



**Submission by the Irish Dental Association
To the Public Service Pay Commission
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Introduction

The Irish Dental Association represents the vast majority of public service dentists in Ireland.

This submission is presented on behalf of

1. approximately 300 dentists employed by the HSE in its public dental service;
2. approximately 50 Consultants holding the Common Contract and employed in the HSE and / or in the Cork and Dublin Dental Schools;
3. approximately 30 Specialists in Orthodontics employed by the HSE, and;
4. approximately 60 part-time clinical tutors employed in Cork and Dublin Dental Schools.

The Association welcomes the opportunity to make a submission to the Public Service Pay Commission and would be grateful to make a verbal presentation to the Commission in due course.

Cuts Imposed

Since 2009, HSE public dental surgeons, along with all other public service workers, have experienced huge cuts to their incomes and significant changes to their working conditions and terms of employment due to measures introduced under the FEMPI legislation and various collective agreements. Cuts and changes experienced by dentists include:

- The imposition of the pension related deduction (PRD), or 'pension levy' which resulted in an average cut in pay of 7%.
- A further pay cut of over 6% on average.
- A number of incremental pauses and further temporary pay cuts, averaging about 6%, for public servants earning above €65,000 a year.
- Reduced pay scales for new entrants were introduced and although these have been somewhat restored, a dentist currently entering the public service will enter on a pay scale that is at least two points below those that applied to their pre-2011 colleagues.
- An increase in working hours of an average of 2.5 hours per week.

Our members employed as **Consultants holding the Common Contract** have suffered as a result of the decision to impose salary cuts of 30% in a manner which we believe to represent a breach of their contract and which is currently the subject of legal challenge. Furthermore newly appointed Consultants have faced being placed on lower salary scales.

1. The HSE Public Dental Service and Public Dental Surgeons

The HSE Public Dental Service is responsible for the care and treatment of children and those with special care needs.

HSE Dental Surgeons perform invasive surgical procedures/operations with attendant risk and accountabilities. They do so in an environment of increased patient expectations, of increasing litigation and of a keen awareness of the absolute need for extensive and seamless cross-infection control procedures.

It operates the Schools Screening Service which aims to provide targeted screening to children at three intervals during national school (in 2nd, 4th and 6th classes). More detailed information on the role of the grades concerned is available on request.

The HSE has accepted that the current staffing levels in the public dental service of around 300 are well below levels of up to 387 which pertained in 2008.

The Moratorium on Recruitment has had a severe effect on this service with a 20% reduction between May 2009 and November 2012 in the number of dentists operating the service.

It is commonly accepted that there has been a significant deterioration in the level of service provided and particularly the extent to which preventative care and screening is taking place in schools, with the consequence that children are seeing their dentist for the first time at far too late a stage in their development. International guidelines suggest that children should have their first dental examination by their first birthday.

For most children in Ireland, their first scheduled encounter with the public dental service is at age seven or eight and for many, they are seen by a dentist for the first time, under the school screening programme, in sixth class; age twelve. This absence of a preventative strategy in the critical early years means that for many children their first encounter with a dentist is in pain at an emergency visit.

The services for patients with special needs are similarly under severe pressure. Many of these patients require treatment to be delivered under general anaesthetic. In some areas, the waiting list for treatment under general anaesthetic is two years or more.

Recruitment and Retention

Since March 2009, the number of dentists working in the Public Dental Service has reduced by about 20% while the under 16 population had increased by 20% over the past decade to 1.1 million. The HSE has accepted that the current staffing levels in the public dental service of around 300 WTEs are well below levels of up to 387 which pertained in 2008. This reduction in headcount, coupled with an increase in the target population has led to huge pressure on the service and increased dental employment levels and appropriately directed staff resource allocation are urgently required.

The Health Service Executive must endeavour to attract the best available candidates in the marketplace. It is of utter importance that remuneration levels be set to attract these candidates to the organisation.

