



Strategic Plan

2024 – 2027

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Executive Summary

The Dental Council is pleased to present its Strategic Plan 2024 – 2027.

The Dental Council is operating in an environment where deficits in its governing legislation, the Dentists Act 1985, are having a significant impact on its ability to effectively regulate the profession and adequately protect the public. The Council has been calling for this legislation to be reviewed for more than fifteen years. In 2021, at the request of the Minister for Health, the Council made a detailed submission on the legislative reform required to adequately protect the public titled: *Submission Regarding Legislative Change in Dental Regulation*. The two main areas of change being sought are to:

- Oblige registrants to maintain their competence on an ongoing basis in line with a statutory scheme, and
- Regulate dental practices.

The Dental Council's overarching objective remains as replacing the Dentists Act. Recently there has been a positive and constructive engagement with the Department of Health on legislative change. The Dental Council welcomes this and it looks forward to working with the Department of Health for the duration of this plan to try to effect necessary change at an early opportunity. The Dental Council especially welcomes the recent establishment of the Oral Health Unit, and it is actively working with the unit on legislative change, and other matters in the National Oral Health Policy.

The Dental Council recognises that replacing the current Act will take time, and in the interim, it is working with the department to identify amendments might be made to the present Act to address some of the identified deficits pending the longer-term review. A copy of the Dental Council's submission '*Regarding Legislative Change in Dental Regulation*' is available on our website www.dentalcouncil.ie.

The Council's main strategic objectives for the period 2024 to 2027 are:

1. To develop a proportionate approach to regulation of dentistry in Ireland
2. To ensure that dental education in Ireland remains suitable to equip all dental professionals by encouraging learning environments that enable good professional practice.
3. To ensure that the registration process appropriately balances fairness to the applicant against an obligation to protect the public from bad-faith actors.
4. To develop a sustainable and high-performing organisation and to ensure the Dental Council executive has the required blend of experience and skills required of a regulatory body.
5. To ensure that Dental Council's decisions and its reasons are communicated in a clear and transparent manner, and that the views of stakeholders are properly regarded in policy development.

The council is managing several external challenges, such as geopolitical conflicts, resulting in an influx of dentists granted international protection by Ireland. The council continues to work with its international partners.

1. Vision, Mission and Values Statements

The Dental Council's vision, mission and value statements are set out below. The Dental Council endeavours to ensure that these statements inform its work and decision-making processes.

Vision

Our vision is to have an effective regulatory framework that adequately protects the public and promotes high professional standards

Mission

Our mission is to promote transparency and enhance public confidence in the dental profession.

We will do this by:

- *Making transparent and fair decisions.*
- *Setting high professional standards in dental education and practice.*
- *Maintaining registers of dental professionals who meet our standards.*
- *Considering allegations of professional misconduct promptly.*

Values

Our values, which will inform all our actions and decisions, are:

- *Transparency*
- *Fairness*
- *Proportionality*
- *Openness*
- *Responsiveness*
- *Equality*
- *Respect*
- *Sustainability**

** In accordance with UN's Sustainable Development Goals and Irish Government policy, including reporting requirements*

2. Introduction to Dental Regulation in Ireland

2.1 Overview of the regulation of dentistry in Ireland

The Dental Council is a statutory body established under the Dentists Act, 1985 and its purpose is to protect the public through the effective regulation of dental professionals. The council's statutory purpose obliges it to: *'provide for the registration and control of persons engaged in the practice of dentistry'*. Section 6(1) states that: *'the general concern of [the council] shall be to promote high standards of professional education and professional conduct among dentists'*.

The Dental Council's core functions span:

- Registration on the seven statutory registers
- Education and training standards for accredited training programmes
- Fitness to practise
- Regulating the approved classes of auxiliary dental worker
- Providing guidance to the profession, the Minister for Health, and the public.

The Council has nineteen members, and each Council serves a five-year term (see **Appendix 1**). The members are either elected or nominated by various bodies: 7 members are elected by the profession, 5 members are nominated by various dental educational bodies, 4 members are nominated by the Minister for Health, 2 members are nominated by the Medical Council and one member is nominated by the Minister for Education and Skills. There is a requirement that two members be appointed to represent the public interest and they cannot be registrants. These members have a key 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 2025, but the term of office of four members nominated by the Minister for Health will continue until September 2026. Six members of the current council are ineligible to seek another term. The Dental Council will continue to comply with the Code of Practice for the Governance of State Bodies.

