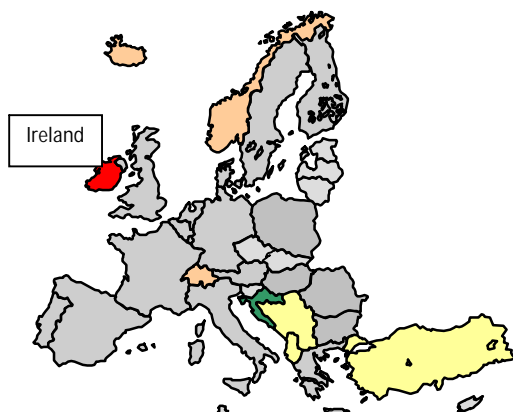


Ireland



Date of last revision: 1st October 2008

In the EU/EEA since	1973
Population (2008)	4,419,859
GDP PPP per capita (2007)	€35,532
Currency	Euro
Main languages	English Irish

Oral healthcare is provided through a complicated mix of publicly funded NHS schemes and fully private provision.

Number of dentists:	2,578
Members of Dental Association:	2,221
	82%

There is a well developed system of specialists, and dental hygienists are also widely used.

Continuing education for dentists is not mandatory.

Government and healthcare in Ireland

The Republic of Ireland is one of the smaller countries of the European Union in terms of population. The capital is Dublin. Compared with most other European countries Ireland has a relatively high percentage of civilian employment in agriculture and also has a burgeoning computer software industry.

Ireland is a parliamentary democracy. The National Parliament (*Oireachtas*) consists of the President and two Houses: *Dáil Éireann* (the House of Representatives) and *Seanad Éireann* (the Senate) whose powers and functions derive from the Constitution of Ireland enacted by the People on 1 July 1937. The method of election to each House is different. The 166 Members of *Dáil Éireann* are directly elected by the people, by proportional representation. Of the 60 Members of *Seanad Éireann* some are nominated and some elected.

The sole and exclusive power of making laws is vested in the *Oireachtas* subject to the obligations of Community membership as provided for in the Constitution. The primacy of *Dáil Éireann* in regard to the life of the Parliament is recognised in that a general election to *Seanad Éireann* must take place not later than 90 days after the dissolution of the *Dáil*. In matters of legislation the Constitution provides that *Seanad Éireann* cannot delay indefinitely the passage of legislation. Bills to amend the Constitution and Money Bills i.e. financial legislation, can only be initiated in *Dáil Éireann*. *Seanad Éireann* can make recommendations (but not amendments) to Money Bills and these must be made within 21 days as against 90 days for non-Money Bills.

In addition to its legislative role, each House may examine and criticise Government policy and administration. However, *Dáil Éireann* is the House from which the Government (the Executive) is formed and to which it is responsible. Should the Government fail to retain the support of the majority of the Members of *Dáil Éireann*, the

result can either be the dissolution of the *Dáil* and a General Election or the formation of a successor Government.

The Houses have separate constitutional identities. However, in recent years the setting up of a well organised system of Joint Committees (i.e. Committees of both Houses sitting and voting together) has resulted in Members of both Houses having additional opportunities to participate to an even greater extent in specialised parliamentary work in several areas. The proceedings of the Houses and parliamentary committees are televised.

General healthcare is administered largely by the Department of Health and Children. State healthcare expenditure in 2008 was €2281 per head per year and €644 per head per year was spent on private healthcare. However, a significant proportion of healthcare is privately funded, and the private sector is subsidised through tax allowances for health insurance premiums. State-financed healthcare is available in two ways; these are:

The Health Service Executive (HSE) is responsible for providing Health and Personal Social Services for everyone living in the Republic of Ireland. The HSE was set up as part of the provisions of the Health Act, 2004, which states the objective of the HSE is to provide services that improve, promote and protect the health and welfare of the public.

The HSE provides thousands of different services in hospitals and communities across the country. These services range from public health nurses treating older people in the community to caring for children with challenging behaviour; from educating people how to live healthier lives to performing highly-complex brain surgery; from planning for major emergencies to controlling the spread of infectious diseases. At some stage every year, everybody in Ireland will use one or more of the services provided. They are of vital importance to the entire population.

