



Statement of Strategy and Financial Plan 2019 – 2022

1. Introduction to Dental Regulation in Ireland

1.1 Overview of the regulation of dentistry in Ireland

The Dental Council is a statutory body established to protect the public through effective regulation. It was established under the Dentists Act, 1985 and replaced the Dental Board established in 1928. Prior to that, dentistry was regulated by the General Dental Council in the UK. The Council has nineteen members, seven of whom are elected by the profession and each Council serves a five-year term. There is no requirement that any of the other members of Council must be dentists, but in practice about half of the remaining appointments tend to be dentists because the nominating bodies are providing dental education. There is a requirement that two members are appointed to represent the public interest and these cannot be registrants. These members have an important role in the Council's fitness to practise process. The Council is obliged under statute to have an Education and Training Committee, a Fitness to Practise Committee and an Auxiliary Dental Workers Committee. The present Council's term of office expires in November 2020.

1.2 Overview of the dental profession in Ireland

There are about 4,400 registered dental professionals in Ireland (**Table 1**), about 70% of whom are registered dentists. The number of registrants has increased by approximately 20% over the last five years. Ireland is a member of the European Union (EU) and has an obligation to implement EU policy. EU policy is implemented by way of a mandatory Directive and each country in the Union is obliged to transpose Directives in to national legislation. The main EU Directive concerning healthcare professionals is the Professional Qualifications Directive (2005/36/EC and 55/2013/EU) which obliges countries to recognise qualifications obtained in other EU countries.

Table 1: All Registrants

Registrants		2017
Dentists		3,059
Specialists		242
- Oral surgeons	68	
- Orthodontists	164	
Dental Nurses		783
Dental Hygienists		533
Clinical Dental Tech		39
Orthodontic Therapist		28

Over 28% of registrants in Ireland hold EU qualifications (**Table 2**). Five years ago, 20% of the register held EU qualifications. Due to our historic links there has always been a significant movement of dentists to and from the UK. However, the expansion of the European Union in recent years has resulted in a significant number of people emigrating to live and work in Ireland, primarily from eastern European countries. There has been a corresponding increase in applications from

holders of dental qualifications in these countries to register with the Irish Dental Council. The Dental Council aims to minimise the impact of Brexit.

Table 2: Register of Dentists

Registrants	2017
Irish Trained	2,047
EU Trained	858
Non-EU	154
Total	3,059

Oral surgery and orthodontics are the only two registerable specialities in Ireland. They are also the only commonly recognised dental specialties in the EU. Training programmes which lead to specialist registration must be of at least three years full time duration. This is a requirement of the Professional Qualifications Directives. A number of dentists hold postgraduate qualifications in areas such as endodontics, periodontics, special care dentistry and paediatric dentistry. While holders of these qualifications cannot as yet register as specialists they would tend to limit their practice to these areas. The Council has approved the creation of the following nine additional specialties: periodontics, prosthodontics, endodontics, paediatric dentistry, special care dentistry, dental public health, oral medicine, oral pathology and oral radiology. It regulates these programmes in the same manner as the oral surgery and orthodontic programmes.

It is also mandatory to register with the Dental Council to practice as a dental hygienist, clinical dental technician or an orthodontic therapist. Registration is voluntary for dental nurses, though they must be registered in order to take radiographs.

1.3 Overview of undergraduate dental education in Ireland

Undergraduate dental education in Ireland is delivered through the two dental hospitals in the country. These are located in Dublin and Cork and each year approximately 90 students graduate from the two programmes. The programmes are of five years duration and are full-time. Programmes are compliant with the Professional Qualifications Directive. Clinical contact for students generally commences in the second or third year of the programme.

Under legislation, the Dental Council is responsible for ensuring that the dental education and training provided in the two dental schools is adequate and it must satisfy itself with regard to the standards of theoretical and practical knowledge and clinical experience required at examinations for primary qualifications (**Table 3**).