2.2 Overview of the dental profession in Ireland

There are about 5,100 registered dental professionals in Ireland (**Table 1**), about 68% 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 member state is obliged to transpose Directives into 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		2023
Dentists		3,059		3,642
Specialists		232		274
- Oral Surgeons	68		70	
- Orthodontists	164		204	
Dental Nurses		783		762
Dental Hygienists		533		626
Orthodontic Therapist		28		74
Clinical Dental Technician		39		40

Approximately 74% of registrants hold Irish or UK qualifications and 20% hold EU qualifications (**Table 2**). For historical reasons, there has always been a significant movement of dentists to and from the UK. Post-Brexit, the Dental Council has sought to maintain its good working relationship with the General Dental Council, to ensure the impact of the UK leaving the EU is managed to mitigate any potential impact. However, the expansion of the European Union in recent years has resulted in a substantial number of people emigrating to live and work in Ireland, primarily from eastern European countries.

Table 2: Register of Dentists

Registrants	2017	2023
Irish Trained	2,047	2,143
EU and UK Trained	858	1,283
Non-EU Trained	154	216
Total	3,059	3,642

At present, oral surgery and orthodontics are the only two registerable specialities in Ireland and are also the only recognised dental specialties in the EU's Professional Qualification Directive. The numbers of specialties recognised within each member state varies significantly. 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. Several dentists hold postgraduate qualifications in areas such as prosthodontics, endodontics, periodontics, special care dentistry and paediatric dentistry. While holders of these qualifications cannot 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. In 2015, the Dental Council sought the Minister for Health's approval to establish these specialities as it believes the public will be best protected by being able to consult specialist registers where the training requirements and conditions under which specialists can access the registers are defined. These are the specialist disciplines in dentistry worldwide with recognised programmes of training. While specialist registers are not, as yet, available for these specialities, the Council regulates the training 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 to take radiographs.

2.3 Registration Activity

The Dental Council is committed to ensuring that its processes properly balance fairness to the applicant and public protection. The numbers on the register and the numbers being registered are at an all-time high, and the ratio of dentist to head of population the highest it has ever been.

In 2022, the Dental Council introduced a new process to deal with application for registration from dentists who has been granted protection in Ireland under an approved refugee programme. These applications are processed in a different manner to other applications for registration and are more complex administratively than the other registration processes.

There are now four pathways to registration:

- Graduates of programmes approved by the Dental Council and from countries with whom the Dental Council has a reciprocity agreement
- Dentists entitled to avail of provisions of European Union's Professional Qualification Directive
- Dentists afforded international protection in Ireland
- Graduates from all other dental programmes

The Dental Council is committed to ensuring that its registration process continues to be fit-for-purpose. The registration trends in the period from 2015 to 2022 are set out in **Appendix 3** and detailed information on the registration process is available on our website.

2.4 Dental education in Ireland

Undergraduate dental education in Ireland is delivered through the dental hospitals in Dublin and Cork (**Table 3**). Each year approximately ninety students graduate from the programmes which are of five years duration and full-time. Programmes are compliant with the Professional Qualifications Directive which obliges all dental programmes to be of at least 5 years' duration and comprise of 5,000 hours of learning and contain a minimum set of subject matter.

It is the stated policy of the Government to increase the capacity for Ireland to train new entrants to key professions including dentistry and the council is committed to ensuring that any new programmes will provide a safe education and training environment that will equip graduates with the competences required to provide a high-quality dental health care service to patients in Ireland. In this context, the Royal College of Surgeons of Ireland plans to open a new dental school in 2025.

The Dental Council’s role in dental education is to accredit all national educational programs through a robust accreditation process. The Council has recently reviewed and updated its accreditation process to reflect best international practice. Under the Dentists Act, 1985 the Dental Council must satisfy itself regarding the standards of theoretical and practical knowledge and clinical experience required at examinations for primary qualifications. The process 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 may be attached for the programmes’ continued approval. The implementation of 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 can also contain recommendations which 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.

The Dental Council also accredits an additional twenty 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 several dental nursing programmes delivered in other institutions (see **Appendix 2**).

Table 3: Undergraduate dental programmes in Ireland

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

2.5 International engagements 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 Dental Council has reciprocity agreements with Canada and New Zealand, and it hopes to sign others over the course of this strategic plan, including with the United Kingdom. The Dental Council is a member of the Federation of Dental Competent Authorities and Regulators (FEDCAR). The Dental Council is an active member of FEDCAR and regularly contributes to working groups formulating its contributions to the European Commission on the development of relevant EU policy. The Dental Council also collaborates with the Association for Dental Education in Europe (ADEE) on matters concerning education. ADEE also collaborates with FEDCAR on matters of mutual interest.