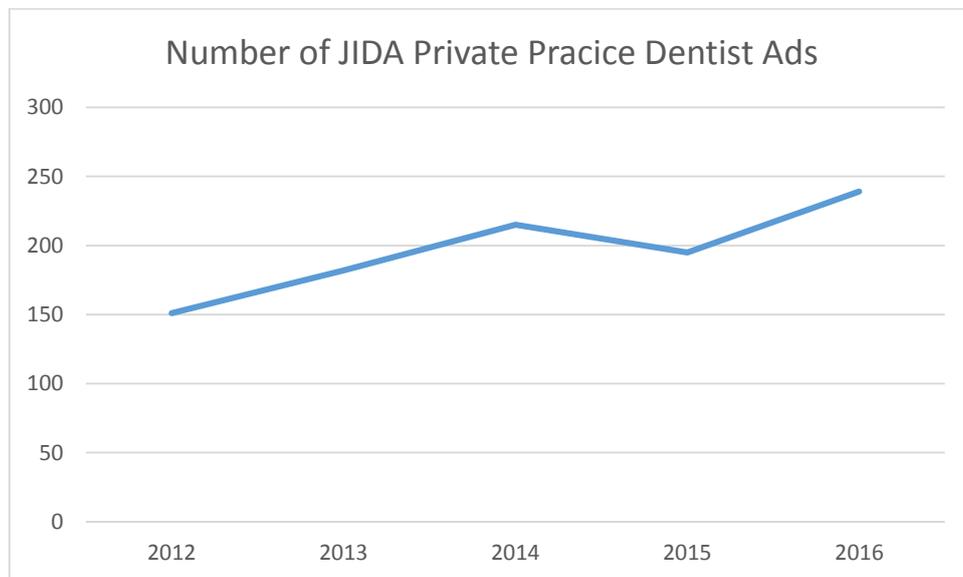
However, IDA is aware of a number of cases whereby public sector dental jobs have remained vacant or offers of positions have been turned down due relatively low earnings potential when compared with other options such as private sector dentistry.

Examples in 2016 alone (unless otherwise stated) include:

- In one of the Dublin service areas alone two dentists resigned to move to private practice.
- In Wexford, a recent recruitment process for a permanent Senior Dental Surgeon (Special Needs) post resulted in just one applicant with the necessary experience but this applicant declined to accept the post and opted instead to stay in private practice.
- Also in Wexford, a one year temporary General Dental Surgeon post was advertised and there was only one applicant for this post who then declined to accept the post and opted instead to stay in private practice.
- A large number of specialist orthodontists (in the Dublin and north eastern regions) have reduced their working hours with the HSE significantly - some only working one day per month with the HSE – in order to open their own private practices.
- In the Midlands area in 2015, two general dental surgeon posts were advertised and there were just two applicants. One of these was offered a permanent position but left the service after a very short period.

Several factors are currently inhibiting recruitment and retention of dentists in the public service. These include:

1. The existence of a private dental sector which continues to recover and grow. One obvious example of this is the exponential increase in advertisements for private practice dental positions in the Journal of the Irish Dental Association (JIDA). The number of positions in private practice advertised each year has increased from 151 in 2012 to 239 in 2016, **an increase of 36% in just four years**. (see Table 1 below)



2. The Association can supply confidentially evidence from state agencies showing that the incomes earned by very large numbers of private practice dentists is now far in excess of salary levels obtaining in the public service, even where account is taken of the value of public service pensions and taking into account the operating costs incurred by private practice dentists.
3. The lack of a good career structure within the public dental service is of serious concern and threatens the retention of many recently recruited dentists to the HSE. A survey of public dental surgeons carried out by IDA in 2015 found that 63% of those surveyed were unhappy with opportunities for career progression in the public dental service.
4. We also need to highlight the stress levels apparent in public sector dentistry which also threaten to undermine the ability to recruit and retain the highest calibre of dentist in the service. A 2015 IDA survey of public dental surgeons found that the majority (61%) of respondents reported that they regularly feel stressed at work.

An equal number (61%) said they work under a great deal of pressure and 58% said that their work-related stress impacts on their personal life. Significantly, one in five of those who completed the survey had missed work due to stress.

5. The nature of the care and treatment provided by public service dentists has changed significantly in recent years due to the effect of cuts in funding and staffing levels. This has resulted in many dentists reporting that a disproportionate amount of their time is now spent in treating children in distress requiring emergency treatment after lengthy waits during which time their conditions have deteriorated. We are concerned that this will also cause many dentists to investigate the possibility of seeking work elsewhere.
6. The increased intensity of work for those dentists whose number has fallen by 20% when the number of eligible patients has fallen by 20% has seriously diminished the attractiveness of public service dentistry.
7. The reduction in salary scales for new entrants to the profession has proven a serious grievance for newly appointed dentists and has exacerbated the pressures on the service to retain these highly sought dentists (and we refer again to the surge in demand for dentists in private practice dentistry).
8. The dysfunction apparent in the management of the public dental service which has been subject to an ongoing series of industrial relations disputes (details available on request) has also served to undermine the ability of the service to attract and retain the best and the brightest.
9. Lack of financial and other supports to engage in Continuous Professional Development (CPD). The Dental Council recommends that dentists undertake 50 hours of CPD a year. However, HSE dentists receive no guaranteed funding or paid time off to attend CPD. This despite other comparable grades such as non-consultant hospital doctors and consultants receiving funding and paid leave for CPD.
10. Concern has been expressed by many members working in the HSE that it has become increasingly difficult to attract male candidates for positions in the service and this is seen as problematic for the development of the service and given the profile of patients presenting and the nature of care and treatment provided to patients.
11. The appointment of Principal Dental Surgeons to 17 Integrated Service Areas in 2012, assuming the duties previously discharged by 32 Principal Dental Surgeons (PDS), and without any additional remuneration, even though the geographic areas of responsibility have almost doubled in size on average, has caused serious difficulty for those holding those posts.

