



Presentation to the Oireachtas Health Committee, January 14th 2026.

Chairperson and Members of the Committee,

I wish to thank members of the Committee for the opportunity to address you today in relation to a number of topics concerning dental services and the ongoing staffing crisis in the sector. I am joined by my colleagues Dr Will Rymer, IDA President and general dentist (Roscrea), Dr Bridget Harrington Barry (IDA President-elect and Senior Dental Surgeon, HSE Galway) and Dr Sarah Edgar, general practice dentist from Letterkenny. Behind us are Dr Daniel Merrick, a general dental practitioner from Dublin and Ms Roisin Farrelly, our Director of Advocacy and Communications.

We welcome the continued interest of this Committee in the concerns we have consistently raised around the provision of dental care in Ireland and welcome this first opportunity in the current Dáil to speak to you all in this format. Dentistry is a cornerstone of public health, yet oral health services in Ireland have been neglected over many decades.

We have been invited to address four specific topics. They are the Dental Treatment Services Scheme (DTSS), dental assessments for children, training and workforce planning for dentists and the role of dental hygienists in prevention and care. These tie-in to broader issues across both the public and private dental sectors, not least the overdue roll-out of the 2019 National Oral Health Policy. The Irish Dental Association is committed to reform, and we have published over half a dozen reform proposals since 2018.

1 - Dental Treatment Services Scheme (DTSS)

The DTSS, which provides care for medical card holders, is in a state of crisis. Active participation has collapsed, and holders struggle to receive care. Fewer than 600 dentists currently operate under the scheme, compared to 1,452 in 2012 and 1,664 in 2016. Between 2009 and 2023 the number of eligible medical card patients has increased from 1.48m to 1.61m adults (i.e. an extra 130,000 adults).

Treatment volumes have plummeted from almost 1.6 million treatments in 2009, to just over 970,000 in 2023. This decline is certain to continue without meaningful reform.

Dentists have left the scheme due to state-imposed restrictions on the treatments they can provide compared to other patients, restrictions on the materials they can use, due to the administrative red-tape and the amount of paperwork required for very routine treatments, particularly where prior approval by the HSE is necessary, and because fees offered are considerably below the costs incurred in providing the treatments.

Despite fee increases, the scheme remains restricted to emergency care and extractions, with limited preventive options. This perpetuates inequality and results in higher long-term costs for the State.

The Irish Dental Association has proposed a voucher-based model and interim measures such as evening clinics in HSE facilities, but formal negotiations on a new scheme were ended by the Department of Health in 2008.

Let me assure you that our members want to treat medical card holders, but in many cases the amount they are reimbursed for a medical procedure is less than the cost of providing that care when the cost of materials, electricity, staff and other overheads are taken into account. Dentists want to treat patients in need but shouldn't be expected to make a loss for doing so.

The Department of Health, which walked out of talks on a new scheme in 2008, must sit down for comprehensive talks on a new, modernised and fit-for-purpose Dental Treatment Services Scheme at the earliest date possible.

2 - Dental Assessments for Children

The HSE school screening programme, once a flagship of preventive care, has deteriorated sharply. The state's policy from 1994 promises screening at three stages in primary school (second, fourth, sixth class), but many children are seen only once—or not at all.

In 2023, fewer than 104,000 children were screened, compared to 152,000 in 2018, despite an eligible cohort of 200,000. School screening is vital to ensuring children can access preventative care, which dramatically reduces the need for future interventions.

In some regions, screening rates are as low as 19% in Limerick, while 87% are reached in Tipperary. Consequences include rising decay, increased extractions, and delayed orthodontic interventions.

We wish to convey the very serious implications poor oral health can have on people. It is only in recent years that we have begun to fully comprehend the strong links between poor oral health and broader, serious health issues such as cardiovascular disease, diabetes, stroke and respiratory issues.

You cannot have good general health without good oral health

Despite these clear realities, the HSE dental workforce has fallen by 23% since 2006, while the number of eligible patients has grown by 20%. If this were another area of the health service, it would be widely considered totally unacceptable.

We need a clear commitment to rebuild the HSE dental service on a phased basis and to increase the total complement by over 100 dentists (net) on a phased basis.

3 - Training and Workforce Planning

Ireland also faces a severe shortage of dental professionals. We estimate that we need at least 500 additional dentists across public and private sectors to meet demand.

We welcome the opening of the new RCSI dental school, which will provide a welcome increase in our graduate capacity. The two dental schools in Cork and Dublin graduate about 90 dentists annually, but 50% are non-EEA students, most of whom return home.

We also have concerns as to the plans for the Cork dental school considering the failure to commence building a new dental school which was due to be completed in 2023.

We believe that the number of places for non-EEA students in all dental schools should be capped at 20% but this would also require significant extra state funds to cover the shortfall in funding for dental schools which would follow.

Additionally, there is no foundation training year for new graduates, unlike medicine. The Irish Dental Association supports the reintroduction of a one-to-two-year vocational training programme for new dentists to move from competence to confidence, to develop the skills and capacity of new graduates in the workforce. This is a vital tool in ensuring new dentists are given the skills to cope with a high-pressure work environment and will aid in ensuring new graduates remain practicing as dentists.

We welcome the announcement over Christmas of Cabinet approval for legislation to place professional competence / CPD for dentists on a mandatory basis.

Recognition of only two specialties (orthodontics and oral surgery) versus 13 in the UK hampers recruitment and service development. We have presented proposals for the recognition of nine extra specialities to the Irish Committee for Specialist Training in Dentistry and the Dental Council.

As an Association, we have also advocated for the addition of dentists and dental nurses to the critical skills list to attract talent from the wider world, we believe this would aid significantly in alleviating skill shortages across the sector. The creation of a national dental workforce database is also vital to enable strategic planning across the sector.

4 - The Role of Dental Hygienists

Dental hygienists are critical for prevention and periodontal care. Half of dental practices in Ireland report difficulty recruiting hygienists, and visa restrictions limit overseas recruitment.

We support expanding the number of places to train hygienists and integrating hygienists into public health programmes as this will reduce disease burden and free dentists for complex care. We also support direct referral to hygienists within dental practices.

However, we are clear that patients should remain under the care and supervision of a dentist. There is an important public health rationale for this. While hygienists are experts in preventive gum health, they are not trained to diagnose oral cancer, complex decay, or underlying systemic issues that present in the mouth. A dentist-led examination ensures that serious pathologies are not missed while a patient is simply getting a cleaning.

This expanded role for hygienists will require careful examination and planning. We are aware that the Netherlands conducted a five-year trial and concluded last year that direct referral within independent hygienist practices was not desirable.

We await proposals from the Department of Health regarding the scope of practice for dental hygienists and other skills mix initiatives and we will be ready to engage positively to ensure patient care is enhanced and access to care is made easier.

Conclusion

Oral health is integral to general health. Yet today, 80% of dental care costs are paid out-of-pocket, and access for vulnerable groups is collapsing. Ireland is a signatory to the WHO Global Oral Health Strategy, which calls for universal access without undue hardship.

Meeting that goal requires:

- **Immediate talks on a new DTSS**
- **Restoration of school screening services**
- **Investment in workforce and training reforms**
- **Legislative updates for patient safety and CPD**

We welcome the stated commitment of the Minister, Dr Carroll MacNeill, to publish a three-year plan to begin the roll-out of the 2019 oral health plan known as Smile agus Sláinte.

I want to assure members that the Irish Dental Association stands ready to work with Government and this Committee to deliver a system that is fair, modern, and focused on prevention and patient needs. We look forward to engaging with you here today on these matters and wider issues of concern.

Thank you.