2.6 Smile agus Sláinte – National Oral Health Policy (NOHP)

The Dental Council anticipates that the implementation of the action points in the NOHP will be a significant feature of the council’s activities over the duration of this plan. The policy identified forty-one action points, of which nine are defined as priorities areas. The Dental Council has a direct role in four of these:

- Examine the training and scope of work of all auxiliary dental workers, beginning with dental technicians and clinical dental technicians.
- Evaluate the skills available in the workforce to support the Policy e.g., to provide care to vulnerable groups.
- Evaluate undergraduate education and the scope of primary care practice.
- Update the Dentists Act 1985.

The Dental Council notes that it is intended to launch the implementation plan for the National Oral Health Policy shortly. The Council is committed to continuing to work with the Department of Health on implementing the areas of *Smile agus Sláinte* relevant to its work.

2.7 Fitness to Practise

There are only two grounds under which the Dental Council can consider an application for an inquiry and cases must be proven beyond reasonable doubt. The two grounds are:

- Professional misconduct, and
- Unfitness to practise dentistry on the grounds of physical or mental disability.

This can be restrictive and does not allow the council to fully act in the public interest. Fitness to practise cases have become increasingly complex. For this reason, in *Submission regarding Legislative Change in Dental Regulation (2021)* the Dental Council set out changes that it views are important to allow it to consider and deal with this complexity in both a comprehensive and efficient way. These changes include:

- Expand the grounds open to the Dental Council on which to hold an Inquiry to include:
 - Poor professional performance
 - Breach of a condition attached to a registrant's name in the register
 - Breach of an undertaking or consent given to the regulator
 - Breach of a Dental Council Code of Conduct
 - Contravention of the Dental Act or of rules or regulations made thereunder, or any other Act, or any regulation related to the practice of dentistry.
- Ensuring all registrants are amenable to the Dental Council's fitness to practise provisions (auxiliary dental workers are outside of these provisions presently)
- Allowing the Dental Council receive undertakings at all points in the process and to provide for the registrant to consent to a lower-level sanction at an early stage in the process
- To remove 'advice' as a sanction and to allow a Preliminary Proceedings Committee advise registrants regarding behaviour but which is not a disciplinary sanction.

2.8 Staff of the Dental Council

The Council has a small executive relative to the other healthcare regulators with an approved staffing of sixteen permanent members of staff. Many of the staff are long-serving and are committed to the Council's vision. The Dental Council set out its organisation and grading structure in its Staffing Plan (2018). This plan remains current. In 2024, the Dental Council has appointed additional staff to its fitness to practise, finance and administration and registration activities. The Council considers such and possible further additions to be an important step during this strategic plan.

2.9 Reform of Dental Regulation in Ireland

The Dental Council is strongly of the view its current governing legislation no longer adequately either protects the public or promotes high standards among dental professionals. There are significant deficits in terms of providing effective regulation of the profession. These include the absence of a legal requirement for registrants to remain competent during their professional career and the absence of a regulatory framework for dental practices. The Dental Council believes these two omissions pose a serious risk to public safety.

At the Minister for Health's request, the Dental Council made a comprehensive submission setting out its vision of an appropriate regulatory environment that balances patient safety and the legal rights of registrants. This document, the *Submission Regarding Legislative Change in Dental Regulation*, was submitted to the Minister in October 2021 (the Dental Council submission can be accessed on our website: www.dentalcouncil.ie).

The Dental Council warmly welcomes the establishment of the Oral Health Unit in the Department of Health, and it has been collaborating with the unit to bring forward legislative change in the short and longer term. The Dental Council also welcomes the commitments made by the Minister for Health, both in public and in the Dail chamber, that revising the Dentists Act, 1985 remains a priority for him. The Dental Council is committed to collaborating with the Minister for Health and his officials in this work.

The Dental Council notes that one of the key priority actions under the NOHP is the review of the Dentists Act 1985, and that the department is committed to undertaking a wider review and then development of the Dentists Act 1985. Following discussions at the meeting between the Minister and Dental Council representatives on the 15 January 2024, department officials are examining the potential advancement of priority interim amendments to the Dentists Act, 1985.

The Dental Council also notes the intention to commence the sections of the Regulated Professions (Health and Social Care)(Amendment) Act, 2020 in early 2025.

2.10 Dental Amalgam

The Dental Council is committed to its role in supporting the phasing out of dental amalgam in dentistry – which is for environmental and not health reasons – in line with European Union policy.