Table 3: Undergraduate dental programmes in Ireland

University	Dental School	Award
University College of Dublin (Trinity)	Dublin Dental University Hospital	B.Dent.Sc.
National University of Ireland	Cork University Dental School and Hospital	B.D.S.

1.4 Overview of other approved programmes

The Dental Council accredits an additional 19 programmes in specialist fields of dentistry and in the auxiliary dental professions. Most of these programmes are run by the two dental schools, but there are a number of dental nursing programmes delivered in other educational institutes.

1.5 Accreditation of programmes

The Dental Council has a robust accreditation and assessment mechanism in place. This consists of a review of a detailed self-assessment questionnaire completed by each programme, a review of all pertinent documentation and a formal visit to the school. Accreditation reports are structured and generally conditions are attached to the programmes' continued approval. The implementation of these conditions is mandatory on the schools and they are obliged to report periodically to the Council on progress. The Dental Council reserves the right to re-visit a programme mid-term if it is warranted. The reports generally contain recommendations also which, while not mandatory, are items that will improve the quality of the programme. The educational institutes are obliged to consider the recommendations and to make a report to Council on their decision to implement them or not.

1.6 International and mutual recognition of dental qualifications

As a matter of policy, the Dental Council is interested in entering into agreements to mutually recognise qualifications with countries to the forefront of dental education world-wide. Agreements of this nature allow the Dental Council to ensure that its assessment processes are robust and benchmarked against best practice. The two dental schools are fully supportive of the Dental Council in following this policy. The Dental Council has signed a reciprocity agreement with Canada and it hopes to sign others over the course of this strategic plan. The Dental Council may consider a similar agreement with the United Kingdom should 'Brexit' not provide for a continuation of the present mechanisms. The registrar of the Dental Council held the presidency of the Federation of Dental Competent Authorities and Regulators (FEDCAR) in 2018 and is its vice-president in 2019. He is also a former Chairman of the ISDR.

1.7 Fitness to Practise

The Dental Council has a low level of fitness to practise activity in comparison with the other healthcare regulators, but the activity has grown in recent years. The Dental Council has held 29 proceedings under the Dental Act, 1985 and 21 of these have been held since 2009. There are presently 3 cases pending inquiry. The new Regulated Professionals (Health and Social Care) (Amendment) Bill will have a significant impact on the Dental Council's workload when it is commenced.

1.8 Staff of the Dental Council

The Council has a small executive relative to the other healthcare regulators. The Council has seven permanent members of staff. Many of the staff are long-serving and are committed to the Council's vision. The executive is supplemented with temporary staff as the need arises. The Dental Council is making a separate submission on staffing to support this strategic plan.

2. Statement of Strategy 2019 – 2022

2.1 Introduction

The purpose of this document is to set out the Dental Council's plans for the period from 2019-2022 to plan for a future that allows the Council efficiently regulate the dental profession to protect the public and to meet its obligations under both 'Smile agus Sláinte', the 2019 National Oral Health Policy, and new legislation. This plan was prepared on the basis that the new Dental Bill will be commenced after the plan expires. The present Council anticipates that it will serve out the remainder of its term of office under the provisions of the Dentists Act, 1985 and the plan reflects this belief. The Dental Council has identified four broad strategic objectives for the remainder of its term of office:

1. Encourage a learning environment that enables good professional practice.
2. Develop an effective and efficient register.
3. Continue a proportionate approach to regulation reflecting best international practice.
4. Develop a sustainable and high-performing organisation.

2.2 Statement of Strategy

The Council has identified four objectives that it will seek to achieve over the course of this plan.

Overarching Strategic Objective

The Dental Council considers that its duty to protect the public is of paramount importance and that this serves as a guiding principle for this strategic plan.

Strategic Objective One

Encouraging learning environment that enables good professional practice.

1. To consider the impact of the National Oral Health Policy on undergraduate and postgraduate training, including continuing professional development.
2. To continue our schedule of programme accreditation across all undergraduate and postgraduate registerable programmes and post accreditation monitoring.
3. To review the Council's programme accreditation methodology.
4. To establish a national curriculum for dental nursing training in Ireland.
5. To continue to support and promote undergraduate and specialist training in dentistry.
The Council notes the focus on primary care dentistry in the National Oral Health Policy.

