to any measures introduced.*



**Mr Fintan Hourihan**  
Chief Executive  
Irish Dental Association

# seven budgetary recommendations.

To address the current difficulties in accessing dental care, the Irish Dental Association is calling on the Government to prioritise spending and investment in seven key areas, with a particular focus on vulnerable groups, including children and medical card holders. The Association is also recommending that funding be allocated to training and education to underpin the sustainability of dental provision and service into the future.

1. Immediate allocation of **€7 million to hire 76 HSE wholetime equivalent (WTE) dentists** to bring service levels back to 2007 levels, thereby cutting waiting lists for service and treatments in the public system i.e., the children's school screening programme.
2. Immediate allocation of **€6 million to hire 30 specialist orthodontists** to address the up to 3-year waiting lists for orthodontic care.
3. Allocation of between **€108 – €232.5 million to deliver a reformed medical card scheme (DTSS)** through the provision of a voucher or credit towards dental care of between €100 to €500 respectively. This proposal, supported by the Association, would overhaul the existing DTSS to give medical card holders access to increased care and treatment that is currently only available to them in emergency circumstances.
4. **Expand the dental tax relief (Med 2 scheme) to increase tax band from 20% to 40%** (as per 2009 levels) and specifically include dentures in the scheme.
5. Allocation of **€3 million to reintroduce a Foundation Training Scheme** to facilitate new graduates in gaining experience in a mentored environment.
6. Capital investment of **€55 million to deliver the overdue new dental hospital at UCC** that was originally earmarked for completion in 2023. No progress has been made on this site since the sod was turned in 2019.
7. Additional **funding of €20 million for the two dental schools at UCC and TCD** to increase number of dental graduates that will practice in Ireland.



# the current crisis.

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

**1. Huge delays in medical card patients accessing dental treatment.**

There are now barely 600 dentists actively participating in the medical card scheme nationally. This is equivalent to 1 dentist per 2,500 eligible patients. The huge exodus of dentists from the scheme is forcing patients to travel further to see dentists, to wait longer for appointments or to postpone appointments to receive dental treatments. It is also increasing pressure on an already over-stretched public dental service.

**2. Massive waiting lists for children to receive dental and orthodontic care provided by the HSE public dental service.**

There are currently two-year-long waiting lists for treatments requiring General Anaesthetic with dentists saying that they are being forced

to choose which children they believe are suffering the most pain and treat them ahead of patients who may have already been waiting months or years.

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.

**3. A collapse in the school dental screening service, with just half of targeted children screened in 2022.**

In 2022, 99,367 children were seen under the school screening programme, which is less than half of those who should have been seen in second, fourth and sixth classes. Of those who are being seen, many are being seen late with an almost 10-year backlog in accessing services in parts of the country where children are only receiving their first appointment when they are in their fourth year of secondary school.



# the current crisis.

## **4. An overreliance on non-EEA students at our dental schools and a growing need to increase the number of places available at undergraduate level.**

Decades of under investment in our dental schools has contributed to the lack of dental graduates coming through the system each year, the results of which we are now seeing and feeling in the overall staffing and resourcing crisis facing dentists and dental patients.

This year – as per previous years - approximately half of the final year dental students in both Dublin and Cork are non-EEA students. Currently, within the final year at Cork Dental School, 25 of the students are from the EEA or the EU and 36 are from outside the EEA. The situation is similar in Dublin. Due to the reliance on non-EEA students to cross-subsidise the underfunding of the dental schools, graduates from Irish dental schools have only made up about a third of those registering with the Dental Council for the last 15 years.