3 Statement of Strategy 2024 – 2027

3.1 Introduction

The Dental Council has identified five broad strategic objectives for the remainder of its term of office and for the initial period of the incoming council’s term of office:

1. Through regulatory reform develop an approach to regulation that puts public protection at its centre.
2. Encourage a learning environment that enables good professional practice.
3. Develop an effective and efficient register.
4. Develop a sustainable and high-performing organisation.
5. Maintain effective stakeholder engagement and communications channels.

3.2 Statement of Strategy

Overarching Strategic Objective

The guiding principle of the strategic plan is for the Dental Council to fulfil its primary duty to protect the public, and it aspires to do this by promoting high standards of professional education and conduct among registrants.

Strategic Objective One

To develop a proportionate approach to regulation of dentistry in Ireland.

1. The Dental Council Submission on Legislative Change in Dental Regulation (2021) is the basis to inform and contribute to the development of new legislation to replace and amend the Dentists Act, 1985. The Dental Council has three strategic aims in this regard:
 - The commencement the relevant sections of the Regulated Professions (Health and Social Care)(Amendment) Act, 2020
 - Amending the provisions of the Dentists Act, 1985 to provide for:
 - A statutory scheme of continuing professional competence
 - The capacity to inspect certificates of registration in practices
 - Enhanced accreditation procedures
 - To work with the Department toward the development of a new legislative framework.

Outcomes

1. The Regulated Professions (Health and Social Care)(Amendment) Act, 2020 commenced.
2. The Dentists Act, 1985 amended where possible to enhance public safety and confidence in the dental profession, until a new act is brought forward.
3. To work with the Department of Health in developing a new vision on the future of dental regulation.
4. To continue our periodic review of our Codes of Practice and guidance documents

Strategic Objective Two

To ensure that dental education in Ireland remains suitable to equip all dental professionals, including those in the auxiliary programmes and in specialist training by encouraging learning environments that enable good professional practice.

1. To consider the impact of the National Oral Health Policy and WHO Global Oral Health Action Plan on undergraduate (including current and new auxiliary programmes) and postgraduate training, including continuing professional development.
2. To continue our schedule of programme accreditation across all auxiliary, undergraduate and postgraduate registerable programmes and post accreditation monitoring.
3. To evaluate and improve as required our accreditation processes
4. To continue to support and promote auxiliary, undergraduate and specialist training in dentistry through high quality accreditation processes.
5. To work with the Department of Health to introduce a statutory scheme of continued professional competence.

Outcomes

1. To have worked with the Department of Health in implementing the National Oral Health Policy, including revisions to the scope of practice for auxiliary dental workers.
2. To have accredited registerable programmes in a timely manner.
3. To have continued to work collaboratively with the RCSI as its dental programme moves towards its first accreditation visit in 2029.

Strategic Objective Three

To ensure that the registration process appropriately balances fairness to the applicant against an obligation to protect the public.

1. To upgrade the Council's registration system to meet contemporary public and professional expectations, and to meet requirements under EU legislation and the National Oral Health Policy.
2. 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.
3. To continue to revise and improve the Dental Council examination for non-EEA dentists.

Outcomes

1. To have redeveloped the Dental Council's registration system to include online capabilities.

Strategic Objective Four

To develop a sustainable and high-performing organisation and to ensure the Dental Council executive has the required blend of experience and skills required of a regulatory body.

1. To develop the organisation structure, including appropriate additional staff that enables 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 plan for an orderly transition for changes in senior personnel and for council at the end of their term of office in 2025.
3. To put in place the appropriate technical infrastructure and facilities to support the work of the Dental Council executive.
4. To continue to support the training and development of staff members to ensure that they can contribute fully to implementing the new Dental Bill, once enacted, and the development of healthcare regulation.

5. 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 continue to build an organisation structure capable of delivering effective dental regulation.

Strategic Objective Five

To ensure that Dental Council’s decisions and its reasons are communicated in a clear and transparent manner, and that the views of stakeholders are properly regarded in policy development.

1. To raise awareness amongst the public and profession in relation to the role, functions and overall remit of Council
2. To ensure that Council’s activities and decision-making benefits from a diversity of perspectives in the best interests of the public
3. To explore opportunities for collaboration with stakeholders whose remits may intersect and align with Council’s overarching role in public protection
4. To maintain a watching brief on external developments which may impact on the work of Council

Outcomes

1. To have ensured that website and social media channels are maintained to update stakeholders on relevant news and updates
2. To have developed, when necessary, consultative forums (fora) to engage with the public, the profession, students, trainees and other defined interest groups

The Dental Council’s statement of strategy was prepared by the council with the assistance of the executive and in consultation with the Minister for Health. The Dental Council will review its methodology for preparing its strategic plan prior to the next cycle.