The establishment of the HSE represented the beginning of the largest programme of change ever undertaken in the Irish public service. Prior to its establishment, services were delivered through a complex structure of ten regional Health Boards, the Eastern Regional Health Authority and a number of other different agencies and organisations. The HSE replaced all of these organisations. It is now the single body responsible for ensuring that everybody can access cost effective and consistently high quality health and personal social services. The services are delivered making best use of resources allocated by Government. The largest employer in the State, the HSE employed (in 2008) more than 65,000 staff in direct employment and a further 35,000 staff are funded by the HSE. The budget of almost €15 billion was the largest of any public sector organisation.

Voluntary private health insurance

There are three providers of voluntary health insurance. One is a non-profit mutual organisation established by statute in 1957 called the Voluntary Health Insurance Board, the second and third leading independent health care organisations, the Quinn Health Group Vivas Healthcare. Under their schemes insured persons and their spouses can receive care in private and public hospitals, and outpatient

specialist clinics, together with limited dental oral surgery and emergency dental trauma, optical and audiology services. Most members of the scheme (over 90%) also choose to pay enough contributions to cover the cost of private medical care. Primary care through GPs and the cost of drugs are not included.

General Medical Service from Health Service Executive (HSE)

The General Medical Service (or GMS) provides standard public, primary care services to low-income families, all persons of 70+ and dependants of those working in another EU member state. The services are provided free.

There is an annual predetermined budget by the Department of Finance and the Department of Health and Children, published in the Budget each December.

	Year	Source
% GDP spent on health	7.5% 2007	IDA
% of this spent by governm't	78.0% 2005	OECD

Oral healthcare

	Year	Source
% GDP spent on oral health	0.33% 2004	OECD
% of OH expenditure private	47% 2004	CECDO

Public health insurance

Dental health care for almost all adults is provided mainly by general dental practitioners, who are mostly self-employed and working in their own premises. There is also a public dental service for children up to the age of sixteen, and others who cannot afford private care or have restricted access to dental services and have special needs. For general practitioners care is mostly charged on a fee per item basis, but there are two ways in which patients are eligible for state subsidised treatment and the total cost of treatment is calculated differently under each. These are:

Department of Social and Family Affairs Dental Treatment Benefit Scheme (DTBS)

All employees who make Pay Related Social Insurance (PSRI) contributions, and their spouses, may receive subsidised dental treatment. This scheme is run centrally by the Department of Social and Family Affairs. The number of adults entitled to claim benefit under this Scheme was about 1.5 million in 2008 (+approx 400,000 dependent spouses) – 45% of adults. The Scheme is distinct from the Voluntary Health Insurance Scheme described in *Government and Healthcare in Ireland* and insured employees and their spouses may receive wholly or partly subsidised dental care for a limited range of treatments.

Prior approval from the Department to treat is not required under this Scheme. In 2008, 1441 dentists held a contract with the Department of Social and Family Affairs to operate the DTBS.

The number of people who used DTBS scheme based on number of claims received in 2007 was 648,682 (+ 43,138 dependant spouse claims)

Department of Health and Children Dental Treatment Services Scheme (DTSS)

Whereas the dental care benefits from the Department of Social and Family Affairs are available on demand, dental care provided under this HSE Scheme is budget-limited. This means-tested Scheme was introduced in 1994, as part of the national *Dental Health Action Plan 1994-98*, and covers about 30% of adults. A range of basic treatment items is available for eligible adult under this Scheme. Prior approval for treatment is required from the HSE for complete endodontic, prosthetic or periodontal treatment. In 2007 approx 267,000 patients were treated with approx €59m in fees being paid to contracting dentists.

There is no difficulty for patients to access care on the DTSS, although if there is a shortfall in the budget allocation, practitioners may be asked to prioritise the treatment needs of patients.

About 69% of the population regularly receive dental care and patients would normally attend annually for their oral examinations. There is limited domiciliary (home) care, provided mainly by the public service.

