

Meeting of the Joint Oireachtas Committee on Health

(Wednesday 12 May 2019)

Opening Statement

Dr. John Marley, Dean, Faculty of Dentistry, RCSI

Good morning, Chairman and Members. My name is John Marley, I am the current Dean of the Faculty of Dentistry, Royal College of Surgeons in Ireland. Attending with me today is our Vice Dean, Professor Chris Lynch.

Thank you for inviting us here this morning to present to you in respect of oral health policy in Ireland.

If I may, I would like to set out why we are here today and we would then be very happy to address any questions the committee would have.

1. About Us

The Faculty of Dentistry of the Royal College of Surgeons in Ireland (FoDRCSI) was established in 1963. It is made up of Dental Specialists and Consultants, Senior Academics and General Dentists who provide education, accreditation of Post Graduate educational programmes and assessments of qualified dentists both in Ireland and abroad.

The Facility is Ireland's leading centre for postgraduate dentistry examinations with around 900 dentists from Ireland and abroad examined each year and over 2,000 of its graduates working as dentists across Ireland and the world.

2. National Oral Health Strategy and RCSI role in the process

Faculty representatives were invited to participate in a consultation day held in Thomond Park in May 2015, which was a general information sharing and discussion activity.

I was formally invited to a meeting by Dr Kavanagh (Chief Dental Officer) to meet with her and the Deans of the Dental Schools in Cork and Dublin on 7 Nov 2018. The group were informed that the publication of the Oral Health Policy was imminent.

At no time was the Faculty invited to be represented on the scientific panel which was tasked with developing this policy.

3. Faculty concerns:

As stakeholders with a significant interest in the delivery of quality oral and dental healthcare for the Irish population, the Faculty has raised concerns on a number of issues as follows:

a. The lack of a foundation year of dental training

Unlike our medical colleagues, where a pre-registration year (Intern Year) is mandatory, newly qualified dentists are permitted to practice independently without the benefit of formal mentoring, clinical support, supervision and training in their first,

and pivotal, year as a qualified dentist. Such a scheme exists in the UK for dentists who have trained in England, Scotland, Wales and Northern Ireland.

We strongly support a mandatory year of Foundation Training (FT) for newly qualified dentists in Ireland. This would ensure that a dentist's initial training requirements correspond to that of a medical graduate. As in the UK, it is envisaged that this training would take place in established practices.

b. Continual Professional Development (CPD)

We are concerned about the absence of legislation in Ireland, which would ensure and reassure the public that all dentists and their team would be subject to mandatory, life-long learning & development through CPD, and consequently would ensure that they continue to provide safe, effective and contemporary treatments for their patients throughout their working lives.

This is in marked contrast to our Medical and Pharmacy colleagues in Ireland where CPD and lifelong learning is an expected and mandatory requirement. In the UK, the equivalent scheme for dentists includes mandatory training in Radiation Protection, Infection Control, Oral Cancer detection, complaints handling, amongst others.

c. The lack of State- supported dental specialist and consultant training

We are concerned regarding access to dental speciality and consultant training in Ireland.

Currently there are just two dental specialities recognised by the Irish Dental Council in Ireland; Orthodontics and Oral Surgery. There are a further 11 recognised dental disciplines in the UK and other jurisdictions. There are a small number of specialist training programmes in Ireland and, unlike medical training, are self-funded by the trainees.

There is also no formal mechanism for training of dental Consultants in the Republic of Ireland. Currently, there is no national body or forum where consultant dental training issues, including funding, can be discussed and progressed.

As per Section 86 of the Medical Practitioners Act 2007, the Health Service Executive has a number of responsibilities in relation to the development and co-ordination of specialist dental education and training, and the subsequent alignment of this activity with dental workforce planning

We propose that this training should be expanded to include all dental specialties and consultant level training, and as for medicine, this should be funded by the HSE/Department of Health instead of personally by the trainees.

4. Impacts

a. Lack of Dental Foundation (DF) training year

DF training provides an important transition for the newly qualified dentists from the sheltered environment of the dental school to that of the rigours and demands of general dental practice.

It follows that with an the absence of a foundation year of training, with protected time for learning and self-reflection in a supportive environment, the newly qualified dentist is immediately “deep-dived” into a complex environment of independent practice without the safety net of the support and guidance that could be provided and is provided to their medical peers.