4 Financing the Strategic Plan 2024 – 2027

4.1 Introduction

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

4.2 Dental Council Income and Expenditure – 2023 Budget

87% 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 2024 Budget	€000's
Income	
Retention and Registration Fees	1,350
Department of Health	105
Other (rents and exams mainly)	105
Total	1,560

The Council’s fees have remained stable for the ten years to 2019. In its previous statement of strategy, the council implemented a series of annual fee increases to fund its expanding activities in registration, education and fitness to practise. The council deferred increasing its fee during Covid-19, but it has implemented the final fee increase planned in the Statement of Strategy 2019-2022 for the retentions due in 2024. Auxiliary dental workers retention and registration fees will be approximately €80,000 in total in 2024.

Salaries account for approximately 60% of the Council’s expenditure and this has been consistently the case. The Council has a good and committed staff who are very experienced in the Council’s work at this point. The Dental Council has an approved staffing headcount of sixteen. 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 Dental Council set out its organisation and grading structure in its Staffing Plan (2018). In 2024, the Dental Council has appointed additional staff to its fitness to practise, finance and administration and registration activities. The Council considers such and possible further additions to be an important step during this strategic plan.

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. To date, the Council’s fitness to practice activity is low and this is managed directly by the registrar. This area is becoming more complex and litigious, and it is anticipated that the costs to the Dental Council will increase over the duration of this plan arising from the commencement of the fitness to practise provisions of the Regulated Professions (Healthcare)(Amendment) Act, 2020.

The Council maintains a reserve of approximately €0.7m to cover the costs of potential adverse decisions in the courts and for investment of a capital nature.

Table 5: Dental Council Expenditure

Dental Council 2024 Budget	€000's
Expenditure	
Salaries	1,000
Day to day business operations	236
Fitness to Practise	175
Expenses	45
Other costs/professional fees	75
Total	1,531

4.3 Factors (excluding Staffing) impacting Dental Council Income and Cost Base 2023-2026

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 to finance its activities. The Council will also seek to proportionately increase the auxiliary professions fees.

Table 6: Projected Retention Fee 2023-2026

Projected Dentists Retention Fee	€
2023	€290
2024 (from Statement of Strategy 2019-2022)	€330
2025	€400
2026	€450

Medical Practitioners - €605, Veterinary Surgeons - €505, Pharmacists - €380 (as of 2023)

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. This fee increase is required to cover the part of the non-capital costs associated with implementation of National Oral Health Policy (NOHP) and the increased fitness to practise activity resulting from the commencement of the fitness to practise provisions of the Regulated Professions (Health and Social Care)(Amendment) Act, 2020. There will be more cases but, because of the nature of the cases, they will be quicker and less expensive to run. It is projected that all other costs will remain the same other than the projected staff cost increases arising from 4.4 below.

A separate funding model will need to be developed to plan for the implementation of system changes required for workforce planning under NOHP and if a statutory scheme of continued professional competence is introduced or if practice regulation is to be implemented.

4.4 Dental Council Income and Expenditure – Financial Projections 2023-2026

The Dental Council's financial plans assume that retention fee increases set out in Table 6 of Section 4.3 are granted and provide for the Council's ongoing financial viability. Table 7 below sets out the Council's projected income and expenditure considering the range of factors set out in Sections 4.3 above.

4.5 Dental Council Income and Expenditure – Financial Projections 2027 and onwards

The Dental Council's funding requirements for 2027 and 2028 will be reviewed by the Dental Council in 2026.

Table 7: Projected Income and Expenditure 2023-2026

Income and Expenditure	2023	2024	2025	2026
	€000	€000	€000	€000
Income				
Retention and Registration Fees	1,130	1,350	1,650	1,800
Department of Health - Education	96	100	100	100
Other (exams and rent)	71	80	100	100
Total Income	1,297	1,530	1,850	2,000
Expenditure				
Salaries (professional regulation)	775	910	950	1000
IT Systems Development	-	-	100	100
Day-to-Day Operations	222	260	260	280
Fitness to Practice	175	250	250	300
Expenses	45	60	75	75
Other Costs/Professional Fees	60	80	80	80
Total Expenditure	1,277	1,560	1,715	1,835
Surplus / (Deficit)	20	-30	135	165
Opening Reserve (cash equivalent)	700	720	690	825
Closing Reserve (cash equivalent)	720	690	825	990

The following assumptions, which are set out in detail above, underpin the projected Income and Expenditure accounts from 2023-2026:

- The retention and registration fee for dentists and specialists will increase to €330 in 2024, €400 in 2025 and €450 in 2026. The fees charged to auxiliary registrants will increase proportionately.
- Fitness to practise costs will rise to address the historic cases and the enactment of the Regulated Professions (Health and Social Care)(Amendment) Act, 2020.
- 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 the context of the requirements for workforce planning under the NOHP.