Public (Community) Dental Service

Children and adults with Special Needs are also treated by the HSE Dental Service. They work, in the main, with children and special needs groups. All children up to 16th birthday are entitled to care from the HSE Dental Service. However, pre-school children receive what amounts to an advisory service with emergency dental care available on demand. Schoolchildren are targeted in schools in certain classes each year for preventive advice and are screened or examined depending on the resources available to that Local Area Service. Their outstanding treatment need is addressed at that point. The overall strategy is based on this targeted approach together with the application of fissure sealants on first and second permanent molar teeth.

Children and adults with special needs are also treated by the HSE Dental Service. Oral Health Promoters are employed to focus on at-risk groups, parents and carers with preventive advice.

Private Care

There are very few private insurance schemes to cover dental care costs. Those that do exist tend to be employer based, for example those for the police service. Under these schemes the patient pays for treatment and then claims a partial subsidy.

There are currently no free-standing private dental care plans in Ireland - schemes where the dentist or a group of dentists bear most of the risk.

The cost of paying privately for a limited number of items of dental care or via insurance premiums is tax-deductible under current taxation law.

The Quality of Care

For treatments where some or all of the cost is shared with the State, the standard of dental care is mainly monitored by the funding body. The Central Payments Boards of the Department of Social and Family Affairs and the HSE do this in two ways. Firstly, the claims patterns of dentists are monitored to see if they differ significantly from existing practice norms. Secondly, the Department of Social and Family Affairs uses examining dentists to check the quality and quantity of dentists' work. These checks are done at random or in response to particular complaints, but the dentist has to be contacted beforehand and the examination arranged by mutual agreement. In addition each dentist's work is routinely monitored at least once in a 5 to 7 year period in order to assure the quality of the treatment carried out.

In the case of private work not covered under either of the State Schemes the only other control on the quality of care is through patient complaints. In the first instance complaints are normally addressed to the dentist directly. If the complaint or misunderstanding cannot be resolved, it might become necessary to instigate civil litigation. The Irish Dental Association often acts as an advisory body when such complaints arise. Ultimately, the Irish Dental Council has a statutory responsibility to promote high standards of professional education and to ensure high standards of professional conduct amongst dentists.

Health data

	Year	Source
DMFT at age 12	1.10 2004	CECDO
DMFT zero at age 12	51% 2004	CECDO
Edentulous at age 65	41% 2007	IDA

"DMFT zero at age 12" refers to the number of 12 years old children with a zero DMFT. "Edentulous at age 65" refers to the numbers of over 64s with no natural teeth

Additional data provided by the Irish Dental Association (IDA) for 2004 are:

DMFT at age 5	1.3
DMFT at age 8	0.4
DMFT at age 15	2.6

Mean no. of natural teeth present 16-24 yrs	28.1 (2007)
Mean no. of natural teeth present 35-44 yrs	25.2
Mean no. of natural teeth present 65yrs+	8.5

Generally, epidemiological surveys are carried out by the HSE and the Department of Health & Children and public dental surgeons carry out the fieldwork.

Fluoridation

Water Fluoridation was introduced to the public water systems in Ireland in the 1960s. The amount of fluoride added to the drinking water in Ireland is controlled by law and must be in the range of 0.6 – 0.8 ppm fluoride.

There are currently no milk fluoridation or salt fluoridation schemes and a small number of supervised school-based fluoride mouthrinsing schemes.

It is recommended not to use fluoride tooth paste for children under 2 years of age in Ireland.

Parents are encouraged to supervise their children up to seven years of age while brushing their teeth so as to only use a pea size amount of paste and not to swallow it.

Education, Training and Registration

Undergraduate Training

To enter dental school students must obtain the required number of points in the Leaving Certificate Examination. No other vocational entry is possible.

Year of data:	2008
Number of schools	2
Student intake	84
Number of graduates	64
Percentage female	60%

A small number of Irish students study dentistry in the UK.

Quality Assurance of the 5-year curriculum is monitored and checked by the Dental Council.

Qualification and Vocational Training

Primary dental qualification

The title on qualification is Bachelor of Dental Science (B Dent Sc) from the University of Dublin (Trinity College); and Bachelor of Dental Surgery (BDS) from University College, Cork.