Outcomes

1. To work with the Department of Health in implementing the National Oral Health Policy.
2. Timely accreditation of registerable programmes.

Strategic Objective Two

Develop an effective and efficient register

1. To continue to revise and improve the Dental Council examination for non-EEA dentists.
2. To upgrade the Council's registration system to allow the public search an active register online and to meet requirements under National Oral Health Policy.
3. To enhance and expand the general and specialist registers to reflect the primary care focus of the National Oral Health Policy and create nine additional specialties.

Outcomes

1. To redevelop the Dental Council's registration system website.

Strategic Objective Three

Continuing a proportionate approach to regulation reflecting best international practice

1. To review, and where appropriate, revise the Council's Codes and Guidance documents.
2. To review the scopes of practice of auxiliary dental workers.
3. To seek opportunities to reach additional agreements with other jurisdictions based on comparable approaches to accreditation and similar scopes of practice.
4. To contribute to the development of new legislation to replace the Dentists Act, 1985.
5. To ensure that the impact of 'Brexit' on dentistry in Ireland is minimised.

Outcomes

1. To bring forward revised scopes of practice of auxiliary dental workers in line with the National Oral Health Policy.
2. To assist the Department of Health in drafting a new Dental Bill.
3. To revise the Dental Council's suite of codes and guidance documents.

Strategic Objective Four

Develop a sustainable and high-performing organisation

1. To create an organisation structure to enable the Council executive to address the organisation's current needs and workload and to properly position the Council in implementing the parts of the National Oral Health Policy relevant to its activities and during the development of the new Dental Bill.
2. To put in place the appropriate technical infrastructure and facilities to support the work of the Dental Council executive.
3. To continue to support the training and development of staff members to ensure that they can contribute fully in implanting the new Dental Bill, once enacted, and the development of healthcare regulation.
4. To develop a plan to provide for the effective regulation of dental practices based on the anticipated provisions of the new Dental Bill. A key component of this plan will be how to fund the upfront costs prior to any register of dental practices becoming live.

Outcomes

1. To fully implement the Dental Council 'Staffing Plan 2018'.
2. To agree a plan with the Department of Health to introduce an effective system of practice regulation.

3. Financing the Strategic Plan 2019 – 2022

3.1 Introduction

The Dental Council a self-funded organisation. Under the Dentists Act, 1985 the Council is obliged to generate the funds necessary to pay for its ongoing expenditure.

3.2 Dental Council Income and Expenditure – 2019 Budget

82% of the Council's funding is generated through the annual renewal of registrations and new registrations. The Dental Council meets its financial obligations under the Dentists Act, 1985 primarily by ensuring it charges an appropriate annual renewal fee to dentists. This fee is the main source of Council funding and is key to ensuring its ongoing financial solvency.

Table 4: Dental Council Income

Dental Council 2019 Budget	€000's
Income	
Retention and Registration Fees	820
Department of Health	86
Other (rents and exams mainly)	97
Total	1,003

The Council's fees have remained stable over the last ten years. The dentist's retention and registration fee is presently €220 and the Council projects that income from this source will be €710,000 in 2019. This has only been increased once in the last ten years (from €200 to €220 in 2012). Auxiliary dental workers retention and registration fees will be approximately €55,000 in 2019.

Salaries account for approximately 60% of the Council's expenditure. There are ten people working in the Dental Council as of the 1 January 2018. Seven are permanent employees (6.8 whole time equivalents) and three are temporary contract staff. The turnover of staff in Dental Council is very low. The Council has a good and committed staff who are very experienced in the Council's work at this point. The Council uses temporary staff to address pressure points in workload. Permission to recruit is sought if it becomes apparent that a particular workload is becoming permanent in nature. The main criteria used to assess new staff are their likely fit to the Dental Council work environment and ethos. The Council's organisation and grading structure needs to be revised to address an increasing workload – in terms of quantity and complexity – and is not fit to implement either the new National Oral Health Policy or the new Dental Bill, once enacted.

