Dentistry in the Irish Health Services

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Summary

The Department of Social Welfare scheme for over 700,000 insured workers has evolved from a system where additional benefits were paid by approved societies when funds were available.

The public dental service has developed from the school medical service to its present position where dental care is delivered within the community care structure of the health boards. This structure is presently under review.

Over 200 full time dentists are responsible for the treatment of 740,000 national school children and eligible adolescents. Adult medical card holders are referred for treatment to private practitioners in a fee per item based system.

A major review of the states system of dental care delivery has commenced and progress is being made on implementing many of the recommendations contained in the Dental Services Report of 1979.
INTRODUCTION

Good Morning

Yesterday afternoon I described the historical background to dentistry in general and looked at the legislation governing the dental profession in this country.

This morning I will consider how dentistry has developed in our State health services.

I would like to do this by looking briefly at how our dental social insurance system developed and then to have a close look at the history of our public dental service, how it evolved, and the various acts governing it. I will then look at the present position of dentistry in the management structure of the health boards, and the dental manpower position in relation to the numbers eligible for treatment.

Finally I will present some of the recommendations of the Joint Working Party on Dental services in relation to public health dentistry.

(Slide 1).

Dental benefit scheme of department of Social Welfare

If we take the social welfare scheme first. The National Health Act, 1911 permitted approved societies to include dental treatment as an additional benefit in their insurance schemes. This provision did not come into force until 1921 but all it really meant was that if the societies had additional money available they provided dental care and when this money ran out the care stopped.

In 1942 amending legislation defined these additional benefits as
dental, optical, hospital and convalescent homes, medical and surgical appliances and specialist medical and surgical treatment. So there was at that time a wide range of treatments covered by this scheme.

In 1952 these benefits were renamed treatment benefits and included in the Social Welfare Act, 1952; Following enactment of The Health Act, 1953 all but dental, optical, medical and surgical appliances benefit were transferred to the Department of Health. Transfer of these remaining services has been considered at various times since then and is under active consideration at the present time.

(Slide 2)

Over 45,000 people are insured for dental treatment under the present scheme.

The Public Dental Service

History

If we now turn to how dentistry developed in the public health field. The public dental service may be regarded as having originated with The Public Health Act, 1919. This act imposed on county councils and boroughs the obligation of providing for the medical inspection of children attending National Schools and having any conditions discovered treated without charge.

In 1920 a school medical service scheme was organised under the care of school medical officers. This scheme provided for periodic medical examinations including dental examination. But the dental exam was usually of a perfunctory nature and did not record each child's dental health status and only showed up gross dental defects. This scheme later provided for the appointment of dentists specifically for the
treatment of school children.

Because of the difficulty in recruiting whole time staff the services for children remained largely underdeveloped up to the 1950's.

With the enactment of the Health Act 1953 specific legislation was made for the dental treatment of children.

This Act (Section 20) provided that each Health Authority should make dental treatment and dental appliances available for pupils, attending National Schools and for children under 6 years of age attending child health clinics, free of charge. Provision was also made in the Act (Section 14) for making available dental treatment to the lower income group - i.e. medical card holders and their dependents.

The provisions of the 1953 Act relating to dental services were repealed by the Health Act 1970 under Section 67 of the Act.

The Act set up the present 8 Health Boards, in lieu of the former health authorities, to administer the health services.

The regulations under the Act authorises a health board to make available dental treatment and appliances to medical card holders and their dependents and to children whose dental defects were noticed while they were attending National Schools or child health clinics. (Slide 3)

We can see the various Acts governing dental care.

Following enactment of the 1953 Act a determined effort was made to improve the public dental service particularly in relation to children. Health Authorities were urged to employ whole time dentists and these to be supplemented, where desirable by the employment of private dentists on a
sessional basis at health centres or their own surgeries. It was also recommended that in future school examinations be made by whole time dentists and that a greater emphasis be placed on the prevention of dental disease.

At the same time health authorities were encouraged to appoint full time senior dental surgeons who in addition to doing clinical work could organise and supervise the development of the public dental services - in this regard the aim of the public dental service was to treat the needs of the community rather than just demand. During this time an important advance in the field of prevention was the introduction of compulsory fluoridation of our public water supplies under the Health (fluoridation of water supplies) Act 1960 and at the present time 56% of the population receive fluoridated water.