Vocational Training (VT)

There is no mandatory post-qualification vocational training. A voluntary scheme has been in operation for some years.

The aim of this vocational training in dentistry is to provide a transitional year for the newly qualified dental graduate to help prepare him/her to assume responsibility for the running of a general dental practice or a public dental service clinic and to acquire more efficiency in the skills and competencies required in the delivery of comprehensive primary dental care. It aims to provide a supportive environment for the new graduate in which he/she can adapt to the demands of general dental practice or the public dental service. It should enable the new graduate to obtain an understanding of the opportunities, methods and limitations of health promotion, prevention, early diagnosis and management in a general practice or public clinic setting.

The scheme lasts twelve months and involves a combination of private and public service practice. Each trainee on the scheme is placed with suitable trainers in both private practice and in the public service - two days per week in each location. Trainees also attend weekly academic sessions. It was intended that the intake of trainees to join the Scheme in August 2008 would be 16 trainees in various locations.

Registration

In order to practice dentistry in Ireland one must be registered with the Dental Council of Ireland (the Competent Body). Full registration includes:

- Graduates in dentistry from a university in Ireland.

- Nationals of EEA Member States who graduate within the EEA with a scheduled dental degree/diploma.
- Nationals of EEA Member States who qualify for registration under the provisions of the Directive 2001/19/EC.

Cost of registration (2008)	€ 150
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Language requirements

For citizens of EEA countries holding EEA dental qualifications there are no formal linguistic tests or other tests in order to register to practice dentistry in Ireland. However, employers are free to conduct appropriate language tests.

Further Postgraduate and Specialist Training



Continuing education

Whilst participation in continuing education is currently not mandatory, it is actively encouraged through a voluntary credits system. However, CPD is becoming mandatory for all dentists from January 2010. Course organisers apply for credit points for their courses and these are then allocated to course participants. A dentist who has accumulated a target number of points in a calendar year is entitled to a CDE Certificate.

There is an extensive system for the delivery of continuing education, through courses provided by the Postgraduate Medical and Dental Board, the Dental Schools, the Royal College of Surgeons, the Irish Dental Association, and various societies.

Specialist Training

There are two recognised specialties in Ireland.

-  Oral Surgery
-  Orthodontics

To become a specialist, 2 years of general professional training must be undergone after primary qualification, and this is followed by 3 years of full-time specialist training. To be a consultant may involve a further 3 years of higher training. The training takes place in university teaching hospitals in Ireland, or other such recognised training establishments – often in the UK or other EU countries.

The trainees would provide dental care during their training and would normally be paid as appropriate.

On completion of training as a specialist they would normally receive a Certificate of Completion of Specialist Training in orthodontics or oral surgery, issued by the competent authority (the Dental Council) and be entered onto the appropriate Specialist Register. They may also receive a diploma from one of the Royal Colleges of Ireland or the UK, such as a "Fellowship" or "Membership" or a Master's degree or PhD from a university.

Workforce

Dentists

Year of data:	2008
Total Registered	2,578
In active practice	1,990
Dentist to population ratio*	2,221
Percentage female	33%
Qualified overseas	634

* this refers to "active" dentists (and these figures are approximate)

Movement of dentists across borders

The number of new registrations in 2007 was 217, 108 male and 109 female. These comprised 82 Irish graduates, 115 EU and 20 non-EU registrants. Of the EU registrants, the most (30) were from Poland.

There are no reports of unemployed dentists.

Specialists

In Ireland, two dental specialties are officially recognised by the regulatory body.

Year of data:	2008
Orthodontics	110
Endodontics	
Paedodontics	
Periodontics	
Prosthodontics	
Oral Radiology	
Oral Surgery	35
Dental Public Health	
OMFS	5

Oral surgeons work mainly in hospitals and universities. Most orthodontists work in private practice, although some work in hospitals, universities and the Public Dental Service.




There are other traditional specialist areas of dentistry such as Paediatric Dentistry, Periodontology, and Endodontics, where practitioners have undertaken further training and have limited their practices to their speciality.

Patients see specialists on referral only.

There are various associations and societies for specialists - these are best contacted through the Irish Dental Association.