## **5. A staffing crisis across the sector limiting capacity and patient access.**

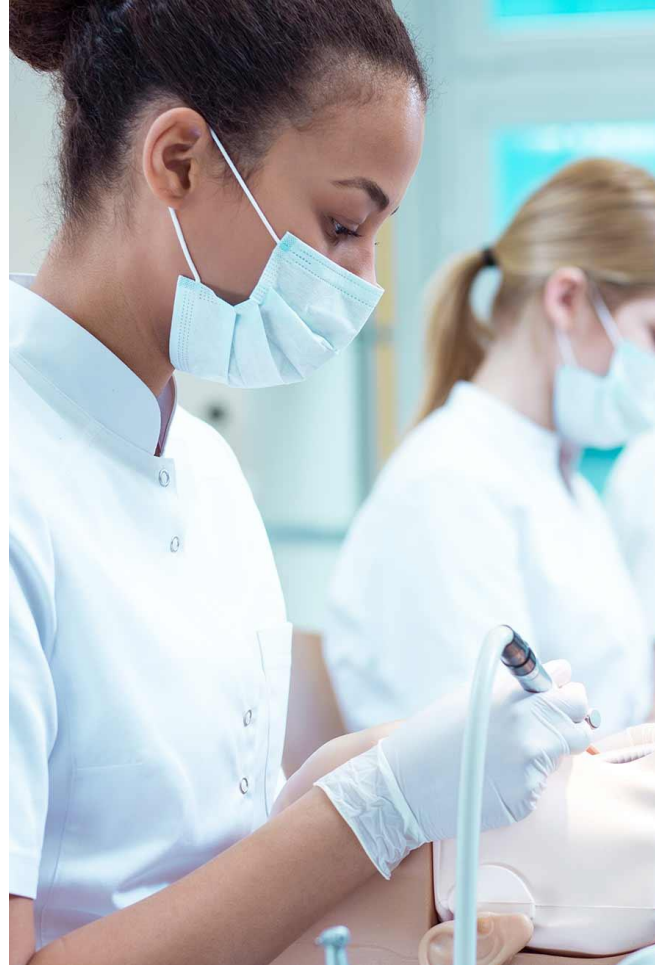
The IDA survey found that nearly two-thirds of dental practices who tried to recruit dentists in the twelve months to May 2023 could not fill the vacancy. While half could not recruit a dental nurse and three-quarters could not recruit a dental hygienist during the same period.

Due to this staffing crisis, one quarter of dentists are currently not in a position to take on new private adult patients, while 59% said the shortage of dental staff is impacting on patient access and treatment in their practice.

Accordingly to recently published healthcare data from the Department of Health, there are 2,420 dentists currently registered in Ireland, which is 1 dentist per 2,128 population (47 per 100,000) and at the lower end (bottom quartile) of OECD countries.

## **6. Significant waiting lists for private dental care.**

A recent IDA survey stated that one in six patients are waiting over 3 months for an elective appointment, while more than half of patients are being forced to wait longer than 3 months for specialist care.





# budgetary recommendations.

## 1. Immediate allocation of €7 million to hire 76 HSE wholetime equivalent (WTE) dentists to cut waiting lists for service and treatments in the public system.

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.

In 2022, 99,367 children were seen under the school screening programme, which is less than half of those who should have been seen in second, fourth and sixth classes. Of those who are being seen, many are being seen late with an almost 10-year backlog in accessing services in parts of the country where children are only receiving their first appointment when they are in their fourth year of secondary school.

A €5 million initiative was announced in last year's Budget to address the school screening backlog - yet no additional public service dentists are allowed to be hired with these funds. Instead, existing over-worked and demoralised staff will be asked to volunteer to work additional hours at evenings and weekends.

Based on the current population, 450 whole time equivalent dental posts are needed in the HSE public dental service (this number stands at 254 in 2022) 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 2006 (330.1 WTEs some 16 years ago).



# budgetary recommendations.

## **2. Immediate allocation of €6 million to hire 30 specialist orthodontists to address the up to 3-year waiting lists for orthodontic care.**

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.

We are calling on the State to commit to funding of €6 million to hire 30 specialist orthodontists to ensure that patients with the most severe of orthodontic needs are not waiting for excessive periods (up to 3 years) for critical care.

## **3. Allocation of between €108 – €232.5 million to deliver a reformed medical card scheme (DTSS) through the provision of a voucher or credit towards dental care of between €100 to €500 respectively.**

The Association has advocated for many years the unsuitability of the current medical card scheme (DTSS) for the 1.5m 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 important dental care for these patients.

Despite repeated promises that the Department of Health will instruct its officials to enter discussions with the Association on a new scheme and deadlines suggested by the Minister for Health which have passed on many occasions, we are no closer to addressing the obvious problems in accessing care by medical card holders.

There are now barely 600 dentists operating this scheme for 1.5m adults nationally. This is the equivalent of 1 dentist per 2,500 patients.

In 2022, despite the Government committing an extra €10 million to the dental medical card scheme, approximately €49.5m was spent on the DTSS, a huge way short of the €63.3m spent in 2017 and €86m spent in 2009.

The figures for the number of medical card patients treated are even more stark, with just 256,768 patients treated in 2022. This is over 150,000 less patients than were treated in 2017 (when 412,789 patients were seen under the DTSS); put more starkly, a massive 60% decrease in medical card patients being seen.

