

## Opening Statement to Oireachtas Health Committee

**Fintan Hourihan, Irish Dental Association Chief Executive, 5 July 2023**

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Cathaoirleach, Deputies, Senators.

Thank you for the invitation to address you the Committee this morning. My name is Fintan Hourihan, Chief Executive of the Irish Dental Association (IDA) and I am joined by my colleagues from the dental profession:

Dr Eamon Croke, President of the Irish Dental Association  
Dr Caroline Robins, Immediate Past President, IDA  
Dr Will Rymer, Chair of the GP Committee

This year, the Irish Dental Association celebrates its 100th year. It is a history that is intrinsically linked with the foundation of the Irish state and decisions made – for better or worse – by successive Governments and policymakers over this period.

Oral and dental health forms an essential part of general health and well-being, but our experience to date is that oral health is not prioritised in terms of promotion, funding, or service delivery.

My colleagues sitting with me today will tell you that diseases of the mouth and oral cavity have a significant impact on people in terms of pain, suffering, impairment of function, productivity losses, and reduced quality of life.

From an economic perspective too, poor oral health costs.

According to the CSO, 80% of expenditure on dental care in Ireland is out-of-pocket expenditure. This tells us two things. For one, it shows that state assistance towards the cost of dental care is extremely limited as compared with other health conditions. Much more worryingly, however, is shows 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.

Unfortunately, none of this is new.

You will be all too familiar with the crumbling medical card scheme and the chronic delays in delivering the school screening programme – and we will address these today too – but staffing and resourcing in the dental sector is fast becoming an even bigger issue for patients in accessing dental care.

Last September 2022, we carried out research that showed in the starkest of terms that the majority of vacancies in the dental sector right now cannot be filled.

At that time, two-thirds of practices who tried to recruit dentists over the previous 12 months could not fill the vacancy, and neither could half of practices who attempted to recruit dental nurses or hygienists.

These staff are not just “nice to haves”. They are fundamental to the effective running of dental practices right across the country, and for ensuring access to dental care for those that need it in their local communities.

In the same piece of research, two-thirds of dentists said the staffing shortage was having an impact on patient access to dental care in their practice and approximately two-thirds said their capacity to treat emergency appointments has reduced over the past year.

In a more recent survey of members (April 2023), one in four dentists said they cannot currently take on new private adult patients, while four out of five dentists said they don't have the capacity to take on *any* new patients, including children.

The situation is as stark, if not more so, in the public sector, where the HSE is obliged to provide care for children and for special care patients and an orthodontic service for children with severe orthodontic needs. Here, the recruitment and resourcing challenges arise from policy decisions which, as noted from the outset, reflect the very low priority attached by the Department of Health and the HSE to the provision of dentistry in Ireland.

The Minister for Health himself said recently that the State has had a ‘blind spot’ when it comes to dentistry and oral health. Our open question to you all today is what will it take for the State to open its eyes to the scale and urgency of the crisis that it consistently chooses to ignore so that dental health is finally recognised as an integral part of general health.

My colleagues will tell you in real terms that they can't recruit enough dentists. They will tell you that their patients can't get appointments quickly enough. I have no doubt that each of you come to today's meeting with stories from your own constituencies and communities about how difficult people are finding it to access care.

And yet, as part of Budget 2023, the Government announced funding of €4.75 million to support the development of new prevention-focused oral healthcare for children aged from birth to seven years. We believe that this is a tiny amount of spending directed at inappropriate reforms and we have fundamental concerns as to the likelihood of their delivery.

We were not consulted or asked on the suitability of this type of reform prior to the oral health policy published in 2019 or this latest Budget announcement.

In the period since, with no dialogue or consultation forthcoming, we are increasingly concerned that this may be an attempt to shift political responsibility for children's oral health away from the public service which is designed to target **all patients** through the school screening service and into the private sector, where the onus will be on parents to ensure that their children are receiving adequate oral healthcare in line with clinical best practice.

Announcing a new scheme for young children with no prior consultation with the profession and expecting an already understaffed and overstretched private sector to have capacity to see this important cohort of patients is an ill-advised proposition – and certainly not at a cost we estimate equates to approximately €10 per child.

According to recent research by Amárach Consulting, 75% of dentists in private practice would find it difficult or very difficult to provide such a service for under 7s. As dental practitioners, my colleagues will tell you that specialist care is required when treating children and that this should happen in a fully staffed public service to ensure that all children, regardless of socioeconomic status, receive early intervention.

As a result, we find ourselves once again calling on the Minister and his officials to sit down with the profession to listen to the profession and together to resolve the shortcomings that would benefit the dental sector as a whole and, ultimately, deliver the best outcome for the patient.

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.

### **Decades of neglect**

A €5 million initiative was announced in the 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.

We also understand from the HSE that the Department of Health is prioritising these funds for adult medical card holders rather than children or special care patients.

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 six 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.

In addition, and for the purposes of today's discussion, we have collated other evidence which illustrates clearly how patients have been neglected over the past two decades and the unacceptable neglect towards patients and the hostility shown to both public and private dentists.

- 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.

- The number of public-only dentists in the HSE has dropped by almost one quarter (23%) over the past 15 years, down from 330 in 2006 to 254 in 2022. This means that the HSE would immediately need to hire 76 dentists *at a minimum* to bring the service back to the levels it was 15 years ago.
- There are now **barely 600 dentists actively participating in the medical card scheme** nationally.