Appendix 1 – Council and Committee Members

Council Members	Appointed by	Serves on
Dr Gerry Cleary	Elected	President, Council, Education and Training, Auxiliary, Finance and General Purposes
Dr Catherine Gallagher	UCC	Vice-president, Council, Education and Training, and Finance and General Purposes
Prof Anthony Roberts	UCC	Council, Education and Training (Chair), STAR (Chair), Auxiliary, Finance and General Purposes
Dr Niamh Galvin	Elected	Council, Auxiliary (Chair), Education and Training, Fitness to Practise, Finance and General Purposes,
Dr Rory Fleming	Elected	Council, Fitness to Practise (Chair), Education and Training, Auxiliary and Finance and General Purposes
Dr Sarah-Jane Grufferty	Elected	Council, Education and Training, Auxiliary, Fitness to Practise and Registration Assessment Committee (International Protection)
Dr Paul Leavy	Elected	Council, Education and Training and Auxiliary and ARC
Dr Patrick O'Brien	Elected	Council, Auxiliary, ARC and Fitness to Practise
Dr Patrick Quinn	Elected	Council, Education and Training, Auxiliary, ARC and Fitness to Practise
Dr Prof Gerry Kearns	RCSI	Council, Education and Training and STAR
Prof Brian O'Connell	Trinity College	Council, Education and Training and Auxiliary
Dr Mary Clarke	Trinity College	Council, Education and Training and STAR
Mr John Gleeson	Medical Council	Council, Fitness to Practise, and ARC (Chair)
Mr John Murray	Medical Council	Council and Finance and General Purposes
Dr Ruth Casey	Minister for Health	Council and Education and Training
Ms Mary Faulkner	Minister for Health	Council and Fitness to Practise
Ms Ursula Byrne	Minister for Health	Council, Fitness to Practise and Registration Assessment Committee (International Protection)
Mr Mark Kane	Minister for Health	Council, Fitness to Practise and ARC
Dr Bryan Maguire	Minister for Education and Skills	Council, Education and Training, and Auxiliary

Committee Members	Appointed by	Serves on
TBC	Irish Committee for Specialist Training in Dentistry (Chair)	Education and Training
TBC	Irish Committee for Specialist Training in Dent.	Education and Training
Ms Michelle Spearman-Geraghty (co-opted) Mr Ian Murray (non-attendee)	Elected Dental Nurse	Auxiliary
Ms Yvonne Howell	Elected Dental Hygienist	Auxiliary
Mr Hugh Ennis	Elected Clinical Dental Technician	Auxiliary
Ms Anne-Marie Connolly	Elected Orthodontic Therapist	Auxiliary
Mr Glenn McEvoy (Co-opted)	Dental Technician representative	Auxiliary
TBC (Chair of Oral Surgery Advisory Committee)	Irish Committee for Specialist Training in Dent.	STAR
TBC (Chair of Orthodontic Advisory Committee)	Irish Committee for Specialist Training in Dent.	STAR
Dr Frank Burke	Dental Academic (former Chair Ed and Training)	Registration Assessment Committee (International Protection) (Chair)

STAR – Specialist Training and Registration Committee

ARC – Audit and Risk Committee

Committees of the Dental Council

1. Statutory Committees under Dentists Act, 1985

- Education and Training Committee
 - Prof Anthony Roberts (Chair and University College Cork)
 - Dr Gerry Cleary (President)
 - Dr Catherine Gallagher (University College Cork)
 - Prof Brian O’Connell (University of Dublin)
 - Dr Mary Clarke (University of Dublin)
 - Prof Gerry Kearns (Royal College of Surgeons)
 - Dr Paul Leavy (Elected Dentist)
 - Dr Rory Fleming (Elected Dentist)
 - Dr Niamh Galvin (Elected Dentist)
 - Dr Patrick Quinn (Elected Dentist)
 - Dr Sarah Jane Grufferty (Elected Dentist)
 - Dr Bryan Maguire (Minister for Education)
 - Dr Ruth Casey (Minister for Health)
 - Chair of ICSTD (Irish Committee for Specialist Training in Dentistry)
 - Member of ICSTD (Irish Committee for Specialist Training in Dentistry)