At present, the Dental Council spends comparatively little on its fitness to practise functions compared to other regulators. Fitness to practise accounts for approximately 15% of the Council's

expenditure. The Council’s fitness to practice activity is low and this is managed directly by the registrar. The Council is unique among the other healthcare regulators in not employing any in-house legal professionals. This would be good practice as this area becomes more complex and litigious. The cost of fitness to practise is directly correlated to the number of inquiries held. It is anticipated that the number of inquiries held will grow when both the Regulated Professionals (Healthcare) (Amendment) Bill and the new Dental Bill are enacted. Both will expand the number of grounds under which an inquiry can be held. The Council maintains a reserve of approximately €0.6m to cover the costs of potential adverse decisions in the courts and for investment of a capital nature. The Council aims to increase this to €0.75m over the lifetime of this plan.

Table 5: Dental Council Expenditure

Dental Council 2019 Budget	€000's
Expenditure	
Salaries	575
Day to day business operations	191
Fitness to Practise	100
Expenses	70
Other costs/professional fees	45
Total	981

3.3 Factors (excluding Staffing) impacting Dental Council Income and Cost Base 2019-2022

The Dental Council anticipates no material change in either the number of registrants active at any point or in the number of new applicants for registration. The Council anticipates that the annual retention and initial registration fees will increase by the amount set out below in order to finance its activities. The Council will also seek to proportionately increase the auxiliary professions fees, but the impact on Council’s fee income will be negligible.

Table 6: Projected Retention Fee Income 2019-2022

Projected Dentists Retention Fee	€
2019	€220
2020	€250
2021	€290
2022	€330

Medical Practitioners - €605, Veterinary Surgeons - €450, Pharmacists - €380 (as of 2018)

It is important to note that this proposed fee structure is required to fund only the professional regulation part of the Dental Council's activities. A separate funding model will need to be developed to plan for the implementation of practice regulation. The Dental Council anticipates that practice regulation will take practical effect after 2022 but that the preparation work will need to commence prior to this. Over the duration of this plan, the Dental Council will engage with the Department of Health to develop a model to fund this development work.

The Dental Council is cognisant of the proposed changes in the Dentists Act, 1985 as a result of the Regulated Professionals (Healthcare) (Amendment) Bill which implements many of the provisions of the revised Professional Qualifications Directive. It notes that the proposed changes will allow the Dental Council to charge a fee to recognise a qualification under the Directive and to charge for registration. The Dental Council will seek to charge a fee for recognition and it projects that this will result in an additional €50,000 in fee income.

The final terms of 'Brexit' were not finalised when this strategy was drawn up and its impact is unknown. The Dental Council has not detected an increase in activity that it could readily attribute to Brexit in the period from the UK referendum to the time it approved this strategy. For the purposes of this document the Dental Council is projecting that its effects are cost-neutral. The Dental Council will revise its plans should this prove not to be the case.

The Dental Council plans to hold five fitness to practise inquiries in 2019. The Council would usually hold approximately two to three inquiries per year and the increase in activity is designed to eradicate a small backlog in cases. The Regulated Professionals (Healthcare) (Amendment) Bill, once enacted, will increase the Council's fitness to practise activity. There will be more cases but, because of the nature of the cases, they will be quicker and less expensive to run. It is anticipated that the costs resulting from this Bill will be €75,000 from 2020 onwards. It is projected that all other costs will remain the same other than the projected staff cost increases arising from 3.4 below.