Auxiliaries

Other than dental chairside assistants (or dental nurses), there are three main types of dental auxiliary:

-  Dental hygienists
-  Oral health educators
-  Dental technicians

There are no legal denturists in Ireland (there is reported illegal practice).

Year of data:	2008
Hygienists	338
Technicians	350
Denturists	0
Assistants	1,800
Therapists	0
Other	0

The figures for technicians and assistants are approximate.

Dental Hygienists

Hygienist training is undertaken at both Dublin and Cork Dental Schools, over a period of 2 years. To enter this training an applicant must have an appropriate Leaving Certificate result and be successful in an interview. Qualification is by way of a diploma, which is a registerable with the Dental Council before they can practise.

Working in all situations where dentists work, hygienists may only practise under the supervision of a dentist. This does not mean that a dentist must be present throughout treatment but rather that a dentist will have prescribed the treatment plan and must be responsible for the treatment.

A hygienist is usually paid either on a percentage of income or by an hourly rate. Health Board hygienists are paid by salary.

Oral health educators

Oral health educators give advice to individuals or groups on oral health care. This takes place with or without the supervision of a dentist. There is no registerable qualification for oral health educators although courses in Oral Health Promotion are available.

Dental technicians

Dental technicians (are also known as Dental Crafts persons) are a recognised form of laboratory worker. Training is provided by a four year apprenticeship, or a three year course at the Dublin Dental Hospital/Trinity College, leading to a Diploma in Dental Technology. There is no register. All work must be done with the prescription of a dentist.

Technicians normally work in commercial laboratories, although some work in practices. They construct prostheses for insertion and fitted by dentists and they invoice the dentist for the work that is done. They would normally be salaried.

Laboratories have to be registered with the Irish Medicines Board. This requirement arises from the provisions of the EU Medical Devices Directive.

EU Manual of Dental Practice: version 4 (2008)

Clinical Dental Technicians

In 2008 the Dental Council approved the grade of Clinical Dental Technician. The approval of the Minister for Health & Children is awaited before this grade can be implemented.

Dental Assistants (Nurses)

Dental nurses assist the dentist at the chairside. Many first of all undergo formal training in one of the dental schools after leaving secondary school with an appropriate Leaving Certificate result. They obtain a recognised qualification. Others are trained 'on the job' and may or may not attain formal qualification through night school. There has been voluntary registration with the Dental Council, since 2002.

Practice in Ireland

Year of data:	2008
General (private) practice	1,400
Public dental service	360
University	34
Hospital	36
Armed Forces	8
Limited practice	148
Administrative	4
General Practice as a proportion is	70%

To accept patients and receive remuneration under the Department of Social and Family Affairs Dental Benefits Scheme and the Department of Health and Children's Dental Treatment Services Scheme, dentists must contract with the Dental Section of the relevant Government Department in the case of the DTBS and with the HSE in the case of the DTSS.

Working in General Practice

Dentists who practice on their own or as small groups, outside hospitals or schools, and who provide a broad range of general treatments are said to be in *General Dental Practice*. Nearly three quarters of dentists work in this way.

Most dentists in general practice are self-employed and earn their living partly through fees from patients, and partly from government subsidised treatment schemes.

Fee scales

For care carried out under the Department of Health scheme there is a standard fee scale covering routine treatment items or different types of common treatment. The patient pays nothing and the dentist claims the total fee.

For care carried out under the Department of Social and Family Affairs scheme there are four ways in which the dentist receives payment. Firstly, for preventive and common treatments such as examinations and diagnoses, and scaling and polishing, a prescribed fee is claimed by the dentist for each item. Secondly, for some treatments there are prescribed fees, of which the government and the patient pay a set proportion each; for example for dentures 50%. Thirdly, for more complex and protracted forms of treatment such as complex fillings, periodontology and endodontics, the government pays a set amount and the patient pays the remainder as agreed with the dentist. Lastly, for crowns and bridges, inlays and orthodontics, the

patient agrees the fee with the dentist and pays the whole cost.

In order to claim government subsidies under the two schemes, dentists need to join the schemes.