- Auxiliary Dental Workers Committee
 - Dr Niamh Galvin (Chair of Auxiliary Dental Workers)
 - Dr Gerry Cleary (President)
 - Prof Anthony Roberts (University College Cork)
 - Prof Brian O’Connell (University of Dublin)
 - Dr Paul Leavy (Elected Dentist)
 - Dr Rory Fleming (Elected Dentist)
 - Dr Bryan Maguire (Minister for Education)
 - Mr Ian Caffery (Elected by Dental Nurses)
 - Ms Anne-Marie Connolly (Elected by Orthodontic Therapists)
 - Mr Hugh Ennis (Elected by Clinical Dental Technicians)
 - Ms Yvonne Howell (Elected by Dental Hygienists)
 - Dr Patrick O’Brien (Elected Dentist)
 - Dr Patrick Quinn (Elected Dentist)
 - Dr Sarah Jane Grufferty (Elected Dentist)
 - Ms Michelle Spearman-Geraghty (nominated Dental Nurse)
 - Mr Glenn McEvoy (*in attendance representing Dental Technicians*)

- Fitness to Practise Committee
 - Dr Rory Fleming (Chair of Fitness to Practise and Elected Dentist)
 - Dr Patrick O’Brien (Elected Dentist)
 - Dr Patrick Quinn (Elected Dentist)
 - Dr Sarah Jane Grufferty (Elected Dentist)
 - Dr Niamh Galvin (Elected Dentist)

- Mr John Gleeson (Medical Council)
- Mr Mark Kane (Minister for Health)
- Ms Mary Faulkner (Minister for Health)
- Ms Ursula Byrne (Minister for Health)

2. Committee Recognised under Dentists Act, 1985

- Irish Committee for Specialist Training in Dentistry
 - New committee to be appointed.

3. Standing Committees

- Finance and General Purposes Committee
 - Dr Gerry Cleary (President)
 - Dr Catherine Gallagher (Vice-President)
 - Prof Anthony Roberts (Chair of Education and Training)
 - Dr Rory Fleming (Chair of Fitness to Practise)
 - Dr Niamh Galvin (Chair of Auxiliary Dental Workers Committee)
 - Mr John Murray (Medical Council)

- Specialist Training and Registration Committee
 - Dr Anthony Roberts (Chair and University College Cork)
 - Dr Mary Clarke (University of Dublin)
 - Prof Gerry Kearns (Royal College of Surgeons)
 - Chair of Oral Surgery Advisory Committee of ICSTD
 - Chair of Orthodontic Advisor Committee of ICSTD

- Audit and Risk Committee
 - Mr John Gleeson (Chair of Audit and Risk Committee and Medical Council)
 - Dr Patrick Quinn (Elected Dentist)
 - Dr Patrick O'Brien (Elected Dentist)
 - Dr Paul Leavy (Elected Dentist)
 - Mr Mark Kane (Minister for Health)

- Registration Assessment Committee (International Protection)
 - Dr Frank Burke (Chair of Audit and Risk Committee and Medical Council)
 - Dr Sarah Jane Grufferty (Elected Dentist)
 - Ms Ursula Byrne (Minister for Health)

Appendix 2 - List of Dental Council Accredited Programmes

Undergraduate Dentistry

UCC/NUI – BDS

TCD – B.Dent.Sc.

Specialist Dentistry

TCD - D.Ch.Dent Oral Surgery

TCD - D.Ch.Dent Orthodontics

TCD - D.Ch.Dent Paediatric Dentistry

TCD - D.Ch.Dent Periodontics

TCD - D.Ch.Dent Prosthodontics

TCD - D.Ch.Dent Special Care Dentistry

TCD - D.Ch.Dent Dental Public Health

UCC/NUI – D.Clin.Dent Oral Surgery

UCC/NUI – D.Clin.Dent Orthodontics

Dental Nursing

UCC/NUI – Diploma in Dental Nursing

TCD – Diploma in Dental Nursing

UCC and TCD – National Dental Nursing Training Programme (Diploma award)*

Drogheda Institute of Further Education/LMETB – Higher Certificate in Dental Nursing

Athlone/Technological University of the Shannon – Higher Certificate in Dental Nursing

Letterkenny/Atlantic Technological University – Higher Certificate in Dental Nursing

Marino/Cathal Brugha FET College/CDETB – Higher Certificate in Dental Nursing

* Delivered jointly by UCC and TCD and participants are awarded the diploma from the college they enrol with