Relating specifically to recruitment and resourcing:

- 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.
- One quarter of dentists are currently not in a position to take on new private adult patients, while four out of five dentists surveyed said they don't have the capacity to take on any new patients, including children.
- 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.
- 93% of dentists say that they would not rejoin or sign up to the medical card contract in its current form during any talks on a new scheme.

### **Strategic Workforce Plan**

In the absence of any engagement on these issues, we prepared a strategic workforce plan in April 2023 that outlines the scale of the problem and sets out a number of recommendations and solutions that we believe can address same.

Our analysis shows that we need **nearly 500 extra dentists** across the private sector and public service immediately to adequately meet the needs of a rising population and to replace retiring dentists.

Measures to improve the supply of dentists we recommended include significant investment and expansion of the two dental schools at UCC and TCD, the reintroduction of a Foundation Training Scheme to facilitate new graduates in gaining experience in a mentored environment and changes to rules surrounding work permits.

Our dental schools in UCC and Trinity respectively have not seen any significant expansion or investment in decades and, fundamentally, do not produce enough dentists or dental practitioners, to meet the demand for care in Ireland.

We are cautiously optimistic for what the recent announcement of increased college places by Minister Harris and his Department means for Irish school leavers wishing to practice dentistry here in Ireland and most importantly, what this could mean for patients and people who have been struggling to access dental services and treatments right across the country.

We now need to ensure that this plan gets the necessary support and investment by Government as part of budgetary considerations so that it does not become another example of the lip service paid to our profession.

### **Broken promises and false dawns**

Our membership is beyond frustrated at the endless broken promises and false dawns promised by successive Health Ministers and the Department of Health. The collapse of the DTSS is the perfect example. Minister Donnelly is the sixth Minister for Health to hold office since the Department walked out of talks on a new scheme, 15 years ago.

***It is astonishing to think that in 2023, an oral healthcare scheme that fails to offer the same standard of care to the most vulnerable and economically disadvantaged in our communities still exists.***

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.

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.

For context, the spend on the medical card scheme in 2021 was €39.6m, rising in 2022 to €49.4m. a far cry from the €86m spend fourteen years ago in 2009. An extra €10m being made available this year is nowhere near enough to solve the underlying problems associated with the scheme or stem the flow of dentists leaving it.

For those needing reminding, the medical card scheme was established by the Department of Health in 1994, predating both the internet and mobile phones.

Perversely, it dictates what materials dentists can use and what procedures can be carried out. Only teeth extractions are unlimited.

Imagine, Deputies, having no clinical autonomy to make decisions that are in a patient's best interests. It shouldn't matter whether you are a medical card patient or not, but it does.

Imagine walking into a doctor's surgery with a broken leg and being told the only available option to you, because of your socioeconomic status, is amputation.

A more cynical person might argue that the system is weighted towards cost containment over health by providing an accelerated pathway to extraction for those who cannot afford or access the alternative. As policy makers, we implore you to join us in saying enough is enough; talks on a better system must begin immediately.

Following the financial crisis of 2008, reimbursement levels to dentists were reduced and treatments available to medical card holders were suspended or available in emergency cases only. This has not substantially changed in the 15 years since.

The Minister and Department, however, will say that he has increased funding of the DTSS; he will say that some limited treatments have been re-introduced; he will even say that the numbers of contracted dentists have actually increased in recent months. But when you examine the expenditure more closely, you will see that what the Minister and Department are portraying is nothing but a glossy veneer on an otherwise rotting tooth with barely 600 dentists now operating this scheme for 1.5m adults nationally. This is the equivalent of 1 dentist per 2,500 patients.

The truth is that there has been no meaningful engagement with the profession on this or any issues, nor with the Irish Dental Association as its representative.

Indeed, legislation to regulate dentistry which protects patients and ensures the highest standards of education and training of dentists has been promised for many years. But when the opportunity arose recently to bring mandatory professional education for dental professionals in line with other healthcare practitioners and international best practice, the Minister would not and did not support the inclusion of this amendment in the Regulated Health Professions Bill 2022.

What remains now is antiquated legislation dating back to 1985, while the legislation regulating medicine, nursing, pharmacy, and veterinary medicine has been overhauled and modernised.

I would note here that, despite the harsh message we have delivered today, we thank this committee for your efforts in raising this both as an agenda item and directly with the Minister.

### **A future model of care**

As a profession, dentists have felt side-lined and ignored by successive governments for more than a decade, contracted to provide an extremely limited and wholly restrictive service to some of the most vulnerable and economically disadvantaged people in our communities.

We are the representative body for dentists and the only advocates on behalf of the patients served by dentists. Our members can deliver change and want to see better access to dental care for all the community. But change can only happen through political willingness, and we have yet to see that from Government.

The recent vote of no confidence in the Minister by dentists at our AGM in May shows how broken their trust is in a system and service that has no capacity and no conviction to reform.

As an Association representing more than 1,800 public service and private sector dentists, we would welcome the Oireachtas Health Committee's support in pushing the Government to prioritise dentistry as an urgent national healthcare matter.

Yes, we need to reform how care is delivered but we also need more dentists and dental team members to meet the growing demand for dental care as well as the huge unmet need.

We need to see commitments. We need to see pathways. We need to see progress.

Above all, we need your support as a coalition of the willing to be part of these discussions and in developing the best pathway forward for everyone.

As we have cause to reflect on the past 100 years of dentistry in Ireland, we understand that we all have a choice to either learn from the past and change or allow history to continue to repeat itself.

We hope that our policy makers do likewise.

Thank you.

**ENDS**