3.4 Impact of Staffing Plan on the Dental Council Cost Base 2019-2022

The Dental Council has a stable and committed staff and acknowledges their commitment to developing the work of Council in recent years. Staff turnover is very low and most of the staff are long serving and have developed a broad knowledge of healthcare regulation. They are subject matter experts in their own specific areas. The Council recognises that its current staff are key to successfully addressing the changes and challenges that are facing the Dental Council over the duration of this plan. Accordingly, the Dental Council has identified two significant objectives to address over the course of this plan. The first, and most urgent, step is to address the grading asymmetry in some positions within the Council executive and create an organisation structure that will allow the Dental Council to develop as the National Oral Health Policy is implemented and as it moves towards a new Dental Bill. The second objective is to appoint key personnel into this structure in sufficient time to allow for proper planning and systems development in preparation for the allocation of additional statutory responsibilities to the Council.

The Dental Council submitted a proposal to the Department of Health in mid-2018 to address the grading asymmetry and its proposed revised organisation structure (this is set out in Appendix 2). It

is anticipated that this could increase the salary costs by approximately €50,000 per annum when implemented. This is unbudgeted but can be managed from within the Council's present resources. It is critical to the success of this plan that the Staffing Plan be approved at the earliest opportunity. It will submit separate proposals to the Minister to fill other positions in its proposed organisation structure as the need arises over the course of this plan.

Over the duration of this plan, the Dental Council aims to fully occupy its premises at 57 Merrion Square. These arrangements are being discussed with the tenant. The Council will need to refurbish the additional space as it reverts to Council occupancy. It is planned to fund this through a loan. Additionally, it is estimated that each additional employee will result in an increase of €5,000 per annum in the Council's day-to-day costs. The cost projections in Section 3.6 provide for these additional costs. The costs above relate to professional regulation primarily and can be funded from the retentions set out in Table 6 in Section 3.3.

3.5 Cost Implications of Practice Regulation 2019-2022

The Dental Council welcomes that the new Dental Bill will provide for a system to regulate dental practices. This is a key weakness in the Dentists Act, 1985. This plan assumes that the new Dental Bill will come into force after this plan expires and that its implementation will largely be the subject of the subsequent strategic plan. Ultimately, practice regulation will be funded through a registration and retention fee charged to practices. However, it will be necessary to commence working towards practice regulation in advance of its introduction. The Dental Council anticipates it will be required to prepare a plan to provide for the effective regulation of dental practices. The Council envisages that this work will commence in 2022. It will not be possible to fund practice regulation from the professional retention fees set out in Table 6 in Section 3.3 and the Dental Council will engage with the Department of Health to develop a viable funding model that will allow the Council to prepare for this additional responsibility without threatening the Council's financial viability. The Dental Council anticipates that there will be significant start-up costs incurred regardless of the ultimate practice regulation model implemented. It is anticipated that these costs will be primarily incurred during the next strategic plan cycle.

3.6 Dental Council Income and Expenditure – Financial Projections 2019-2022

The Dental Council's financial plans assume that retention fee increases set out in Table 6 of Section 3.3 are granted and provide for the Council's ongoing financial viability. Table 7 below sets out the Council's projected income and expenditure taking into account the various factors set out in Sections 3.3 to 3.5 above.

Table 7: Projected Income and Expenditure 2019-2022

Income and Expenditure	2019 €000	2020 €000	2021 €000	2022 €000
Income				
Retention and Registration Fees	820	975	1,115	1,255
Department of Health - Education	86	115	115	115
Other (exams and rent)	85	100	100	100
Total Income	1,003	1,135	1,275	1,705
Expenditure				
Salaries (professional regulation)	575	625	650	700
IT Systems Development	-	100	150	75
Day-to-day operations	196	200	225	250
Fitness to Practice	100	175	175	200
Expenses	70	70	70	70
Other costs/professional fees	40	60	80	80
Total Expenditure	981	1,230	1,350	1,375
Surplus / (Deficit)	22	(40)	(20)	95
Opening Reserve (cash equivalent)	681	703	663	643
Closing Reserve (cash equivalent)	703	663	643	738

The following assumptions, which are set out in detail above, underpin the projected Income and Expenditure accounts from 2019-2022:

- The retention and registration fee for dentists and specialists will increase to €250 in 2020, €290 in 2021 and €330 in 2022. The fees charged to auxiliary registrants will increase proportionately, but this will have a negligible effect on the Council's overall income.
- Charging fees to recognise European qualifications will generate an additional €50,000 per annum from 2020.
- The Dental Council will not renew its tenant's lease in 2022 resulting in a loss of rental income during the next strategic plan cycle.
- The increases in salaries reflect the implementation of the Staffing Plan 2018 but not any once-off costs. The success of this Statement of Strategy is dependent on implementing the Staffing Plan.