Present position of dentistry in the Health Board Structure

I would now like to look at the position of dentistry in the structure of the health boards and how this was arrived at.

When it was decided to set up the 8 health boards a management structure had to be designed to run them. It was decided to employ consultants to see how this could best be done and Mr. Kinsey and Co. got the job. Their report and recommendations form the basis for the present organisation and management of the Health Boards.

We can see (Slide 4) in this slide how health boards were to be organised.

The C.E.O. was to co-ordinate the various services to be provided. The
finance, personnel and planning and evaluation officers were given a position in which they could get an overall view of the service when performing their specific duties.

When looking at how services were to be provided a general hospital care programme was an obvious choice and the consultants considered that care to persons with special medical problems - such as mental illness would need a special program - Special Hospital Care. They also considered that the client on the ground should be involved more closely within the delivery care system and decided to give a special programme - community care - to achieve this.

If we could now look at how the community care programme is organised (Slide 5) we see that a programme manager is the overall leader of the community care programme for each health board. Each health board was divided up into community care areas with a director of community care in charge of each area. It was decided that the director would be a qualified medical practitioner and medical officers for health were usually appointed to the position. The director is not just a advisor but has direct management responsibility for staff in the community care. Senior or superintendent professional staff are also employed at a level below the director with the main body of staff such as doctors, dentists, nurses, etc at the end of the organisational structure. Well as you may know there has been disagreement among staff in the health boards on how this structure operates. The administrative grades would like to see the position of director of community care open to persons other than
medical doctors. The public dentists would like to have a separate programme or sub-programme for dentistry with a direct reporting relationship to the programme manager.

As the health boards had been in operation for a number of years and because of problems in the management of them it was decided last year to appoint a team of management consultants, Imbucon, to make a factual assessment of how the present management system works. A report is expected to be made public in the next month. When this is made the dental profession will have to consider how best they can fit into the management structure.

Manpower and Eligibility

I would now like to look at the manpower situation in the public dental service and the numbers eligible for dental treatment.

In 1965 there were 8 chief or senior dental surgeons and 80 dental surgeons employed in the Public Service - a total of 88. At the present time (Slide 6) we can see that we have 2 chief dental surgeons - 30 principal (senior) dental surgeons and 184 dental surgeons - a total of 216. So despite the recruitment problems there has been a steady increase in the numbers employed. There are however some 40 vacant posts at the moment most of these being in areas outside Cork and Dublin.

As you know a new career structure is being implemented in the public dental service and Dr. McGovern will be talking to you about this later on this morning.
Well how many people are eligible for the services provided by the staff (Slide 7). We can see that the health board dental services is responsible for eligible patients in the first 3 groups. The last group being shared between dentists on the Social Welfare panel and Health Board dentists. Overall 75% of our population are eligible for some form of state dental service.

Up to December, 1979 the health board service was responsible for the dental care of adult medical card holders - all 700,000 of them and their 500,000 dependents. It was clear that the health board service was not capable of providing an acceptable level of service for all its patients. So it was decided to transfer the treatment of medical card holders and their adult dependents to private dental practitioners through a choice of dentists scheme using the scale of fees and treatment schedule operating in the insurance scheme.

So if we exclude this group from the workload of the health boards, and if we presume that only a small percentage 25% (100,000) of the 0-4 year old group will need attention, then we can see that (Slide 8) the health board dental service is responsible for 739,000 in the 0-16 year old group.

Dental Services Report 1979

Finally I would like to briefly look at some of the recommendations made by the Joint Working Party in the Dental Services Report of 1979, in relation to public health dentistry. I hope some of you present have read this Report, if not, then you should get a copy of it as its recommendations will have a tremendous bearing on future developments in dental care delivery in this country.
The main recommendations can be divided into 7 areas (Slide 8)

(1) Prevention  (2) Organisation and Administration  (3) Manpower  
(4) Dental education  (5) dental information  (6) eligibility  
(7) Hospital dental services - secondary care.

(1) Prevention

In relation to prevention the importance of giving priority to the development of preventive aspects of dental care and the presence of a preventive philosophy was stressed and with this in view consideration should be given to the employment of dental personnel, such as hygienists, with specialised training in preventive procedures.