Dental Hygiene

UCC/NUI – Minor Diploma in Dental Hygiene

TCD – Minor Diploma in Dental Hygiene

Orthodontic Therapy

TCD – Higher Diploma in Orthodontic Therapy

Clinical Dental Technology

TCD – Postgraduate Diploma in Clinical Dental Technology

Unaccredited but associated programme

TCD – Degree in Dental Technology

Appendix 3 – Registration Statistics 2015-2022

Registered Dentists	Registered Dentists	Irish Population	Population per dentist
Year			
1985	1,168	3,505,000	3,001
1990	1,313	3,485,000	2,654
1995	1,568	3,579,000	2,283
2000	1,899	3,769,000	1,985
2005	2,327	4,121,000	1,771
2010	2,721	4,525,000	1,663
2015	2,828	4,665,000	1,650
2020	3,292	4,946,000	1,502
2022	3,442	5,023,000	1,459

Since 1985
Population of Ireland increased by 43%
Population of Registered Dentists increased by 295%

	2015	2016	2017	2018	2019	2020	2021	2022	Total
Dentists									
Dental Registrations (Registered - 3,442)	208	187	240	234	181	142	173	258	1623
Top Ten Countries - Dentists									
Ireland	89	81	97	83	82	71	75	80	658
UK	33	23	31	29	24	35	35	39	249
Hungary	21	24	17	24	16	7	13	16	138
Poland	12	6	6	14	11	8	8	49	114
Romania	7	18	27	17	15		8	12	104
Non-EEA (Exam mainly)	13	12	7	9	9	6	7	10	73
Spain	9	5	14	15	2	2	12	8	67
Portugal	3	1	9	12	9	6	4	12	56
Lithuania	3	7	13	14	6	3	3	2	51
Ukraine	1			2					19
Total	191	177	221	219	174	138	165	244	1529
Specialists									
Orthodontists (Currently Registered - 198)	10	7	15	13	12	5	7	11	80
Top Five Countries									
Ireland	3	1	4	4	2	1	5	16	35
UK	5	3	8	5	7	2	3	2	11
Hungary	2	1	4	3	3		1	3	9
Romania			2	2	2		2	3	2
Spain			1		1				73
Total	10	4	12	13	12	5	6	11	73
Oral Surgeons (Currently Registered - 66)	3	9	1	5	3	1	3	3	28
Top Three Countries									
Ireland	2	4		3	2		2	2	15
UK	1	3		1			1		6
Hungary		2				1			3
Total	3	9	0	4	2	1	3	2	24
Auxiliaries									
Dental Hygienists	26	31	27	22	29	25	28	16	204
Ireland	21	21	22	17	21	19	21	9	151
UK	4	3	1	3	5	5		4	25
Total	25	24	23	20	26	24	21	13	176
Dental Nurses	103	101	105	111	107	52	65	102	746
Ireland	60	65	70	74	79	41	45	88	522
UK	41	30	34	35	28	11	20	13	212
Total	101	95	104	109	107	52	65	101	734
Clinical Dental Technicians	3	7	0	1	0	7	1	0	19
Ireland	1	6				6	1		14
UK	2	1		1		1			5
Total	3	7	0	1	0	7	1	0	19
Orthodontic Therapists	4	6	7	8	10	8	12	10	65
Ireland	2	6	5	8	8	7	12	9	57
UK	2	6	2	2	1	1		6	63
Total	4	6	7	8	9	8	12	9	63

Table 3 - Register by Country (at Year End 2022)

Ireland and UK		Total By Region			
UCC Graduates	1075	Ireland	62%		
TCD Graduates	1060	EEA (24 countries)	19%		
LDS RCSI	10	UK	13%		
Queens Graduates	131	Non-EEA (31 countries)	6%		
Other UK Grads	323				
Total	2599		3442		
European Economic Area		Non - European Economic Area		Dental Council Examinations	
Poland	141	India	45	India	38
Romania	111	Pakistan	19	Pakistan	14
Hungary	106	Sudan	13	Sudan	13
Portugal	54	Egypt	12	Egypt	10
Spain	52	Brazil	11	Libya	10
Lithuania	45	USA	10	Nigeria	10
France	29	Libya	10	Jordan	7
Germany	26	Nigeria	10	Iraq	7
Ukraine*	20	Jordan	8	USA	5
Bulgaria	14	Argentina	7	South Africa	3
Italy	11	Iraq	7	UAE	3
Latvia	11	South Africa	6	Canada	2
Others	29	Others	42	Others	23
Total	649	Total	194	Total	143