- Fitness to practise costs will rise to address the backlog in cases and the enactment of the Regulated Professionals (Health and Social Care)(Amendment) Bill.
- Day to day costs will increase in line with the increase in staffing and activity.
- The Council's IT system needs to be replaced. The Dental Council will consider its IT strategy in 2020.
- The financial projections, including the projected retention fee levels, may need to be reassessed as the National Oral Health Policy is implemented.

Appendix 1 – Council and Committee Members

Member (as of 2019)	Appointed by	Serves on
Dr Gerry McCarthy	Elected	President, Council, Education and Training, Auxiliary, CPD, Finance and General Purposes
Dr Gerry Cleary	RCSI	Vice-president, Council, Education and Training, Auxiliary, STAR and Finance and General Purposes
Dr Frank Burke	UCC	Council, Education and Training (Chair), STAR (Chair), CPD (Chair), Auxiliary, Finance and General Purposes
Dr Rory Fleming	Elected	Council, Auxiliary (Chair), Education and Training, Fitness to Practise, Finance and General Purposes, CPD
Dr Bernard Murphy	Elected	Council, Fitness to Practise (Chair), Education and Training, Auxiliary and Finance and General Purposes
Dr Shona Leydon	Elected	Council, Education and Training, Auxiliary and Fitness to Practise
Dr Ray McCarthy	Elected	Council, Auxiliary, Fitness to Practise and Audit and Risk Committee
Dr Danielle Colbert	Elected	Council, Education and Training, Auxiliary, CPD and Fitness to Practise
Dr Sheila Galvin	Elected	Council, Education and Training, Auxiliary and Fitness to Practise
Dr Christine McCreary	UCC	Council and Education and Training
Prof Brian O’Connell	Trinity College	Council and Education and Training
Dr Claire Healy	Trinity College	Council, Education and Training and STAR
Dr John Barragry	Medical Council	Council
Ms Marie Kehoe-O’Sullivan	Medical Council	Council
Dr Eleanor O’Higgins	Minister for Health	Council and Fitness to Practise
Ms Muireann O’Neill	Minister for Health	Council, Education and Training, CPD and Audit and Risk Committee (Chair)

Mr James Doorley	Minister for Health	Council and Fitness to Practise
Mr Mark Kane	Minister for Health	Council and Fitness to Practise
Dr Bryan Maguire	Minister for Education and Skills	Council, Education and Training, and Auxiliary
Dr Michael O'Sullivan	Irish Committee for Specialist Training in Dentistry	Education and Training
Dr Ioannis Polyzois	Irish Committee for Specialist Training in Dentistry	Education and Training
Ms Michelle Spearman-Geraghty	Elected Dental Nurse	Auxiliary
Ms Yvonne Howell	Elected Dental Hygienist	Auxiliary
Mr Colum Sower	Elected Clinical Dental Technician	Auxiliary
Ms Annemarie Connolly	Elected Orthodontic Therapist	Auxiliary
Dr Thérèse Garvey	Council	STAR
Dr Gary Leonard (Chair of Oral Surgery Advisory Committee)	Irish Committee for Specialist Training in Dentistry	STAR
Dr Ebrahim Al-Awadhi (Chair of Orthodontic Advisory Committee)	Irish Committee for Specialist Training in Dentistry	STAR
Mr Brendan Lenihan (external nominee)	Dental Council	Audit and Risk Committee

STAR – Specialist Training and Registration Committee

CPD – Continued Professional Development Committee

Appendix 2

Dental Council Organisation Chart under New Dental Act