Joining or establishing a practice

There are no rules which limit the size of a dental practice in terms of the number of associate dentists or other staff. Premises may be rented or owned, and may be in shops, offices, houses or purpose built premises, subject to planning permission from the local authority. There is no state assistance for establishing a new practice, so generally dentists must take out commercial loans or hire-purchase agreement from banks. Alternatively, a substantial minority of dentists work for a period in the UK in order to finance the establishment of their own practice on their return. There is no constraint on where a new practice may be opened.

There are no standard contractual arrangements prescribed for practitioners working in the same practice. Dentists, however, cannot form limited companies. Incorporation is outlawed by the Dentist Act 1985. Corporate Bodies are precluded by law from the practice of dentistry.

Working in the Public Dental Service

There is a public dental service which mostly provides services to pre-school and primary school children, but also to others who are institutionalised, medically compromised or otherwise limited in their ability to access a general dental practitioner. The HSE employ salaried dentists, including a small number of orthodontists. These services are generally provided in HSE clinics but in some areas dentists in private general practice do sessional work, often as a means of building their practice numbers.

The public dental service is operated by the Health Service Executive (HSE). Public Dental Surgeons (HSE employees) are responsible for providing treatment to children under 16 years of age, adult medical card holders and patients with special needs.

The public dental service employs all dentists as *Clinical Dental Surgeons Grade 1*, *General Dental Surgeons*, or *Senior Dental Surgeons* with special skills in various specific disciplines, including treatment of patients with special needs. *Principal Dental Surgeons* also have administrative and management responsibilities. Working in the public dental service requires no additional training, but many have postgraduate qualifications. For senior dental surgeons

however, three years experience in the public dental service or the hospital dental service is expected and five years for principal dental surgeons.

Proposals for restructuring to enhance Public Dental Services, agreed between the Irish Dental Association and government, were implemented during 2000-02. Arising out of this restructuring an additional 60 Senior Dental Surgeon posts were created. The management role of Principal Dental Surgeons was also enhanced and they took on additional regional duties.

Within the public dental service there is a greater opportunity for job-sharing - working on a permanent part-time basis with the retention of pension rights. There tend to be a higher proportion of female dentists working in the public dental service than in the other forms of dental practice.

The quality of dentistry in the public dental service is assured through dentists working within teams which are led by experienced senior dentists. The complaints procedures are the same as those for dentists working in other situations. In addition, Health Boards have their own complaints-handling procedures.

Working in Hospitals

A small number of dentists work in hospitals, other than dental hospitals. They are employed as salaried employees or on a private fee basis by the national or regional government, or one of the private health companies or religious orders which own some hospitals. There are usually no restrictions on outside practice, and public health dentists and private practitioners often provide some care within hospitals.

Dentists who work within hospitals may be employed as *dental surgeons, senior house officers, registrars* or *consultants*, in the following specialist areas, Oral and Maxillo-Facial Surgery, Orthodontics and Paediatric Dentistry, Restorative Dentistry, Radiology and Oral Pathology. These are the traditional hospital and academic

specialities that have existed for many years. As described earlier, to reach consultant level requires both basic specialty training (3 years), to obtain accreditation, and higher specialty training of 3 years, to obtain fellowship status.

The quality of dental care in hospitals is assured through dentists working within teams under the direction of experienced consultants. The complaints procedures are the same as those for dentists working in other settings.

Working in Universities and Dental Faculties

A small number of dentists work full-time in the two dental faculties, as employees of the universities. About 100 dentists work part-time. Most full-time staff have contracts which exclude the possibility of private practice.

The main academic titles within an Irish dental faculty are those of *Professor, Senior Lecturer* and *Lecturer*. Those above lecturer level will usually have a *fellowship* (of one of the Royal Colleges of Ireland or the UK) and a PhD. There is a University Promotions Scheme, which sets standard procedures for making appointments. Apart from these there are no other regulations or restrictions on the promotion.

A typical full-time faculty member of staff will have as much time committed to administration and treating patients as to research and teaching.

The quality of clinical care, teaching and research in dental faculties is assured through dentists working within teams, and under the direction of experienced teaching and academic staff. The complaints procedures are the same as those for dentists working in other situations.