With regard to dental health in general The Dental Health foundation should have a primary co-ordinating role in dental health education and measures should be undertaken to to improve dental health education.

A base line survey was recommended to be carried out to investigate the level of dental health, treatment needs and attitudes towards health and this survey has recently being completed. Some of the results of it have been published in the press and the main results will be published in the Journal of Irish Dental Association in the near future.

Another aspect of prevention - fluoridation was considered and it was recommended that arrangements for implementing water fluoridation should be improved and the role of topical fluoride and other preventive was stressed.
(2) **Organisation and Administration**

The proposals of the I.D.A. in respect of the organisation of the dental services should be examined in the review of community care services.

The consultants in the review has interviewed a representative sample of dentists in the public service and their views and those of the I.D.A. will be fully considered.

(3) **Manpower**

To improve the attractiveness and therefore the number in the health board service the Joint Working Party made a number of recommendations (Slide 6) - the sponsorship of undergraduates, creation of special entry grade, paying of removal expenses and subsidising accommodation and the creation of part time posts.

The first one is being actively considered at the present time and the 2nd one is being implemented within the new career structure.

Health boards should be also authorised to refer dental patients for treatment to private practitioners and this has been implemented.

**Dental Education**

Health boards were to be encouraged actively to send their dentists on approved courses and the subject of community dental health at undergraduate and post-graduate level developed.

**Dental Information**

Studies of dental needs and demands should be made by health boards in co-operation with university departments - in this respect a
a study was completed here in 1980 as part of the International Collaborative Study organised by W.H.O. and the results will be available soon.

Eligibility
The extension of eligibility to adolescents should be given a priority over other groups and this is under consideration as you may have heard recently.

Hospital Dental Services
A number of specific recommendations were made in relation to the appointment of dental consultants (Slide 10). There should be 4 in oral surgery, one in oral medicine, 5 in orthodontics and 2 in paediatric dentistry.

These posts are now being considered and it is hoped that, in relation to oral surgery and orthodontics, they will be advertised in the near future.

Some of the support staff for these posts will come in the form of senior clinical grades in the health board service. In the secondary care area facilities for dental treatment will be included in the plans of any new general hospitals.

This is just a summary of the report but as you can see progress is being made on many of its recommendations.

Conclusion
To conclude we can see that there has been a gradual development of our
state dental services both through our social welfare scheme and the public dental services.

The manpower situation in the public service has improved but is still poor in rural areas.

A major review of our state dental delivery system commenced recently and with the implementation of many of the recommendations of The Dental Services report it is hoped that the public dental services in this country will have a bright future.

Thank you for your attention.
1) PREVENTION
2) ORGANISATION AND ADMINISTRATION
3) MANPOWER
4) DENTAL EDUCATION
5) DENTAL INFORMATION
6) ELIGIBILITY
7) HOSPITAL DENTAL SERVICES - SECONDARY CARE
WORKING PARTY RECOMMENDATIONS ON RECRUITMENT

1) SPONSOR UNDERGRADUATES
2) SPECIAL ENTRY GRADE
3) REMOVAL EXPENSES AND SUBSIDISING ACCOMMODATION
4) PART-TIME PERMANENT POSTS.
DENTAL CONSULTANTS

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DENTISTRY IN THE PUBLIC HEALTH SYSTEM

PUBLIC DENTAL SYSTEM

HEALTH BOARD MANAGEMENT

MANPOWER AND ELIGIBILITY

DENTAL SERVICES REPORT
SOCIAL WELFARE DENTAL BENEFIT SCHEME 1979

NO. OF INSURED WORKERS - 26,366
NO. OF CLAIMS PAID - 188,816
COST OF CLAIMS PAID - 3,118,616
ACTS GOVERNING DENTAL CARE

SOCIAL WELFARE ACT 1952

HEALTH ACT 1953

HEALTH (FLUORIDATION OF WATER SUPPLIES) ACT 1960

HEALTH ACT 1970
**Slide 6**  
**Manpower**

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**Slide 7**  
**Eligibility**

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**Slide 8**  
**Eligibility for H.B. Services**

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<td>Total</td>
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