DF training has been established, in a mandatory arrangement, in the UK setting since the early 1990s.

b. Lack of Legislation to mandate dental CPD

The Dental Council’s Code of practice pertaining to Professional Behaviour and Dental Ethics states that “all dentists have an obligation to maintain and update their knowledge and skills through CPD and the Dental Council decided to introduce its’ voluntary scheme.

As a “voluntary scheme” it follows that in the absence of mandatory, audited CPD, there is an increased potential for patients not to receive as good quality care as they should expect and deserve.

As occurs in other European jurisdictions, without this significant governance pillar, there is no formal mechanism for dentists to demonstrate to their patients that they are keeping their skills and knowledge “up to date”. While we know that all members of the dental team are appropriately trained and qualified at graduation, there needs to be a formal mechanism to allow them to keep their skills up to date, continue to know their limits and continue to be able to recognise when to refer patients appropriately.

c. Lack of access to funded higher specialist/consultant training

There are many potential implications for the current state of (or lack of) post graduate dental training in Ireland. Fees payable for a three-year University based Specialist Programme can be in the region of 100,000 euro and is frequently a barrier to entry to such training.

- Talented young dentists who want a career in the public sector or academic dentistry in Ireland have only limited access to training programmes, unlike their medical peers. These young dentists are likely to leave Ireland, in order to access these programmes of training in the UK, Europe or the USA, benefitting the dental health of other countries at our expense.
- As there is no formal pathway for dentists to undertake consultant training in Ireland, any consultant appointments in Ireland are being made by equivalence which is determined by individual institutions in collaboration with External Assessors as part of the selection /appointment process. This poses significant problems with appointments when specialists claim equivalence as a result of additional training. There is no clear mechanism to evaluate equivalence, which has resulted in competitions for consultant posts being abandoned. There are also concerns surrounding the quality assurance of training for individuals being considered for appointment to such posts.

- Most Dental Consultants in Ireland are in their mid to late fifties or the early sixties. Many are expected to retire in the next 3-5 years. With no formal training and the difficulties with assessing “equivalence” there is an existential risk to the dental service in terms of expertise and experience and delivery of undergraduate dentistry courses. Such considerations raise concerns about the training of the next generation of dentists, dental hygienists and dental nurses in Ireland.

5. Position in Ireland vs other jurisdictions

a. Within the UK, Dental Foundation training is administered by the 12 postgraduate deaneries in England and one each in Scotland, Wales and Northern Ireland and currently there are in excess of 1,000 dental foundation trainees across the UK.

b. Key exemplars of mandatory CPD requirement in Ireland are in Medicine and Pharmacy. In the UK, Dental CPD is also mandatory and is overseen by the UK General Dental Council. In the UK, the equivalent scheme for dentists includes mandatory training in Radiation Protection, Infection Control, Oral Cancer detection, complaints handling, amongst others.

c. Higher specialist and consultant training in all dental disciplines is available in the UK, which recognises 13 specialist lists

6. RCSI reform proposals

a. Foundation training year

The FoDRCSI would support a compulsory year of Foundation Training for newly qualified dentists. This would ensure that their immediate post-qualification training requirements correspond to that of a medical graduate.

These posts should be salaried and would complement the Oral Health policy objective of equitable access to dental care for all.

b. CPD

The FoDRCSI recommends the implementation of mandatory CPD through new legislation as a matter of urgency. There are several possible models including that of the General Dental Council of the UK. This will require new legislation. However, we feel that this development would be a significant external reassurance and oversight of the commitment of Irish dental team members to the safe delivery of quality oral health care for patients in Ireland.

c. Specialist and Consultant Training

The FoDRCSI recommends an expansion of the current list of recognised specialities through new legislation as a matter of urgency.

The FoDRCSI also recommends the creation a specific dental body which has, as its responsibility, the setting and QA of consultant training programmes in all the dental

specialities. The FoDRCSI would be happy to input to this body given its expertise in this field.

This body would require ring-fenced funding so that both Dental Specialist and Dental Consultant training regains equivalency with Medical Consultant training.

7. Closing remarks

The Faculty of Dentistry, RCSI has laid out its concerns and recommendations for change. At the core of these issues is the need to maintain the quality of care and services provided to our patients. I am happy to respond to any further queries on the issues as outlined. **END.**