Working in the Armed Forces

Only a very small number of dentists serve full-time in the Armed Forces and it has not been given how many are female.

Professional Matters

Professional association and bodies

There is a single national association, the Irish Dental Association (IDA)

	Number	Year	Source
Irish Dental Association	1,350	2008	FDI

The IDA represents all sections of the profession, and about three quarters of active dentists are members. Its aims are to promote the science of dentistry, to maintain the honour and integrity of the profession, to promote the attainment of optimum oral health for Irish people and to represent the profession in all dealings and negotiations with Government, HSE and all other relevant bodies.

Ethics

Ethical code

All dentists in Ireland have to work under a *code of professional behaviour and dental ethics* which is administered by the Dental Council of Ireland. It covers relationships and behaviour between dentists, contracts with patients, consent and confidentiality, continuing education, advertising and the quality of treatment. This includes a duty to provide emergency care for patients outside normal surgery hours.

Fitness to Practise/Disciplinary Matters

Any person can apply to the Dental Council for an inquiry into the fitness of a registered dentist to practise dentistry on the grounds of:

- ✚ alleged professional misconduct
- ✚ alleged unfitness to practise because of physical or mental disability

Each application is given due consideration and if there is a prima facie case for an inquiry such inquiry will be held. If, following an inquiry, a charge of professional misconduct is proven or the dentist is deemed unfit to practise by reason of physical or mental disability the Council may suspend the dentist's registration, attach conditions to registration or erase his/her name from the Register. These sanctions are subject to approval by the High Court.

If a complaint by a patient regarding any aspect of State funding services is upheld, a financial penalty or a warning is the most likely form of sanction. In some more serious cases a dentist may only carry out work after prior approval of all treatment plans. Occasionally the dentist may get referred to the registering body, or lose their right to practise in the state-assisted system. At all stages dentists have a right of appeal within the complaints procedures, to the Minister of Health and Children, via the HSE or to the Minister of Social and Family Affairs.

As far as the relationship of the dentist with their employees and with other dentists is concerned, whilst there may be no specific contractual requirements between practitioners working in the same practice dentists are strongly advised to have some. A dentist's employees are protected by the national and European laws on equal employment opportunities and anti-discrimination, maternity benefits (18 weeks in the public sector), occupational health, and health and safety.

Advertising

The Dental Council is obliged under legislation to give guidance to the dental profession generally on all matters relating to ethical conduct and behaviour. A new Code of Conduct for Advertising and Public Relations has been approved by the Dental Council and was implemented in late 2008. This will permit advertising by the profession as long as it is factual and does not mislead the public.

The EU Directive on Electronic Commerce was implemented in January 2003.

Data Protection

Ireland fully implemented the Directive on Data Protection during 2003.

Corporate Dentistry

Dentists are not allowed to form corporate bodies (companies). Corporate Bodies are precluded by law from engaging in the practice of dentistry.

Indemnity Insurance

Liability insurance is provided for HSE Public Dental Surgeons and is compulsory for general practitioners participating in either the Department of Social and Family Affairs or the Department of Health and Children Schemes.

While it is not compulsory for other dentists, it is strongly recommended and is, in fact, held by virtually all of the practising profession. It provides cover for advice, legal

costs and unlimited indemnity. There are different prices for different types of dentist and a general dental practitioner pays approximately €2,200 to €2,950 annually. This will also cover them for a limited period whilst working abroad.

Tooth whitening

In 2008, in addition to dentist-provided treatments tooth whitening was being carried out by non dental professionals in a non surgery environment, due to the lack of specificity of the regulations on the matter.

The IDA and IDC were awaiting clarification by the EU on matters in relation to who can apply these products at or above certain limits of concentration and about the availability of these products over the counter.

Health and Safety at Work

A known Hepatitis B carrier cannot work in a hospital or HSE facility in a clinical capacity. For all clinical workers an appropriate antibody titre is desirable. Hepatitis inoculation is highly recommended for GPs. Hospitals and HSE monitor their own staff.