In the absence of any engagement, last year the Irish Dental Association supported an independently commissioned research report (prepared by Professor Ciaran O'Neill of Queen's University Belfast) that outlined an alternative proposal to improve access to dental care for medical card patients that was informed by international best practices.

# budgetary recommendations.

This would take the form of a voucher scheme which would offer between €100 and €500 towards dental care and would be a total cost per annum of approximately €108m and €232.5m respectively.

Meanwhile the crisis worsens on a daily basis; 80% of IDA members who currently hold a DTSS contract say they are no longer able to take on or see new medical card patients because they are at maximum capacity. Patients cannot get a dentist and are having to travel outside of their communities and counties to access care.

The problem will not be solved by tinkering with the existing scheme which is why we are advocating for a more radical reform. 93% of dentists say that they would not re-join or sign up to the medical card contract in its current form; it's clear that an entirely new approach is required.

The Government must commit to starting meaningful engagement on a new dental scheme for medical card patients and, in this Budget, ring-fencing appropriate levels of funding for it.

## **4. Expand the Med 2 (dental tax relief) scheme to increase tax band from 20% to 40% and specifically include dentures in the 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.

We believe that reform and expansion of the Med 2 scheme can significantly alleviate the difficulties faced by patients in accessing dental care. 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 and found that 86% of dentists believe that reform of the Med 2 dental scheme would improve access to dental care.



# budgetary recommendations.

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.

## **5. Allocation of €3 million to reintroduce a Foundation Training Scheme to facilitate new graduates in gaining experience in a mentored environment.**

We believe it is vital that the Government fund the reintroduction of a Foundation Training Programme as a matter of urgency as part of the solution to the workforce crisis in the sector. Internationally, it is standard for a programme of post-graduate education and training (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 re-established 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, as it similarly did not support our calls more recently for mandatory professional education for dental professionals to bring the profession in line with other healthcare practitioners and international best practice.

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.

# budgetary recommendations.

## **6. Capital investment of €55 million to deliver the overdue new dental hospital at UCC that was originally due for completion in 2023.**

The two dental schools in Dublin and Cork are struggling, due to entirely inadequate funding to cope with the existing numbers in training. The decades of under investment in our dental schools have absolutely contributed to the lack of dental graduates coming through the system each year, the results of which we are now seeing and feeling in the overall staffing and resourcing crisis facing dentists and dental patients.

We are calling for the new dental school at UCC to be funded as a priority. Approval was given for this development in 2019 with €34 million in funding secured from the European Investment Bank. The 8,500 sq m Cork University Dental School and Hospital was due for tender in February 2020 and set for completion in

summer 2023 – the deadline for which is now passed. No progress has been made on the building since the sod was turned in 2019.

Of particular note, the new dental school expansion would have allowed an increase in the student cohort from 50 to 72, a 44% increase in places.

## Recommendation 6



# budgetary recommendations.

## 7. Additional funding of €20 million for the two dental schools at UCC and TCD.

While the Association welcomes the announcement of extra college places for student dentists under the HEA proposals as an important step for Irish school leavers wishing to practice dentistry here in Ireland, we are also calling on the Government to ensure that this plan gets the necessary investment and funding to ensure the additional places are realised.

The Government must provide sufficient funds to the dental schools immediately and as part of this budgetary cycle in order to end the reliance on funding from students from outside the EEA.

For context, this year – as per previous years – approximately half of the final year dental students in both Dublin and Cork are non-EEA students. Currently, within the final year at Cork Dental School, 25 of the students are from the EEA or the EU and 36 are from outside the EEA.

The situation is similar in Dublin. The reason we are seeing this is because, in effect, the students from outside the EEA are paying between €45,000 to €55,000 per annum in fees and are cross-subsidising the other students.

Due to the reliance on non-EEA students to cross-subsidise the underfunding of the dental schools, graduates from Irish dental schools have only made up about a third of those registering with the Dental Council for the last 15 years.

The most effective step that the State could take right now is to ensure that dental schools have enough funds so that they do not need to reserve places for non-EEA students, which would mean that more local school leavers would be able to take up places in dental schools and, hopefully, be available to work here in Ireland when they graduate.

Our estimations indicate that additional State funding of €20 million per annum for the dental schools in UCC and TCD will ensure that they

are not reliant on fees generated by non-EEA students. This would have an immediate and positive impact on producing more dental graduates who are likely to practice in Ireland.



for further  
information.

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