It has also made it very difficult to fill vacancies where they arise, as otherwise eligible candidates have opted not to apply for such positions which entail significantly greater responsibility without any appropriate remunerative reward.

12. The difficulties cited in point 11 above have only served to worsen the issue of 'pay headroom' below PDS level which had already been apparent before the decision to reduce the number of regional Principal Dental Surgeon posts from 32 to 17 in 2011 and which has now left a serious disparity between the level of responsibility and budget levels associated with these new posts and the remuneration on offer.

2. Dental Consultants

In common with colleagues in the medical profession, Consultants in dental positions have suffered significant cuts in salary levels as a result of the imposition of unilateral pay cuts of 30% and the decision to impose lower entry points to their salary scales.

This has had obvious consequences as far as recruitment and retention of candidates is concerned. Within the HSE, three of the 12 Consultant Orthodontists are currently vacant.

In addition, we have seen that

- The Consultant Orthodontist post in Tullamore has been vacant for approximately eight years.
- A Consultant Orthodontist post was vacant for many years in Galway and required a number of recruitment campaigns before it was filled recently.
- Lengthy delays have also been experienced in filling currently vacant Consultant Orthodontist posts in Limerick and Loughlinstown following the retirement of previous post holders.
- In 2014 a consultant orthodontist in HSE South left the service to work in the UK in private practice.

For academic posts, both Cork and Dublin Dental Schools report very significant difficulty in attracting candidates when posts have become vacant / advertised in recent years. This reflects the diminished salary levels available, taxation levels, lack of private practice opportunities but also the perceptions that such positions are no longer as attractive or prestigious as heretofore.

The Dental Schools are competing with far more attractive packages available in Dental Schools in the US, UK, Canada and Australia and this is seriously undermining the ability of the Schools to compete for the highest calibre of candidates. Further information can be provided on request.

3. Specialists in Orthodontics

The HSE employs Specialists in Orthodontics to work under Consultant Orthodontists. These Specialists play a critical role in providing orthodontic care and treatment within a severely under-resourced service.

The Orthodontic Service in the HSE is suffering as a result of the cutbacks and the moratorium on recruitment which have led to the creation of long waiting lists for screening and for treatment. In some areas hundreds of patients have been waiting for treatment for more than four years.

Table 2. Orthodontic Waiting List Q4 2015

Waiting time from assessment to commencement of treatment	Less than 2 years	2 to 4 years	More than 4 years	TOTAL
HSE Dublin Mid-Leinster	3,174	1,577	447	5,198
HSE Dublin North East	1,707	1,327	466	3,500
HSE South	2,483	1,364	164	4,011
HSE West	2,193	901	27	3,121
Total	9,557	5,169	1,104	15,830

Compounding the difficulty in retaining Specialists who are badly needed in tackling these waiting lists are the fact that many of these Specialists have part-time contracts with the HSE and are entitled to engage in private practice otherwise.

Many of these Specialists are choosing to reduce their public service commitments as they are looking to generate greater income in private practice but also reflecting the increasing difficulties faced by all public service dentists where demand for care and treatment is rising and staff availability is diminishing. This highlights again the need to review the levels of remuneration on offer to Specialists.

4. Part-time Clinical Tutors - Cork and Dublin Dental Schools

In total, Cork and Dublin Dental Schools employ around 60 part-time Clinical Tutors who are otherwise employed in private practice as general practitioners or in limited practice / specialists. As public servants, all have faced the same salary cuts and pension levies as have been introduced generally.

Many of the Tutors work two or three sessions per week in the Dental Schools and the bulk of their time is obviously spent in private practice.

Given the diminution of their remuneration for public service practice and the rise in dental incomes being earned in private practice, the danger of many very eminent dentists deciding to retire from these posts in favour of spending more time in private practice is very real and we urge that the remuneration for this group be reviewed positively as a matter of urgency.

The Association asks that the Commission would give careful consideration to the concerns we have raised on behalf of each of the four groups concerned and we would be pleased to assist with any queries arising. We would be grateful for the opportunity to make a verbal presentation to the Commission.

**Fintan Hourihan
Chief Executive**