Regulations for Health and Safety

<i>For</i>	<i>Administered by</i>
Ionising radiation	Radiological Protection Institute of Ireland
Electrical installations	Local government, Health and Safety Departments
Waste disposal	Local government, Health and Safety Departments
Medical devices	Irish Medicines Board
Infection control	Irish Dental Council

Ionising Radiation

Training in radiology is part of the undergraduate curriculum and no further training or continuing education or training is needed for dentists.

Qualified dental nurses and hygienists can train to provide these services but there is no validation of this training. Dental Nurses who have registered with the Dental Council can take radiographs as long as they have attended a course which has been approved by the Dental Council.

EU Directive 97/43/ Euratom was transposed into Irish Law by SI 478 (2002). This law requires dentists to adhere to best practice in radiology. All dentists must acquire a licence from the RPII (Radiological Protection Institute of Ireland) for an x-ray unit on their premises.

Hazardous waste

The EU Hazardous Waste Directive has been fully transposed into Irish law. However, the detailed regulations have not yet been implemented and the installation of amalgam separators was not yet mandatory in 2008.

Financial Matters

Retirement pensions and Healthcare

For state-employed dentists, the dentist contributes about 5% of earnings, plus 1.5% widows and orphans contribution. Retirement age is 65 years. Full pension entitlement is predicated on 40 years service after which time a lump sum of 150% of final salary and an annual pension of 50% of final salary is paid.

All other dentists can arrange private pension schemes, contributing up to a maximum of 30% (depending upon age) of *net relevant income* to a *money purchase plan*. The retirement age in Ireland is 65. Self-employed dentists may practise beyond 65 years of age.

The government funds approximately 80% of health care costs with remaining costs being paid for privately. VHI and BUPA pay for private hospital care up to the level at which an individual is insured. Sickness benefit usually comes from the state in the case of an employed person, or from private health insurance in the case of a self employed person.

Taxes

There is a national income tax (dependent on salary), and Pay Related Social Insurance (PSRI). The highest rate of income tax is 42% on earnings over about €35,000 (married person), €28,000 (single).

VAT

VAT/sales tax. Payable at 21% on some goods; including dental equipment and consumables.

Various Financial Comparators

Zurich = 100	Dublin 2003	Dublin 2008
Prices (excluding rent)	82.8	102.1
Prices (including rent)	89.2	107.7
Wage levels (net)	66.1	94.3
Domestic Purchasing Power	76.5	87.5

Source: UBS August 2003 and January 2008

Other Useful Information

<i>Main national association and information centre:</i>	<i>Competent Authority:</i>
Irish Dental Association, <i>CUMANN FIACLOIRI na hÉIREANN</i> Unit 2 Leopardstown Office Park, Sandyford Dublin 18 IRELAND Tel: +353 1 2950072 Fax: +353 1 2950092 Email: info@irishdentalassoc.ie Website: www.dentist.ie	The Dental Council of Ireland 57 Merrion Square Dublin 2 IRELAND Tel: + 353 1 676 2069 Fax: + 353 1 676 2076 E-mail: dentalcouncil@eircom.net Website:
<i>Postgraduate education:</i>	<i>Publication:</i>
The Postgraduate Medical and Dental Board of Ireland Corrigan House, Fenian Street, Dublin 2, IRELAND Tel: ++ 353 1 676 3875 Fax: ++ 353 1 676 5791 Email: info@pgmdb.ie Web: http://www.pgmdb.ie	Journal of the Irish Dental Association – address as above, for the IDA

Dental Schools:

City: Dublin

Name of University: Trinity College

The Dean

Dental School

Trinity College

Lincoln Place

Dublin 2

IRELAND

Tel: +353 1 612 7306

Fax: +353 1 671 1255

Email: info@dental.tcd.ieWebsite: www.tcd.ie/dentalSchool

Dentists graduating each year: 35

Number of students: 200

City: Cork

Name of University: Cork

The Dean

University Dental School and Hospital

National University of Ireland, Cork

Wilton

Cork

IRELAND

Tel: +353 21 454 5100

Fax: +353 21 434 3561

Email:

Website: www.ucc.ie/ucc/denthosp/

Dentists graduating each year: 29

Number of students: 220